

# Likovna terapija u Dnevnoj bolnici za psihotične poremećaje i ranu intervenciju

## / Art Therapy at the Day Hospital for Psychotic Disorders and Early Intervention

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Autori saopćuju da nemaju sukoba interesa za prijaviti.

/ No potential competing interest was reported by the authors.

Iskustvo psihoze utječe na to kako osoba razmišlja, kako se osjeća i kako se ponaša, što može uzrokovati teškoće u terapijskom pristupu. Likovna terapija može pomoći ovim osobama u ekspresiji vlastitih osjećaja te da se bolje razumiju. Cilj ovog rada je prikazati način primjene likovne terapije u Dnevnoj bolnici za psihotične poremećaje i ranu intervenciju Klinike za psihijatriju Sveti Ivan u Zagrebu, njenu teorijsku osnovu te terapijske ishode. Intervencija likovne terapije bila je strukturirana kao ciklus 12 međusobno povezanih likovno terapijskih susreta poluotvorene grupe pri čemu je svaki susret imao svoju temu. Ciklus je činio jednu integriranu cjelinu. Nastali radovi bili su analizirani u grupnom *settingu* te su bili korišteni za refleksiju, pri čemu su članovi grupe elaborirali i asociirali na svoja umjetnička djela i djela drugih sudionika nudeći razumijevanje i suosjećanje te doživljavajući korektivna iskustva na simboličkoj razini i dobivajući kognitivne i emocionalne uvide.

*/ Psychotic experience affects the way a person thinks, feels and behaves, which may cause difficulties in the therapeutic approach. Art therapy can help these individuals express their feelings and understand themselves better. The aim of this paper is to demonstrate the use of art therapy at the Day Hospital for Psychotic Disorders and Early Intervention of the University Psychiatric Hospital Sveti Ivan in Zagreb, its theoretical background and therapeutic outcomes. Art therapy intervention was structured as a cycle of 12 interconnected art therapy sessions of a semi-open group, where each session had its own theme. The cycle formed an integrated whole. The artworks created were analyzed in a group setting and used for reflection, whereby group members could elaborate and associate on their own artwork and the artwork of their colleagues, offering understanding and compassion, and having corrective experiences on a symbolic level while developing cognitive and emotional insights.*

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### KLJUČNE RIJEČI / KEY WORDS:

Likovna terapija / Art Therapy

Psihoterapija / Psychotherapy

Rane intervencije / Early Interventions

Psihlotični poremećaj / Psychotic Disorder

Terapijski proces / Therapeutic Process

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2023.354>

## TERAPIJSKI PRISTUPI PSIHOTIČNIM POREMEĆAJIMA I PRVOJ EPIZODI PSIHOZE

Psihotični poremećaji (PP) smatraju se jednim od najčešćih poremećaja u psihijatriji. Procjenjuje se da 50 od 100 000 ljudi u svijetu svake godine oboli od psihoze, dok čak 15 od 100 000 ljudi bude dijagnosticirano dijagnozom shizofrenije, koja je i najčešća konačna dijagnoza prvih epizoda psihoza (1). Stav i terapijski pristup psihozama i njihovom liječenju mijenjao se kroz godine. Danas, kliničke smjernice za liječenje psihotičnih poremećaja sve više naglašavaju na ranu intervenciju, fizičko zdravlje, psihosocijalne intervencije, kulturološka pitanja i poboljšanje vokacijskih ishoda (2). I dok antipsihotici ostaju prva linija liječenja, postoji sve više dokaza o važnosti intervencija u okviru biopsihosocijalnog modela. Psihosocijalne intervencije za psihoze uključuju, između ostalog, kognitivno-bihevioralnu terapiju (KBT), kognitivnu remedijaciju, obiteljsku terapiju i terapije umjetnošću (2).

Primjenom novih pristupa u skladu s medicinom utemeljenom na dokazima psihijatrijsko liječenje PP-a i prvih epizoda psihoza u Hrvatskoj se također mijenja. Jedan od takvih primjera je uvođenje multimodalnog liječenja bolesnika s PP-ima i PEP-a u dnevne bolnice, koje nije samo uspješno i korisno za pacijente i njihove obitelji, već i za bolnicu i društvo općenito (3,4). Nadalje, liječenje u dnevnim bolnicama čini se financijski održivijim čemu doprinosi integrirani biopsihosocijalni pristup (5,6). Kao što je prikazano u ovim radovima, remisije PP-a i PEP-a su česte, dok se obiteljska dinamika i ukupna kvaliteta života bolesnika također poboljšavaju.

Danas, integrirani je pristup preporučen terapijski pristup liječenja bolesnika većine psihijatrijskih dijagnostičkih kategorija, a posebice za one bolesnike koji nisu hospitalizirani (5,7,8). Integracija različitih pristupa liječenju

## THERAPEUTIC APPROACHES TO PSYCHOTIC DISORDERS AND FIRST-EPISODE PSYCHOSIS

Psychotic disorders (PD) are considered to be among the most frequent disorders in psychiatry. It is estimated that 50 out of 100,000 people worldwide develop psychosis every year, while 15 out of 100,000 people are diagnosed with schizophrenia, which is the most common final diagnosis of first-episode psychosis (FEP) (1). The attitude and therapeutic approach to psychosis and its treatment has changed over the years. Nowadays, the clinical guidelines for the treatment of psychotic disorders increasingly emphasize early intervention, physical health, psychosocial interventions, cultural considerations, and the improvement of vocational outcomes (2). Even though antipsychotic medications remain the first choice for treatment, there is growing evidence on the importance of interventions within the biopsychosocial model framework. Psychosocial interventions for psychosis include, among other things, cognitive behavioral therapy (CBT), cognitive remediation, family therapy, and art therapy (2).

With the implementation of new approaches in accordance with evidence-based medical practices, psychiatric treatment of PD and FEP in Croatia is changing as well. One of such examples is the introduction of the multimodal treatment of PD and FEP patients in day hospitals, which is not only successful and beneficial for patients and their families, but also for the hospital and society in general (3, 4). Furthermore, day hospital treatment seems to be financially more sustainable, which is supported by an integrated biopsychosocial approach (5, 6). As presented in these papers, remissions of PD and FEP are frequent, while the family dynamics and overall quality of life of the patients improve as well.

Integrated approach is the recommended therapeutic approach in the treatment of patients in most psychiatric diagnostic categories nowadays, especially in case of patients who are not hospitalized (5, 7, 8). The integration of various

u Dnevnoj bolnici za psihotične poremećaje i rane intervencije Klinike za psihijatriju Sveti Ivan ogleda se u našem šarolikom programu za pacijente, koji se sastoji od psihodinamski orijentirane grupne psihoterapije, obiteljske terapije, kognitivno bihevioralnih radionica, metakognitivnog treninga, psihoedukacije, radne terapije, biblioterapije, socioterapije, nutricionističke radionice, radionice socijalizacije sa socijalnim radnikom. Ove aktivnosti provodi multidisciplinarni tim psihijatara (grupni analitičar i psihoterapeut), medicinske sestre (grupni terapeut), jedan psiholog (educiran za kognitivno-bihevioralnu i likovnu terapiju), nutricionistica (pripravnica grupne analize), socijalni radnik i radni terapeut (grupni terapeut). Novi dodatak programu je likovna terapija posebno osmišljena za pacijente s PP ili prvim epizodama psihoza, a provode ju psiholog, medicinska sestra i specijalizant psihijatrije koji je završio i Akademiju likovnih umjetnosti, a svi su obučeni i kao likovni terapeuti.

Cilj ovog članka je obrazložiti značenje likovne terapije u ovoj populaciji bolesnika kao i opisati način njene provedbe, terapijski pristup te ishode programa likovne terapije koja se provodi u Dnevnoj bolnici za psihotične poremećaje i rane intervencije Klinike za psihijatriju Sveti Ivan.

## LIKOVNA TERAPIJA I PSIHOTIČNI POREMEĆAJI

Dok se u individualnoj psihoterapiji formira dijadski odnos između terapeuta i pacijenta, likovna terapija omogućuje formiranje trijadskog odnosa koji se sastoji od terapeuta, pacijenta i umjetničkog djela bilo koje vrste (9). Ovaj treći aspekt terapijskog „dijaloga“ (umjetničko djelo) stvara nove mogućnosti za istraživanje, interpretaciju, *enactment*, promjenu i izliječenje. Likovna terapija temelji se na pretpostavci da svatko može stvoriti smisljeno umjetničko djelo, bez obzira na znanje, iskustvo ili talent koji posjeduje te da je proces stvaranja umjetničkog

approaches to treatment at the Day Hospital for Psychotic Disorders and Early Intervention of the University Psychiatric Hospital Sveti Ivan is reflected in our diverse program for patients, which consists of psychodynamically oriented group psychotherapy, family therapy, cognitive behavioral workshops, metacognitive training, psychoeducation, occupational therapy, bibliotherapy, sociotherapy, nutrition workshops, socialization workshop with a social worker, etc. These activities are carried out by a multidisciplinary team which includes psychiatrists (a group analyst and a psychotherapist), a nurse (group therapist), one psychologist (educated in cognitive behavioral therapy and art therapy), a nutritionist (trainee in group analysis), a social worker and an occupational therapist (group therapist). A new addition to the program is Art Therapy specifically designed for patients with PD or FEP, which is carried out by a psychologist, a nurse and a resident psychiatrist who also graduated from the Academy of Fine Arts, all of whom are trained as art therapists.

The aim of this article is to explain the significance of art therapy in this patient population, as well as to describe its implementation, therapeutic approach and outcomes of art therapy implemented at the Day Hospital for Psychotic Disorders and Early Intervention of the University Psychiatric Hospital Sveti Ivan.

## ART THERAPY AND PSYCHOTIC DISORDERS

Whereas in individual psychotherapy a dyadic relationship between a therapist and a patient is formed, art therapy enables the formation of a triadic relationship which consists of a therapist, patient, and artwork of any kind (9). This third aspect of therapeutic “dialogue” (artwork) creates new possibilities for exploration, interpretation, *enactment*, change and healing. Art therapy is based on the assumption that everyone can create a meaningful work of art, regardless of the knowledge, experience or talent they have, and

djela terapijski, a samo umjetničko djelo od simboličke važnosti za pacijenta (10–13). Pacijenti su time „stručnjaci“ za svoje umjetničko djelo te su upravo oni koji svojoj umjetnosti daju smisao. Likovni terapeut je osoba koja im pomaže, vodi ih i podržava u umjetničkom procesu izražavanja, procesu refleksije i elaboracije rada, kao i otkrivanja vlastitih specifičnih resursa i sposobnosti. Postoje različite teorijske pozadine različitih pristupa likovnoj terapiji, ali sve se slažu da svaka vrsta umjetničkog djela koje pacijent izradi (slika, pokret, zvuk, itd.) ima specifično i psihološki bitno značenje koje joj pacijent pripisuje. U tom pogledu proces umjetničkog stvaranja može pomoći aktivirati puno nesvjesnih procesa u pacijentu koji se zatim izražavaju te tako proces može biti ljekovit sam po sebi. Neki autori uspoređuju proces umjetničkog stvaranja s procesom strukturiranja vlastitih života (10,14). Osim toga autori objašnjavaju da su sve škole likovne terapije usredotočene na neverbalnu komunikaciju i kreativne procese dok podržavaju sigurno okruženje u kojem pacijenti mogu prepoznati i izraziti snažne emocije. Kreativni procesi potiču samoizražavanje, promiču samosvijest, dovode do uvida i time poboljšavaju osobno blagostanje. Oni pomažu ljudima da iskušaju drugačije i fleksibilnije pristupe životu te da prošire svoje sposobnosti prilagodbe (11,15–17).

Likovna se terapija može koristiti u različitim populacijama zbog svog neprijetećeg pristupa. Ona omogućuje pacijentima da istražuju svoj unutarnji svijet na siguran i simboličan način, što je posebno vidljivo kada imaju problema s verbalizacijom svojih misli i osjećaja. Jedan od razloga za korištenje likovne terapije kod osoba s PP ili PEP-a je taj što ona facilitira restrukturiranje granica ega i stvaranjem simbola (13). Nadalje, likovno terapijski *setting* nastoji stvoriti ono što različiti psihodinamski autori nazivaju *reverie*, intermedijarnim prostorom ili prostorom za igru u kojem misli, emocije i fizički osjeti mogu slobodno protjecati tako da pacijent može promatrati sebe bez etiketiranja tih

that the process of creating the artwork is therapeutic, whereas the artwork itself holds a symbolic value for the patient (10–13). Patients are the “experts” of their artwork and they are the ones who give their art its meaning. An art therapist is a person who helps, guides and supports them in the processes of artistic expression, reflection and work elaboration, as well as in the discovery of their specific resources and capabilities. There are different theoretical backgrounds for different art therapy approaches, but all of them agree on the idea that any kind of artwork patients create (images, movements, sounds, etc.) has a specific and important psychological meaning assigned to it by the patient. In this regard, the process of artistic creation can help activate many unconscious processes in the patient which are then expressed, and the process itself can be healing. Some authors compare the process of artistic creation to the process of structuring our own lives (10, 14). In addition, authors explain that all art therapy schools focus on non-verbal communication and creative processes while supporting a safe environment in which patients can acknowledge and express powerful emotions. Creative processes encourage self-expression, promote self-awareness, lead to insight, and thus enhance the well-being of an individual. They help people experience different and more flexible approaches to living, and expand their capacity to adapt (11, 15–17).

Art therapy can be used in various populations due to its unthreatening approach. It allows patients to explore their inner world in a safe and symbolic manner, which is especially evident in situations when they have problems verbalizing their thoughts and feelings. One of the rationales behind using art therapy for people with PD or FEP is that it facilitates the restructuring of ego boundaries and symbol formation (13). Furthermore, in the art therapy setting the attempt is to create what different psychodynamic authors refer to as *reverie*, an intermediate space or a space for play in which thoughts, emotions and physical sensations can flow freely, and the patient can observe themselves without labelling these

fenomena. Takav *setting* omogućava pacijentu da postane prijemčiviji za promjene. Ove tvrdnje potvrđuju i današnja neuroznanstvena istraživanja promatranjem *mindfulness*-a i tehnika meditacije (18).

Dobrobiti primjene likovne terapije u pacijenata s PP i prvim epizodama psihoza jasno su zabilježene (19–21). Zbog svojih pozitivnih učinaka na negativne simptome likovna je terapija preporučena čak i u smjernicama Nacionalnog instituta za izvrsnost zdravlja i skrbi (*National Institute for Health and Care Excellence*, NICE) kao terapijski modalitet za osobe sa shizofrenijom (22). Razlog toga bi mogao biti motivirajući i direktivni pristup likovne terapije koji potiče razvoj samopoštovanja. Nadalje, budući da likovna terapija olakšava samoizražavanje i potiče identifikaciju na razini simbola, što razvija i apstraktno mišljenje, ona može pomoći u razvoju mentalizacijskih kapaciteta ove populacije pacijenata koji su obično znatno smanjeni. Uz pomoć likovne terapije pacijenti s PP ili prvim epizodama psihoza mogu lako komunicirati intrapersonalne emocionalne i misaone procese. Zahvaljujući likovnoj terapiji pacijenti dobivaju priliku projicirati svoje „unutarnje kazalište” u umjetnički materijal, odigrati ga i promotriti ga i evaluirati s estetske distance, a zatim razumjeti u kontekstu svog svakodnevnog života (22,23).

Zbog oskudnih podataka teško je donijeti jasnu odluku o primjeni likovne terapije kao jedinstvenom terapijskom pristupu za pacijente s PP ili prvim epizodama psihoza. Međutim, postoje podatci koji pokazuju da je kombiniranje različitih ekspresivnih pristupa često korisnije od jednog terapijskog modaliteta (10,14,23).

## LIKOVNA TERAPIJA U DNEVNOJ BOLNICI

U našoj Dnevnoj bolnici za psihotične poremećaje i rane intervencije provodimo specifičan oblik likovne terapije pod nazivom Ekspresivna

phenomena. Such setting allows the patient to become more susceptible to change. These claims are confirmed by contemporary neuroscientific research by means of observing mindfulness and meditation techniques (18).

The benefits of implementing art therapy in patients with PD or FEP have been clearly documented (19–21). Due to its positive effects on negative symptoms, art therapy has even been recommended in NICE guidelines (*National Institute for Health and Care Excellence*) as a therapeutic modality for individuals suffering from schizophrenia (22). The reason for this might lie in the motivational and directive approach of art therapy which fosters the development of self-esteem. Furthermore, since art therapy facilitates self-expression and promotes symbolic identification, thus developing abstract thinking, it can help develop mentalization capacities in this patient population, since they are usually severely reduced. With the help of art therapy, patients with PD or FEP can easily communicate intrapersonal emotional and thought processes. Due to art therapy patients get the opportunity to project their “internal theatre” into an artistic material, enact it, and evaluate it from an *aesthetic distance*, and then understand it in the context of their everyday lives (22, 23).

Since data on the subject is scarce, it is difficult to make a clear decision on implementing art therapy as a single therapeutic approach for patients with PD or FEP. However, some data indicate that a combination of different expressive approaches is often more beneficial than a single therapy modality (10, 14, 23).

## ART THERAPY AT THE DAY HOSPITAL

In our Day Hospital for Psychotic Disorders and Early Intervention we are implementing a specific form of art therapy called Expressive Art Therapy (EAT), which consists of different modalities of expression, such as drawing, painting, movement, writing, singing, music, visualization

terapija umjetnošću (engl. *Expressive Art Therapy*, EAT), koji se sastoji od različitih modaliteta izražavanja, poput crtanja, slikanja, pokreta, pisanja, pjevanja, glazbe, vizualizacije i sl. Različiti modaliteti mogu se koristiti kao sredstvo za simboličko izražavanje koje omogućuje pacijentima dobiti emocionalni ili kognitivni uvid. Velik dio ovog pristupa je ono što se naziva „eksperimentiranjem“ u Gestalt terapiji, gdje pacijenti dobivaju priliku iskusiti drugačiji način bivanja u „ovdje i sada“. Osim što bolje razumiju sebe, pacijenti također dobiju iskustvo kako bi to bilo kada bi živjeli fleksibilnije i prilagodljivije. Korištenjem umjetničkog stvaralaštva kao izvora za identifikaciju pacijentima se u našoj Dnevnoj bolnici pruža mogućnost autentičnog, neposrednog kontakta sa svojim nesvjesnim i svjesnim sadržajem. Zbog toga vjerujemo da ovaj pristup objedinjuje korisne aspekte ekspresivnih terapijskih pristupa.

U našoj smo Dnevnoj bolnici konstruirali prilagođeni likovno terapijski program za pacijente s PP i prvim epizodama psihoza koji se sastoji od 12 susreta. Svaki od 12 susreta ima svoju temu; susreti su međusobno tematski povezani te čine logičan ciklus koji se istovremeno može provoditi u formatu poluotvorene grupe za potrebe Dnevne bolnice. Susreti su prilagođeni za rad s osobama s PP i prvim epizodama psihoza i u sadržaju i pristupu omogućujući pacijentima da se vrlo često bolne teme psihotičnih epizoda i povezanih teškoća istraže i izraze u sigurnom okruženju. Teme programa kreću se od uvodnih susreta upoznavanja, preko rada na otpornosti, sramu, ranjivosti, toksičnim i pozitivnim misaonim obrascima, ugodnim i neugodnim emocionalnim obrascima, do završnih susreta koji integriraju cijelo iskustvo. Iako teme postoje da facilitiraju proces i motiviraju pacijente, one nisu fiksni i najbitniji sadržaj. Zapravo, one čine tek kostur svakog susreta koji zatim prati potrebe svakog pacijenta u „ovdje i sada“, i to onaj njegov osobni sadržaj koji ispliva tijekom teme pojedinog susreta. Teorijski okvir ovog

etc. Different modalities can be used as tools for symbolic expression that enables the patients to obtain an emotional or cognitive insight. A large part of this approach is a process called “experimentation” in Gestalt therapy, where patients are given the opportunity to experience a different way of being in the “here and now”. In addition to understanding themselves better, patients also start to experience how it would feel to live in a more flexible and adaptable manner. By using artistic creation as a source of identification, patients in our Day Hospital are given the opportunity to have authentic, direct contact with their unconscious and conscious material. This is why we believe that this approach combines beneficial aspects of expressive therapeutic approaches.

In our Day Hospital, we have constructed an adapted art therapeutic program for patients with PD and FEP which consists of 12 sessions. Each of the 12 sessions has a theme of its own; the sessions are thematically interconnected and form a logical cycle which can at the same time be conducted in the format of a semi-open group for the purposes of the Day Hospital. Sessions are adapted for working with patients with PD and FEP both in terms of content and approach, allowing the patients to explore and express the, very often painful, themes of psychotic episodes and associated difficulties in a safe environment. The themes of the program range from introductory sessions to working on resilience, shame, vulnerability, toxic and positive thought patterns, pleasant and unpleasant emotional patterns, and finally the ending sessions that integrate the whole experience. Although the themes are meant to facilitate the process and motivate the patients, they are not fixed and are not the most important material. They actually only represent the basic structure of each session which then follows each patient in the “here and now”, particularly in those personal contents that reveal themselves in the course of the thematic session. The theoretical framework of this art therapeutic approach is psychodynamic, and the approach is specifically adapted for individuals with PD and FEP so as to emphasize the creation of a

likovno terapijskog pristupa je psihodinamski, a pristup je posebno prilagođen za osobe s PP ili prvim epizodama psihoza na način da naglašava stvaranje sigurnog okruženja, pomaže u rekonstrukciji i konsolidaciji psiholoških granica, više potiče *containirajući*, a manje interpretacijski i analitički pristup te omogućuje razvoj mentalizacije i apstraktnog mišljenja (19).

Svaki likovno terapijski susret trajao je sat i pol i bio je podijeljena u tri dijela: 1) podizanje emocionalne, kognitivne i tjelesne svjesnosti te facilitiranje sadržaja; 2) stvaranje likovnih radova; 3) grupna analiza likovnih radova, elaboracija i introspekcija te grupni *feedback*. Grupna analiza i elaboracija uglavnom se temelje na načelima Gestalt terapije („tehnika vrućeg stolca“) u kojoj je jedan pacijent u fokusu terapijskog rada s terapeutom, dok grupa daje povratnu informaciju i zrcali pacijenta u fokusu. Umjetnički ga elaborirajući, odigravajući i eksperimentirajući sa svojim umjetničkim djelima uz pomoć terapeuta u grupnom kontekstu, pacijenti dobivaju priliku steći emocionalni ili kognitivni uvid. Obično, nakon što jedan pacijent završi svoj proces, proces se nastavlja s drugim pacijentom. Međutim, više pacijenata, kao i cijela grupa, ponekad mogu raditi zajedno, ovisno o trenutnim potrebama te svjesnom i nesvjesnom materijalu koji se pojavi tijekom susreta. Uloga terapeuta je regulirati, olakšati i prepoznati potrebe pacijenata, ali o pacijentu ovisi hoće li za njih preuzeti odgovornost. Na kraju svakog susreta postoji vrijeme za grupnu provjeru vlastitog emocionalnog, tjelesnog i kognitivnog stanja.

Teme, ciljevi i kratki opis svakog susreta programa likovne terapije za pacijente koji boluju od PP ili prvim epizodama psihoza u Dnevnoj bolnici za psihotične poremećaje i rane intervencije Sveučilišne psihijatrijske bolnice Sveti Ivan prikazani su u priloženoj tablici (tablica 1.).

Jedan od primjera procesa likovne terapije programa u Dnevnoj bolnici za psihotične poremećaje i ranu intervenciju je crtež koji je pacijen-

safe environment, help with the reconstruction and consolidation of psychological boundaries, foster more of a containing and less of an interpretational and analytical approach, and enable the development of mentalization and abstract thinking (19).

Each art therapy session lasted an hour and a half, and was divided into three parts: 1) raising of emotional, cognitive and bodily awareness and facilitating content; 2) creating the artworks; 3) group analysis of the artworks, elaboration and introspection, and group feedback. Group analysis and elaboration are mostly based on the Gestalt therapy principles (“the hot seat technique”) in which one patient is in the focus of therapeutic work with the therapist, while the group gives feedback and mirrors the patient who is in the focus. Through artistic elaboration, enacting and experimenting with their artwork with the help of the therapist in the group context, the patients are given the opportunity to get an emotional or cognitive insight. Usually, after one patient has finished their own process, the process is continued with another patient. However, multiple patients, as well as the whole group, can sometimes work together, depending on the current needs and the conscious and unconscious material that comes up during the session. The therapist’s role is to regulate, facilitate and recognize the needs of the patients, but it is up to the patients to decide whether they will take responsibility for them. Time is reserved at the end of each session for a group check-up of their own emotional, physical and cognitive conditions.

The themes, goals and brief descriptions of each session in the art therapy program for patients with PD or FEP at the Day Hospital for Psychotic Disorders and Early Intervention of the University Psychiatric Hospital Sveti Ivan are presented in the table below (Table 1.).

One of the examples of the art therapy process in the program of the Day Hospital for Psychotic Disorders and Early Intervention is a drawing made by a female patient during one of the sessions, which she entitled “Ukrainian woman”

**TABLICA 1.** Program likovne terapije od 12 sesija za pacijente s PP-ima ili PEP-e u Dnevnoj bolnici za psihotične poremećaje i rane intervencije Klinike za psihijatriju Sveti Ivan  
**TABLE 1.** 12-session art therapy program for PD and FEP patients at the Day Hospital for Psychotic Disorders and Early Intervention of the University Psychiatric Hospital Sveti Ivan

#	Tema sesije / Session theme	Cilj sesije / Session goal	Opis sesije / Session description
1	Tko sam ja u grupi? / Who am I in the group?	Upoznavanje ostalih članova grupe, stvaranje osjećaja sigurnog prostora i osvještavanje vlastitih obrazaca uloga u grupi. / Meeting other group members, creating a sense of a safe space, and becoming aware of one's own role patterns in the group.	Pacijenti stvaraju glineni prikaz sebe i pozicioniraju ga negdje na crtežu džungle. / Patients create a clay representation of themselves and place it on a drawing of the jungle.
2	Moj siguran prostor – ugodne emocije / My safe space – pleasant emotions	Osvještavanje vlastitih ugodnih emocija, njihovih funkcija i kako ih potaknuti. / Becoming aware of one's own pleasant emotions, their functions and how to trigger them.	Nakon vođene imaginacije pacijenti likovnim materijalima prikazuju svoj siguran prostor. / After guided imagination, patients depict their own safe space with artistic materials.
3	Neugodne emocije / Unpleasant emotions	Osvještavanje vlastitih neugodnih emocija, njihovih funkcija i kako ih procesuirati te izgraditi toleranciju na njih. / Becoming aware of one's own unpleasant emotions, their functions, how to process them and building tolerance to them.	Svoje neugodne emocije pacijenti prikazuju likovnim materijalima, a nakon njihovog odigravanja, za njih prave umjetničko gnijezdo. / Patients depict their unpleasant emotions with artistic materials, and after enacting them, they build an artistic nest for them.
4	Moj unutarnji kritičar / My inner critic	Osvještavanje porijekla i svrhe unutarnjeg kritičara te razvijanje ljubavi i tolerancije prema sebi. / Becoming aware of the origin and purpose of the inner critic and developing love and tolerance towards oneself.	Pacijenti prikazuju svog unutarnjeg kritičara te ga zatim istražuju u parovima. / Patients depict their own inner critics and then explore them in pairs.
5	Kako vidim samog sebe? / How do I see myself?	Susret sa konstruktom sebe i svog identiteta, ulogama i prioritetima koje osoba ima u životu, kao i osvještavanje važnosti istog za mentalno zdravlje. / Meeting the construct of oneself and one's identity, roles, and priorities one has in life, as well as becoming aware of their importance for mental health.	Likovnim materijalima pacijenti stvaraju trodimenzionalni prikaz sebe i baze na kojoj stoje odgovarajući na pitanja: „Tko sam ja? Što mi je važno u životu?“ / By using artistic materials, patients make a three-dimensional depiction of themselves and the ground they stand on while answering the questions: “Who am I? What is important for me in my life?”
6	Oblici i boje moga tijela / The shapes and colors of my body	Osvještavanje slike o vlastitom tijelu, rad na prihvaćanju i poštivanju istog, njegovih snaga i slabosti. / Becoming aware of one's own body image, working on accepting and respecting it, with its strengths and weaknesses.	Nakon što im drugi kolege pomognu nacrtati obrise vlastitog tijela na velikom papiru, pacijenti ga oslikavaju te reflektiraju o tome. / After other colleagues help them draw outlines of their bodies on a big piece of paper, patients paint them and reflect on them.
7	Ranjivost i sram / Vulnerability and shame	Otvaranje potencijala za prihvaćanje vlastitog srama i ranjivosti, njihove funkcije i porijekla, kao i aspekata u kojima se osoba osjeća ranjivo. / Opening the potential for accepting one's own shame and vulnerability, their functions and origins, as well as aspects where one feels vulnerable.	Pacijenti prikazuju vlastiti sram i ranjivost; dijele to s grupom i raspravljaju o tome koja se osobna snaga krije iza ranjivosti. / Patients make a depiction of their own shame and vulnerability; they share it with the group and discuss what personal strength lies behind the vulnerability.
8	Osobna otpornost / Personal resilience	Učenje o povezanosti srama i ranjivosti s empatijom i otpornošću. Osvještavanje vlastitih resursa i otpornosti. / Learning about the connection of shame and vulnerability with empathy and resilience. Becoming aware of one's own resources and capacity for resilience.	Nakon što su je vizualizirali i osjetili u svom tijelu, pacijenti likovnim materijalima oslikavaju jednu tešku životnu situaciju s kojom su se borili, ali su je uspjeli riješiti i sada su ponosni na sebe. / After visualizing it and feeling it in their bodies, patients use artistic materials to depict one difficult situation in their lives they struggled with, but managed to solve it and are now proud of themselves.
9	Toksične misli / Toxic thoughts	Osvještavanje važnosti i funkcija misli za vlastito mentalno zdravlje te sposobnosti samoregulacije i osjećaja kontrole; učenje alata kognitivnog restrukturiranja. / Becoming aware of the importance and function of thoughts for one's mental health, and the capacities for self-regulation and the feeling of control; learning the tools of cognitive restructuring.	Pacijenti umjetnički prikazuju svoje emocije kada ih preplave negativne misli. Zatim pokušavaju reinterpretirati i restrukturirati negativne misli na racionalan i pozitivan način. / Patients artistically depict their emotions when they are overwhelmed by negative thoughts. They then try to reinterpret and restructure negative thoughts in a rational and positive way.
10	Sretne sjećanja - Pozitivne misli / Happy memories - Positive thoughts	Osvještavanje vlastitih obrazaca mišljenja i mogućnosti promjene, poticanje vrednovanja pozitivnih aspekata života. / Becoming aware of one's own thought patterns and capabilities for change, to encourage the validation of positive aspects of life.	Nakon što se prisjete jedne situacije u životu kada su osjetili ugodne emocije, dočaraju je likovnim materijalima, a potom verbaliziraju sve pozitivne misli koje im padnu na pamet kada pogledaju svoj rad. / After remembering one situation in their lives when they felt pleasant emotions, they depict it with art materials and then verbalize all the positive thoughts that come to their mind when they look at their work.
11	Ja kao superheroj / I as a superhero	Stupanje u kontakt i validiranje vlastitih snaga. / Getting into contact with and validating one's own personal strengths.	Nakon razmišljanja o snagama i skrivenim potencijalima koje imaju, pacijenti se zamišljaju i umjetnički prikazuju kao superjunaci. / After thinking about the strengths and hidden potentials they have, patients imagine and artistically depict themselves as superheroes.
12	Moje unutarnje dijete – Integracija / My inner child - Integration	Naglašavanje važnosti davanja i primanja podrške i validacije, doživljavanje istog na simboličkoj razini, davanje prilike za zatvaranje nedovršenih iskustava na simboličkoj razini. / Emphasizing the importance of giving and receiving support and validation, experiencing it on a symbolic level, giving the opportunity for closure of unfinished experiences on a symbolic level.	Nakon izrade vlastitog Unutarnjeg djeteta od gline, pacijenti pišu pismo djetetu/sebi, fokusirajući se na ono što sa svojim dosadašnjim životnim iskustvom žele reći djetetu, kao i na ono što su trebali čuti kao djeca. / After making the depiction of their own Inner Child out of clay, patients write a letter to the child/themselves, focusing on what they want to say to the child with their present experience, as well as what they needed to hear as children.



tica izradila tijekom jednog od susreta, a koji je nazvala „Ukrajinka” (slika 1). S iskustvom psihoze, a sada bolujući od teškog depresivnog poremećaja, ova 45-godišnja pacijentica nacrta je mladu Ukrajinku odjevenu u šarenu haljinu i crnu košulju, koja drži crno-žute balone i okružena je crvenim kapljicama krvi, šarenim srcem i crnim i crvenim škrabotinama. Nakon završetka crtanja izrazila je divljenje snazi, hrabrosti i dostojanstvu koje ovaj moćni simbol nosi. U isto vrijeme potresena ratom u Ukrajini izrazila je „kako se strašne stvari događaju ljudima koji to nisu zaslužili”, ali koji se istovremeno „uspjevaju nositi sa životnim nedaćama, stojeći čvrsto pred licem rata”. Izrazila je želju da ima barem djelić hrabrosti i otpornosti koju ovaj ženski simbol otpora nosi. Projicirajući vlastitu patnju i osjeća gubitka kontrole, kao i dostojanstva i ponosa u ovaj simbol, naša je pacijentica suosjećala s ovom predstavljenom Ukrajinkom, istovremeno pokušavajući razumjeti, utješiti i osnažiti samu sebe.

(Figure 1.). After experiencing psychosis, and now suffering from the major depressive disorder, this 45-year-old female patient made a drawing of a young Ukrainian woman dressed in a colorful dress and a black shirt, holding black and yellow balloons and surrounded with red drops of blood, a colorful heart, and black and red scribbles. After finishing the drawing, she expressed her admiration for strength, courage, and dignity this powerful symbol contains. Shaken by the war in Ukraine at the same time, she expressed “how horrible things are happening to people who did not deserve it”, but they at the same time “manage to cope with life’s adversities, standing strong in the face of war”. She expressed her wish to have at least a fraction of the courage and resilience this feminine symbol of resistance represents. By projecting her own suffering and feelings of losing control, as well as dignity and pride, into this symbol, our patient empathized with this Ukrainian woman represented, and at the same time she was trying to understand, comfort and empower herself.



SLIKA 1. „Ukrajinka”, crtež nastao tijekom jedne od likovno terapijskih seansi.  
 FIGURE 1. “Ukrainian woman”, a drawing made during one of the art therapy sessions.

Našim programom likovne terapije u Dnevnoj bolnici pacijenti dobivaju prigodu da umjetničkim medijem izraze i procesuiraju svoje osjećaje, osvijeste svoje obrasce razmišljanja i ponašanja te daju mogućnost promjeni u svrhu poboljšanja kvalitete svog života. Također, radom u grupi pacijenti dobivaju značajno zrcaljenje i *feedback* koji može potaknuti nove asocijacije i facilitirati daljnje emocionalno procesuiranje. Nadalje, pacijenti mogu nastaviti raditi na vlastitim psihološkim sadržajima otkrivenim uz pomoć likovne terapije u drugim dijelovima programa Dnevne bolnice, kao što su grupna psihoterapija i KBT. Iako su znanstvena istraživanja visoke razine dokaza učinkovitosti likovne terapije za PP i prvim epizodama psihoza rijetka zbog zahtjevnosti provođenja kvantitativnih istraživanja psihoterapijskih intervencija, visokokvalitetni kvalitativni podatci pokazuju da terapeuti i pacijenti smatraju likovnu terapiju korisnom i važnom terapijskom intervencijom u svom oporavku. Slažući se s ovim stavom vjerujemo da je naš program likovne terapije za pacijente s PP ili prvim epizodama značajan dodatak integrativnom pristupu naše Dnevne bolnice za psihotične poremećaje i ranu intervenciju.

By participating in our Day Hospital art therapy program, patients get the opportunity to express and process their feelings through artistic media, to become aware of their thought patterns and behavior, and give the opportunity for change to occur in order to improve the quality of their lives. Also, by working in the group patients are provided with meaningful mirroring and feedback which can evoke new associations and facilitate further emotional processing. Furthermore, patients can continue to work on their own psychological content uncovered with the help of art therapy in the other parts of the Day Hospital program, such as group psychotherapy and CBT. Although high quality research evidence of effectiveness of art therapy for PD or FEP is scarce since quantitative psychotherapeutic intervention research is difficult to carry out, high quality qualitative data does indicate that therapists and patients view art therapy as a beneficial and important intervention in the recovery process. Agreeing with these conclusions, we believe that our art therapy program for patients with PD or FEP represents a beneficial addition to the integrative approach of our Day Hospital for Psychotic Disorders and Early Intervention.

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