



Psychosocial, symptomatic and diagnostic changes with long-term psychodynamic art psychotherapy for personality disorders



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ABSTRACT

In this study, we aimed to investigate the changes in the beginning and termination phases of psychotherapy in terms of psychosocial, symptomatic, diagnostic and personality qualities in patients with personality disorders receiving long term, individual psychodynamic art psychotherapy. This study was conducted with 17 patients at the Istanbul Medical Faculty, Department of Psychiatry. Psychosocial and clinical data were collected with a Personal Information Questionnaire, MMPI and DSM-III-R. The overall functioning (GAF) of the patients significantly increased (General: $z = -3.631, p < .001$), (highest level: $z = -3.626, p < .001$). There were statistically significant decreases in alcohol use ($z = -2.45, p < .05$), suicidal ideation ($z = -3.00, p < .01$), impulsive behaviors ($z = -3.74, p < .001$), self-mutilative behaviors ($z = -2.24, p < .05$), psychotic symptoms ($z = -2.00, p < .05$) and psychotropic medication use ($z = -2.71, p < .01$) at the termination phase. This study demonstrates that in the treatment of personality disorders, long-term psychodynamic artwork is beneficial and drawing is a good container that allows working through in psychotherapy.

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Introduction

Individuals with personality disorders (PD) display pervasive multiple symptoms and frequent psychosocial crises. They experience difficulties with regard to affect and impulse control and have serious long-term interpersonal relationships and adaptation issues. Those conditions create coercive transference issues in the psychotherapy relationship and continuance of treatment is difficult; frequent dropouts occur. These patients have pathologically accommodated to their chronic relationship patterns and established secondary gains. They usually seek psychiatric treatment during a moment of crisis and tend to terminate treatment just after the crisis has ceased. Their personal difficulties and long term deterioration of their functionality have been emphasized in various studies (Gunderson & Links, 2008; Kernberg, 1984; Perry, 1993).

Treatment of personality disorders

The conviction that PD are untreatable had begun to change with the increasing number of clinical practices (Bateman & Tyrer, 2004; Clarkin, Levy, & Schiavi, 2005; Fonagy, Roth, & Higgitt, 2005; Gunderson et al., 2011; Waldinger, 1987; Zanarini, Frankenburg, Hennen, Reich, & Silk, 2004). The number of clinical research studies is increasing in the field of psychodynamic psychotherapy. The most widespread and common hypotheses claim that the primary treatment for PD is psychotherapy; however, it is not easy to assess this process and application of randomized controlled studies are challenging (Bateman & Tyrer, 2004; Clarkin et al., 2005; Narud, Mykletun, & Dahl, 2005; Perry, Banon, & Ianni, 1999; Perry, 1993; Thormählen, Weinryb, Norén, Vinnars, & Bågedahl-Strindlund, 2003; Vinnars, Thormählen, Gallop, Norén, & Barbe, 2009). The following difficulties are among the most challenging: the high comorbidity of PD with Axis I and Axis II disorders, the presence of an ever-changing personality state because of rapid affective shifts, the need to observe the patient, preferably for one year, to recommend suitable treatment and the development of extremely intense transference; the counter-transference reactions in psychotherapy and the transformation of those reactions to acting out behaviors jeopardize the tolerability and sustainability

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of the psychotherapy process and might result in the high frequency of drop outs (Abbass, Town, & Driessen, 2011; Ingenhoven, Duivenvoorden, Passchier, & Brink, 2012; Skodol et al., 2005; Zanarini et al., 2004). In addition, disintegration in the personality structure requires very complex interventions because of its resultant self-directed destructiveness, and difficulties with interpretation of the interventions are indicated.

The results of studies, despite their limited number, indicate that in the psychological treatment of PD, numerous psychotherapy methods ranging from psychodynamic to cognitive-behavioral approaches are utilized and new methods are being developed (Clarkin et al., 2005; Fonagy et al., 2005; Gunderson & Links, 2008; Kernberg, 1984; Narud et al., 2005; Neacsiu, Rizvi, & Linehan, 2010; Stone, 2006; Yeomans, Selzer, & Clarkin, 1993). Most of the studies concern borderline PD (Choi-Kain, Zanarini, Frankenburg, Fitzmaurice, & Reich, 2010; Gabbard, 2001; Gunderson et al., 2011; Meares, Stevenson, & Comerford, 1999; Stevenson & Meares, 1992; Yeomans et al., 1993).

The difficulties experienced in PD (and especially in cluster B PD) in terms of relationships, are rapidly and tumultuously transferred to difficulties in the psychotherapy relationship (Kraus & Reynolds, 2001; Meares et al., 1999). This situation enables and complicates the psychotherapy procedure. Numerous psychotherapy methods have been developed for the treatment of those patients consisting of approaches such as supportive, expressive and psychodynamic psychotherapy, which clarifies the interpersonal problems in the patient's life with a here and now approach against primitive defenses and dialectical interpersonal psychotherapy (Clarkin et al., 2005; Kernberg, 1984; McCray & King, 2003; Neacsiu et al., 2010; Vinnars et al., 2009; Woeller & Tress, 2005). There are also approaches that focus on maintaining the framework of therapy and protecting and providing the sustainability of therapy by developing a contract and improving distorted self and object relations by focusing on the transference relationship (Waldinger, 1987; Yeomans, Selzer, & Clarkin, 1992). Studies related to the use of art psychotherapy and correcting maladaptive behaviors within a group or therapeutic environment while working with severe PD also exist in the literature (Eren, Özdemir, Ögünç, & Saydam, 2000; Johns & Karterud, 2004; Lamont, Brunero, & Sutton, 2009; Robbins, 1994).

Psychodynamic art psychotherapy

In this section, brief information is provided about the psychotherapy method that was used for the study. The psychodynamic art psychotherapy model has been developed from psychoanalytic theory, developmental psychology and the object relations theory. The main foundation of this model depends on the theory that externalization or projection of an internal state as a work of art, transforms the internal state into a healthier form and re-internalization of the product by the patient (Johnson, 1998). Essentially, art psychotherapy relies on transformation of the internalized self and objective representations of primitive drives and fantasies into concrete forms by means of artistic items. Through the medium of art, internal mental experiences turn into external representations. In this way, a concrete product comes into existence, which corresponds to the primary figures that are identical to the repressed primitive themes. Projection is seen as the identifier of artistic expression, suggesting a causal process connecting art and the psyche and as the connecting process after the creation of artwork, in which it undertakes personal meanings (Johnson, 1998; McMurray & Mirman, 2001).

One of the main factors in whether the patient remains in psychotherapy or not is the provision of an environment of security, safety, calmness, containment of affections and the opportunity to

regenerate the patient's potential for development (such as the containment defined as an experienced state, as in Winnicott's, 1971 "holding", Bion's, 1961 concept of "container", Bick's, 1968 and "boundary forming skin"). Especially in the psychotherapy of severe PD, when this need is not met, it becomes more difficult for the patient to remain in therapy. According to Killick (1997), the environment of analytical art therapy serves the function of a containing object for the nonintegrated mental state of the patient. According to Schaverien (1991), "the effects of painting are spatial and temporal, substantial and imaginary. During the therapeutic relationship and even after the relationship terminates, those effects can subsist and they provide a secure place to experience and evaluate the world of objects". (p.103).

Seth-Smith (1997) emphasized that the relationship between the painting and the creator of the piece goes through stages. Those stages follow a transformation process from being undifferentiated to becoming an object other than the self. This point of view is helpful in understanding the process of construing and internalizing the conscious and unconscious projections of disintegrated parts of the patient's personality by observing from the outside.

Artwork helps to develop and extend the space that Winnicott (1971) defines as the "transitional space". It provides a bridge between objective and subjective reality. This way, the incompatible self and the object representations of the patient could be projected, held and remain integrated while generating less anxiety, and by consolidation of the transforming and reparative interventions, they could be internalized. The pictorial/symbolic content originating from the unconscious primary thinking process is transformed into a secondary thinking process within the relationship between the therapist and the patient (Killick, 1997; Lewis & Langer, 1994).

The use of art psychotherapy for severe PD serves as a very beneficial tool, which facilitates the process of holding the patient in therapy (Eren et al., 2000; Lamont et al., 2009; Robbins, 1994).

Aim

In this study, we aimed to investigate the psychosocial and personality factors and the symptomatic and diagnostic changes in patients diagnosed with PD in the beginning and termination phases of long-term, personal psychodynamic art psychotherapy.

Ethical considerations

All of the steps and the treatment method were explained to the patients involved in the study, and their written consent to use the data and drawings was given

Methods

Participants

In this study, 17 patients who were involved in individual psychodynamic art psychotherapy in the Social Psychiatry Service (SPS), which is the PD unit of the Istanbul University, Istanbul Medical Faculty Department of Psychiatry between the years of 1997 and 2012 were evaluated. The changes in the 17 patients who remained in therapy during a time period of 4–10 years were evaluated. The patients who had a diagnosis of PD, were referred to the SPS by the general outpatient clinic and were recommended for individual art psychotherapy after psychiatric evaluation in the SPS were included in the study.

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