

Chapter 39

Efficacy of Art Therapy in Treating Patients with Paranoid Schizophrenia

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ABSTRACT

Paranoid Schizophrenia chronic mental illnesses according to DSM-IVTR characterized by the presence of delusion of persecution, suspicious, distrusting, guarded, reserved, tensed, and also sometimes hostile or aggressive. Patients also perceive exaggerated warmth and friendship by the professionals as attempt at bribery, manipulation or exploitation. But therapeutic relationship between patient and the professional is integral to the recovery process and the outcome. Good communication on the part of health care professionals is an essential element in developing the strong practitioner-patient relationship necessary in the treatment of schizophrenia. Professionals are usually at a look out for tools to build a working alliance best used in such cases. Usually behavioural therapy, supportive therapy and family therapy are used for such patients. But sometimes with chronic and resistant client will get stuck at the initial rapport itself. At this stage probably art therapy as an advance intervention strategy to work with patient as an advanced intervention strategies and treatment.

INTRODUCTION

Art therapy is based on the idea that the creative process of art making is healing and life enhancing and is a form of nonverbal communication of thoughts and feelings (Malchiodi, 1996). Like other forms of psychotherapy and counselling, it is used to encourage personal growth, increase self-understanding, and assists in emotional reparation and has been employed in a wide variety of settings with children, adults, families, and groups. It is a modality that can help individuals of all ages create meaning and achieve insight, find relief from overwhelming emotions or trauma, resolve conflicts and problems enrich daily life, and achieve an increased sense of well-being (Malchiodi, 1998). Art therapy supports the belief that

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all individuals have the capacity to express themselves creatively and that the product is less important than the therapeutic process involved. The therapist's focus is not specifically on the aesthetic merits of art making but on the therapeutic needs of the person to express. With the advent of brief forms of therapy and the increasing pressures to complete treatment in a limited number of sessions, therapists are finding that art activities help individuals to communicate relevant issues and problems quickly, thus expediting assessment and intervention. Even the simplest drawing task offers unique possibilities for expression that complements and, in many cases, helps a child or adult to communicate what words cannot.

APPROACHES TO ART THERAPY

Rubin in his book, *Approaches to Art Therapy* (Rubin, 1987/2001), discussed the diversity of theoretical positions within the field of Art therapy.

Psychodynamic Approaches

The ideas of Freud and his followers have been part of art therapy since the earliest days, although contemporary writers are more likely to apply terms such as “transference” and “the defense mechanisms” to articulate a position rather than employ classic psychoanalytic techniques with any degree of orthodoxy. Kramer, Rubin, Ulman, and Wilson (all cited in Rubin, 1987/2001) and Levick (1983) all use psychoanalytic language and concepts. Interpretations of the newer developments in psychoanalysis such as the theories of Klein (Weir, 1987), self-psychology (Lachman-Chapin) and object relations theory (Robbins) can also be found in the art therapy literature (both cited in Rubin, 1987/2001). With his emphasis on images from the unconscious, it was natural for Jung's concepts of analytical and archetypal psychology to cross over into art. Work by Edwards and Wallace (both cited in Rubin, 1987/ 2001), Mcconeghey (1986), and Schaverian (1992) all reflect this emphasis.

Humanistic Approaches

Elkins and Stovall (2000) suggest that only a small number of art therapists operate from a humanistic position (among humanistic, Gestalt, existential, and client centered; the highest response was to the first category with 2.9%). Yet if these approaches can be defined as sharing “an optimistic view of human nature and of the human condition, seeing people in a process of growth and development, with the potential to take responsibility for their fate” (Rubin, 1987/2001), these figures belie a sentiment held by many art therapists. Garai (cited in Rubin, 1987/2001) has written from a general humanistic position, Rogers (1993) and Silverstone (1997) use a person-centered model, and Dreikurs (1986) and Garlock (cited in Rubin, 1987) have adapted ideas first articulated by Alfred Adler. Other models that fall under the humanistic heading include existential (Moon, 1990/1995), phenomenological (Betensky, 1995), and gestalt (Rhyne, 1973/1995) approaches.

Learning and Developmental Approaches

Perhaps because they are perceived to be mechanistic, those psychological theories that emphasize learning tend to be less popular with art therapists. In the Elkins and Stovall (2000) survey, cognitive-

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