



Art therapy groups for adolescents with personality disorders



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Introduction

This paper describes a study conducted on the efficacy of art therapy administered to a group of adolescent patients suffering from personality disorders at a residential rehabilitation center.

It has been just 50 years since the development of “art therapy” as a distinct discipline was first mentioned. Thanks to contributions from Naumburg (1947), and later from Kramer (1958), the focus was initially on analyzing the ‘work of art’, and subsequently on the creative process behind it, which can be considered therapeutic in itself because of the sensory and kinesthetic commitment that it requires, which facilitates the identification and expression of emotions.

Art therapy is seen today as a therapeutic methodological model based on a non-verbal approach that comprises a number of treatments devised to promote health and facilitate recovery by means of an active or passive involvement in an expressive activity. Participants have to be able to make use of various processes and techniques that help them to develop their artistic creation, to generate a space that refers them back to their inner world to facilitate the therapeutic relationship and supporting the rehabilitation process (Korlin, Nyback, & Golberg, 2000).

In psychiatry, art therapy has been used for various purposes, e.g. in studies on the treatment of depression (Korostiy & Hmain, 2013), schizophrenia (Teglbjaerg, 2008), post-traumatic stress disorders (Talwar, 2007), and mental retardation in adults (Kunkle-Miller, 1978).

Art Therapy has traditionally been applied to a group setting, which simultaneously provides a reassuring containment and also an opportunity for growth and exchange. It can be administered to various types of patient who, through this manual activity, can find a special space for communicating and connecting with others (Ventresca, 2004).

Adolescence has always been synonymous with transformation and often with a profound sense of disquiet. It may be a good time of life for measures based on art therapy, which gives priority to heeding emotions and desires. Several studies have been conducted on the therapeutic effects of art in adolescence

in various settings, including: the rehabilitation of young criminals (Smeijsters, Kil, Kurstjens, Nelten, & Willemars, 2011); efforts to increase the resilience of adolescents coming from particularly difficult socio-economic backgrounds (Jang & Choi, 2012); or easing the obsessive defense mechanisms of adolescents with reading impairments (Shaw, 1978). Many other fields have also been investigated.

Taking a group approach is also considered more convenient in terms of the cost-benefit balance, and can be very important in helping patients when pharmacological treatments are not enough (Burlingame, MacKenzie, & Strauss, 1999; Gatta, Dal Zotto, Del Col, Spoto, & Testa, 2010; Coco, Prestano, & Lo Verso, 2008).

Art therapy refers to the concept of “being adolescent” in the sense that it constantly weaves a web that joins body, mind and emotions, enabling patients to regain a taste for creating something with their own hands and seeing themselves as the makers of the product (Ventresca, 2004). The greater use of symbolic rather than verbal language provides a more appropriate path for arriving at patients’ interiority while protecting and containing, bypassing rather than breaking down their defense mechanisms, activating their creative resources and their self-awareness at the same time (Korlin et al., 2000).

By means of group art therapy, adolescents can also experiment with opening and closing their personal boundaries, and thus succeeding in establishing an independent physical and symbolic space, where they can defend what is their own, while remaining in a dynamic relationship with others. The artistic process becomes a performance that helps them to expand their self-image. It focuses their intentional actions while making way for a life project that shifts the horizon from the ‘here and now’ toward a future once thought and now thinkable again (Ventresca, 2004).

Among the various possible art forms, for the present study we chose to combine the expressive potential of drawing and painting with the evocative power of music (Macrae & Smith, 1973). Wells (1988) made the point that music facilitates contact with the best-hidden parts of the psyche (Wells & Stevens, 1984). Our chosen combination also promoted a greater flexibility in participants because they needed to switch from one sensory register to another: while the processuality involved in producing a drawing or painting recalls the idea of the adolescent in the making, the resulting work of art remains afterwards to bear witness to a step along the path toward maturity and awareness (Ventresca, 2004).

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The aim of our clinical work was gradually to induce patients to become actively involved, using every opportunity to stimulate the dynamics between participants, so that a number of processes of awareness could be pooled to construct a sense of personal identity and reciprocity, e.g. by recognizing the self and others, and 'entering into a relationship' (Ridolfi, Lettieri, Scarpa, Vittoria, & Tarchi, 2012).

Method

Participants

As part of various activities conducted at a residential rehabilitation center in the Veneto region (north-east Italy), our art therapy workshop was designed for 9 participants (5 males and 4 females) who were living at the residential rehabilitation center when the project was implemented.

The sample was a mean 15.45 years old, the youngest participant being 13 and the oldest 18 years of age. These adolescents had been diagnosed with personality disorders in clusters A and B according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (APA, 2000).

Procedure

The aim of our study was to assess the efficacy of group art therapy sessions conducted by a psychotherapist with the aid of a trainee psychologist, who also served as an observer and was responsible for preparing reports on the sessions.

The group met for about 6 months in all, in two separate periods (one in May–June, the other in September–December 2012), during which there were 18 weekly sessions lasting approximately 90 min each, plus half an hour before and after each session for the psychotherapist and trainee psychologist.

Before starting the workshop's activities:

- the residential rehabilitation center's team was told about the activities that would be proposed to participants, and the fundamental elements to consider for the proper completion of the activities were explained;
- a confidential meeting was held between the psychotherapist and the trainee psychologist who was to jointly conduct the workshop activities and prepare the reports on the sessions;
- a meeting was held with the adolescents to introduce the workshop activity, where participants were also told the terms of the 'contract' to let them know the boundaries of the experience (in terms of spaces, times, goals, and the participants' "rights and obligations").

Once the activities had begun, the procedure adopted for all the sessions was the same (apart from a few minutes spent at the first meeting to briefly repeat the introductory comments on the workshop's objectives), and was as follows:

- (a) ½ an hour before the session, the psychotherapist and trainee psychologist prepared the spaces (sheets of paper and chairs) and set out the tools (felt-tip pens, pastels, tempera, watercolors), and the adolescents told them who had agreed to bring a piece of music for the session;
- (b) after preparing the setting, the participants were welcomed and the first 15 min were spent on a conversation between the adolescents and the therapist about what had happened during the previous week;
- (c) then the group listened to the music for 5 min, during which time all the participants remained silent and seated in their places;

- (d) after hearing the piece of music a first time, each participant could decide when to get up and start working (the observer made a note of how each of them moved to the tools and which ones they chose to use), while the music was repeated up until every participant had put down their tools and returned to their place (40 min altogether);
- (e) after completing this productive phase, some time was spent talking with the rest of the group: the psychotherapist guided each participant, one at a time, to explain their work; patients were free to go into a detailed description also relating to their motives, or merely to provide a brief definition of what they had drawn or painted (20 min);
- (f) the psychotherapist then commented briefly on the session, explaining and connecting what had emerged from each participant's work, then providing any information about the next meeting scheduled, and thanking the participants before they left (10 min);
- (g) then the psychotherapist and trainee psychologist had half an hour to reflect on and compare their impressions, to identify elements on which to focus at subsequent sessions, to complete a questionnaire, and to draw up a report on the session.

In addition to the variables quantifiable by means of the questionnaire (described below), the following aspects were also carefully assessed: the content emerging from the session and the discussion of it in the half hour after participants had left; emotional aspects brought out by the drawings and paintings, and their explanation; how the patients interacted with the psychotherapist and psychologist.

The group climate questionnaire

The tool used in this study was designed to assess the group's overall functioning by recording the atmosphere that actually reigned while the workshop was in progress, observing the quality and the appropriateness of the group's interactions in order to verify the results of the activity (Ridolfi et al., 2012).

MacKenzie's Group Climate Questionnaire (GCQ; 1983) was validated for use with Italians by the research team led by Dr. Costantini (2002). It is an effective process measure, capable of assessing the climate existing between the members of a group and the very important therapeutic factor defined as "cohesion", which is comparable with what we call the "therapeutic alliance" in individual psychotherapy (Costantini et al., 2002).

The questionnaire consists of 12 items that measure three domains: involvement, or the degree of cohesion and openness between the group's members; conflict, i.e. the presence of anger, tension and mistrust at interpersonal level; avoidance, or how much participants adopt conformism and denial of responsibility, or reluctance to face questions, during the meetings (Costantini et al., 2002; Ridolfi et al., 2012).

The questionnaire is answered by the specialist(s) conducting the group activities or by an outside observer at the end of each session. Answers are given using a Likert scale, scored from 0 to 6, by responding to a set of claims relating to the phenomena of interest: the numerical values corresponding to the answers are added together to obtain a final score (Costantini et al., 2002; Ridolfi et al., 2012).

This tool can measure qualitative changes in the group's psychological functioning by considering the means of all the items in each subscale (Ridolfi et al., 2012).

Data collection and analysis

Eight of the 9 adolescents attended the workshop at least once in the first cycle of sessions, while in the second 6 of the 7 adolescents

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