

*PSYCHIATRICS & MEDICAL PSYCHOLOGY*

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# EVALUATION OF THE IMPACT OF ART THERAPY ON THE PROGRESS OF SOCIAL FUNCTIONING IN SCHIZOPHRENIC PATIENTS

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**Abstract:** Based on the results of a comprehensive survey of 86 patients with schizophrenia, the effectiveness of art therapy in complex rehabilitation of patients was assessed. The high effectiveness of art therapy is established in comparison with the traditional therapy of schizophrenia. There is a positive dynamics in quality of social functioning of patients by the general behavioral dysfunction scale, dysfunction in the performance of social roles in society scale, functioning of patients in the hospital scale and the dysfunction of modifying factors. Art-therapeutic program in the structure of complex therapy of schizophrenia promotes rapid social reintegration of patients. It mobilizes internal reserves, restoring self-esteem, changing the attitude of patients to their disease.

**KeyWords:** schizophrenia, social functioning, art therapy



## INTRODUCTION

Schizophrenia is one of the most important mental diseases and its average incidence is 1% of the population. The disease is characterized by a long-term duration, quite often resulting in the reduction or loss of physical capability, with essential social consequences. Disability of patients suffering from schizophrenia constitutes 40% to 80% in different regions, which testifies to the high level of the patients' maladaptation [1, 2, 3].

The modern stage of the development in psychiatry is characterized by an extensive use of atypical neuroleptics which in a rather fast way stop productive and negative psychopathological symptoms, improve cognitive deficits and have minimal side effects. The possibility of rapid restoration of life quality and social functioning in patients with schizophrenia is an extremely important factor [4, 5].

Schizophrenia is the most expensive of all mental disorders with regard to the cost of treatment, loss of working capacity and public spending on the mentally ill people, support for their disability-specific costs. There is evidence of a significant cost of schizophrenia treatment for society: up to 90% of medical costs are spent on inpatient care, about 30% of all costs are spent on pharmacotherapy [6, 7, 8].

Schizophrenia is considered to be one of the most serious and quickly disabling diseases but it does not always triggers severe outcomes. It is possible to stop acute symptoms in a short period of time, to achieve full recovery of social adaptation in the case of timely diagnosis, using modern pharmacotherapy, combined with methods of social rehabilitation and psychotherapy [9, 10].

The rehabilitation of mentally disabled people is not limited to elimination of psychopathologic symptoms and is aimed at the creation of the optimum social functioning conditions, improvement of life quality, ability to have independent active life and in modern conditions this problem becomes even more topical [11, 12].

Research carried out in our country and abroad has showed the prospects and therapeutic effectiveness of art therapy dealing with inpatients and outpatients of Psychiatric Departments over the last few years [1, 4].

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The majority of authors consider that art-therapeutic methods in psychiatric practice are relevant because they can influence patients' problems which can not be solved by other methods of psychotherapy. The following factors of therapeutic and corrective impact in art therapy are considered to be the most important: creative activity, psychotherapeutic relations and the patient's and the specialist's feedback [13, 14].

## **2 PURPOSES, SUBJECTS and METHODS:**

**2.1 Purpose** of the research was to study the progress of the level of social functioning in schizophrenic patients under the influence of art therapy.

### **2.2 Subjects & Methods**

To reach this goal, we carried out a comprehensive survey of 86 male and female inpatients aged 18 - 65 years with diagnosed schizophrenia according to F 20 rubric (ICD 10) in the period of stabilization. Art-therapeutic correction was used along with psycho-pharmacotherapy complex therapy.

The study involved the employment of clinico-psychopathological, clinico-anamnestic and psychodiagnostic research methods using socially-oriented and social functioning scales "Personal and social functioning - PSP (Mezzich, Cohen, 2001)", hospital psychologist's conclusion and mathematical statistics methods.

### **Conflict of interests**

There is no conflict of interests.

## **3 RESULTS AND DISCUSSION**

The main goals of art therapy were: patients' preoccupation through their involvement in purposeful activities; development and maintenance of their creative skills; sensory stimulation; abreaction of feelings and experience of positive emotions associated with creative activity and its results; Support and development of communication skills, independency and self-organization; psychological integration of patients.

The main tasks of art therapy include: reduction of intellectual and esthetic anhedonia through the relation of cognitive logico-analytical, expressive, emotional and behavioral game components into art-therapeutic activities oriented toward success, mastering the skills of emotional self-regulation, behavior through the development of the ability to self-observation, self-instruction, coping with inner dialogue and self-expression of the proposed visual means; strengthening of communicative orientation in collective group creativity; studying effective strategies for solving interpersonal problems through graphic and art-plastic role modeling of standard social situations.

Art-therapy sessions were conducted twice a week lasting 1.5 hour for 1.5 months and consisted of 2 consecutive stages: the main (intensive) at the inpatient stage of treatment and supportive at the outpatient stage.

The course of the main stage lasted 1 month, the supporting stage lasted 3 weeks.

The inpatient stage of 8 sessions of individual art therapy was provided for 1.5 hour twice a week.

The outpatient stage of 3-4 group sessions lasted 1.5-2.0 hours once or twice a week.

Sessions with patients were conducted at a certain time in a specially equipped art-therapy center with a full set of necessary materials and tools.

The main factors and psycho-therapeutic effects in art therapy included the following: the factor of artistic expression, the factor of intra-group communication processes and relationships and the factor of interpretation and verbal feedback.

The study showed the following progress of artistic expression in the process of art therapy: image data created at the initial stages were characterized by amorphous, vague boundaries, changes of normal and initial forms, mixing of different styles and image data created at the last stages of art therapy acquired symbolic, archetypal character, greater structure and completeness.

Moreover, there was an apparent positive progress of intra-group processes and relationships. Thus, at the beginning of the therapy schizophrenic patients depended on the spearheading activity of the art therapist; assuming

the role of a “wingman”. The patients had a desire to establish personal relationships with the leader while relations with the rest members of the group were less important. The process of art-therapeutical work was characterized by the following changes: gradual development of interpersonal relationships, strengthening of orientation toward general group phenomena and activation of communicative processes, a tendency towards an increase in the level of verbal communication of the group participants with each other and with the leader up to active participation in debates.

At the first research level the results of social functioning study of the patients under investigation showed disturbance of general behavioral dysfunction in the society: obvious in 24.2%, serious in 26.5% and very serious in 28.1%. Dysfunction in social functioning (social roles) in society: obvious in 24.8%, serious in 27.4%, very serious in 28.6%. Dysfunction of patients in the hospital: 2.4% without dysfunction, 10.9% with minimal dysfunction, 27.1% with obvious, 33.5% with serious and 25.9% with very serious dysfunction. Dysfunction of modifying factors in patients (positive qualities of the patient): 3.4% without dysfunction, 13.1% with minimal, 25.6% with obvious, 24.1% with serious and 34.2% with very serious dysfunction.

The study showed that the level of total social behavioral dysfunction in the main group was improved up to 87.4%, to 66.2 % in the control group; dysfunction while performing social roles in the society to 75.1 % and in the control group to 39.3%, malfunction in the patients' performance in hospitals to 73.7 % and in the control group to 72.5%; dysfunction of modifying factors to 82.5%, and in the control group to 65,4 % ( $p < 0.05$ ) at the second stage of art therapy completion, according to the results of social functioning examination of the patients with schizophrenia.

The obtained data testify that the complex approach in the therapy of schizophrenia which included psychopharmacotherapy in combination with art therapy leads to restoration of social activity and successful resocialization of patients.

The obtained data on the effectiveness of art therapy in

therapy and psychosocial rehabilitation of mentally ill correlated with the data of Ukrainian scientists and confirmed data on the positive effects of art therapy of psychosocial reintegration of patients with schizophrenia and indicated the need for further development and implementation of art therapeutic measures in the system of psychosocial rehabilitation of mentally ill.

#### 4 CONCLUSIONS

The study showed evident positive progress of social functioning level in patients with schizophrenia, which included art therapy in traditional complex of treatment and rehabilitation measures according to the scales of general behavioral dysfunction, dysfunction in social functioning in society; the functioning of patients in the hospital and the dysfunction of modifying factors.

#### REFERENCES

1. Livia M. M. Pontes, Camila B. Martins, Isabel C. Napolitano, Juliana R. Fonseca, Graça M. R. Oliveira et al. (2013). Cognitive Training for Schizophrenia in Developing Countries: A Pilot Trial in Brazil. *Schizophr Res Treatment*, 2013: 321725, DOI: 10.1155/2013/321725.
2. Dixon LB, Dickerson F, Bellack AS, et al. (2010). The 2009 Schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*. PMC free article. PubMed, 36(1), 48-70.
3. Fusar-Poli P, Nelson B., Valmaggli L. et al. (2014). Comorbid depressive and anxiety disorders in 509 individuals with an at-risk mental state: impact on psychopathology and transition to psychosis. *Schizophrenia Bulletin*, 40(1), 120–131.
4. Abramov V.A., Zhigulina I.V., Ryapolova T.L. (2009). Psychosocial rehabilitation of patients with schizophrenia. Monograph : Donetsk, 584.
5. Burns T., Patrick D. (2007). Social functioning as an outcome measure in schizophrenia studies. *Acta Psychiatrica Scandinavica*, 116, 403 - 418.
6. Korovina L. (2015). The dynamics of body weight gain and secondary negative symptoms in patients with paranoid schizophrenia treated by various antipsychotic

drugs. Abstract book of Regional seminar of neyropsychopharmakology, 48-49.

7. Zouari O., Zalila H., Arfaoui S. et al. (2012). Relationship between therapeutic modalities and treatment compliance in schizophrenia. Prague: 20th European Congress of Psychiatry, 1333.

8. Danilov D.S., Tyulpin Yu. (2010). Treatment of schizophrenia., Moscow: Medical News Agency, 276.

9. Ueoka Y., Tomotake M., Tanaka T., Kaneda Y., Taniguchi K. et al. (2011). Quality of life and cognitive dysfunction in people with schizophrenia. Progress in Neuropsychopharmacology and Biological Psychiatry, 35(1), 53 - 59.

10. Deci E.L, Ryan R.M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. Canadian Psychology, 49, 14 - 23.

11. Lincoln T. M., Wilhelm K., Nestoriuc Y. (2007). Effectiveness of psychoeducation for relapse, symptoms, knowledge, adherence and functioning in psychotic disorders: a meta-analysis. Schizophrenia Research, 1-3(96), 233.

12. Maryta N. (2004). Using integrative index of quality of life in the diagnosis, treatment and rehabilitation of patients with schizophrenia. Archives of Psychiatry, 10, 2 (37), 4 - 9.

13. Petersen B., Toft J., Christensen N.B., Foldager L., Munk-Jorgensen L. et al (2008). Outcome of a psychotherapeutic program for patients with severe personality disorders. Nordic Journal of Psychiatry, 62, 450 - 456.

14. Prib G., Breaking G.A. wave. (2007). Analysis of social frustration in the rehabilitation of mentally ill. Archives of Psychiatry, 4, 32-38.

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