

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-22-2021

Life Narrative Examination Through Art Therapy with Psychotic Disorders

Anna Farrell
afarrel9@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Farrell, Anna, "Life Narrative Examination Through Art Therapy with Psychotic Disorders" (2021).
Expressive Therapies Capstone Theses. 428.
https://digitalcommons.lesley.edu/expressive_theses/428

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

Life Narrative Examination Through Art Therapy with Psychotic Disorders

Rough Draft for Capstone Thesis

Lesley University

05/01/2021

Anna Farrell

Specialization: Art Therapy

Thesis Instructor: Raquel Stephenson

Abstract

Though there is some research regarding the use of art therapy with those who have been diagnosed with schizophrenia, there is less research on utilizing it with those who have other psychotic disorders or using it with this population within an inpatient setting. Research largely suggests that art therapy is beneficial to this population in reducing and managing negative symptoms, increasing self-awareness, understanding one's narrative, and as a coping technique. However, there are few specific interventions suggested and researched. Therefore, a directive was developed and utilized in group art therapy on a mood and psychotic disorders inpatient unit. The group was offered to any clients who wished to join. Ages varied from 20-60s, three men were in the first group along with three women, the second group was made up of four women. Completing a lifeline activity and discussion to further understand their patterns, their story of resilience, and to find support in their discovery of a narrative. The lifeline activity did increase awareness and group cohesion, but also brought up powerful emotions that suggest a need to expand this activity into multiple sessions.

Keywords: Art therapy, group therapy, psychotic disorders, inpatient

When a person is hospitalized for mental health reasons, oftentimes the main focus is stabilization of safety and medication. Most hospitals will also offer adjunctive therapy to further assist clients in their health journey. Psychotherapy, often in group settings, can often be one of the offerings. Art therapy, music therapy, and dance movement therapy, to name a few, are some of the specific types of approaches to counseling used with clients. Counseling sessions usually include specific interventions focusing on topics such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, anxiety, depression, and coping skills. While there is some research on art therapy and schizophrenia, there is very little that focuses on art therapy and the psychotic disorders within an inpatient setting. There are even fewer directives suggested for this specific population. I wished to explore, in a patient's short-term stay, if a specific art therapy directive would promote self-awareness awareness and foster social connection with other group members.

Art therapy, while historically a strong cultural practice in response to periods of growth and processing, is slow to be taught to the psychology community and accepted. This stands in contradiction to research strongly proving its benefits (Shore & Rush, 2019). Yet, art therapy has provided a way for clients of all ages and backgrounds to express their internal state and explore it other than relying on their ability to verbalize their thoughts and experiences. Mental health disorders have had a long history of stigmatization; this, paired with the difficulty in studying the disorder due to the wide range of behaviors and thought processing possible due to the individual's psychotic state or mood, has made this grouping of psychotic and mood disorders less researched, especially in conjunction with the field of art therapy.

Both psychotic and mood disorders can have a chronic element to their symptomatology. Chronic disorders necessitate creative approaches to treatment and management; art therapy

looks to build bridges, discover links, be supportive, and overall benefit those living with a psychotic disorder. In working with clients diagnosed with these disorders, it is clear that they are on a journey to constantly explore and gain new coping skills and ways with which to manage their symptoms whether in preventative or reparative mode. People with psychotic disorders are greatly aided by art therapy due to their specific symptomatology. When working with clients going in and out of disorganized thinking, being distracted by hallucinations, or fixating on delusions, all while possibly dealing with depression, hypomania, or mania; art therapy provides an alternative, nonverbal language which allows the therapist to communicate with a client in this state. Clients are able to express themselves with the use of artistic media, thereby giving suggestions to a trained art therapist as to how to better guide the conversation with a client and their future treatment. The art provides the client a way to nonverbally understand themselves.

Clients in a psychiatric hospital setting are often beset by the chaotic environment both involving emergencies, the reality of living with many other people, and well-intentioned staff routinely interrupting group sessions. While they await stabilization with the use of pharmacology, there is a place for adjunctive therapies such as art therapy to further aid in the client's journey towards health management and symptom reduction. I developed a directive to offer clients in an inpatient, group therapy setting. The directive allowed them to learn and practice coping skills, grounding techniques, build self-awareness, realize their story of resilience, and was a space where they received strengths-based language by a trained art therapist.

While the directive has very specific goals for the clients, it is also a useful opportunity for the art therapist to gather information about the client. They are able to witness a client

revisiting their story and beginning to process it in regard to past, present, and future. The way in which the client records this process can inform the therapist about the client's mental state; as it suggests if the client may be stuck, manic, disorganized, or organized. Information that indicates thought processing is important to both the client's treatment team and to further help the therapist guide goal setting with the client. Finally, sharing their narrative is a way in which the rapport can be further increased between therapist and client.

Literature Review

Definitions

To best assess and understand what research has been completed thus far, it is necessary to begin by outlining what psychotic disorders are because there are numerous misconceptions and stigmas promoted by lack of knowledge within society. According to the American Psychological Association, psychotic disorders are disorders that are characterized "by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms" (American Psychological Association [APA], 2013, p.87). Disorders such as Schizophrenia, Schizoaffective, Delusional Disorder, Brief Psychotic Disorder, Schizophreniform Disorder, and Substance/Medication-Induced Psychotic Disorder are included as specific diagnoses within the schizophrenia spectrum and other psychotic disorders within the Diagnostic and Statistical Manual of Mental Disorders (DSM -5). Schizophrenia is characterized by two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms that continue for at least 6 months and cause disturbance and disruption to functioning (APA, 2013). This is the most researched psychotic disorder. Schizoaffective disorder is defined as two or more of the

following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms that continue for at least 6 months and cause disturbance and disruption to functioning in addition to a major mood episode which requires the specifiers of bipolar type or depressive type.

Positive symptoms are defined as symptoms where there are “exaggerations and distortions of normal perception and thinking” (“The Negative Symptoms”, 2006, p. 1). These positive symptoms appear more drastic and therefore more urgent; and are primarily treated, managed, and maintained with antipsychotic drugs. Negative symptoms are symptoms that are in reality an absence of normative thoughts or behaviors; specific examples include “inexpressive faces, blank looks, monotone and monosyllabic speech, few gestures, seeming lack of interest in the world and other people, inability to feel pleasure or act spontaneously” (“*The Negative Symptoms*”, 2006, p. 1). These, in psychiatric terms, are referred to as “blunted or flat affect (emotional inexpressiveness and apparent unresponsiveness); alogia (poverty of speech); asociality (apparent lack of desire for the company of others); anhedonia (apparent inability to show or feel pleasure); and avolition (lack of will, spontaneity, and initiative)” (“*The Negative Symptoms*”, 2006, p. 1). It is important to be aware that despite many overlaps with schizophrenia, schizoaffective and many other psychotic disorders are not included in many articles that discuss schizophrenia, though one could argue that the research on schizophrenia could likely be applied to those who have a psychotic disorder diagnosis due to similar symptomatology as well as similar treatment approaches.

Treatments

Now defined in their symptomatology, it is necessary to review what treatment options are available for those who have received these diagnoses. Positive symptoms are often managed

in conjunction with a psychiatrist or nurse practitioner who monitors symptoms and prescribes antipsychotics accordingly. However, negative symptoms are the symptoms that impair function and are often the most troublesome for clients. Negative symptoms make it difficult to live unassisted, to maintain a job, to build and continue relationships, and other daily social situations (*"The Negative Symptoms"*, 2006). These symptoms can be aided with certain medications, but much of the treatment is focused on managing these symptoms and caring for oneself through self-awareness and psychoeducation which is often done within counseling.

Counseling can be offered to clients in groups or individually, and can focus on certain topics, certain means of expression, and even just discussion and support because, ultimately, groups are places to explore and find support. Group therapy is a place where, gathered by the common desire to work towards health, the facilitator and members have the opportunity to bring forth new information, knowledge, or questions and discuss with others who may have insight or similar experiences that can then lead to further shared knowledge. For a therapeutic group to occur, there must be a professional who is likely trained in group dynamics; creating and maintaining a safe space, and enabling an unpressured atmosphere (Lynch et al., 2018), encouraging group participation, facilitating discussions, and bringing research and psychotherapy to the group's awareness. With a trained professional's guidance, the safe space becomes a place where group members can explore deep topics that require vulnerability; something that all who desire healing and integration, when dealing with a psychotic disorder, will need. This also provides a space for clients to challenge some of their symptoms; especially those that lend themselves to isolating and decreased social skills because of lack of practice or differences from normative behaviors. Furthermore, in the exploration of themselves and their symptoms, clients are able to have their experiences normalized by others when many in the

world outside of the group cannot understand. Realizing one is not alone and has support from people who have experienced the same or similar things is greatly encouraging and fortifies a person. Clients sharing their life details can lead to an increase in self-esteem, self-awareness, and understanding of their own identity.

Art Therapy

In regard to the validity of art therapy, art therapy has long been practiced by other names throughout cultures and their times; when recognized as a field in the mid 1900s, it has since grown in research as well as practice. Art offers the maker and viewer a chance to pursue both the product as well as the process. Art therapy provides the possibility to explore thoughts, emotions, ideas, responses, and experiences in a nonverbal way by creating artwork. In numerous times in anyone's life, they are at a loss for words as to how to describe something, whether internally or externally, and art provides another language with which to communicate.

Per the question of why art therapy in particular may prove useful to those who have a psychotic disorder begins with looking at how art therapy can provide an awareness, learning, and management of the client and their symptoms. Williams et al. (2018) discusses Tew et al.'s (2012) observations on how arts-based groups can assist clients in further learning, understanding, and applying for themselves a rewarding life that doesn't revolve solely around their symptomatology. Art therapy focuses on influencing the negative symptoms including "apathy, paucity of speech, and blunting or incongruity of emotional responses, usually resulting in social withdrawal and lowering of social performance" (WHO, 1992, as cited in Hanevik et al., 2013, p. 312). Art therapy specifically can target these symptoms by offering a nonverbal method of communication and processing versus the traditional psychotherapy route. Furthermore, the introduction of materials in a unique way, in comparison to what one usually

experiences in school which is often the last time most clients have created art, prompts the clients to become more invested in the discovery process and commit to play. Another way in which art therapy can be utilized in treatment is by providing it within a group-therapy context. These opportunities include the ability to practice facial responses and communication both through verbal and non-verbal means.

Efficacy of Art Therapy

There are numerous articles regarding the effects art therapy can have with people newly diagnosed with psychosis and psychotic disorders. Parkinson and Whiter begin by acknowledging that these diagnoses bring with them “diagnostic uncertainty” (2016, p. 116). If the therapist waits until all is understood about the situation, it gives the symptoms time to further impair functioning. Parkinson and Whiter, rather, recommend cautiously moving forward with therapy and focusing on supporting the client through management rather than moving slowly and losing previous time.

Art Therapy as an Initial Treatment

Lynch et al. (2019) similarly focused on individuals who had been recently diagnosed with a psychotic disorder and whether art therapy could prove useful. Eight clients who were eligible for early intervention for psychosis (EIP) services were interviewed in addition to two clients who were not eligible for EIP services in regard to why they did not access art therapy and if they thought it would have proven helpful. Due to limited existing theory regarding their specific topic, the researchers used the Grounded theory (Urquhart, 2013, as cited in Lynch, Holttum & Huet, 2019) to create a hypothesis based on interviewee information. In their interviews, it was noted that important components of the art therapy environment included that it was unpressured, accepting and inclusive, relaxed, that there was engagement and pleasure in

the art creation, there was an ability to experiment and explore, that the participants were enabled to communicate and express themselves as well as connecting with others, that there was a commonality found through connection, and that other perspectives were learned about and discussed. Furthermore, participants reported, and it was observed that there was a change in the emotional experience as well as the way that the clients experienced themselves. Some described an increased feeling of freedom during groups. Some reported that the art was an activity that engaged them to the point of relaxation and distraction, or even escape. Some relayed how they were able to reflect on their experiences through art, which was sometimes unpleasant but overall a helpful experience. It allowed participants to view themselves differently as they learned about their capabilities, their skills, and what they could possibly offer to others rather than becoming consumed by their identity as a person with a mental health problem. Participants differed on whether the benefits of art therapy were mostly in-the-moment or, especially if continued, would lead to a recovery state because it offered a coping strategy as well as a support and a hobby with which to pursue. While the authors found many benefits, they acknowledged that some participants found that art therapy was not the right fit for them whether because of time, anxiety, access and availability, or the combination of variables between the timing, therapist, directives, and group dynamics. The end result is that art therapy has the potential to assist clients in many of the previously noted ways, but it is not a treatment for every individual as there are numerous reasons as to why it might not be the right fit for them. Their research also reminds readers of how and consistently clients receive art therapy could impact their personal benefit from it.

Art Therapy Critiqued

While what there is of research regarding art therapy and the psychotic disorders is limited, there is more literature that supports art therapy being beneficial to clients, especially those with schizophrenia. That being said, one prominent voice that needs to be acknowledged is Crawford et al. (2012). The researchers sought to analyze “the clinical effectiveness of group art therapy for people with schizophrenia and to test whether any benefits exceed those of an active control treatment” (Crawford et al., 2012, p. 1). Through testing 417 adults within the United Kingdom in a “three arm, rater blinded, pragmatic, randomised controlled trial” (Crawford et al., 2012, p. 1), participants were offered 12 months of weekly groups. Within the three groupings of the participants, one group was only offered standard care. Another group received art therapy sessions of 90 minutes where they were offered a wide range of art materials and were encouraged to utilize the tools to freely express themselves in addition to standard care. The last group was offered activities regarding numerous topics and excursions with the exception of arts and crafts related materials, in addition to standard care. Based on previous research, and the reports of the art therapy and even medical community, it came as a surprise that the control group, art therapy group, and activity group outcomes did not have a significant difference initially, and secondary outcomes between the activity group and art therapy group did not differ at the 12 and 24 month check-ins. The researcher and the team acknowledged that a possible factor in the outcomes was the low attendance as almost 40% of participants who were assigned to the group art therapy did not take part in any sessions. While there are possible explanations even within the diagnosis of schizophrenia, such as organizational issues or motivation to attend, this study’s outcomes suggest that the creative therapies do not lead to improvements in the symptoms of schizophrenia. One point of direction for research given is the authors hypothesis

that the level of attendance to art therapy groups might be different and higher if within an inpatient setting.

Art Therapy in Inpatient Settings

In looking at art therapy in inpatient settings, Barnicot et al. (2020) offers their investigation on interventions for clients with schizophrenia-spectrum disorders who were in acute psychiatric inpatient units. In their review and meta-analysis, Barnicot et al. begins by noting that inpatient units often have the focus on the safety of the clients and adherence to medical model practices, goals, and medication rather than psychological interventions. They note that clients with acute symptoms, especially ones such as paranoia would be unable to participate in traditional therapy, build trust with a therapist, focus on the session, or be in a state where their emotional distress can be lessened rather than increased. Out of the 29 trials analyzed, it was noted that “psychological interventions improved post-intervention positive symptoms, social functioning and treatment compliance, and reduced risk of relapse/re-hospitalization” (Barnicot et al., 2020, p. 11). However, the authors note that it was unclear as to if there were interventions that were particularly effective or ineffective.

Shore and Rush (2019) were more specific on working to discover helpful elements as to what assisted art therapy in being particularly effective for clients within a psychiatric hospital environment. They emphasized the importance of awareness as to the environment that art therapy is happening within; how other clients on the floor can have disruptive and bizarre behaviors, how the staff has a higher rate of turnover, how the procedures are constantly changing, how the stays are short, how the focus is on crisis management and immediate symptom reduction rather than long-term management, the noise of the environment, the interruptions, and the general bewilderment many clients find themselves experiencing when

admitted to this environment. However, the therapists remain hopeful as their experience within this environment has led them to the knowledge that “art therapy offers an effective means of helping patients to stabilize” (Shore & Rush, 2019, p. 1). Within this intense environment, there are many clients that could show up in a group with a variety of symptoms, acuity, backgrounds, behaviors and goals and individual time is limited if available at all. This is why the authors are guided by the belief Yalom presented in 1985 that, “the entire life of the group is comprised of a single session wherein momentary reduction of symptoms, and constructive expression are hallmarks of therapeutic success, is applicable” (as cited in Shore & Rush, 2019, p. 3). With this in mind, and with their collective experience being the guide; the authors compiled a set of lessons to share with others in their position as to how to best structure a group for clients within a psychiatric ward environment. Lessons include: to focus on not overstimulating the client, to use creativity to build on a client’s strengths, to investigate group-cohesion to the point of re-defining it, to explore the tolerance continuum, and to assist clients in growing in their understanding of control. The authors note how it is difficult to find a balance between keeping these lessons in mind while engaging possibly fragile clients in group art therapy, yet they leave the reader with the suggestion to focus on stabilization of the symptoms, offering experiences that can be controlled, “individualized methods, and modest short-term goals” (Shore & Rush, 2019, p. 13).

Art Therapy and Symptom Management

If one of the areas of treatment, from a psychological perspective, is the further understanding of oneself; it is of curiosity if the newer movement of motivation interviewing could assist clients in managing their negative symptoms. Cho and Lee (2018) suggest that motivation can be affected when one is dealing with schizophrenia and its symptoms. They

worked with 18 clients in a control group and 17 in an experimental art group with South Korean clients with chronic schizophrenia that were in a psychiatric unit. The experimental group clients met for a total of 12 sessions over 6 weeks and utilized group art therapy. In contrast to the control group, they experienced significant improvements in “negative symptoms, motivation and pleasure, interpersonal relationships, personal hygiene, and hospital program attendance” (Cho & Lee, 2018, p. 878) in comparison to the control group. They suggest that “rather than focusing on problem-oriented symptom reduction for people with schizophrenia, this self-efficacy based motivational counseling intervention was able to effectively cultivate behavior change, which in turn alleviated their negative symptoms” (Cho & Lee, 2018, p. 885).

Cho and Lee’s techniques of approaching clients with unconditional positive regard, a desire to understand and be empathetic, and an acknowledgement of the reality of the situation allowed clients the space to artistically respond to prompts regarding explore oneself especially regarding their strengths, what to keep and dispose of, working with others, and what one would wish for the future. Effectively, these prompts are asking a client to look at their past narratives but focus on what that means for them in the present; encouraging them to evaluate what they need now and with an eye to their future narrative. By assisting clients in solidifying their narratives through motivation interviewing in art therapy groups, the researchers were able to note the decrease in negative symptoms. The authors believe that art therapy was the vehicle which allowed the clients to respond to the motivation interviewing by being a pleasurable and interesting activity and because it allowed the expression of inner thoughts and emotions; thereby allowing a deeper understanding of the interior to be externalized. They additionally noted how clients’ defensiveness was lowered when approached through art techniques and that their participation was more engaged. Cho and Lee also considered the group atmosphere and

found that the individual was able to build trust because of the other clients and therapist providing support; further creating a safe space and allowing deep exploration as clients were able to be at a vulnerable state. Finally, the authors turn to exploring how art engages those who because of the chronicity, may have lost or be in the process of decreasing their ability to effectively use linguistics and their affective expression, and who might otherwise be limited in their participation of their examination of their past, present, and future.

Parkinson and Whiter (2016) looked at approaching clients with mentalization-based therapy (MBT) to increase an awareness of how their mental state leads to certain behaviors and interactions with relationships. They note how the therapist must nurture both within themselves and with the clients, an attitude of active curiosity about the client and their experience rather than leaning on interpretations and assumptions. This allows the client to be the one guiding their treatment as to what they have determined that they need rather than the therapist relying on other clients or research that could focus more on the disorder than the person, therefore inhibiting treatment progress. However, with the inquisitive approach, the therapist can encourage the client into a mentalizing framework which allows for the “continuous movement between different perspectives, for example internal/external, self/other, cognitive/effective” (Parkinson & Whiter, 2016, p. 117). Within art therapy this framework is similarly displayed as the client is encouraged to move between art making, reflecting, sharing and discussing. The researchers note that this then makes art therapy an important approach to clients; if one is to treat the client as the informant and leader of their own treatment, and then they are to encourage clients to engage in self-discovery and analyzation, they must ask in a way that allows the client flexibility with how they communicate as well. This is something that art therapy specifically provides because it allows for the client to lead, make decisions, to discover at their own pace

and on their own terms. This leads to the client being able to build trust in themselves and with the environment that allows them the opportunity to explore; with the element of trust being continuously strengthened, the client is then able to focus and learn more willingly from those around them because they trust them.

Körllin et al. (2000) sought to test 58 participants with extreme symptoms and find if structured creative arts groups could improve their outlook during their time in psychiatric units. The researchers note that the clients were not in their most acute phase of symptoms but were still strongly impaired. For four weeks the participants were given a body awareness group twice weekly, a receptive music therapy group weekly, an art therapy group weekly, an occupational therapy group twice weekly, and a verbal therapy group twice weekly. Though 12% of the members left or were unable to complete the project for various reasons, the research showed that those who had a history of trauma did better than those without, as well as those with suicidality, eating disorders, and abuse histories also did better than those without. While the researchers note that this is limited, the results of this study show that creative arts therapy can be beneficial to many clients with differing diagnoses and their path to further understanding themselves, their situation, and their environment.

Understanding the Psychotic Experience

In contrast to Crawford et al.'s findings, Hanevik et al. (2013) found that art therapy can be a useful tool for coping with the disorder of schizophrenia because one better understood their psychotic experiences. In reviewing multiple case studies, Hanevik et al. found that all five participants were able to use art therapy to explore their psychotic experience. Two participants reported being able to better control their psychosis with the rest reporting an increased mastery. One client reported being able to now better distinguish between her hallucinations, religious

delusions, and helpful spiritual experiences by means of exploratory artwork. Art allowed the clients to not only investigate emotions but also to explore their control of their psychosis, beginning to understand and recognize the warning symptoms of psychosis. This building of awareness has numerous benefits to it, first and foremost in that it provides some relief to clients. Their awareness of themselves, their symptoms, and their patterns allows for a better understanding of their identity and therefore better able to approach and interact with their environment. The exploration into one's identity that was possible is because creating art draws one in further than just an interaction; and it allows an opportunity to create a new "world", which then allows the client the opportunity to "recreate themselves through artistic expression" (Teglbjaerg, 2011, as cited in Hanevik et al., 2013, p. 313).

Integration or Illness

Estroff (1989) notes how schizophrenia "is an *I am* illness - one that may overtake and redefine the identity of the person" (p. 189). Estroff emphasizes the importance of acknowledging the relationship between the disorder, or as she terms it "the sickness", and the self. Due to schizophrenia being a diagnosis where the treatment is the management of symptoms rather than the complete resolution, one is therefore dealing with the chronic element of the disorder. Estroff defines chronicity as the process of losing oneself, in addition to losing positive social roles and even one's identity. Schizophrenia is not only a dramatic change to one's life because of the introduction of symptoms, but also because of the continuation and evolution of these symptoms. This then, leads to a transformation of oneself both inwardly and outwardly as the inner self affects the interaction in other relationships and with the environment. This is what Estroff refers to as the "private subject" and a "public person" (1989, p. 190). There must be an overlap between these layers, and yet the integration between the layers as the person

develops and understanding regarding their identity formation and transformation is essential to them recreating their selfhood.

This selfhood develops over time, and a mental health diagnosis especially with symptoms such as what schizophrenia is defined as, is bound to disrupt and confuse a person. Their narrative becomes tangled as the diagnosis distracts from past, the present, and the future; something that Estroff notes clinical accounts often fail to document due to their emphasis on symptomatology and treatment. Unfortunately, the clinical environments can further confuse clients struggling with a chronic disorder as they focus on the symptoms and thereby suggest that the individuals with these problems might somehow be ineffectual, substandard, unfit, or even defective. The narrative of an individual begins and continues to be lost as inactivity towards developing a new understanding and recreating oneself is not put at the forefront of treatment.

A client must be encouraged and led in this process, because it is easy to lose oneself in the struggle against the disorder and use up one's remaining strength rather than, as Estroff suggests, focusing treatment on first reconstructing an understanding of oneself with a therapist initially and then, secondly, internally. This allows a client to better react and handle their diagnosis because "schizophrenia affects profoundly both how we present and experience ourselves, often the person and the disease or diagnosis become joined in scientific and social thinking in the realms of intervention and identity" (Estroff, 1989, p. 193). Schizophrenia can disrupt so much of an individual internally and externally, therefore it is important to embrace and incorporate it within one's understanding of oneself. Estroff notes how this is progress of losing oneself to an illness, the changes that occur to self, as well as the way in which the psychotic disorders are clinically approached is specific to the Western world.

Estroff states that if one treats schizophrenia not as solely a disease but rather as an “equally influential neurophysical, social, and personal processes at work” (1989, p. 194). Estroff is relating that schizophrenia affects all areas of a person’s life. Therefore, there is a profound need for clients to carefully examine the world around them to better understand themselves and how to relate to the world. This planning and hard work will allow the client to come to a point of understanding that allows for the acceptance and preparation for the chronicity side of the disorder, rather than losing themselves because they are unable to define themselves apart from their struggle with the disorder.

The Client as the Informant

What then does this mean for research? Estroff notes that we rely on the “expert informants” to share and teach about their experiences, their findings regarding themselves and their disorder, and to further gain knowledge about the disorder for posterity’s sake. The researcher then is “to seek associations, casual links, patterns, and implications” (Estroff, 1989, p. 195) to what has been communicated to them. Because as researchers continue to delve into gathering information and making connections, so too are the informants pushed to further discover within themselves and thereby achieve more self-awareness and identity formation. This then would add to the “survival of the self” (Estroff, 1989, p. 195) that the author suggests is hanging in the balance of not only research, but one’s understanding of themselves, and their relationship with others.

Directives

While the previously stated research is helpful in understanding art therapy’s place with a specific population, one might still wonder about what it actually looks like in a session. With the lessons and reminders that Shore and Rush gave, it is time to turn to what research has in

terms of suggesting directives. Körlin et al. (2000) noted how one of their directives for a group was to look at their social networks and make maps from them. Additionally, clients were asked to use linear graphics to make depictions of their lives, thereby creating a “life-line”. This project acknowledges a client’s narrative as well as points them towards looking at future possibilities. Stace (2016) suggests a variation of the life-line project when they suggest working on a sculptural lifeline. The directive allows clients to explore significant events, to identify how one’s narrative and identity affected their past and is affecting their present. This activity furthermore allowed clients the opportunity to share their important life events and thoughts with other group members, which not only generated interest within the group but also fostered a supportive environment and built trust between members. Stace worked in a dimensional art medium because it allowed for increased expression as well as proved to be often more appealing for clients. This activity asked clients to engage in focusing on the project, planning, remembering events, externalizing events into the materials, and higher cortical thinking. This allowed for the clients to identify significant events, relationships, situations, and points within their narrative that affect their understanding of themselves, their identity, how they relate to others, how they emotionally regulate themselves, and how they engage with their past, present and future.

Method

Art therapy is considered an adjunctive treatment to pharmacology at the inpatient psychiatric unit, group therapy is not mandatory but highly encouraged. Additionally, well-intentioned staff frequently interrupts groups to pull various clients; and other clients regularly disrupt the group proceedings. The short-term aspect of this site’s treatment means that clients are frequently changing and rarely is there the same group of people attending groups. The group

is generally listed in the weekly schedule as “Art Therapy”, and clients are encouraged to come both by the staff and therapist’s invitation.

The Directive

There are many elements that create a chaotic environment in which therapy is expected to happen, and therefore, I believe it best to begin with introductions. Then, in an effort to ground clients in the environment and the present, they are directed through a brief, five-minute body scan. The directive is then introduced; clients are asked to choose a colored marker, colored pencil, or pen to make a mark on the left edge of their 12x18” white paper that symbolizes the beginning of their life. They are encouraged to make whatever mark they desire, and the leader likewise makes a mark, a circle, on their paper to give a visual aid to their words. Clients were then directed to make another mark, which could be the same as their beginning mark or different, close to the right edge but not all the way on the right edge of the paper to symbolize where they were at in the present. Clients were asked to think about what happened in between the beginning mark and the second mark; they were encouraged to think about what the connecting line would look like. They were further prompted with thinking through what had happened to bring them to this point in their life, who was at significant events, what were the feelings at these significant events, and to elaborate further if there were any additional details that they wanted to add.

Clients could record these thoughts either with words, symbols, colors, or other images. They were given 10-15 minutes to work with their paper, writing and coloring tools. The clients were then asked to pause or finish up their work and to take a moment and review the work as it was. They were then asked what they were feeling when they looked at their artwork. Further discussion depended on the clients’ answers. Throughout the discussion time, the therapist

utilized strengths-based language, normalized situations to the group, and acknowledged the resilience of the individual members especially surrounding being in an intensive care unit, as well as within the group to learn and explore possibly difficult topics.

The group was then asked to identify a goal looking forward, utilizing the same tools as before, but utilizing the portion of the paper between the second mark and the right edge of the paper; members were encouraged to share their individual goals and desires. Art therapy group then ended with the clients being encouraged to take a big breath in and release it while the therapist praised them for spending time exploring their story, naming difficult things, questions, and thoughts, while ending with developing a goal or identifying desires. The group was run twice so that the therapist could gain a better understanding of the directive with numerous clients.

Data Collection

In terms of keeping a record of sensations and thoughts during this experience, I found myself preferring not to keep notes during the sessions as I wanted to observe how my clients worked and notetaking would have both disrupted my concentration as well as distracted them. Instead, I spent 15 or more minutes after the session, debriefing in my mind as well as taking notes on the clients, their comments, their actions, and their art. Later, I would work on a white 11.5"x8" watercolor page, with watercolor crayons and markers to think through the group process (IMAGE A & B). Here I thought about the participants, the feelings and thoughts that occurred as I planned for the group and led it, and the artwork that clients made. A limitation was the amount of discussion time had after creating, because of the overall length of the group. This reminded me that activities chosen for groups within a short-term psychiatric hospital setting often do not have the time to "unpack the box" of trauma and give detailed counseling, but rather

must encourage some processing but focus on strengths and moving forward for the client. While reflecting on this experience and analyzing the data, I took time to further work on the art record by taking it apart and working to reform a sculptural reminder of the process; similarly, to the way this paper allows for the intense analyzing of a process, the recording for others, and the finished product (IMAGE C).

Per my personal observations, I found it interesting that the art sometimes reflected or indicated inner energy with the clients. For instance, some clients filled their papers and in a much shorter time frame than the rest of the group. While behaviors had begun to stabilize in comparison to the time when admitted, the artwork suggested that the internal state might not be matching the external behaviors and they were still in need of treatment. A different example is how a client, who was discharging soon, was able to identify their timeline, but before the therapist prompted the clients too, added in their hopes moving forward. Here the art indicated an awareness of one's story, their words noted some pain in reviewing the past, but finally they were able to express their dreams through art and verbally speak with hope; further affirming that there was not a need for acute treatment at this point. My intent was to develop a method that increased a client's awareness of their own resilience both through art and the community within the group, and that this method might also be a possible assessment for where clients are in terms of their thought process.

Results

Session 1

For the first group of six clients, there was an abundance and variety of energy in the room necessitating the grounding breathing exercise given initially. The energy was less focused on socializing and rather was just an output of talking or movement. However, as time went on,

the group became more focused on their artwork and the energy became concentrated. One client intermittently closed their eyes and appeared to fall asleep; they did, however, complete an image. Another member struggled to focus and stay on-topic towards the end of the group and became perseverative on their past and mistakes they thought they made. They were redirected and prompted to just look at their past, and not pass judgement on what had happened and therefore was unchangeable. During the end of the art-making period and entering into the discussion period, clients were asked, “looking at your artwork, what are you feeling?”. Clients responded stating that they had feelings of guilt, regret, frustration. There was the additional theme of clients wishing that they had put people above work as they realized that in their current situation, people were what mattered to them rather than their jobs. When listening to each other, the clients responded with nodding and verbal affirmation. All of the clients accepted the therapist’s strengths-based language and acknowledgement of the clients’ resilience in that they did not deny it, however no one directly commented in response to it. When asked what goals and desires they had after reviewing their narrative on the paper, the group members all described “large” goals; goals that necessitated several steps to achieve. Yet, all the clients readily gave answers as to what they wanted to accomplish and conversed it with each other during the discussion time. By the end of the group, the energy in the room had changed to being a more unified, connected, and considerate of others rather than an individualized output that the group had begun with.

Session 1: Art Processing

When creating the art pieces related to the group processing (see Figure 1), I found myself reflecting on my feelings regarding the group for the first group and art piece. There was a strong desire to stay with the outline of how the group would go and what I might mention in

regard to strengths-based language and resilience. There was more rigidity within my body, and I noticed this as I attempted to start the art piece and did not know quite how to move my hands. There was excitement as the project had finally begun, as well as now needing to begin the processing and interaction of the results with the research. There was also time sat in discomfort as there were many more conversations I wished to have with the clients surrounding their artwork, and yet was limited both by the group meeting time as well as the attention span of many of them was coming to an end. Here was an acknowledgement of the reality of doing group work in a short-term setting; there simply is never enough time to delve into everyone as deeply as one wants, let alone giving them all time to verbally reflect on their artwork in the group space.



Figure 1. Group 1 Processing Image

Session 2

For the second group consisting of four clients, they began with a more split energy that represented itself as silence or socializing. As the directive was given and the clients worked on their artwork, the quietness of the two clients continued while the other two clients began chatting after the momentary pause due to the grounding exercise. One of the quiet members was pulled by staff and did not return to discuss their creation. They did, however, have time to completely fill their paper with drawings, shapes, and words; all within the 8 minutes before they

were called out of the room. The other quiet member needed repeated directions, rephrasing, and encouragement to begin the process. They noted that they felt very stuck and unsure of what to put down on paper. However, they slowly began to write some words, which were followed by changing the colors of the words, and eventually some symbols were added to their image. At this point, the group of three began to socialize more as a group; encouraging each other as their pieces neared completion. During the discussion, group members took a very active role in commenting on each other's work and did not leave empty space in the conversation. They verbally showed interest in each other's goals and desires and the language and energy was less focused on planning and more on reasons as to why the individual might want to pursue or desire whatever they named. At the end of the group, the energy of the group members was much more unified and focused on a social connection that had not been there previously; with the older two members inviting the third, quieter, member to join them in activities after the art group had ended showing a visible sign of increased connection.

Session 2: Art Processing

For the second group reflection art piece (see Figure 2), I found myself more focused on the individuals within the group. I found myself relaxing on following my outline of events and giving into the flow of the group energy. I found that their energies started out very differently, but as the socializing continued, the quieter group member started to engage more.

Unfortunately, the fourth member was pulled by staff in the middle of the group. Towards the end, the group had decided to spend time together outside of the art therapy session. It ended with the clients each deciding what they wished to do with their works, ranging from keeping it, to throwing it out, to keeping it until they were discharged and could burn it. Adding this additional question at the end prompted a conversation that continued between the members as

they left the room. The lifeline activity with the second group seemed to create a space where members were able to socialize and create a supportive space as they worked through their history and looking forward. It is unclear if the strengths-based language and revisiting their narrative will have long-term effects and would need individual sessions or continuing group sessions to discover this.



Figure 2. Group 2 Processing Image

Data Collection: Art Processing

For the sculptural combination of both pieces (see Figure 3), done while writing the thesis, it was quite literally the combining of the details, adding an analysis and perspective to the situation, and creating a final product. When initially planning to record through art in this way, I assumed that the combining of the pieces would prove to be fluid. However, I found that it was much more akin to a difficult puzzle, where edges didn't seem to fit despite their appearance that they would do so. Much like with the second piece of art, I found myself needing to let go of the rigid outline I followed with the first group; and while I still followed it, I accepted that I would also follow where my clients led and as the chaotic environment allowed us to. I focused on the discomfort of having members pulled by staff and the discomfort of not having more time to unpack the artwork. This led me to stop my 2-dimensional work and begin weaving my pieces of information together to create a dimensional shape. It began to grow as

there was more and more time spent adding to it, adjusting its shape, allowing the structure to be discovered. This was not a quick process, this was the process of slowly understanding the elements and fitting them together to become something that engaged with past ideas as well as combined them with the research, before allowing me to mix and match information to better understand the whole.



Figure 3. Results Processing Image

Discussion

Art therapy has the potential to give clients a way in which to reduce, manage and process symptoms, to investigate and discover their identity with the disorder, to become increasingly self-aware, and offers a way in which to communicate one's narrative of resilience. Crawford et. al (2012) suggested that art therapy could be more beneficial to clients within an inpatient setting, and the treatment of psychotic disorders must include both treatment for the positive and negative symptoms; further necessitating that additional therapies beyond psychopharmacology must be used. However, the environment in an inpatient unit poses numerous challenges as Shore and Rush (2019) pointed out, and it is imperative to consider these aspects when creating a directive. Unfortunately, time is one of the biggest overall concerns at a setting like this because there are too many variables to plan for and the therapist is the one who

must cohesively hold the group together and on-track while also creatively addressing the time constraints.

Main Findings

While limited, the research available on psychotic disorders, art therapy, and inpatient settings was enough to begin to formulate a directive I observed that clients became more focused with their energy as the activity went on, and many made introspective statements when reviewing their work. These comments were often emotionally charged, and clients echoed each other in reporting that they wish they had different priorities in their past. So, while clients were reflective, they appeared somber about what they had realized, and it is unclear if they were able to appropriately process this information. Stace (2016) suggests the identity awareness and self-esteem are increased when a person's narrative is understood, but further additions to the directive would be needed to appropriately assess this. Another observation was that clients of varying backgrounds, symptoms, and disorders had different personal responses, appeared to connect with the group as evidenced by the discussion and energy focus. That increased social cohesion happened after an art therapy session affirms that art therapy can be beneficial to clients with psychotic disorders (Cho & Lee, 2018; Hanevik et al., 2013; Körlin et al., 2000; Lynch, Holttum & Huet, 2019) that it can also be beneficial within a group environment in addition to being used in an inpatient setting (Barnicot et al., 2020; Shore & Rush, 2019). , it has the potential to help clients begin to understand their narrative better because, if one's narrative is better understood, so too is their identity and their self-awareness increased. Art challenges clients in how to investigate and communicate their narrative; to move beyond words and engage their body, their right brain and their left brain. Art therapy is an engagement of the whole person in the pursuit of discovery, learning, and peace.

Limitations

This study was limited by the time spent on hearing each client's response. It would be interesting to affirm or negate the findings of this study by having the clients would take a self-esteem assessment before and after to indicate if there was a growing awareness of themselves and the journey they have made thus far in their lives. It would also be interesting to hear back from clients after a few days in their social connection shown at the end of the directive continued past the time immediately after the directive or if it was a momentary increase in appearance of social connection.

Future Research

Future research is needed to build this directive into a mini-series that could be utilized in the same setting. Furthermore, emphasis and research are needed in regard to continuing to investigate what specific types of interventions can be useful for clients who are working through the chronicity factor of their diagnosis because of the time limitation hindering the amount of information that the therapist can gather and that the client can process. This further exasperates negative symptoms when a client wearies of them and therefore it is important to further research what coping art techniques as well as narrative-awareness directives can help the client to recreate an understanding of themselves and their identity that is not one of a struggling soldier but that of a person who understands their challenges but has respect for themselves and their strengths.

References

- “The Negative Symptoms of Schizophrenia.” (2006). *Harvard Health*. Harvard Health Publishing, www.health.harvard.edu/mental-health/the-negative-symptoms-of-schizophrenia
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition*. (DSM-5). Arlington, VA.
- Barnicot, K., Michael, C., Trione, E., Lang, S., Saunders, T., Sharp, M., & Crawford, M. J. (2020). Psychological interventions for acute psychiatric inpatients with schizophrenia-spectrum disorders: A systematic review and meta-analysis. *Clinical Psychology Review*, 82. <https://doi.org/10.1016/j.cpr.2020.101929>
- Cho, J. M., & Lee, K. (2018). Effects of motivation interviewing using a group art therapy program on negative symptoms of schizophrenia. *Archives of Psychiatric Nursing*, 32(6), 878–884. <https://doi.org/10.1016/j.apnu.2018.07.002>
- Crawford, M. J., Killaspy, H., Barnes, T. R. E., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., Kalaitzaki, E., King, M., Leurent, B., Maratos, A., O’Neill, F. A., Osborn, D. P., Patterson, S., Soteriou, T., Tyrer, P., & Waller, D. (2012). Group art therapy as an adjunctive treatment for people with schizophrenia: multicentre pragmatic randomised trial. *BMJ: British Medical Journal*, 344(7847), 15.
- Estroff, S. E. (1989). Self, identity, and subjective experiences of schizophrenia: In search of the subject. *Schizophrenia Bulletin*, 15(2), 189–196. <https://doi.org/10.1093/schbul/15.2.189>
- Hanevik, H., Hestad, K. A., Lien, L., Teglbjaerg, H. S., & Danbolt, L. J. (2013). Expressive art therapy for psychosis: A multiple case study. *The Arts in Psychotherapy*, 40(3), 312–321. <https://doi.org/10.1016/j.aip.2013.05.011>

- Körllin, D., Nybäck, H., & Goldberg, F. S. (2000). Creative arts groups in psychiatric care: Development and evaluation of a therapeutic alternative. *Nordic Journal of Psychiatry*, 54(5), 333-340. <https://doi.org/10.1080/080394800457165>
- Lynch, S., Holttum, S., & Huet, V. (2019). The experience of art therapy for individuals following a first diagnosis of a psychotic disorder: a grounded theory study. *International Journal of Art Therapy: Inscape*, 24(1), 1–11.
- Parkinson, S., & Whiter, C. (2016). Exploring art therapy group practice in early intervention psychosis. *International Journal of Art Therapy: Inscape*, 21(3), 116–127.
- Shore, A., & Rush, S. (2019). Finding clarity in chaos: Art therapy lessons from a psychiatric Hospital. *Arts in Psychotherapy*, 66, N.PAG. <https://doi.org/10.1016/j.aip.2019.101575>
- Stace, S. M. (2016). The Use of Sculptural Lifelines in Art Psychotherapy (L'utilisation des lignes de vie sculpturales en art-thérapie). *Canadian Art Therapy Association Journal*, 29(1), 21–29.
- Tillquist, E. (2020). *The efficacy of art therapy as an adjunctive therapy for psychosis: A literature review* [Masters Expressive Therapies Capstone Theses, Lesley University].
- Williams, E., Dingle, G. A., Jetten, J., & Rowan, C. (2019). Identification with arts-based groups improves mental wellbeing in adults with chronic mental health conditions. *Journal of Applied Social Psychology*, 49(1), 15–26. <https://doi.org/10.1111/jasp.12561>

THESIS APPROVAL FORM
Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Anna Farrell

Type of Project: Thesis

Title: Life Narrative Examining Through Art Therapy w/ Psychotic Disorders

Date of Graduation: May 22, 2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Rachel Appleman 