

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

Table 1

Group climate during the first and second cycles of the workshop: scores for single sessions and mean scores for the two cycles.

1st cycle	Climate by session	2nd cycle	Climate by session
s1	33	s1	43
s2	39	s2	38
s3	30	s3	47
s4	37	s4	34
s5	30	s5	45
s6	45	s6	46
s7	41	s7	39
s8	30	s8	35
–	–	s9	43
–	–	s10	45
Mean scores	35.62/72	Mean scores	41.5/72

still at the center attended at least once. Thus, for all 18 workshop sessions, the attendance was approximately 44.42%, which gives us an indication of the stability and continuity of the group members' attendance over time.

Eighteen questionnaires were completed, giving a picture of the trend of the emotional climate with the group. The GCQ is based on a Likert scale, so the values associated with each item can be added together to obtain a total score for each session, but higher scores for items relating to the participants' involvement coincide with a more positive climate, whereas higher scores for conflict or avoidance identify a generally more negative climate. The scores for the latter two subscales were consequently inverted so that higher scores would unequivocally point toward a more positive climate (i.e. a higher degree of involvement). After inverting the scores for the "negative" items, a maximum score of 6 points in any of the 12 items would always identify an "extremely positive" climate, and the highest possible total score would amount to 72 points. Table 1 shows the scores for the first 8 sessions (May–June 2012), and the second 10 sessions (September–December 2012).

Since a value of 0 to 6 could be attributed to each of the 12 items, the answers were divided into six ranges, as shown in Table 2.

Considering the full duration of the art therapy workshop, the overall mean group climate identified over the course of the 18 sessions amounted to **38.56/72**, and therefore lies in the "rather strongly positive" range.

To associate this quantitative analysis (as shown in Table 1) with a qualitative analysis, descriptions relating to the most important meetings, in both negative and positive terms (the sessions awarded the lowest and the highest GCQ scores, respectively), are given below, with examples of the art work produced by the participants.

The session relating to the lowest GCQ score (i.e. **30/72**) was held on 30/5/2012, during the first cycle of the workshop.

Only 2 of the 9 adolescents, A.G. and S.D., attended and the session was characterized by little or no sense of group: there was a conflictual episode just before the activity began and from then on the tension remained high. The two participants did not communicate, neither between themselves nor with the therapist, showing a marked reluctance to deal with their personal issues.

Table 2

Ranges of GCQ scores indicating a more or less positive group climate.

0–12	"not at all or very weakly positive"
13–24	"weakly positive"
25–36	"moderately positive"
37–48	"rather strongly positive"
49–60	"strongly positive"
61–72	"very strongly positive"



Fig. 1. Painted by A.G. on 30/5/2012.

The artwork that was produced during the session differed considerably in terms of subject matter, but shared much the same use of three colors (albeit in different quantities) indicative of the interior conflict that both adolescents were experiencing. An effort was made by the therapist to emphasize this similarity, but A.G. and S.D. continued to ignore each other, as if their attendance had been focused mainly on finding a protected space where their art work could speak for itself.

Below are the two drawings produced at this session (Figs. 1 and 2).

The second session described here was part of the second cycle and took place on 10/10/2012: in this case the GCQ identified the highest score obtained at any of the workshop sessions, i.e. **47/72**.

Four adolescents out of 7 attended: A.G., S.D., M.G. and Y.M. The session was characterized by a shared sense of tranquility, that the members of the group also allowed to emerge from their drawings and paintings. The activities were completed smoothly: the participants were initially silent and concentrated on their art work, but then relaxed and tended to become more communicative, joking, sharing opinions and enjoying themselves.

Here again, the drawings and paintings contain a color that was used by all participants, i.e. blue, which was chosen to identify various details in each work. There was a high level of cohesion, openness and positive dialog between the patients, who took turns to talk about their work, comparing it with what the others had produced and exchanging ideas.

Below are two works emerging from this session, produced by the same two participants who attended the previously described session, A.G. and S.D., for the purposes of a comparison (Figs. 3 and 4).

For the two above-described sessions, the mean scores obtained on the three subscales of the Group Climate Questionnaire are given in Table 3, with a view to illustrating the dynamics emerging from the two sessions – characterized one by a "negative" and the other by a "positive" atmosphere – in numerical terms too.



Fig. 2. Painted by S.D. on 30/5/2012.

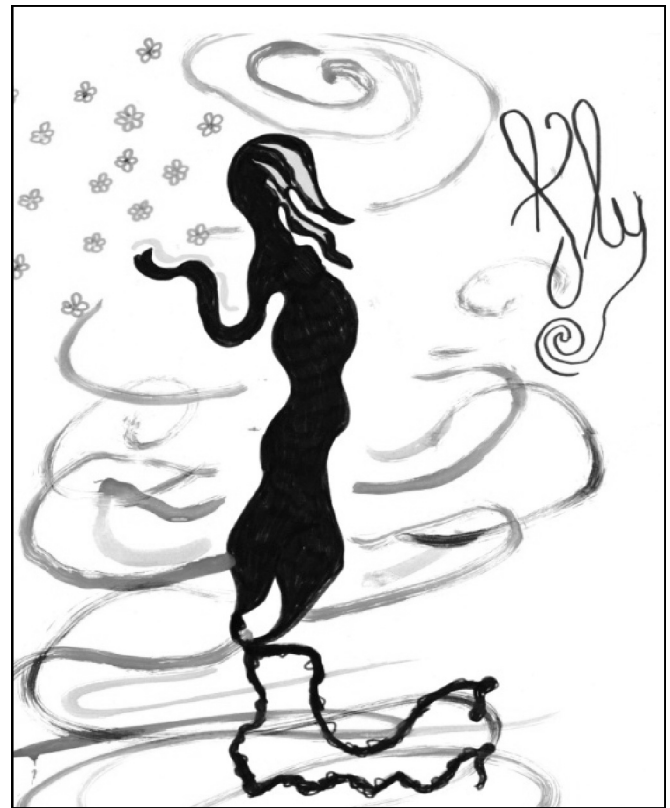


Fig. 4. Painted by S.D. on 10/10/2012.

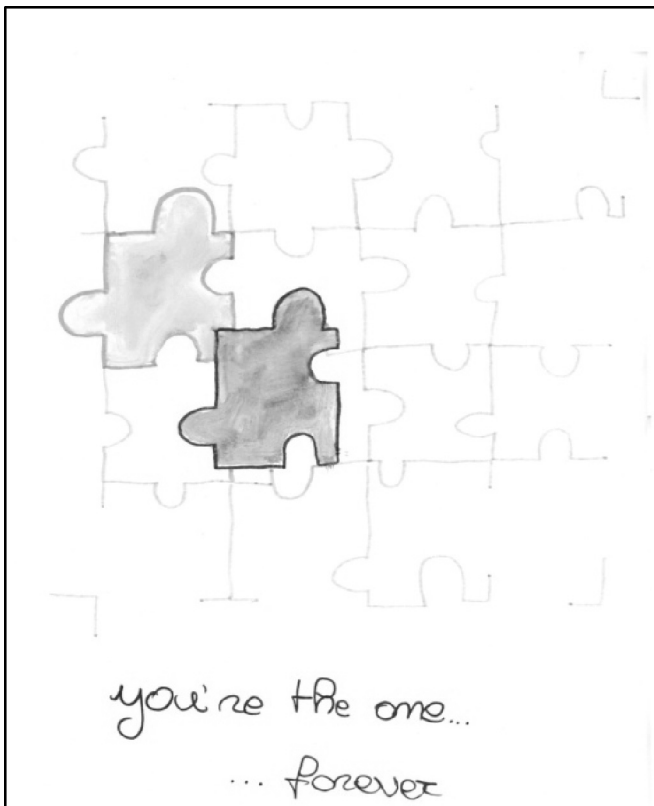


Fig. 3. Painted by A.G. on 10/10/2012.

A comparison of the figures in Table 3 shows that:

- the former session was characterized by a negative group climate, and the GCQ consistently returned a picture indicating a low level of involvement and high levels of conflict and avoidance, leading to an overall low score;
- at the latter session, characterized by a positive group climate, there was a more than two-fold level of involvement and the level of conflict was halved, while the trend of the scores for avoidance was unexpectedly higher in this case than for the former meeting with a globally negative group climate; throughout the second cycle of workshops, involvement and avoidance appeared to interact and give rise to a global improvement in the group climate.
- The graph below shows the mean values of the scores obtained for involvement, conflict and avoidance in the first and second cycles of workshops (Graph 1).

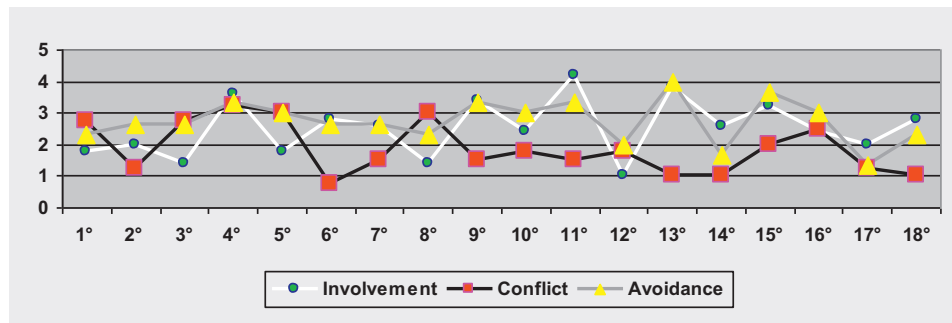
Graph 2 shows the dominance of each of the climate group's areas considered in the sessions in the first and second cycles.

The comparison between the first and second cycles shows a marked reduction in the degree of conflict, and increased levels of both involvement and avoidance in the second cycle.

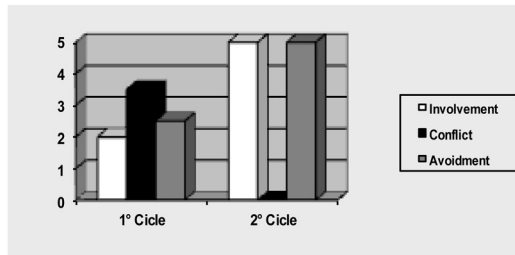
Table 4 shows data relating to the subscales in the questionnaire, comparing the values between the first and second cycles of art

Table 3
Mean scores of the GCQ subscales for the sessions on 30/5/2012 and on 10/10/2012.

GCQ	Mean score by subscale	
	Session on 30/5/2012	Session on 10/10/2012
Involvement	1.8/6	4.2/6
Conflict	3/6	1.5/6
Avoidance	3/6	3.33/6



Graph 1. Mean scores on the GCQ subscales during the first cycle (1–8°) and during the second cycle (9–18°).



Graph 2. Dominance of the three subscales in the first and second cycles of workshops.

Table 4
Means, standard deviations and *p*-values of the GCQ subscales and of the overall GCQ scores (assuming statistical significance for *p* < .05).

	Cycle	Mean	SD	<i>t</i>	<i>p</i> -value
Involvement	1 st	10.87	3.83	<i>t</i> (16)=1.4832	<i>p</i> =0.1574
	2nd	13.9	4.63		
Conflict	1 st	9.12	3.83	<i>t</i> (16)=2.1732	<i>p</i> =0.0451
	2nd	6.1	1.97		
Avoidance	1 st	8.12	0.99	<i>t</i> (16)=0.1752	<i>p</i> =0.8631
	2nd	8.3	2.67		
Overall GCQ scores	1 st	35.62	5.75	<i>t</i> (16)=2.3937	<i>p</i> =0.0293
	2nd	41.5	4.67		

therapy workshops using a *t*-test on unpaired samples (with a 95% confidence interval) to check whether the differences between the means obtained for the two cycles were statistically significant.

The analysis showed that the difference between the mean values was statistically significant for conflict, but not for the other subscales. The same analysis was conducted on the mean overall scores obtained for the sessions in the first and second cycles (Table 4) and the difference between the means observed for the two cycles was statistically significant.

Conclusions

This study focused on describing and analyzing the effects of group art therapy in the setting of a residential rehabilitation center for adolescents with personality disorders.

The variation in the scores for conflict between the first and second cycles of the art workshops indicates a positive evolution in the adolescents' relationships within the group and in the therapeutic alliances, testifying to the fact that the cohesion achieved by the group promoted the creation of elements of communication on which to build a positive exchange.

The trend shared by the other two subscales, involvement and avoidance, during the second cycle is worth further comment because avoidance (which includes a tendency to deny

responsibility, reluctance to deal with questions as a group, and a propensity for conformism) is usually associated with conflict and considered as one of the features of a negative climate, so the fact that avoidance followed the same trend as involvement might appear contradictory.

In our opinion, conformism and cohesion are not mutually exclusive group processes: they can interact in generating a greater uniformity amongst the members of a group. The adolescents who were more diffident toward the group and wary of allowing themselves any verbal manifestation of their emotions and interior states presumably resorted to avoidance in order to remain part of the group, communicating through their paintings or drawings the wish to take part and not be excluded. So although we can consider avoidance as a less spontaneous, more controlled form of participation, in the case in point this behavior can nonetheless be seen as having contributed to a global improvement in the group climate, not only accompanying the involvement of other members, but also helping to reduce any conflict.

This study has some limitations relating to the lack of any randomization or a control group, and the small size of the sample considered, which makes it impossible to attempt any more advanced statistics. On the other hand, given the major difficulties encountered in dealing with this type of setting and this type of patient, our findings seem important and they fulfill most of the aims of the study established at the baseline. The purpose of the art therapy administered was mainly to help these adolescents emerge from their relational isolation, offering them an alternative to solitude, supporting their capacity to communicate, listen and respect one another. Another aim was to bring out these adolescents' resources and the analogies in their personal experiences, while leaving their differences and limits in the background, so as to facilitate an exchange of experiences and their integration, which is such a fundamental aspect in the context of the rehabilitation center where these individuals were staying.

The expressive activities discussed in this paper seemed to be capable of stimulating the group's subjective, emotional and human features. Sharing their emotional and human experiences helped the participants to develop a group culture, laying the foundations for establishing a shared heritage, a method for accessing new experiences, and for paving the way to change (Bassetti & Pertile, 2012). Especially for some of its members, the group proved to be an important space for working on themselves and sharing with others, as well as helping new arrivals to fit in, as demonstrated by the virtually constant presence of these participants and by a considerable improvement in the group climate in the second cycle.

Thus, albeit with its above-mentioned limitations, this study provides evidence that, as part of a compulsory stay in a residential rehabilitation center, our group art therapy activities could have a strongly aggregating value, helping the adolescents involved to combat the sense of solitude and self-centered isolation that often characterizes these patients' experiences (Ridolfi et al., 2012).

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