

Art Therapy May Reduce Psychopathology in Schizophrenia by Strengthening the Patients' Sense of Self: A Qualitative Extended Case Report

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Key Words

Art therapy · Expressive art · Schizophrenia · Self · Minimal self · Phenomenology

Abstract

Background: Many forms of artistic expression and art therapy are widely used in psychiatric treatment, but we lack an understanding of how artistic expression may interfere with psychopathology. **Method:** Art therapy inspired by the Expressive Arts was offered for 1 year to two groups of outpatients. One group consisted of patients with severe schizophrenia and the other group of 5 nonpsychotic psychiatric patients with depression and/or personality disorders. The course of therapy was described systematically, and the experience of each patient was examined using interviews and written evaluations before and after therapy and at a 1-year follow-up. A qualitative analysis was done to determine how art therapy affects the psychopathology of the patients. **Results:** The patients used the art therapy in many different ways. The most important benefit of the art therapy was a strengthening of the patients' sense of self. This was accomplished by engagement in the artistic process and by aesthetic reflections on the painted images. The stronger sense of self diminished the tension arising from interpersonal contact, boosting their self-esteem and thereby improving their social competences. **Conclusion:** All patients reported

a very good outcome, and the qualitative analysis showed that the positive effect of art therapy is mainly due to a strengthening of the patients' minimal sense of self.

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Introduction

An evidence base for the effectiveness of art therapies in the treatment of people with schizophrenia is beginning to emerge [1]. However, most trials of art therapies share a number of methodological weaknesses [1]. A Cochrane review from 2003 found only two studies which met the Cochrane criteria of proper research and both were too small to show a significant effect on schizophrenia [2]. However, Ruddy and Milnes [2] conclude that 'there is some evidence that art therapy may be of more value than standard care.' Later studies found a significant effect on negative symptoms and a nonsignificant effect on positive symptoms [1, 3, 4].

A general problem in art therapy research is a marked heterogeneity in the interventions and theoretical foundations among art therapists [1]. Thus, there seems to be a major split between the art therapies that build on the tradition of psychoanalysis and the art therapies that take their point of departure in artistic practice, art theory and in art's capacity to give meaning. Different terms are

used in the literature to refer to these two main directions. Edwards [5] speaks about 'art in therapy' and 'art as therapy'; Hogan [6] and Schaverien [7] use the concepts 'analytical art therapy', 'art psychotherapy' and 'art therapy'. Because these concepts are understood differently, we will here introduce the terms analytical and formative art therapy. Whereas analytical art therapy builds on psychodynamic theory and aims at obtaining insight into unconscious material through the art work, formative art therapy sees the art work as a new shaping which is related to the world and brings forth an aesthetic meaning.

To elucidate the qualitative mechanisms of action in formative art therapy for psychiatric patients has been the aim of only a few published studies. Cohn [8] found that the art work activated and changed the emotions related to trauma with a minimal therapeutic intervention in 3 patients with separation trauma. Lund et al. [9] concluded that addition of an art therapy component in a psychiatric daycare unit gave the patients insight into the personality styles of the group members, reinforced a sense of identity, encouraged group cohesion, and, for some patients, enabled a communication that would not have been possible in an entirely verbal group. Potocky [10] describes an art therapy intervention for patients in a chronic state of schizophrenia. The art group intervention was enjoyable for the patients and helped to enhance their social functioning. Shechtman and Perl-Dekel [11] examined the experience of 27 patients in combined verbal and art group therapy. The art group provided the same pattern of effect compared to the verbal group, with group cohesiveness as the most important single factor, but the art group also had ten mechanisms of action that did not take place in the verbal group. The three most important of these were (1) creativity, spontaneity and play; (2) alternative communicative possibilities, and (3) art as an integrating experience.

Many studies thus point to the positive effects of working with art. However, if and how art may enhance the psychopathology of patients with schizophrenia remains unclear.

Methods

A group of 5 patients who had suffered from severe schizophrenia for more than 5 years were given formative art therapy for 1 year. All patients were constantly or periodically psychotic despite medical treatment. One patient had painted a little at home; the rest had no experience with artistic expression. The group met for 2 h a week in the local psychiatric center. The formative art therapy was inspired by an interdisciplinary formative approach

called Expressive Arts Therapy [12, 13]. Thus, the sessions were well structured and the patients were supported in their artistic creation of pictures.

Every session began and ended with the patients sitting in a circle, where they had the possibility to express their needs. Before painting, a theme was offered for inspiration, i.e. landscapes or figures. Most paintings were on large sheets of thick paper, with acrylic paint or gouache. Everyday language was used to create a focus for the painting, to help overcome difficulties and to give response to the pictures in a poetic way, but there were no psychological interpretations.

The art therapy was offered as an additional treatment, and all patients continued their medications during the art therapy. A group of 5 patients with nonpsychotic psychiatric disorders were established for comparison to detect whether patients with schizophrenia used the art therapy in a different way than nonpsychotic patients.

All patients were interviewed in-depth before the intervention, just after the intervention and at follow-up 1 year after ending the therapy. The semistructured interviews were constructed a priori according to the themes of the study. The questions focused on the patients' subjective experiences of their own psychopathology including their emotional life, their experience of themselves and their relations to others. In the initial interview questions about their former experiences with art were included, and in the final interview questions focusing on the course of the art therapy and on how it had affected them were added. The logbooks with detailed information from all sessions and the patients' pictures and written evaluation forms served as additional data.

All data were qualitatively analyzed to detect possible connections between the artistic work and the psychopathology. The method of qualitative analysis was a modified grounded theory with four levels of analysis: (1) an overall description of the course of each patient in a narrative form; (2) a scanning of all logs and interviews for meaningful entities or themes; (3) a comparison of the hypothesis and research questions with the themes for each patient, and (4) an overall assessment of the research questions. To conceptualize a bridge between the art experience and an understanding of the psychopathology of schizophrenia, phenomenology [14–16] and phenomenological psychopathology [17–20] were chosen as a theoretical framework.

Results

All patients were able to engage actively in the art therapy, and all patients in the two groups experienced it as very helpful both at the end of the therapy and at the 1-year follow-up. A variety of different positive actions of the art therapy were reported in the interviews and written evaluations. Most consistent was a change in the patients' experience of themselves. This was formulated in different ways by all patients in both groups: 'I feel stronger in myself', 'More self confident', 'Better demarcation', 'Feel more responsible for myself', 'Know myself better', etc. The patients felt that they could take part in relations

better, that they were less paranoid, and that their ability to take care of everyday problems was improved. These effects were all closely connected to changes in their sense of self.

We interpreted the consistent experiences of the patient as a strengthening of the sense of self that gave rise to a variety of positive effects.

This strengthening of the patients' sense of self was accomplished differently by the patients with schizophrenia than by those in the comparison group. Thus, the patients with schizophrenia struggled with a very primary preverbal sense of self (minimal self), while the comparison group without psychosis worked at the level of a more reflected self, or what is called the narrative self [21, 22].

For the patients with schizophrenia, the impact on their self experience originated in different aspects of the art experience that can be conceptualized into five main categories:

- (1) Increased 'presence being'.
- (2) Formation of new structures of meaning.
- (3) Increased direct experience of self.
- (4) Setting up of a special social context.
- (5) Stimulating creativity and play.

Increased 'Presence Being'

The process of painting demanded full presence and awareness of colors, light and shapes. The conscious focus thereby shifted from hyper-reflective absorption in self [23] to external reality, as, for example, patients becoming concerned about mixing the right color. From a phenomenological point of view, the patients in this way constituted themselves by an intentional and sense-borne interaction with the art material and the motif. They became themselves as they forgot themselves. The concept of 'presence being' is a construct that combines 'presence' with the Heidegger concept of 'being' [24]. Presence is connected to 'here and now' and being more to the person and the context.

The increased presence-being was characterized by diminishing anxiety and paranoid thinking while being absorbed in painting. Although a wordless experience, the patient commented the questions of why the art therapy had reduced paranoid thoughts by statements such as: 'It is just because it is so good to paint'.

Formation of New Structures of Meaning

The patients' dialogues with the painting comprised an aesthetic reflection of the patients' thoughts, feelings and experiences. The paintings were able to express contradictions, paradoxes and nuances, which the patients

were not able to express verbally. As an example, 1 patient was able to change her understanding of femininity and strength by working with some pink pictures. The aesthetic dialogues with those pictures gave rise to more acceptance of the fact that she was a woman, and she was thereby able to integrate another perspective on womanhood. In some cases, the paintings established personal mythologies reflecting the patients' conception of themselves. Thus, 1 patient painted lots of lonely mountains that gave form to an experience of his life.

In other cases, the painting expressed a specific emotion, imagination or incident. Inspired by Ricoeur [16, 25], we have called this phenomenon *objectivations*. The concrete form of the representations enabled patients to distance themselves from expressed thoughts or feelings and to deal with them, which produced a change in the original experience. This process made it possible for 1 patient to get rid of painful memories and feelings. This is expressed by a patient in this way: 'Something magical happens when you take a brush in your hand and get all that stuff that is sitting in here out through the hand. Then you can let go of it'.

Increased Direct Experience of Self

When a painting was completed, patients experienced themselves as the persons who had painted that particular picture. It seems to be a strong marker of identity to be a creator of something. Thus, a patient said: 'I had created something, not just negative thoughts, I had really created something positive. It makes me happy. It gives a good warm feeling'. Another patient said directly about the effect of the art therapy: 'I become a person'.

Often the finished paintings directly engendered feelings of pride among the patients. Furthermore, it became obvious for all participants that each patient had his or her own style. Experiencing the different styles brought an understanding of their different identities. The patients were relieved to realize that painting is not about being right or wrong, but about finding one's own style.

Setting Up a Special Social Context

The group became very important for the patients with schizophrenia. Previously, 3 of the 5 patients had marked problems in being close to others and attending a group regularly. Those problems seemed to diminish markedly during the art therapy. 'I have learned to know the others in a way I never could have leaned to know somebody else, through the art. It gives a certain sense of community.' The artistic work gave a concrete structure; they knew what to do and did not have to say anything.

This structure made it easier for the patients to be in the group. At the same time the process of painting made it possible for the patients to be on their own with their paintings and still have a sense of connectedness. They did not feel any tension as a consequence of exposing themselves, but still they became very visible to each other through their paintings. These elements combined with a stronger sense of self made it possible for these very ill patients to experience a strong sense of belonging that contributed further to the constitution of self. One patient reported that the solidarity in the group had helped her accept her own feelings: 'The group gives safety and (the experience) that it is fine to have the feelings that I have, because I experienced them in a safe frame'.

Stimulating Creativity and Play

The patients experienced painting as a joyful activity in which they were allowed to be crazy and experiment with new solutions in a playful way. It stimulated a curiosity which they felt could also be used in their everyday lives to handle new situations. Thus, all the patients found that their ability to solve problems in their daily lives improved by taking part in the art therapy. One patient said in the final interview that he had attained the card club in his living area because of the experience with the painting. He had learned that it was fine to do something without knowing if it would be a success, and that it was worth trying, even though it seems to be impossible.

Discussion

Our aim was to understand and conceptualize the effect of art therapy in schizophrenia on the basis of systematic qualitative research.

The complexity of the material required a theoretical framework that potentially combined an understanding of both psychopathology and the experience of art. In this connection, the choice of phenomenology as the fundamental theory has been useful, because phenomenology has given rise to the conceptualization of both art and psychopathology in relation to an understanding of human consciousness and being.

In phenomenological psychopathology, the symptoms of schizophrenia are claimed to be a result of a weakness in the very primary preverbal self, also called the minimal self [17–19, 26]. Minimal self is connected to Husserl's concept of constitution of self and to Merleau Ponty's underpinning of the body and senses as the foundation of the human being. When the minimal self is impaired, the

whole perceptual field, the self demarcation, the ownership of experiences and the spontaneous experience of meaning become uncertain, which leads to the development of delusions and other symptoms.

A main finding in this study was that art therapy gave rise to an experienced stronger sense of self. For the patients with schizophrenia, the result can be understood as a strengthening of the minimal self in this phenomenological sense. While working with art, the patients shape images and are shaped by the aesthetic interaction with the art materials. The experience of self gave rise to a better demarcation and an improved emotional capacity, which seemed to make it easier for the patients to get involved with other people, both in and outside the group.

Our finding that art therapy strengthened the sense of self gives support to the phenomenological hypothesis that a core problem in schizophrenia can be a reduced sense of minimal self.

Another phenomenologist, Ricoeur [16, 25], focuses on a more reflected self, also called the narrative self [21, 22]. Ricoeur stated that the experience of identity emerges from interpretation of the created matter. The self is thus, according to Ricoeur, a shaping that takes form in an interaction between the individual and the world. This narrative self concept correlates much better with the findings in the comparison group.

The patients without psychotic illness also reported a strengthened sense of self, especially at the level of a reflected narrative self.

In conclusion, this study provides new understanding of art therapy and its impact on patients with schizophrenia. The qualitative design was necessary to turn the enormous complexity of the material into new conceptual entities. It is our hope that this can support and stimulate coming research in art therapy. Potentially, this can lead to a new way to treat schizophrenia.

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