



Application of Thematic-Drawing-and-Story procedure for psychological comprehension of illness*

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Abstract

Many onco-hematological diagnoses do not have a defined etiology, intriguing the patient regarding the disease itself and the treatment, leading to a difficult comprehension about their own illness process. This article is part of a master's degree research which had the objective to establish relationships of perception and personal meaning of the hematological illness based on the symbolic-illustrative representation produced by the patient. A cross-sectional, exploratory study of qualitative nature was carried out and data had analytical psychology as theoretical framework. Ten young adults with hematological diagnosis undergoing clinical follow-up in the city of Curitiba/PR were recruited, interviewed and invited to illustrate one personal representation and another about the disease according to the Thematic Drawing-and-Story Procedure. The difficulties observed were the integration between conscious and unconscious aspects and the stagnation and polarization of the libido to resignify past experiences, to express and represent the disease both graphically and verbally. The work centered in symbolic analysis combined with the individual's narrative strengthens the construction of personal meaning and may contribute to understanding illness.

Descriptors

junguian psychology; illness; representation; symbol, drawing.

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Aplicação do procedimento Desenho-Estória com tema para compreensão psicológica do adoecimento*

Resumo

Muitos diagnósticos onco-hematológicos não apresentam etiologia definida, intrigando o paciente sobre a doença em si e o tratamento e dificultando a compreensão do próprio processo de adoecimento. Este trabalho é o recorte de uma pesquisa de mestrado, com o objetivo de estabelecer relações de percepção e significado pessoal do adoecimento hematológico, a partir da representação simbólica-ilustrativa produzida pelo paciente. Caracterizou-se por um estudo transversal, exploratório, de natureza qualitativa. A análise dos dados teve o embasamento teórico da psicologia analítica. Foram recrutados 10 jovens adultos com diagnóstico hematológico em acompanhamento clínico no município de Curitiba/PR, os quais foram entrevistados e convidados a ilustrar uma representação pessoal e outra sobre a doença conforme o procedimento de Desenho-Estória com Tema. Observou-se dificuldades na integração entre aspectos conscientes e inconscientes e na estagnação e polarização da libido para a resignificação de experiências passadas, expressão e representação da doença tanto gráfica como verbalmente. O trabalho centrado na análise simbólica aliado à narrativa do indivíduo fortalece a construção de sentido pessoal e pode contribuir para a compreensão sobre o adoecimento.

Descritores

psicologia junguiana; doença; representação; símbolos; desenho.

Aplicación del procedimiento Dibujos-Cuentos con Tema para la comprensión psicológica de la enfermedad

Resumen

Muchos diagnósticos oncohematológicos no presentan etiología definida, intrigando al paciente sobre la enfermedad en sí y el tratamiento, y haciéndole difícil comprender el propio proceso de enfermarse. Este trabajo es un fragmento de una investigación para un máster, con el objetivo de establecer relaciones de percepción y significado personal de la enfermedad

hematológica, a partir de la representación simbólica e ilustrativa que el paciente produjo. Se caracteriza por un estudio transversal, exploratorio, de naturaleza cualitativa. El análisis de los datos tuvo su base teórica en la psicología analítica. Se reclutaron 10 jóvenes adultos con diagnóstico hematológico en seguimiento clínico en el municipio de Curitíba/PR, quienes fueron entrevistados y estimulados a realizar una representación personal y otra sobre la enfermedad según el procedimiento Dibujos-Cuentos con Tema. Se observaron dificultades en la integración entre aspectos conscientes e inconscientes y en el estancamiento y polarización de la libido para la resignificación de vivencias pasadas, expresión y representación, tanto gráfica como verbal, de la enfermedad. El trabajo, centrado en el análisis simbólico combinado con la narrativa del individuo, fortalece la construcción de sentido personal y puede contribuir a la comprensión de la enfermedad.

Descritores

psicología junguiana; enfermedad; representación; símbolo; diseño.

Introdução

The cause of the illness is one of the issues that anguishes onco-hematological patients (Regis & Simões, 2005). The etiology does not have a well-defined answer, although there are diagnostic criteria for some leukemias, such as direct contact with toxic agents (asbestos, ionizing radiation, pesticides), genetic predisposition and spontaneous mutations in the cell cycle (Instituto Nacional de Câncer [INCA], 2010).

Concern about the origin of the disease may intensify when the individual has a healthy lifestyle and habits considered to prevent illness - a balanced diet; regular physical activity; and no use of or contact with chemical substances. The influence of psychological mechanisms on illness is discussed due to the multicausality of onco-hematological diseases. The mind-body interaction understood by psychosomatic science encompasses the plurality of symptoms and domains affected when the disease breaks out.

Carl Gustav Jung [1875–1961] noticed the relationship between mind and body through Word Association Test experiments, realizing that they triggered physiological and neuroanatomical responses. Thus, Jung developed the theory of complexes and the concept of positive and negative affects that arise and are constellated according to the individual's life experiences.

Different people react to the same situation in unique ways, emotionally and in cognitive processing. When faced with a threat

to life - the diagnosis of a chronic disease, for example - objective communication or rational explanation are not always enough to mitigate the emotions that emerge with the novelty. Significant events affect the balance in the individual's psychic energy flow, which leads to the intensification of the emotional tone and the constellation of complexes (Ramos, 2006).

More than the scientific-clinical explanation, the "how" and "why" of the disease are questions related to the search for personal meaning, that is, the answer that best fits is the one that the individual sees as meaningful; being even more appropriate when the patient's perception is integrated with medical knowledge. As described by Jung (1954/1998, p. 89, para. 210):

(. . .) the medical picture - is, I will not say irrelevant, but of secondary importance in so far as the medical picture of disease is a provisional one. The real and important thing is the psychological picture, which can only be discovered in the course of treatment behind the veil of pathological symptoms. In order to get closer to the sphere of the psyche, the ideas derived from the sphere of medicine are not enough.

Hematological illness was the object of this study to contemplate the mind-body relationship from the perspective of analytical psychology. The disease is understood as a symbolic expression in the body, which signals a conflict that needs to be regulated and that directs the person towards their individuation process (Ramos, 2006; Mathers, 2001).

Symbolic amplification enables the connection of conscious and unconscious elements, reaches deeper layers of the psyche and allows analysis beyond the interpretation that ends up reducing and limiting the symbol. According to Jung (1954/1998),

(. . .) the psyche is a whole in which everything hangs together. When the patient comes to us with a neurosis, he does not bring a part but the whole of his psyche and with it the fragment of world on which that psyche depends, and without which it can never be properly understood. (Jung, 1954/1998, p. 91, para. 212).

In the health-disease context, amplifying the meaning of the symptom can help to resignify an imbalance previously experienced. This study aimed to establish relationships of perception, personal meaning and symbolic representation of the patient about his/her illness.

Methodology

This is part of a master's degree research carried out between 2018 and 2020, approved by the local Research Ethics Committee (CAAE 67137617.7.0000.0096). It was a cross-sectional, applied study with exploratory objective and qualitative approach. Inclusion criteria were patients over 18 years old, with a hematological diagnosis undergoing outpatient treatment at a general hospital in the city of Curitiba/PR. They were approached in the consultation waiting room, where the activities were adapted to be completed while they were still in the hospital.

Participants signed the Informed Consent Form, responded to a semi-structured interview to characterize the sample (demographic and clinical data) and were invited to graphically represent themselves and the disease; then, they were encouraged to tell about their illness history. Drawings were requested according to the Thematic Drawing-and-Story Procedure (Trinca, 2013), prepared with stationery materials (paper sheet, graphite pencil and colored pencils in 12 shades), based on the instructions given by the researcher, one for each drawing. The instructions of the original research were requests for drawings of personal representation, of the disease and of coping resources. This article focused on personal representations and the hematological disease.

The Thematic Drawing-and-Story Procedure aims to investigate social representations and facilitates studies on collective imaginaries (Trinca, 2013). Gaeta (2013) supported the application of this technique, since the images emerging in the Drawing-and-Story Procedure are like a "photograph of the unconscious, revealing personal and collective aspects. Contextualized in historical time, it provides a reading of the libido movement and can [also] be prospective, indicating what is to come" (Gaeta, 2013, p. 174).

After the drawings were completed, a survey was conducted on the participants' productions (Trinca, 2013), which led to new associations based on the construction of thoughts and verbalization about the drawing. The analysis was carried out at separate moments by the researcher and another psychologist with experience in the clinical-hospital area and in projective techniques, according to the analytical method (Penna, 2014) and also to Furth (2004).

Visual aspects of the productions, colors, lines, positioning of the drawing and the paper were taken into account. "The sheet of paper symbolizes the environment, and the location of the

drawing reveals the subject's adaptation to the environment and how he manipulates it" (Retondo, 2000, p. 31).

Results

The sample consisted of 10 participants from outside Curitiba/PR. Two patients were diagnosed with congenital hematologic disease and eight with acquired disease. The mean age was 37,2 years and seven of the patients were male. Nine of the participants were receptive to the request for drawings and one refused to continue, reporting discomfort regarding the proposed activity. The interviews lasted approximately 50 minutes, they were recorded and transcribed.

In total, 19 drawings were received in response to requests for personal representation and representation of the disease: 66% of participants made monochromatic or achromatic productions; 55% used black color and the rest chose primary hues (red, blue and yellow).

A large part of the sample had difficulty telling a story based on the drawing, even with the researcher's encouragement, and responded "I don't know", "there's no story", silence, laughter or mentioning being in a hurry as an attempt to escape the activity. This request was reformulated so that the participants could explain and talk about the drawing, which facilitated their verbal expression and the collection of all the reports.

Five participants stated that there was no medical explanation for the cause of the disease; two stated that it was genetic; and three had had contact with chemical agents that may have led to cellular mutations. When asked about any significant life events, two participants did not provide any associations: one remained silent, leaving doubt about the occurrence, and the other promptly denied it, barely allowing time for reflection or, if there was a memory, avoided sharing it.

Among those who reported a significant event, four participants brought experiences from childhood or adolescence and the others, situations in adult life, related to loss of material goods and loved ones and symbolic losses, such as autonomy and the empty nest (child growth).

The final stage of the interview investigated the personal meaning of the illness. Two participants maintained a convergent discourse with the medical explanation, with exposure to chemical agents and the congenital factor. In the latter case, the participant was still able to develop the narrative with the context of family inheritance, that is, an answer with more elements than the one

initially given. Two patients related it to the experience of negative emotions; one, to physical limitations; and another associated the illness as a divine opportunity.

Discussion

Leaning on the productions from the theoretical framework of analytical psychology requires circumambulation of the image. The drawings made it possible to analyze products of the unconscious because they encompass multiple possibilities contained in the symbol, allowing elucidation based on the symbolic expression of an experience and successive constructions of meaning. Analytical psychology understands illness through four main concepts: psychic energy, teleology, synchronicity and development of the ego-Self (Okumura et al., 2020).

There is extensive literature on projective techniques applied to children diagnosed with cancer and positive results from using drawing to mediate the expression of emotions (Silva, 2010) and subjectivity (Freitas et al., 2014) and to understand the diagnosis itself (Bigio, 2005). Children tend to be more open to creative processes, and habits such as playing, drawing and inventing narratives are more common, so the Drawing-and-Story Procedure proves to be efficient in intervening with this audience (Trinca, 2013).

This research approached adult participants and it is inferred that they have creative "blocks" (compared to children), which may be related to the difficulty in expressing themselves graphically and verbally. Illness portrays an archetypal theme, therefore, the disease (as an object that affects the subject) contains an archetypal representation, a symbol to be explored in its multiple meanings, characterized as "the best possible expression of something relatively unknown, as it represents images, experiences and lived situations that include conscious and unconscious aspects" (Serbena, 2010, p. 77). The projective technique complemented the data obtained in the interviews, as it allowed the manifestation of unconscious processes.

Regarding the visual aspects of the drawings, it was observed that no one used the lower right corner, a position suggestive of impulsiveness and predominance of desires (already confirmed as an unused area in general) (Retondo, 2000). Nor was the upper right corner occupied, which indicates active contact with reality and projects for the future (Retondo, 2000, p. 32). This positioning on the sheet is compatible with what the patients expressed, considering the unpredictability of the onco-hematological

disease and the postponement of personal projects. Two hypotheses are considered here: the stagnant psychic dynamics of the patients – which is barely projected, without energy flow; and the stigma of high morbidity and mortality of the onco-hematological clinic that makes it difficult to envision the future in the medium and long term.

The participants used little variety of colors. The drawings were monochromatic or achromatic, mostly devitalized, which denoted limitations in the exploration of available resources and in personal and world perceptions. The predominance of primary colors indicated regression in psychological development, as do children at the beginning of school who opt for primary and vibrant colors (Gardner, 1980). The black color (achromatic) suggested the symbolism of the unknown (Furth, 2004) and a tendency to avoid emotions (Buck, 2003).

When primitive content (unconscious) emerges, egoic defenses are activated (Sidoli, 1993). Repression and denial are examples of defense mechanisms that, on the one hand, protect the individual when faced with some kind of discomfort, such as feelings of pain and loss; and, on the other hand, block the conscious-unconscious flow. In the context of illness, they imprison the meaning of the disease in the body, resisting any type of symbolic representation (Ramos, 2006).

In the personal representation drawings, most participants (9) illustrated empty (hollow), covered or closed eyes. The omission of this element indicated difficulty in contact, denial or avoidance of reality (Buck, 2003), a split experienced by the patient between the internal and external world (Mathers, 2001; Ramos, 2006). Furthermore, they shared deformed and poorly distributed characteristics that represented the subject's destitution. They denoted a distorted perception of themselves (in physical outline) and a predominance of self-identity with the patient persona: the sick person.

The routine treatment of a hematologic disease takes up so much space and time in a person's life that they lack the conditions to invest libido in other areas of possible fulfillment. Energy coagulates in the health-disease binomial, polarized in a passive identity. This analysis can be portrayed in the drawing (Figure 1) of participant 06.

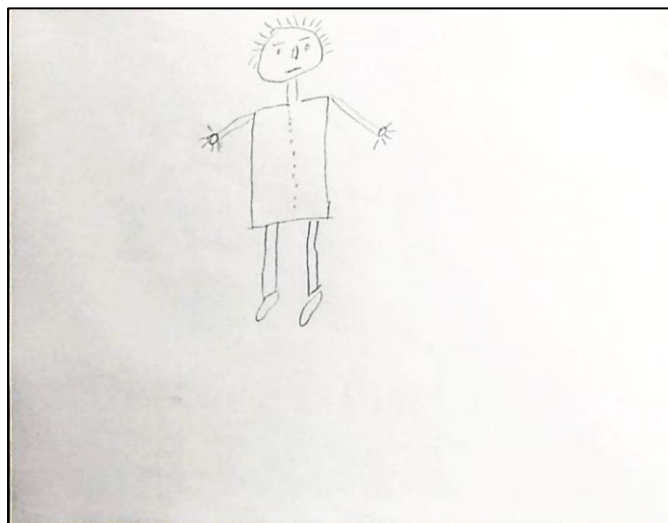


Figure 1. Personal representation of P06

Figure 1 shows that most of the features were in the upper left corner, suggestive of passivity, reserve and inhibition (Retondo, 2000, p. 32). The patient did not keep eye contact during the interview, had a downcast posture and was not very communicative. His narrative showed a resigned attitude towards life, stuck in situations from the past that caused him deep suffering (having had his belongings stolen and the occurrence of his mother's death). Passivity in dealing with the disease was also observed, as the patient did not express himself in his answers: "the wife said it wasn't right [sic]", "wife thinks that's when I started getting sick".

Vital activity can be paralyzed by all kinds of omissions, by neglected duties, by eternally postponed tasks, by deliberate obstinacy, in such a way that a certain amount of energy, which is no longer of use to consciousness, flows back to the unconscious where it activates certain (compensatory) contents with such intensity that it exerts a coercive action on the conscious (Jung, 1954/1998, p. 171, para. 372).

It is emphasized that identification with the patient persona can help to insert the subject into the hospital context who is under the condition of imposed health treatment. "The development of the persona is the outcome of a process of adaptation that suppresses all individually significant features and potentialities, disguising and repressing them in favor of collective factors, or those deemed desirable by the collective" (Neumann, 1995, p. 286).

As an instance that integrates the structure of personality, the persona offers a psychosocial identity and serves the subject in adapting to the environment in the form(s) in which it presents itself or can present itself, but not necessarily as it actually is (Stein, 1998). Initially, the persona has a protective function and helps the person to organize themselves both functionally (objectively) and psychologically (subjectively), so they can respond to an external purpose. Integrating it with the patient is an adaptive challenge and promotes the establishment of favorable bonds with the health team, as a collaborative posture and positive affect.

Given the time to build this persona and settle into unexpected changes, one must return to the egoic structuring to propel the individuation process. Accommodation establishes a site that is known and convenient to a certain extent, but which also raises a shadow, when the invested libido becomes polarized, accumulated in the patient persona. "Jung draws attention to the danger of identifying with the persona, as this can lead to the individual losing contact with the anima and its symbols" (Boechat, 2017, p. 18). Therefore, the persona needs to be flexible, dynamic and adaptable to external changes. In the subject, this is reflected in better crisis management.

Understanding the symptom-symbol requires a symbolic attitude, that is, a basis for constructing the meaning of the experience (Furth, 2004). The graphic representation of the disease contains elements that characterize the authorship of the drawing. Common themes were observed, such as lack of flow or a break represented by splitting, dysmorphia and non-functionality, which indicate difficulty in integration and, therefore, lack of meaning attribution due to failures in communication between the internal and external environments, subject and object, patient and disease.

Figure 2 was created by participant 03: a cropped image, which does not promote blood circulation in the body, hindering the normal flow of cells; it refers to the need to integrate a split axis. Ramos (2006, p. 77) highlights that "each and every symptom is a symbolic expression, a symbol that reveals a dysfunction along the ego/*Self* axis".

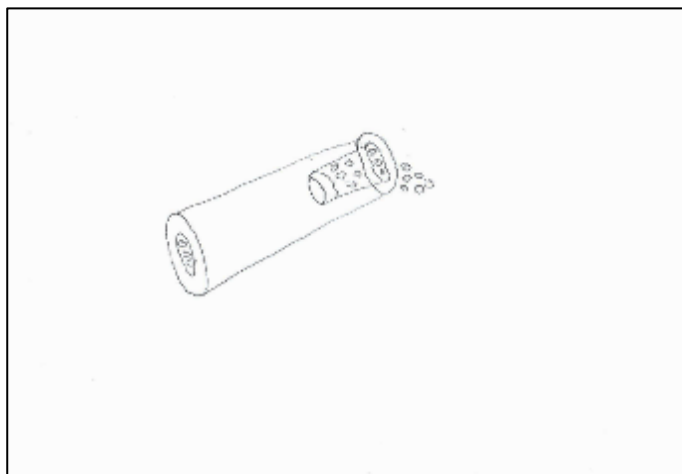


Figure 2. Representation of the disease by P03

The questions that explored the occurrence of a significant event and the personal reason attributed to the illness reinforced the existence of some conflict or tension that affected the participants. Through the reports and drawings, it was possible to observe the difficulty of integrating shadow aspects, keeping them polarized, split, with the energy repressed in the symptom – a sign of a profile of stagnation and lack of positioning in life.

The clinic of hematological diseases describes a breakdown in the normal functioning of blood cells, which may result in excess, lack or malformation of cells, which interrupt the maturation flow (Rodgers & Young, 2018). These cells are formed in the bone marrow and are undifferentiated at this stage, however, they have a high potential for transformation.

After going through the cycles of cell division and differentiation, they acquire the characteristics of material blood, a fluid composed of various types of cells, each with specific functions (oxygenation, defense, coagulation) (Ramos et al., 2018). In a symbolic and similar way, the patients brought up situations in which there was an accumulation (= greater intensity) of energy (= affect), whether of internal or external origin. The concentrated affects were undifferentiated, that is, without an identifiable form or possible association, making them difficult for the individual to perceive and, furthermore, to comprehend.

Descriptive knowledge alone (information about the diagnosis) does not bring understanding nor a new meaning to the experience of becoming ill. In many cases, the hematologic clinic is characterized by idiopathy, that is, a condition with unknown

cause and that is said to be self-generated. The disease simply happens, leaving the patient without answers, devoid of meaning for what happened to him. In the words of one of the participants, "I am undergoing treatment for bone marrow aplasia, but bone marrow aplasia is not a diagnosis at all". The lack of description leads to generalized understanding. One common characteristic presented by the participants was the initial hesitation to concretize an image. After they managed to do so, they had difficulty talking about what the disease represented, telling a story. The symbolic resource mediated the explanation by enabling analogies and associations.

By representing and signifying (giving a sign) through language or known ways, there is a conscious rescue in which the subject is able to express and understand what was experienced, adapting to external reality. The symbolic resource acts in complementarity and recruits the work of metaphorical thought (Góis et al., 2018). It allows dialogue between the unconscious and consciousness, perhaps enabling the readjustment of this experience for the individual, with themselves and in their relationship with the external world.

This is particularly so since it is not an everyday language, but a symbolic language that makes frequent use of age-old forms of expression. A knowledge of these enables the analyst to extricate his patient from the oppressive constriction of a purely personalistic understanding of himself, and to release him from the egocentric prison that cuts him off from the wide horizon (. . .) (Jung, 1954/1998, p. 08).

Experiencing losses *per se* does not indicate trauma, however, participants were asked whether they remembered any significant event in their lives, aiming at a synchronous relationship with the illness. It is worth noting that the health-disease theme was implicit in the interview, as the research was conducted in an outpatient setting and its possible influence on the responses, even without explicit reference to the hematological disease.

The concept of synchronicity outlines the existence of significant coincidences between internal and external events, apparently without logical-causal explanation; it includes the psychoid factor in the interaction with the world; and complements the triad of space, time and causality (Jung, 1952/2016) – psychoid means a concomitant quasi-psychic and quasi-material characteristic (Boechat, 2004). Thus, the disease can be reinterpreted by synchronistic events when the patient notices a communication between experiences.

Some participants responded briefly, for example, "I don't know" and "I haven't a clue" or remained silent. It is believed that this objectivity limited the researcher's investigation, even with encouragement regarding the proposed activities and reformulation of the questions, which indicated difficulty and/or embarrassment in expressing what they thought, or even the inability to find a convergent answer to what they felt. This mismatch represented a split in the psychic energy flow, a concept understood in the context of illness (Mathers, 2001; Ramos, 2006; Okumura et al., 2020).

Non-symbolization refers to alexithymia, often observed in the health-disease context, a sign of psychosomatic dysfunction (mind-body) in relation to an event that is not subjectively understood. Alexithymia is characterized by difficulty in identifying feelings and distinguishing feelings and bodily sensations from emotional excitement; difficulty in describing feelings to other people; restricted imaginary processes, evidenced by a lack of fantasy; and an external-oriented cognitive style (Goerlich, 2018).

Finding meaning requires the willingness to contact internal psychic processes in line with the lived reality. The next step, of becoming aware of personal motive, recruits the direction of the individual's libido to integrate lost contents or that never belonged to consciousness.

While adhering to external justification (to medical discourse) helps to restructure the patient's condition regarding the organization of a routine, priorities and care, even if for a specific period of time, this adherence keeps the unconscious state inert and the patient with little connection to internal personal understanding. The disease acquires meaning when the person reorganizes their experiences of the health-disease process with the psychic dynamics, revealing the psyche-soma interaction for comprehending the illness. Here, the need for the individual to become aware is reinforced: "The stronger his consciousness the more he can do with it, and the weaker it is the more things 'just happen'. The uroboric state is unquestionably a 'borderline' state" (Neumann, 1995, p. 201).

The questions investigated how much the response was influenced by the biomedical justification (with technical-scientific descriptions) and how much the participants engaged in the search for a meaning that would settle the anguish of finding meaning. As the interview continued, five participants reported noticing significant events in the relationship between the remembered situation and the illness: fights with the father, divine trial and life mission, loss of material goods and the death of the mother, high tomato intake and the son's military graduation.

There is no exact stage in life to mark a significant event. The person classifies the importance according to the emotional intensity experienced. In the health-disease context, the symptom causes a conflict with the individual's healthy condition and well-being, whose cure will occur through the attribution of meaning to the experience. Jung reiterated that:

That a man's philosophy of life is directly connected with the well-being of the psyche can be seen from the fact that his mental attitude, his way of looking at things, is of enormous importance to him and his mental health—so much so that we could almost say that things are less what they are than how we see them. If we have a disagreeable view of a situation or thing, our pleasure in it is spoiled, and then it does in fact usually disagree with us. (Jung, 1954/1998, p. 95, para. 218).

The meaning of the disease permeates a singular experience and must take into account the subject's perspective on the process of becoming ill, considering the most striking elements in their speech and in the stages of the life story that the person chooses to tell at that moment. Symbolic analysis requires going beyond common sense judgments about illness so that the individual can reorganize their experience of being ill, not limited to a physical phenomenon (which occurs in the body) and including other ways in which their subjectivity is affected (Rasia, 2006).

The patient needs guarantees regarding treatment and this justifies the combination of medical discourse and personal meaning (Rasia, 2006). This guarantee can be represented by someone who is constantly present in the hospital (who does not need to be a member of the medical staff) and who provides the assurance that the treatment is being well conducted. The function of guaranteeing is also the requirement that someone assume the condition of symbolic guarantor for the patient (Rasia, 2006), a role that must be temporary, the patient must not be tied to external justifications. Even if the response to a concern comes from outside, it must be integrated with an internal personal reason.

Psychotherapeutic intervention through a symbolic approach encourages the re-elaboration of the meaning of experiences and affective marks. The process aims to strengthen the ego to better manage an adverse situation, such as the diagnosis of a disease, enabling a more integrated experience with the new health-disease condition. In the therapist-patient relationship and in psychotherapeutic work:

We cannot simply extract his morbidity like a foreign body, lest something essential be removed along with it,

something meant for life. Our task is not to weed it out, but to cultivate and transform this growing thing until it can play its part in the totality of the psyche. (Jung, 1954/1998, p. 132, para. 293).

Final considerations

Hematological diseases are congenital or acquired anomalies in the hematopoietic system and have significant rates of morbidity and mortality (Rodgers & Young, 2018). Analysis of the manifest symptom alone explains little about the etiology of the disease. It is important to take into account the individual's personal life history, sociocultural context, previous morbidity and psychic dynamics (and their unconscious manifestations), considering the illness as a disruption in healthy functioning.

The aim of this study was to comprehend how hematologic disease appeared symbolically in the patient's life, given the intense experience provoked in the individual, who is compelled to reflect on his or her own life trajectory. It was inferred that the personal meaning given to the disease transcends the rational understanding of normal and pathological organic functioning.

The results of this research showed that the participants expressed themselves objectively with the influence and support of the explanation provided by the health professionals. The polarization towards external justification stagnates the individual's perception and does not promote the recovery of the balance of the psychic dynamics. The connection of the object with the subjective (internal) meaning must emerge and the value dimensioned to this meaning must overcome the causal perspective (Jung, 1928/2002).

After being encouraged to deepen their responses, they demonstrated the ability to express themselves based on their internal impressions (subjectively). Note the non-linearity and causal relationship of the discussed results. The associations with collective symbolism served to direct the data analysis of this research and only acquire meaning when validated in the context of the individual and apprehended by him/her.

The relationship between the interview data and the analysis of the drawings showed that the meaning of illness occurs in a unique and implicit way, influenced by experiences, personal characteristics and sociocultural context. Imaginative work promotes contact with the unconscious and the journey through archetypal themes: "Any projective technique can lead to deep regression (like hypnosis) unlocking the '*Spirit Mercurius*'" (Mathers, 2001, p. 93). Mercury is the symbol that represents psychic

dynamics in analytical psychology, agent of transformation, mediator between the divine and the human, flow between the unconscious and consciousness.

For an individual to be able to attribute meaning to something, time and internal processing are necessary, respecting personal time. Jung explains that “the formation of a symbol cannot take place until the mind has dwelt long enough on the elementary facts, that is to say until the inner or outer necessities of the life-process have brought about a transformation of energy” (1928/2002, p. 18, para. 47).

Regarding the limitations of this study, the limited time for carrying out the activity (drawings and interviews) was highlighted. Furthermore, it was not possible to verify whether the meaning attributed to the disease was integrated into the experience of illness and the individual's existence. The interviews focused on obtaining the narrative and drawing of the participants in a single meeting, without the objective of clinical intervention. However, the analysis of the results showed that there is symbolic processing related to the illness, considering that they were able to verbally express the morbid history and graphically portray the hematological disease.

Not every elaboration of meaning needs to be expressed verbally, but requires a symbol that identifies it to depotentiate the symptom and, subsequently, enable the amplification and addition of (a new) meaning to the experience. Projective technique and narrative are resources that shape and name an object on a symbolic level, enabling the unconscious-conscious flow. According to Hillman (1993), intrapersonal dialectics is basic in the sense of being essential among all interpersonal relationships.

Authors' contribution

Study design: IMO; CAS; MPD. Data acquisition: IMO. Data analysis: IMO; MPD; CAS. Manuscript drafting: IMO. Critical review for important intellectual content: MPD; CAS; IMO.

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