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Development of a Brief Psychotherapy modality entitled RIME in a hospital setting using alchemical images

O desenvolvimento, em ambiente hospitalar, de uma modalidade de Psicoterapia Breve intitulada RIME, através da mobilização de imagens alquímicas

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Abstract

This article refers to the development of a Brief Psychotherapy modality in a hospital setting through the use of alchemical images. This Intervention, entitled RIME (*Relaxamento, Imagens Mentais, Espiritualidade*) (RIME Intervention – Relaxation, Mental Images, Spirituality), has been developed for 17 years. This article presents the fourth and last stage of this process, which refers to the application of RIME in women undergoing treatment for breast cancer with the possibility of a cure. The main theoretical frameworks used were Analytical Psychology and Near Death Experiences. This is a comparative exploratory and descriptive research that uses the quantitative and qualitative approaches. The main focus of this article is to present the qualitative results. Qualitative data were collected using recorded semi-structured interviews and graphical representations, prior to the 1st and after the 3rd RIME sessions. In summary, the results obtained showed that the RIME Intervention promoted empowerment for libido strengthening, as a constructive force, in women with breast cancer with the possibility of a cure.

Keywords: Imagery (Psychotherapy); Psychosomatic medicine; Psychotherapy, brief; Quality of life; Spirituality.

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Article based on the postdoctoral thesis of A.C.A. ELIAS, entitled *"Resignificação da experiência de ser portadora de câncer de mama, através da aplicação da intervenção RIME, para promoção de qualidade de vida"*. Universidade de São Paulo, 2015.

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Resumo

Este artigo refere-se ao desenvolvimento de uma modalidade de Psicoterapia Breve para ambiente hospitalar, através da mobilização de imagens alquímicas, chamada Intervenção RIME (Relaxamento, Imagens Mentais, Espiritualidade), que vem sendo desenvolvida há 17 anos. Apresenta-se, assim, a última etapa do processo, a quarta fase, representada pela implementação da RIME em mulheres com câncer de mama, em tratamento, com possibilidades de cura. Os principais marcos teóricos utilizados foram: a Psicologia Analítica e as Experiências de Quase Morte. O método utilizado foi o exploratório comparativo, descritivo, com abordagem quantitativa-qualitativa. O foco principal deste artigo é apresentar os resultados qualitativos, cujos instrumentos utilizados para a coleta de dados foram entrevistas semi-estruturadas gravadas e representações gráficas, antes da primeira e após a terceira sessão da RIME. Os resultados mostraram, em resumo, que a RIME promove o fortalecimento da libido, como uma força construtiva, em mulheres com câncer de mama, com possibilidade de cura.

Palavras-chave: *Imagens (Psicoterapia); Medicina psicossomática; Psicoterapia breve; Qualidade de vida; Espiritualidade.*

This article refers to the development of a Brief Psychotherapy modality entitled RIME in a hospital setting using alchemical images. RIME intervention *(Relaxamento, Imagens Mentais, Espiritualidade)* [Relaxation, Mental Images, Spirituality] has been developed for 17 years, and this study presents the last stage of its development process.

As Boechat (2014, p.68) mentioned in his book entitled "*The Red Book of CG Jung*: *journey to unknown depths*" (not yet translated into English):

> Since the treatment of Anna O., we have had known that the psychotherapy method is a talking cure; on the other hand, the Jungian psychotherapy, since its beginning, has brought a new perspective on healing mechanisms with a nonverbal healing method, healing through image visualization, that is, by several expressive techniques.

Thus the development of the RIME intervention was grounded in Jungian theory and in the studies of Near Death Experiences. It is a complementary therapy developed for the hospital environment.

Through RIME, a Brief Psychotherapy using images was developed based on Jungian psychology; similarly, the Brief Psychotherapy using words was based on psychoanalysis. This means that the goals and methods are different from those of traditional psychotherapeutic treatment.

The RIME intervention, which integrates relaxation techniques, guided imagery, and elements of spirituality with a symbolic and transpersonal approach, was the Master's degree project of the first author (Elias, 2003; Elias & Giglio, 2001, 2002a, 2002b). It aimed to resignify the Symbolic Pain of Death (Psychic Pain and Spiritual Pain) of patients without possibility of a cure. Furthermore, in a doctoral project (Araújo Elias, Giglio, Mattos Pimenta, & El-Dash, 2006; Elias, Giglio, Pimenta, & El-Dash 2007; Elias, Giglio, & Pimenta, 2008), a training program for health professionals was developed, and the experience of the professionals and patients with the application of the RIME were studied. The results suggested that RIME promotes better quality of life and dignity, improves psycho-spiritual well-being in the dying process, and provides psycho-spiritual benefits for the health professionals who apply it.

Three other studies have been carried out by other professionals on the benefits brought by the RIME intervention. Ribeiro, Elias, Schimidt, Cedotti, and Silva (2014) studied the benefits of RIME intervention, such as the improvement in the emotional well-being of patients in the mediate postoperative period after ostomy. Their conclusion was that the RIME was the only statistically significant variable, confirming that

RIME contributed to improve the emotional well-being of ostomized patients. Espinha (2015) studied the improvement in different aspects of quality of life with the application of RIME in patients with head and neck cancer during seven sessions of radiotherapy, by comparing them with the control group, which did not receive the RIME intervention.

The results suggested that the participants in the RIME group showed lower use of common opioid analgesics, less weight loss, and significant improvement in most domains of quality of life scales, i.e. the results showed that RIME Intervention provides quality of life benefits, regardless of the toxicity resulting from radiotherapy for head and neck cancer. The benefits obtained with the application of RIME in Patients with Alzheimer's dementia and their caregivers have also been studied, indicating improvements in interpersonal communication and in the socio-emotional and spiritual aspects of the caregivers and patients. The results showed improvements in cognitive functions in patients with Alzheimer's with the use of this intervention. It also indicated a reduction in caregiver stress, thus contributing to better communication between the patient and caregiver. In conclusion, it was observed that RIME helped caregivers deal with moments of stress and tension (Elias, Ernesto, & Avejonas, 2010).

We present below the fourth phase of development of RIME, characterized by the administration of this intervention in women undergoing treatment for breast cancer, with the possibility of a cure (Elias et al., 2015).

Breast cancer is a very common cancer in women worldwide, in both developing and developed countries. In Brazil, in 2014, 57,120 new cases of breast cancer were expected, with an estimated risk of 56,09 cases per 100 thousand women (Instituto Nacional de Câncer, 2014). In addition to its high incidence, the psychological impact of the diagnosis and treatment of breast cancer in women can be devastating. A study aimed to determine biopsychosocial differences represented by anxious-depressive symptomatology and quality of life among three groups of patients undergoing invasive surgeries: women who underwent an organ transplant (n = 26), women who had mastectomy due to breast cancer (n = 36), and women who underwent breast reconstruction (n = 36), which were also compared with the general population (n = 608). The results indicated that women who had undergone mastectomy showed greater anxious-depressive symptomatology and impaired quality of life when compared with the other groups (Pérez-San-Gregorio, Fernández-Jiménez, Martín-Rodríguez, Borda-Más, & Rincón-Fernández, 2013).

Identifying social and psychological suffering of cancer patients in the medical setting and to helping them find the appropriate psychosocial services have been considerably discussed in the literature due to the fact that these patients have relatively high rates of anxiety and distress, negatively affecting their well-being and quality of life (Ganz, 2008; Valdes-Stauber, Vietz, & Kilian, 2013). Furthermore, recent studies have demonstrated the importance of transformations and subjective positive changes in the lives of cancer survivors, from the perspective of the biopsychosocial and spiritual model, which goes beyond the event of the illness, with psychodynamic based interventions in the oncologic setting covering a variety of topics, illustrating that cancer is not the only focus of the treatment (Krenz, Godel, Stagno, Stiefel, & Ludwig, 2014; Skeath et al., 2013).

In the hospital context, brief psychodynamic psychotherapies based on verbal expressions are often reported (Krenz et al., 2014); however, psychodynamic interventions that are based on guided imagery are rare in the literature. There are two types of thinking: directed thinking and fantasy thinking. The first is verbal and logical and the second is passive, associative, and imagistic (Jung, 1967). Thus, in guided imagery therapy, the main instrument of transformation is not the word but rather the image. The RIME intervention, which integrates relaxation techniques, guided imagery, and elements of spirituality, uses a symbolic and transpersonal approach.

This article refers to the postdoctoral research of the first author and presents the study on the benefits of RIME for patients with the possibility of a cure. The intervention was applied to women who had undergone mastectomy and were receiving treatment for breast cancer with the possibility of a cure. The RIME Intervention, by eliciting the transcendent function, i.e., as a facilitator for the establishment of dialogue between the unconscious and conscious contents (Jung, 1972), led to the socio-psycho-spiritual transformation in these patients, positively affecting the 'quality of life' and psychological aspects such as 'hopelessness' and 'self-esteem'.

Method

The present study was approved without restrictions by the Research Ethics Committee of the *Faculdade de Medicina da Universidade de São Paulo* (University of São Paulo Medical School), protocol n° 70430, 08/08/2012).

During 2013, thirty-four patients were referred by the Plastic Surgery Outpatient Clinic of the *Instituto do Câncer do Estado de São Paulo* (ICESP, The Cancer Institute of the state of São Paulo), of which twenty-eight were screened and randomized into five groups in the presence of physicians of the *Serviço de Mastologia do ICESP* (Mastology Outpatient Clinic of ICESP).

The inclusion criteria were as follows: patients with the possibility of a cure; patient who underwent mastectomy; patients undergoing breast reconstruction and adjuvant treatments; and patients without psychiatric history, according to their own reports.

The six referred patients were not included in the study since they did not accept the invitation for the following reasons: three patients said they did not have interest in psychological research; one patient said she did not have time to take part in the study; and two patients said that their caregivers could not wait for them to participate in the psychological intervention. The refusal occurred before they were informed about the specifics of therapeutic work carried out at ICESP.

Half of patients in each random group were placed into the control group to receive up to twelve sessions of Brief Psychotherapy (BP), carried out by one of the co-authors (4) of this study. The other patients were placed into the RIME Group to receive three RIME sessions carried out by the first author and up to twelve BP sessions were carried out by the co-author 4. The BP described in short in this study has a particular focus and a limited number of sessions, which were carried out through verbal expression.

With regard to socio-demographic data, the patients in the RIME Group had different religions: Catholic, Evangelical, Spiritualist, Seventh-day Adventist, Kardecist spiritualist, and Buddhist. Their level of education ranged from illiterate to doctorate degree, and they were aged between 33 to 59 years. The patients has different marital status: married, domestic partnership divorced/separated, and single. The patients had had simple mastectomy (either right or left) or bilateral mastectomy; they had undergone immediate breast reconstruction with a tissue expander or abdominal flap. Only one patient was undergoing outpatient treatment before having reconstruction surgery. All patients in the study underwent adjuvant clinical treatments.

After one year of screening, the study data was subjected to statistical analysis considering the sample size required for the difference between the groups over time to be significant, type I error of 5% and power of 95%. It was concluded that the sample of twenty-eight patients was large enough to meet the study goals, including the exclusion of three patients from the RIME group and three other patients from the Control Group for personal reasons that were not related to the religion of the patients. They were excluded due to time conflict and their availability to participate in the intervention sessions. It is worth mentioning that the clinical treatment of these patients and the possibility of scheduling the ICESP standard Psychology Service were not affected by the loss of participants.

This research method was comparative exploratory and descriptive, and quantitative and qualitative approaches were used. The qualitative approach was based on the Analytical Psychology (Jung, 1967, 1968a, 1968b, 1969, 1972) for the symbolic interpretation of the data, which were analyzed using thematic content analysis (Araújo Elias et al., 2006, Elias et al., 2007, Elias et al., 2008). The qualitative results were analyzed using consensus analysis carried out by a group composed of the principal researcher and the co-authors 3, 4, and 5, who have extensive knowledge of Analytical Psychology, Hospital Psychology, and Psycho-Oncology. The quantitative analysis was performed using the mixed-effects model. The socio-demographic data of the RIME and Control Groups were subjected to Fisher's exact test and Welch's t-test and showed no significant differences, i.e., p values were greater than 0.05. (Elias et al., 2015).

The main focus of this article is to present the qualitative results. The instruments used in the collection of qualitative data were recorded semi-structured interviews and graphical representations, prior to the 1st and after the 3rd RIME sessions. The main theoretical frameworks used for the development of the RIME were Analytical Psychology (Jung, 1967, 1968a, 1968b, 1969, 1972) and Near Death Experiences (Fenwick, 2013; Greyson, 2007; Trent-Von & Beauregard, 2013; van Lommel, 2004, 2013; van Lommel, Wees, Meyers, & Elfferich, 2001).

Although the quantitative results have been published in another article (Elias et al., 2015) and are not the major focus of the present study, a brief summary of the instruments used and a brief reference to the quantitative results obtained will be provided below in order to relate them with the qualitative results.

The quantitative instruments used to collect the quantitative data, i.e., verify whether there were improvements in the patients' quality of life, self-esteem, and hopelessness as well as to verify if the patients perceived psychological changes in the emotional focus, set by the researcher and patient, due to the psychotherapy, and compare the results of the RIME Intervention and Brief Psychotherapy through verbal expression. The instruments used to collect the quantitative data for the RIME and Control Groups were the World Health Organization Quality of Life-Brief instrument (WHOQOL-BREF) (Rocha & Fleck, 2009); Rosenberg Self-Esteem Scale (Dini, Quaresma, & Ferreira, 2004), Beck Hopelessness Scale (BHS) (Cunha, 2001); and the Visual Analog Scale, colored facial expressions model (Araújo Elias et al., 2006; Elias et al., 2007; Elias, Giglio, & Pimenta, 2008). These instruments were applied after the signing of the Informed Consent Form (RIME and Control Groups), after the 3rd session of RIME (RIME Group) and after the BP (RIME and Control Groups).

The application of the RIME started with exercises to induce of a state of mental relaxation through, slow deep breathing and listening to soft music previously chosen by the patient. The next step consisted of the visualization of a nature image, also chosen by the patient (a flower garden with a small waterfall, a serene lake at the base of the mountains, a quite river cutting through a field, or a tranquil beach with calm sea), in which a Supreme Spiritual Being of Light that emanates unconditional love, previously defined by the patient according to their religion, waits to accompany her through this experience The Spiritual Being of Light has a dual representation: in the symbolic socio-psychic dimension, it represents the Self, internal source, (Jung, 1968a), and in the spiritual dimension, it represents the psychic contact of the patient with the Beings of Light, external source (Fenwick, 2013; Greyson, 2007; Trent-Von & Beauregard, 2013; van Lommel, 2004, 2013; van Lommel et al., 2001), i.e., with Unconditional Love, the Sacred, represented by the cultural dimension of their religion.

The RIME intervention includes four basic possible archetypal images that are associated with the phases and operations of alchemy (Jung, 1968b) and refers to the Symbols of Transformation (Jung, 1967). Based on the *nigredo raw* content, the

solutio is performed to reach the albedo through two images: 1) Water represented by a waterfall, beach/ocean, a lake, or a river, in which the patients washes and dissolves their suffering, their shadow content. The suffering mentioned and chosen by the patient is dissolved; 2) Colorful tunics, through which the patient experiences them all and mentally chooses the color of the tunic they prefer, with reference to the colors of the chakras postulated by Oriental traditions. Symbolically, the movement of progression or regression of libido is observed and the transcendent function is elicited (Jung, 1972). The induced colors are: red, orange, and yellow (warm colors/lower or terrestrial chakras, suggesting progression of libido); green, sky blue, royal blue (cool colors, higher or psychic chakras, suggesting regression of libido); pink, violet, white, silver, gold (mixed hot and cold colors together/ spiritual chakras, suggesting that the transcendent function was elicited). Then, through the third image, *coagulatio* is performed to reach *citrinitas*. The quality chosen by the patients is coagulated with their well-being and quality of life. 3) In a star, the same color chosen for the tunic, reached by a white staircase where the Supreme Spiritual Being of Light that emanates absolute unconditional Love puts golden seeds on the patients' forehead, throat, heart, navel, hands, and feet to enlighten their thoughts, words, feelings, emotions, actions, and pathway, considering the desired quality. Finally, through the fourth image, the *coniunctio* is performed to reach rubedo. 4) The Supreme Spiritual Being of Light that emanates absolute, unconditional Love delivers a red box containing a gift to the patient, as a symbolic reference to a specific aspect of the creative potential that emerges from the unconscious and that should be integrated into the consciousness, developed and experienced (Jung, 1967, 1968a, 1968b, 1969, 1972).

The patient's imagination is activated not through the spontaneous images produced by the patient's own psyche, but through four possible archetypal character images, previously established and prepared based on the integration of main features of NDEs, with the metaphor of the alchemical process proposed by Jung, considering three operations: to dissolve, to clot, and to facilitate the coniunctio. It was not possible to work with spontaneous images due to the limitations of the hospital environment and the reduced time for the sessions. If the dark and threatening aspects emerge in the spontaneous images, there was no time to address these issues. Therefore, "positive" images with symbolic and transpersonal focus were proposed in order to enable the transformation of the focus previously defined by the therapist and the patient. The guide imagination is performed. The patients experience each image according to their subjectivity, but these 4 images guide the imagination of the patient for the integration of the creative and loving potential. The guided imaginary technique is used instead of the active imagination technique due to the fact it is a hospital environment, and thus the sessions must have a beginning, middle and end. The healthy aspect of the patient's ego is strengthened by words in the brief psychotherapy psychoanalytic, and in the RIME intervention, it is strengthened the healthy aspect of the patient's ego through the image.

The four images of the RIME intervention are guided and not produced by the active imagination to prevent the activation of the complexes by the spontaneous production of images by the patient, because in the hospital environment there is not enough time to address these complexes. The four images of the RIME aim to induce the experience of wellness and transformation associated with the feeling of protection and of unconditional love of Being of Light Spiritual chosen by the patient, according to their religion and culture; suffering is "dissolved", the qualities are "constellated", and a specific communication between the Self and Ego is elicited through the "symbolic gift" received in the red box. According to the report of the patients, the RIME Intervention is experienced by them in the symbolically way and in the transpersonal way.

Upon completion of the experience, when the patients symbolically prepare to return from the star to the place they were before (a flower garden

with a small waterfall, a serene lake at the base of the mountains, a quite river cutting through a field, or a tranquil beach with calm sea) by going down the white staircase, they receive a blue cloak, which symbolizes protection. The average length of this experience session is 25 minutes, plus the time required for verbal expression before and after the application of RIME.

In the RIME Group, three RIME sessions were performed by the principal researcher with each patient, with at least one week interval between sessions, followed by up to twelve sessions of BP that were performed by the co-author 4. In the Control Group, up to twelve sessions of BP were performed by the co-author 4 with each patient. The BP was completed when the patient and the psychologist believed that the proposed focus had been sufficiently explored. The average number of BP sessions was five for the RIME Group and six for the Control Group.

Results

Quantitative results

According to the statistical analysis (Elias et al., 2015) comparing the RIME Group and the Control Group, the quantitative results indicated a significant improvement (38.3%) in the Perceived Quality of Life assessed using the WHOQOL after RIME, compared with both the BP of the Control Group (12.5%) and the BP of the RIME Group (16.2%). There was also a significant improvement in Self-esteem (Rosenberg) after RIME (14.6%) compared to both the BP in the Control Group (35.9% worsened) and the BP in the RIME Group (8.3%). The improvement in the BHS (hopelessness) was similar in both the RIME group and the Control Group: RIME = 20.1%, RIME + BP = 27.1%, BP 11.1%. The improved well-being considering the distress focus (Visual Analog Scale) was significant in the RIME Group (from poor well-being to good well-being), as well as in the Control Group (from unpleasant well-being to good well-being). None of the three treatments, RIME, RIME + BP, and BP showed significant improvement in the domains of the WHOQOL or in satisfaction with health, according to the WHOQOL.

Qualitative results

Qualitative analysis of the data indicated that the main suffering, the focus for the transformation of the women with breast cancer in the RIME Group, was caused for the need for self-valorization, which was also observed in the BP in the Control Group. The main psychological changes found, mediated by the symbolic elements of RIME, were: 1) Transformation of the feminine representation from an absent or devourer representation into a loving or protective one. 2) Transformation of the masculine representation from an intangible, absent, or powerless representation into a tangible, powerful, and loving one. 3) Transformation of the representation of the intangible, inaccessible, impersonal divine into to a tangible, accessible, and loving one. These representations in the women refer to the personality structure, and the feminine representation is associated with the main personality with characteristics related to the feelings and intuition (Eros), and the masculine representation is associated with a sub-personality personality known as animus, which operates at an autonomous and less conscious level with characteristics related to rationality and objectivity (Jung, 1968a). The Divine representation refers to the connection of the personality with the sacred (Jung, 1968a). The transformation of these basic personality structures indicates a healthy restoration of libido (Jung, 1972), changing from the death drive to the life drive, enabling integration into the consciousness of the capacity for self-care, self-worth, self-confidence and of deserving of the protection of Divine love, of the existence of internal resources, and of new external possibilities for self-potential expression.

The aim of this study was to use the RIME to elicit the transcendent function, that is, to facilitate the integration of the healing and constructive potential of the patients into the consciousness, extending the capabilities of self-worth and positive action, and strengthening their personality through the symbolic union of the opposites (Jung, 1967, 1968a, 1968b, 1969, 1972). The colors of the tunics were defined by the first author based on the colors of the chakras in reference to Eastern tradition. An analogy was made between the color of the chakras and the movement of progression or regression of libido, as well as the integration of the psychic polarities through the Transcendent Function. This association between the color of the tunics and the movement of progression or regression of libido with or without the Transcendent Function was a proposal developed by us, the researchers. This was achieved by observing the category found in the symbolic analysis of the colors of the tunics, i.e., "There are indications that the RIME intervention elicits the transcendent function, which may occur with movement of regression of libido, with the movement of progression of libido, or reciprocal progression/regression".

The gifts offered by the Spiritual Being of Light in the red box symbolically represent the unconscious message to the conscious, as follows:

- Representations of the mineral world: Golden seeds. Blue "smoke". Carpet full of stars of all colors. Crown with shiny stones. Crown full of green stones. Golden crown with emerald stones. Two crystals.

- Representations of the plant world: Red rose. Red roses. Bouquet of flowers. Pink rose. Orange rose. Tulip.

- Representations of the animal world: White dove in white box.

- Representations of the human world: Sense of healing. Feeling of Love, of Care/Caring, of Peace. Quality "courage". Child/baby. Feeling of emptiness. Shining red breast. Golden heart. Reassuring message on a paper drinking straw. Gold pendant with the photo of the patient's daughter and son together. White robe. Blue box with a note that said "Believe, Trust, and Forgive". Very pretty poster written: "Always Believe". Photographs of places, family members, and acquaintances, making reference to the future and happiness.

The analysis of these Symbols of Transformation (Chevalier & Gheerbrant, 1996; Furth, 2002; Jung, 1967, 1968a, 1968b, 1969, 1972) suggested representations of healing and wholeness, which resulted in the main category: "Mediated by the symbols of transformation (gifts) the unconscious archetypal potential entered into the consciousness: with the potential for psychic transformation, usually with energy for its constellation and representing beacons of light illuminating the darkness of the unconscious for the expression of the creative femininity".

The graphical representation aimed to identify feelings, emotions, or thoughts resulting from the disease at the moment of diagnosis and during the ongoing treatment (breast reconstruction and adjuvant treatment process) and to observe the transformation of these feelings after three sessions of RIME. In the consensus analysis, the authors observed in the symbolism that there was an improvement in drawings of all patients, suggesting that this intervention facilitates the awareness of self-healing abilities and minimizes traumatic memories.

With regard to the interpretation of the drawings, there are several possible analyses. These analyses were not carried out with the patient because such therapeutic approach would imply in a long-term therapy. The analysis of the drawings was performed through a consensus discussion among the author, the three qualified co-authors, and a Jungian analyst who is a member of the International Association for Analytical Psychology. The theoretical frameworks used in this analysis were: Chevalier & Gheerbrant (1996); Furth (2002); Jung (1967, 1968a, 1968b, 1969, 1972). The major focus of this consensus analysis was the feeling that the drawings gave us and on the association of the drawing with the psychological focus of suffering,

which had been previously established between the therapist and the patient. Below is a description of a case of a patient as an example of the consensus analysis performed by the main author and the co-authors 3, 4, and 5.

Case 1: Marr, 49, marital status: separated; two children, 25 and 22 years of age living with her; education level: high school; profession: maid; religion: Kardecist spiritualist. Cancer in the right breast; mastectomy and immediate breast reconstruction with a tissue expander; and radiotherapy adjuvant treatment.

The Focus chosen for the Transformation was the desire to modify the feeling of abandonment by the boyfriend; the very large void left by this abandonment. With regard to the Spiritual Being of Light, the patient visualized Jesus before the RIME (1st session) and after the RIME (3rd session). Answering the direct question about this drawing asked by the psychologist, the patient said that there was no change regarding Jesus for her (the Spiritual Being of Light chosen by this patient). However, this reference was present in some patient's comments, in which before the RIME, Jesus had a distant and rational connotation and was powerless to protect her; after the RIME, Jesus acquired power due to the liberation from negative forces and an acquired affectionate connotation. This also indicated the facilitation of the connection between the patient and the male figure in an affectionate way, filling the void left by the absence of a male figure.

The colors of the tunics chosen in the 1st session were violet, in the 2nd session it was yellow, and in the 3rd session it was white, suggesting that the transcendent function was elicited, with progression of libido.

As for the symbolic gifts received in the red box through the guided imaginary in the fourth image of the RIME, the patient reported that in the first session the sentence written in the note was *"I love you, continue loving"*. In the second session, the patient received a tulip (red mixed with yellow, orange, and white colors), from the garden where she started the experience with the RIME in the first image, and a note from the Spiritual Being of Light, Jesus, saying *"I can do everything through Christ who strengthens me"*. In the third session, the patient received two crystals, one for her and one for her boyfriend Antonio, and Jesus (Being of Light chosen by her) said *"I love you both"*.

In the consensus analysis carried out by the authors regarding the symbolism of the gifts delivered by the Being of Light in the red box, as mentioned above, it was considered that Love could represent the union of opposites, the fundamental drive of being, entering into consciousness. The tulip is a flower shaped like a chalice, and it symbolically represents the passive feminine principle; the tulip received in the star from the garden where she started the experience with the RIME in the first image, and its color is a mixture of red, yellow, orange, and white, symbolically representing the integration of divine love with earthly love and confidence in the divine protection of this love; the balance between the libido and the sacred. The crystal is the middle ground between the visible and the invisible and therefore the union of opposites. The patient and her boyfriend each received a crystal, representing the totality; the integration of the feminine and the masculine; the material and the immaterial. The gifts received in the red box suggest the representation of symbols of Self-Transformation towards healing and wholeness, indicating that there was a psychic movement for the integration of the divine love with earthly love and the confidence in the divine protection of this love; the balance between the profane and the sacred; the manifestation of a middle ground between the visible and the invisible and therefore the union of opposites.

Figures 1a, 1b, 2a, and 2b show this patient's drawings.

Moment of Diagnosis (Figures 1a and 1b)

Before the RIME (Figure 1a): the patient reported that at the moment of diagnosis she could not deal with anything. She had felt the same thing

when she found out she had a myoma 7 years earlier, and she was very scared. She made the drawing in Figure 1 and said that this yellow building expressed her feelings: she had cancer and she had not yet purchased her own home, and therefore she felt she was in debt to her children. In order to be able to buy her own home, she had separated from her husband because he was spending all family's money.

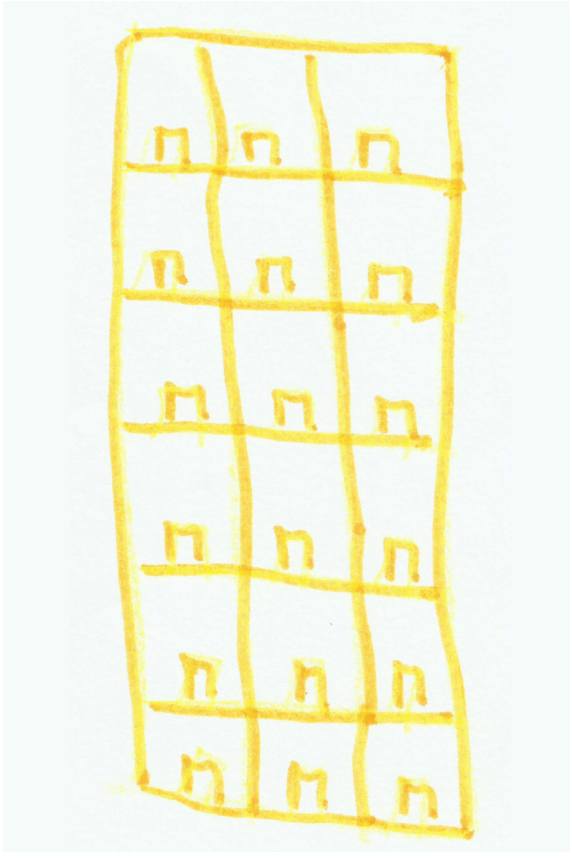

Figure 1a. Before the RIME.

Figure 1b. After the RIME.
Note: RIME: *Relaxamento, Imagens Mentais, Espiritualidade* (Relaxation, Mental Images, Spirituality).

After the RIME (Figure 1b): the patient reported that at the moment of diagnosis she could not deal with anything. She felt intense frustration at not having done something she had planned for the children, the purchase of their own apartment. She made the drawing in Figure 1b and said that the yellow face with a sad expression expressed annoyance and pressure, not due to the disease but toward people who had told her that the *Sistema Único de Saúde* (SUS, Brazilian Unified Health System) does not work and that she would die. Instead of giving her support, those who were close to her said that the SUS does not work.

Moment of Treatment (Figures 2a and 2b)

Figure 2a. Before the RIME.

Figure 2b. After the RIME.
Note: RIME: *Relaxamento, Imagens Mentais, Espiritualidade* (Relaxation, Mental Images, Spirituality).

Before the RIME (Figure 2a): the patient mentioned a Brazilian song, *"São Tantas Emoções"* ("there are so many emotions"); saying that she had never thought about quitting because she trusts in God. She missed some people that had distanced themselves from her. She believed that her cancer was just an excuse these people used because they wanted to get away from her. She felt the lack of interest of her friends, who had always included her in their lives, and also of her boyfriend who did not

desire her anymore. She had felt abandoned the same way before, when, at the moment of diagnosis, a man who had been flirting with her disappeared when he learned she had cancer. As shown in Figure 2a, she drew blue clouds, the sun, and a yellow moon, red and yellow flowers, a tree, and a smiling angel. She said that she tries to think about good things rather than the cancer, such as: flowers, trees, the sun, the full moon, and angels.

After the RIME (Figure 2b): the patient said that breast cancer has been a life lesson for her helping her to wake up every morning and move on. She stated that her cancer was not a problem; it was a test and that she was still being tested; she never saw cancer as a punishment, but she believed it was a test. She had never felt like this before because she was rebellious, she did not have much spiritual knowledge and patience. As shown in Figure 2b, she drew three flowers, a large red tree and two small ones, pink and violet. She also drew green grass, brown dirt (soil), and a green tree. She said that she was feeling like a "flower garden", energized, patient, and strong.

The authors carried out a consensus analysis of the moment of diagnosis, based on Jungian theory. Through the graphical representations and the patient's statements, they found that, prior to the RIME the patient was "trapped" in the factual meaning of the breast cancer diagnosis and its consequences, unable to make any abstractions. The patient had difficulty in accepting the disease, using denial and the defense mechanism of repression. She used a building to represent a project that she would like to accomplish, and the diagnosis was identified as an interruption of this project. The building drawing suggests bars, representing the interruption of the movement of libido, implying a type of prison due to the breast cancer diagnosis. The graphical representations and the statements after the RIME still indicated sadness; however, the defense mechanism projection, which is less primitive, was used. Furthermore, the patient demonstrated dealing with identity, as she drew a face, indicating that she had begun to express her frustrations and a period of mourning due to her breast cancer diagnosis. In both drawings, the one before the RIME and the one after three sessions of RIME, there was a predominant feeling of rationality, indicated by the fact that these drawings were made on the left side of the page.

With regard to the moment of treatment, based on the graphical representations and statements, it was observed that before the RIME the patient expressed the defense mechanism of reactive formation, showing "good mood" and "exaggerated optimism" by not coming into contact with the reality of the suffering. The drawing, despite having seemingly positive symbols (colors and elements drawn), shows a decrease in libido, signaled by the way the dirt was drawn, and it also reveals disorganized traits and a generally childish aspect, suggesting feeling expressions based on fantasy. It also suggests that the patient felt lonely. After the three RIME sessions, the patient made a drawing with more organized traits and based on the way the dirt was drawn, it indicated an increase in libido. The drawing contained dirt and grass, suggesting that something sprouted up from the soil and created life. The drawing was in the center of the page, thus, there was a more harmonious use of paper space suggesting an idea of internal organization and balanced optimism. It was also observed that before the RIME the flower petals drawn were disorganized in terms of shape and number; however, in the drawing after the third RIME session, there was organization regarding the shape and number of petals.

According to the report of the co-author 4, who performed the BP with this patient through verbal expression after the RIME sessions, the focus/suffering that was addressed during the RIME did not require further work in the BP. This shows the transforming power of the RIME combined with the internal resources of the patient, signaled by a natural spirituality, demonstrated by the golden color and by the drawing on the left side of the paper, which was increased by the RIME.

Conclusion

This study aimed to promote socio-psycho-spiritual transformations through the use of RIME,

focusing on the transformation of the psychological distress, which was chosen by the patients and was not necessarily related to breast cancer, in order to contribute to improve their quality of life and self-esteem, and reduce their feelings of hopelessness.

Based on the statistical results, comparing the RIME intervention with the BP applied to the control group, it was observed that the RIME had more power for psychic structuring and ego strengthening than the BP. As for the promotion of hope and the change in the focus (psychological distress, which was chosen by the patient as the issue to be addressed and improved), the results of the RIME and BP were similar; however, it was observed that the results of the RIME led to faster transformation since three RIME sessions were performed, and there was an average of six BP sessions in the control group.

Although BP is a widely used intervention in Psycho-Oncology, the results obtained in this study are important, suggesting that RIME can be used in psychological treatment in a crisis situation in hospitals and in cancer treatment, considering hospitalization, pre-and post-surgery monitoring, and in the outpatient clinic.

No significant improvements were associated with the use of BP in the RIME Group patients if compared to the improvements achieved with the use of RIME, suggesting that three RIME sessions are sufficient to lead to transformations.

The qualitative results showed that RIME does not provide a cognitive, rational solution for the problems and suffering of patients, but it facilitates the perception of the of their own strengths to solve the problem, i.e., the ability to recognize one's own potential and energetic force and the possibility of being able to build a better and more integrated life with self-valorization.

In summary, the RIME Intervention promotes empowerment for libido increase as a constructive force in women with breast cancer with the possibility of a cure. The socio-demographic data of patients participating in the RIME Group indicated that this intervention can be applied to any patients regardless of religion, age, or level of education. The possibility of the RIME to be applied to patients of different religions is a relevant ethical factor, and it indicates the importance of addressing spirituality from an academic perspective, always respecting the patient's religion beliefs.

Contributors

A.C.A. ELIAS is the principal researcher, who designed, developed, and improved the RIME Intervention during her master, doctoral, and postdoctoral studies. M.D. RICCI is the co-advisor of this study. L.H.D. RODRIGUEZ was responsible for handling the administrative issues at ICESP and contributed to analysis of the qualitative results through the use of the consensual method. S.D. PINTO, psychologist responsible for data collection using Brief Psychotherapy based on verbal techniques in the Control Group and the RIME Group and contributed to analysis of the qualitative results through the use of the consensual method. J.S. GIGLIO supervised the analysis of the qualitative results through the use of the consensual method. E.C. BARACAT is the adviser of this study.

References

Araújo Elias, A. C., Giglio, J. S., Mattos Pimenta, C. A., & El-Dash, L. G. (2006). Therapeutical intervention, relaxation, mental images, and spirituality (RIME) for spiritual pain in terminal patients: A training program. *The Scientific World Journal*, *6*, 2158-2169. https://doi.org/10.1100/tsw.2006.345

Boechat, W. (2014). *O livro vermelho de C.G. Jung*: *jornada para profundidades desconhecidas*. Petrópolis: Vozes.

Chevalier, J., & Gheerbrant, A. (1996). *Dictionary of symbols*. London: Penguin.

Cunha, J. A. (2001). *Manual da versão em português das Escalas Beck*. São Paulo: Casa do Psicólogo.

Dini, G. M., Quaresma, M. R., & Ferreira, L. M. (2004). Translation into Portuguese, cultural adaptation and validation of the Rosenberg self-esteem scale. *Revista Brasileira de Cirurgia Plástica*, *19*(1), 41-52. Recuperado em julho 16, 2016, de http://www.rbcp.

org.br/details/322/en-US/translation-into-portuguese--cultural-adaptation-and-validation-of-the-rosenberg-self-esteem-scale

Elias, A. C. A. (2003). Re-significação da dor simbólica da morte: relaxamento mental, imagens mentais e espiritualidade. *Psicologia*: *Ciência e Profissão*, *23*(1), 92-97. Recuperado em julho 16, 2016, de http://pepsic.bvsalud.org/scielo.php?pid=S1414-98932003000100013&script=sci_arttext

Elias, A. C. A., & Giglio, J. S. (2001). A questão da espiritualidade na realidade hospitalar: o psicólogo e a dimensão espiritual do paciente. *Estudos de Psicologia (Campinas)*, *18*(3), 23-32. https://doi.org/10.1590/S0103-166X2001000300002

Elias, A. C. A., & Giglio, J. S. (2002a). Intervenção psicoterapêutica na área de cuidados paliativos para re-significar a dor simbólica da morte de pacientes terminais através de relaxamento mental, imagens e espiritualidade. *Revista de Psiquiatria Clínica*, *29*(3), 116-129.

Elias, A. C. A., & Giglio, J. S. (2002b). Sonhos e vivências de natureza espiritual relacionados à fase terminal. *Mudanças*, *10*(1), 72-92.

Elias, A. C. A., Ernesto, R. P. D., & Avejonas, D. M. (2010, Outubro). *Aplicação da técnica RIME em pacientes com demência de Alzheimer e em seus cuidadores*. Pôster apresentado no IV Congresso Internacional de Cuidados Paliativos, São Paulo. Recuperado em junho 15, 2017, de http://www.paliativo.org.br/biblioteca_resultadobusca.php?sgeral=Anais+do+IV+Congresso+Internacional+de+Cuidados+Paliativos&button=Busca

Elias, A. C. A., Giglio, J. S., & Pimenta, C. A. M. (2008). Analysis of the nature of spiritual pain in terminal patients and the resignification process through the relaxation, mental images and spirituality (RIME) intervention. *Revista Latino-Americana de Enfermagem*, *16*(6), 959-965. https://doi.org/10.1590/S0103-166X2001000300002

Elias, A. C. A., Giglio, J. S., Pimenta, C. A. M., & El-Dash, L. G. (2007). Programa de treinamento sobre a intervenção terapêutica relaxamento, imagens mentais e espiritualidade (RIME) para re-significar a dor espiritual de pacientes terminais. *Archives of Clinical Psychiatry*, *34*(Supl.1), 60-72. https://doi.org/10.1590/S0101-60832007000700009

Elias, A. C. A., Ricci, M. D., Rodrigues, L. H. D., Pinto, S. D., Giglio, J. S., & Baracat, E. C. (2015). The biopsychosocial spiritual model applied to the treatment of women with breast cancer, through RIME intervention (relaxation, mental images, spirituality). *Complementary Therapies in Clinical Practice*, *21*(1), 1-6. https://doi.org/10.1016/j.ctcp.2015.01.007

Espinha, D. C. M. (2015). *A intervenção terapêutica RIME (relaxamento, imagens mentais, espiritualidade) em pacientes submetidos ao tratamento radioterápico para câncer de cabeça e pescoço: ensaio clínico randomizado* (Dissertação de mestrado não-publicada). Faculdade de Medicina de Marília.

Fenwick, P. (2013). As experiências de quase morte (EQM) podem contribuir para o debate sobre a consciência? *Archives of Clinical Psychiatry*, *40*(5), 203-207. https://doi.org/10.1590/S0101-60832013000500006

Furth, G. M. (2002). *The secret world of drawings: A Jungian approach to healing through art*. Toronto: Inner City Books.

Ganz, P. A. (2008). Psychological and social aspects of breast cancer. *Oncology*, *22*(6), 642-646.

Greyson, B. (2007). Near-death experience: Clinical implications. *Archives of Clinical Psychiatry*, *34*(1), 116-125. https://doi.org/10.1590/S0101-60832007000700015

Instituto Nacional de Câncer. (2014). *Incidência de câncer no Brasil*: *estimativa 2014*. Recuperado em junho 15, 2017, de http://www.saude.sp.gov.br/resources/ses/perfil/gestor/homepage/outros-destaques/estimativa-de-incidencia-de-cancer-2014/estimativa_cancer_24042014.pdf

Jung, C. G. (1967). *Symbols of transformation* (Collected Works of C. G. Jung, Vol. 5, 2nd ed.). New Jersey: Princeton University Press.

Jung, C. G. (1968a). *Aion*: *Researches into the phenomenology of the self* (Collected Works of C. G. Jung, Vol. 9, Part 2, 2nd ed.). New Jersey: Princeton University Press.

Jung, C. G. (1968b). *Psychology and alchemy* (Collected Works of C. G. Jung, Vol. 12, 2nd ed.). New Jersey: Princeton University Press.

Jung, C. G. (1969). *Psychology and religion*: *West and east* (Collected Works of C. G. Jung, Vol. 11, 2nd ed.). New Jersey: Princeton University Press.

Jung, C. G. (1972). *The structure and dynamics of the psyche* (Collected Works of C. G. Jung, Vol. 8, 2nd ed.). New Jersey: Princeton University Press.

Krenz, S., Godel, C., Stagno, D., Stiefel, F., & Ludwig, G. (2014). Psychodynamic interventions in cancer care II: A qualitative analysis of the therapists' reports. *Psychooncology*, *23*(1), 75-80.

Pérez-San-Gregorio, M. A., Fernández-Jiménez, E., Martín-Rodríguez, A., Borda-Más, M., & Rincón-Fernández, M. E. (2013). Quality of life in women following various surgeries of body manipulation: Organ transplantation, mastectomy, and breast reconstruction. *Journal of Clinical Psychology in Medical Settings*, *20*(3), 373-382.

Ribeiro, R. O. B., Elias, A. C. A., Schimidt, T. C. G., Cedotti, W., & Silva, M. J. P. (2014). A Intervenção

RIME como recurso para o bem-estar de pacientes ostomizados. *Psicologia Hospitalar*, *12*(2), 83-102. Recuperado em julho 16, 2016 de http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-74092014000200006&lng=pt&tlng=pt.

Rocha, N. S., & Fleck, M. P. A. (2009). Validity of the Brazilian version of WHOQOL-BREF in depressed patients using Rasch modelling. *Revista de Saúde Pública*, *43*(1), 147-153. https://doi.org/10.1590/S0034-89102009000100019

Skeath, P., Norris, S., Katheria, V., White, J., Baker, K., Handel, D, … Berger, A. (2013). The nature of life-transforming changes among cancer survivors. *Qualitative Health Research*, *23*(9), 1155-1167. https://doi.org/10.1177/1049732313499074

Trent-Von, H. N., & Beauregard, M. (2013). Near-death experiences in cardiac arrest: Implications for the concept of non-local mind. *Archives of Clinical Psychiatry*, *40*(5), 197-202. https://doi.org/10.1590/S0101-60832013000500005

Valdes-Stauber, J., Vietz, E., & Kilian, R. (2013). The impact of clinical conditions and social factors on the psychological distress of cancer patients: An explorative study at a consultation and liaison service in a rural general hospital. *BMC Psychiatry*, *13*, 226. https://doi.org/10.1186/1471-244X-13-226

van Lommel, P. (2004). About the continuity of our consciousness. In C. Machado & D. A. Shewmon (Eds.), *Brain death and disorders of consciousness* (pp.115-132). New York: Springer. Retrieved July 2, 2016, from http://iands.org/research/nde-research/important-research-articles/43-dr-pim-van-lommel-md-continuity-of-consciousness.html

van Lommel, P. (2013). Non-local consciousness: A concept based on scientific research on near-death experiences during cardiac arrest. *Journal of Consciousness Studies*, *20*(1-2), 7-48. Retrieved July 2, 2016, from http://pimvanlommel.nl/files/Nonlocal-Consciousness-article-JCS-2013.pdf

van Lommel, P., Wees, R., Meyers, V., & Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *The Lancet*, *358*(9298), 2039-2045. https://doi.org/10.1016/S0140-6736(01)07100-8

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