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Octavian VASILIU

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Reintegration of Schizophrenia Diagnosed Patients in Social Environment through Art Therapy- A Pilot Study

Octavian VASILIU[1]*

Abstract

Art-therapy is considered a somewhat controversial method of treatment in the field of psychotic disorders. While randomized trials with various comparators reported few if any benefits from this method in schizophrenia diagnosed patients, case reports are more enthusiastic in this regard. The main objective of this research was to construct a pilot study for a clinical trial focused on patients with schizophrenia, stabilized on pharmacological treatment, who intend to participate in a form of structured, 10-session, once a week, individual art-therapy. A group of 5 patients diagnosed with schizophrenia according to DSM IV TR criteria, stabilized on atypical antipsychotics, were included in an art-therapy program, with weekly individual sessions, focused on the relation between self and social environment. Themes like "meeting a school colleague", "at the cinema", "a dinner out", "improve your neighborhood appeal" and "making new friends" were approached during the 10 weeks of the program. All art-therapy sessions included cognitive restructuring and role play, as augmentation strategies for the experiential processing of emotions. A 10-points visual analogic scale (VAS) recording overall patient satisfaction within social relationships was applied at each visit. Patients reported improvements on VAS with a mean of 35% after 10 weeks. The overall number of social contacts initiated by patients increased with 20% compared to baseline. Caregivers reported a better collaboration with the patients in the domain of daily chores and a decrease of expressed aggressiveness. In conclusion, art-therapy could be useful in improving psychotic stabilized patients' frequency of interpersonal contacts, decreased aggressiveness and improved their involvement in daily activities.

Keywords: art-therapy, schizophrenia, atypical antipsychotics, social reintegration, social environment

* University Emergency Central Military Hospital "Dr. Carol Davila", Psychiatry Department, Bucharest, Romania, octavvasiliu@yahoo.com.

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Corresponding Author: Octavian VASILIU
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1. Introduction

Schizophrenia is a debilitating disorder which continues to remain a puzzle from many perspectives, although a number of significant progresses have been made in the domain of the pharmacological treatment. Therefore, a relative dissociation between the lack of advances in deciphering the neurobiology of this disorder and the proliferation of new generation antipsychotics become more and more obvious. Psychotherapy could be invited to fill in this gap and art therapy is, at least in our experience, more readily accepted than other types of psychological interventions.

Art therapy could be used as a complementary treatment in patients with stabilized, non-acute, schizophrenia, which can be included in either individual or group sessions. Even in countries where art therapy is recommended for patients with psychosis by national guidelines, the territorial distribution of specialists in this therapy is not uniform, therefore the accessibility of art therapy leaves place for much improvement [1]. Although most art therapists report their practice is based on psychodynamic principles, in reality their work is -also by self-report- non-directive and they use image making for expressing feelings and developing self-understating, not to explore underlying dynamics [1].

One of the most recent systematic analysis of the literature regarding the effectiveness of art therapy in schizophrenia [2] concludes that the certainty of data is very low and no clear-cut recommendations could be formulated in this domain, based on evidence derived from 20 studies included in 5 systematic reviews.

An older Cochrane analysis supports this conclusion, based on 61 reports and 2 studies (total N=137), but the results were a little more detailed: small differences between groups favoured art therapy for negative symptoms, as reflected by the Scale for the Assessment of Negative Symptoms (SANS) scores, while no differences were found in the measures of social functioning and quality of life [3].

National Institute for Clinical Excellence (NICE) Guideline for schizophrenia and other psychotic disorders [4] defines the fundamental features of arts therapies (art therapy, dance movement therapy, body psychotherapy, drama therapy, music therapy) as follows: (a) all of these therapies are based on a creative process focused on facilitating self-expression in a structured therapeutic framework; (b) artistic results of the creative processes give meaning to the patient's experience; (c) all components of the creative process could be further used in an insight-based psychological approach if appropriate; (d) the aim of arts therapy is to allow a different perspective for the patient over self and relationships with

other. The same guideline concludes, based on literature review that arts therapies are effective in reducing negative symptoms when compared with any other control, and these differences are maintained up to 6 months at follow-up, both in outpatient and inpatient populations [4].

The largest study that evaluated art therapy in schizophrenia was a multi-centric, three-arm, rater-blinded, 12-month duration, randomised controlled trial with 417 participants [5]. This trial evaluated art therapy plus standard care versus weekly activity groups plus standard care and standard care alone. No statistical differences were noted between the three study arms in either of the main variables (global functioning, positive and negative symptoms) or secondary variables (levels of group attendance, social functioning, and satisfaction with care). In the same MATISSE study, a secondary analysis couldn't detect any differences in clinical effectiveness of group art therapy between subjects with more or less severe negative symptoms ($p=0.741$), or between those who did and did not express a preference for art therapy ($p=0.473$) [6].

Unfortunately, between this trial limitations we should observe that 40% of participants randomized to group art therapy did not attend any sessions [3], therefore the detection of a signal in this population could not be appropriately determined.

In contrast to these data, the first trial in history focused on art therapy in chronic psychiatric outpatients revealed a better social outcome for subjects who received 10-week supportive art therapy as an adjunct to standard care, at least on short term [7].

An interesting research about factors that could mediate referral to art therapy supports the therapists' views according to which this therapy can contribute to personal recovery and that outcomes are related to participants' investment in the therapeutic process [8].

Another randomised controlled trial ($n=58$) focused on psychodynamic art therapy in patients with schizophrenia during acute psychotic episodes and concluded that art therapy was associated with a significantly greater mean reduction of positive symptoms and improved psychosocial functioning at post-treatment follow-up, while negative symptoms registered also a higher reduction comparative to standard treatment [9]. Patients who received art therapy had a significant improvement in levels of emotional awareness, but didn't improved significantly comparative to controls in depressive symptoms [9].

A group of hospitalized patients ($N=403$) who participated in art and craft-based creative therapies was evaluated over a 5-year period using self- and clinician-rated severity of symptoms, and significant reductions of these scores were detected [10].

Art therapy was efficient in a 1-year program for outpatients diagnosed with either severe schizophrenia or non-psychotic disorders (depression and/or personality disorders) because the therapeutic intervention strengthened the patients' sense of self by engaging them in the artistic process and by aesthetic reflections on the paintings [11]. Patients had a lower tension arising from interpersonal contact, an increased self-esteem and an improvement of their social competences [11].

Case reports derived from a group art therapy in patients diagnosed with schizophrenia in a day care regimen, based on a modified "synallactic collective image technique" created by Vassiliou G and Vassiliou V [12], showed clinical improvement by decreasing depressive themes, increasing number of human figures and self-confidence [13].

Another case report in a 45-year-old patient with schizophrenia was based on the assumption that art therapy could enable the non-communicative subjects to communicate [14]. The author reports that progress was observed in social behaviours and communication, as reflected in patient's volume of speech, feelings verbalisation and better insight [14].

Higher incidence of positive case reports regarding efficacy of art therapy in schizophrenia, comparative to randomized clinical trials could be due to a selection bias. For example, authors who published case reports tend to select patients with a significant change in clinical status, supporting the value of therapeutic intervention, but in the same time neglecting more numerous cases they encountered in which no change was observed. Another possible issue is the analysis of concurrent therapeutic factors, like the type of the pharmacologic treatment, adherence to therapy, social extra-therapeutic factors, comorbid disorders, all of which are criteria of inclusion/exclusion and of monitoring in a clinical trial, but less so in a case report.

2. Problem Statement

After decades of improvements in the pharmacological treatment of schizophrenia, negative symptoms are still a challenge for many patients who, although escape from the more flamboyant positive psychotic symptoms like delusions or hallucinations, have a low functionality due to symptoms like a-volition, apathy, or anhedonia.

In this context, any intervention that could have positive impact on these resistant symptoms should benefit from a careful investigation of efficacy and tolerability. Art therapy is generally well accepted by patients, as it's not so intrusive or time consuming, and it mobilizes hidden personal

resources. Art therapy could be the first step in a more elaborated approach, which combines several types of therapy, as it helps in the creation of a good therapeutic alliance and favours a mobilization of patient's emotional resources.

3. Objectives

This study's main objective was to verify, using a sequential design, if structured, short-term, individual art-therapy could have a positive influence over the schizophrenia diagnosed patients' ability for social re-integration.

The secondary objectives were a decrease of aggressiveness, an increase of the patients' insight, and an increase of the patients' involvement in the therapeutic process.

4. Methods

A group of 5 patients diagnosed with schizophrenia were included in this trial. All these patients presented DSM IV TR criteria for schizophrenia [15], regardless the longitudinal evolution or clinical specifiers.

In order to be included in this pilot study, patients must have had age between 18 and 65, a stabilized clinical status, to be currently under treatment with atypical antipsychotics, with a Positive and Negative Symptoms Scale (PANSS)- Negative Scale score over 21.

Regarding the main exclusion criteria, patients with axis II pathology could not participate due to a possible interference of the personality disorders with both pharmacological and psychotherapeutic process. Patients with any drug related or drug induced comorbidity, history of non-adherence to psychotherapy, previous negative response or lack of response to art-therapy, Positive and Negative Symptoms Scale (PANSS) score above 80, PANSS-Positive Scale score over 20, or presenting active suicidal ideation were also excluded.

In table 1 are presented the main variables of the patients that participated in the art therapy sessions, for a period of 10 weeks.

A 10-points visual analogic scale (VAS) recording overall patient satisfaction within social relationships was applied at each visit. A score of 10 is considered the highest satisfaction patient has ever had in a social interaction, while 0 is the absence of any satisfaction at all. Due to the fact that schizophrenia diagnosed patients have usually difficulties in the domains of emotions recognition and social networking, several anchors were

introduced, based on an interview about previous interpersonal experiences and current expectations.

For quantifying the aggressiveness in psychotic patients, we used as reference PANSS-Excited Component (PANSS-EC) as defined by Montoya A. et al. [16]

Each session was focused on a specific theme (table 2) related to the patients' potential social interactions in their previously described environment (familial, social, scholar/academic, professional). Basically, each drawing must include an imagined situation of an interaction between two or more individuals. If the patient still chose to draw a non-figurative drawing, then after finishing it, she/he is encouraged to make a second, figurative, drawing, or to enrich the first one with several human representations. In several cases, if the patient refuses to represent persons in the drawing, then during the role play he/she is invited to make a scenario in which to include him/herself and at least one other person.

Each session included a 30 minutes individual drawing, followed by role playing during which the patient interpreted the role of one of the represented figures in his/her drawing. Cognitive restructuring was performed whenever possible, as well as other cognitive-behavioural techniques, like planning activities for the next days and monitoring the degree of satisfaction and accomplishment, or collaborative analysis of some past or present symptoms with problem solving abilities training.

The main variables monitored throughout the study period were (1) for the main objective- VAS score, number of social interactions initiated by the patients, PANSS- EC, PANSS-Negative score, involvement in the daily chores, episodes of aggressiveness; (2) for the secondary objective- PANSS based evaluation of the patient's insight, and number of treatment missed doses.

Evaluation of the patient's missed doses was based on both patient and caregivers' reports. Also, the number of aggressiveness episodes, number of social contacts and the degree of inavolvement in the daily chores were deducted from both caregivers' and patient's answers. The last variable is expressed as a percentage calculated as number of days during which the patients participated in house activities from the total number of days since the last visit (7, as the sessions are weekly).

Table 1. Demographical and clinical characteristics of the study group at the initial visit

Variables	Values (mean value/ min-max range)	Observations
Age	42.7 years (20-56)	Most of the patients have a long history of schizophrenia, which explains a rather higher value for the mean age
Gender		
M	2	
F	3	
Educational background	10.7 years (4-16)	Schizophrenia dramatically decreases scholar and academic performance
Marital status		Many schizophrenia diagnosed patients are single, as the disease reduce the chances for finding a partner
Divorced	1	
Never married	3	
Married	1	
Income		
Low	4	Most of the patients are retired and living from medical pension
Medium	1	
PANSS		
Overall score	72.5 (59-79)	According to the study objectives, the main PANSS-related variables expected to change were negative symptoms, aggressiveness and insight.
Positive score	14.5 (8-16)	
Negative score	30 (23-45)	
Insight Score (items G8+G12)	7.7 (6-11)	
PANSS-EC	14.7 (7-17)	
VAS	5.6 (2-6)	Reflection of the subject self-perceived satisfaction in social relationships Primary objective related variable
Number of social contacts initiated by patient in the last week	3.8 (0-12)	
Involvement in the daily chores during the last week	20% (0-50%)	Primary objective related variable
Aggressiveness episodes in the last week	3.2 (1-5)	Primary objective related variable Secondary objective related variable

Number of antipsychotic missed doses in the last week	10 (5-15)

Table 2. Themes approached in the art therapy sessions

Meeting a former/current school/faculty colleague
Dinner out
Discussing with neighbors about changing the local appeal
Making new friends in school/faculty/neighborhood
Registering in a voluntary activity which involves social interactions
Making new acquaintances in a sport club/social club
Visiting a relative
Visiting a museum (asking for specific information)
Visiting a touristic objective
(asking for directions)
At the cinema with friend(s)

5. Findings

After 10 weeks, all the patients arrived at the final visit. The results are summarized in table 3.

PANSS Negative Scale score registered an improvement of 30%, while the insight and excitement component of PANSS had a lower rate of amelioration. Regardless, PANSS overall score decreased with almost 22% which is an important percentage due to the fact that we consider these patients as presenting difficult-to-treat symptoms (fig.1).

Regarding the primary objective, patients reported improvements on VAS with a mean of 35% after 10 weeks (fig.2).

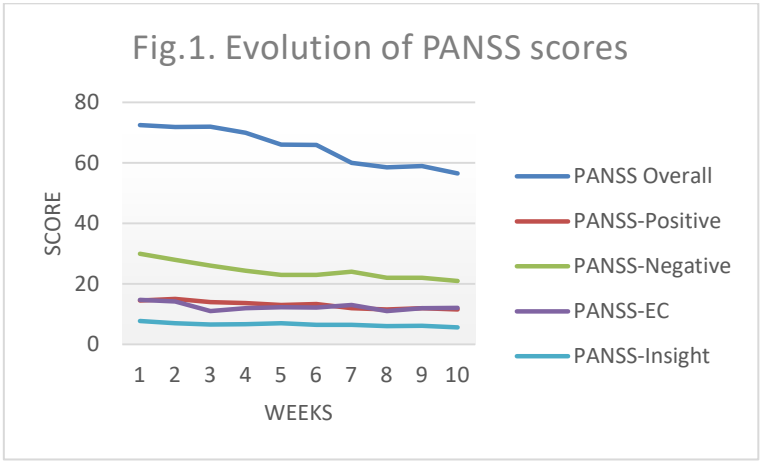
The overall number of social contacts initiated by patients increased with 20% compared to baseline (fig.2). Caregivers reported a better collaboration with the patients in the domain of daily chores and a decrease of expressed aggressiveness. Number of aggressive episodes registered a small decrease from 3.2 to 2.4, with one patient reporting no such episode in the last week (fig.2). Treatment adherence increased with 18% in the 10 weeks of this trial.

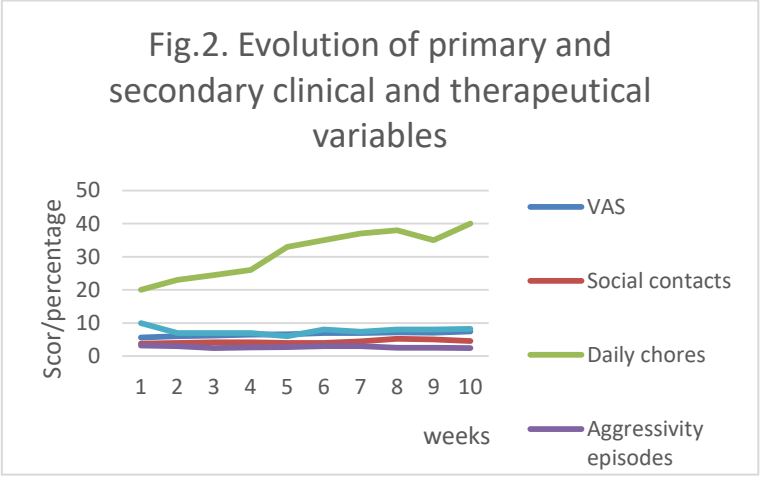
No inferential statistic procedure was applied due to the fact that this group is too small to offer consistent conclusions. Therefore, qualitative analysis was considered sufficient to support the usefulness of a larger scale trial.

Art therapy was well tolerated by all the patients, as reported by the subjects and caregivers, and as reflected by the 0% discontinuation rate.

Table 3. Results after 10 weeks

Variables	Values (mean value/ min-max range)	Observations
PANSS		
Overall score	56.5 (47-70)	According to the study objectives, the main PANSS related variables expected to change were negative symptoms, aggressiveness and insight.
Positive score	11.5 (8-15)	
Negative score	21 (13-33)	
Insight Score (items G8+G12)	5.6 (5-9)	
PANSS-EC	12.1 (7-14)	
VAS	7.5 (3-9)	Reflection of the subject self-perceived satisfaction in social relationships Primary objective related variable
Number of social contacts initiated by patient in the last week	4.6 (3-11)	
Involvement in the daily chores during the last week	40% (15-60%)	Primary objective related variable
Aggressiveness episodes in the last week	2.4 (0-5)	Primary objective related variable
Number of antipsychotic missed doses in the last week	8.2 (5-12)	Secondary objective related variable





6. Ethical considerations

All subjects expressed freely their informed consent to participate in this pilot study, and they were informed about the possibility of other, alternative, therapeutic approaches. All subjects could renounce to the participation at any time during this trial without offering any reason, and they would be switched to other therapeutic program.

All the scales used in this trial are validated on schizophrenia diagnosed patients.

The author has no conflict of interest to declare.

7. Discussions

The relevance of this research is determined by the pragmatic approach to the art-therapy in schizophrenia. Designing a pilot study for art therapy is a challenging task due to the fact that the results are difficult to measure. Therefore, a structured approach, using validated instruments, was applied.

This study could be considered useful in the context of detected discrepancies in the literature regarding the efficacy of art-therapy for psychotic disorder. Only a few well-designed trials were identified in electronic databases, and their results were contradicted by isolated case reports. This pilot study is considered a small step in the direction of finding relevant strategies for applying art therapy in schizophrenia.

This research is only a pilot study, so the generalizability of its results is limited. However, there are encouraging results that could guarantee a large, multi-centric trial, based on the hypothesis that art therapy could help in decreasing negative symptoms of schizophrenia, with potential benefits on level of insight, aggressiveness and pharmacological treatment adherence.

No control group was constituted and therefore no comparison is possible with patients who didn't participated in art therapy. A placebo arm in a future larger trials should be taken into consideration, although blinding art-therapy is rather difficult.

8. Conclusions

Based on this pilot study data, art-therapy could be useful in improving psychotic stabilized patients' frequency of interpersonal contacts, decreased aggressiveness and improved their involvement in daily activities.

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