

Psychodynamic Perspective on Psychotic Disorders and the Function of Art in Psychotherapy with Psychotic Patients

Psikotik Bozukluklara Psikodinamik Bakış ve Sanatın Psikotik Hastalarla Psikoterapideki İşlevi

Aslı Sarandöl ¹ 

Abstract

Many models have been developed for understanding schizophrenia and other psychotic disorders. In this review, psychoanalytic theories that try to explain psychotic disorders will be mentioned, especially theoretical information about psychotic self development will be given. In this theoretical framework, the factors to be considered in psychotherapy with psychotic patients and the gains of using art in psychotherapy will be emphasized. It is very difficult to understand what is happening in the mind of the patient with an illness that complicates adaptation to social life. The patient experiences alienation to the culture and has obstacles in making a place for himself in the social context. Working with art elements in treatment functions as a suitable environment for the evolution of pre-symbolic structures and relationships, creating an intermediate-space between concrete and symbolic functionality. Art elements carry the unconscious material to the preconscious. The third element (painting, clay, music, etc.) between the therapist and the patient helps to externalize thoughts and feelings that cannot be expressed otherwise. The fact that the environment of psychotherapy with art is not demanding can also make a positive contribution when working with psychotic patients. In this review, the process of psychotherapy with art will be discussed with case examples from art psychotherapy activities conducted with psychotic patients at Bursa Uludağ University Medical Faculty, Department of Psychiatry.

Keywords: Psychosis, schizophrenia, art, psychotherapy

Öz

Şizofreni ve diğer psikotik bozukların anlaşılmasında birçok model geliştirilmiştir. Bu derlemede psikotik bozuklukları açıklamaya çalışan psikanalitik kuramlara değinilecek, özellikle psikotik kendilik gelişimi hakkında kuramsal bilgi aktarılacaktır. Bu kuramsal çerçevede psikotik hastalarla psikoterapide dikkat edilecek unsurlar ve sanatın psikoterapide kullanılmasının kazanımları üzerinde durulacaktır. Sosyal yaşama uyumu zorlayan hastalık tablolarında hastanın zihninde ne olup bittiğini anlamak oldukça güçtür. Hasta, kültüre yabancılaşma ve sosyal bağlamda kendine yer açmada engeller yaşamaktadır. Tedavide sanat unsurları ile çalışmak simge öncesi yapıların ve ilişkilerin evrimi için uygun bir ortam işlevi görür, somut ve simgesel işlevsellik arasında bir ara-alan oluşturur. Sanat unsurları bilinç dışındaki malzemeyi bilinç öncesine taşır. Terapist ve hasta arasında üçüncü unsur (resim, kil, müzik vb.) başka türlü ifade edilemeyen düşünce ve duyguların dışsallaştırılmasına yardımcı olur. Sanatla psikoterapi ortamının talepkar olmaması da psikotik hastayla çalışırken olumlu bir katkı sağlayabilmektedir. Bu derlemede sanatla psikoterapinin işleyişi Bursa Uludağ Üniversitesi Tıp Fakültesi Ruh Sağlığı ve Hastalıkları Anabilim Dalı'nda psikotik hastalarla yapılan sanatla psikoterapi çalışmalarından olgu örnekleri ile tartışılacaktır.

Anahtar sözcükler: Psikoz, şizofreni, sanat, psikoterapi

¹Uludağ University, Bursa, Turkey

✉ Aslı Sarandöl, Uludağ University Faculty of Medicine, Department of Mental Health and Diseases, Bursa, Turkey
asli@uludag.edu.tr | 0000-0002-1092-8254

Received: 25.12.2020 | Accepted: 25.03.2021 | Published online: 24.06.2021

SCHIZOPHRENIA is a psychiatric disorder that begins in early adulthood and continues for the rest of life. Despite the underlying biological background, schizophrenia shows its effects in psychological fields; defects occur in the areas of perception, thought, emotion and behavior. Therefore, schizophrenia has been the focus of psychosocial and psychotherapeutic interventions for a long time. Today, drug therapy, which is highly effective in reducing psychotic symptoms and considered as one of the important parts of schizophrenia treatment, is applied together with psychotherapy and psychosocial treatments. (Dickerson et al.2007). Numerous models have been developed to understand psychosis. Emil Kraepelin, who is known as the pioneer of contemporary diagnostic classification in psychiatry, defined mental disorders as exogenous and treatable or endogenous and incurable in terms of their origin. He put schizophrenia in the endogenous category (McWilliams 1994). In this review, psychoanalytic theories that try to explain psychosis will be discussed, especially psychotic self-development, the elements to be considered in this theoretical framework in psychotherapy with these patients, and the gains of using art in psychotherapy, especially in working with psychotic patients. In this context, examples from psychotherapy groups where art-based psychotherapy is applied with schizophrenia patients and their relatives at the Psychiatry Department of Bursa Uludağ University Faculty of Medicine (B.U.Ü.T.F) will be presented.

Psychosis and psychodynamic theory

Cognitive characteristics determined by structural factors may affect the baby's early life experiences with caregivers, as well as significant emotional and repetitive environmental stimuli may cause unusual changes in the neural pathways of the newborn's brain. The etiology advocated today for psychosis is primarily the predisposition-stress theory. However, the exact nature of this predisposition is still unclear. There are opinions suggesting that a baby with such a predisposition is born with a high level of anxiety, potential for abnormal thought patterns, and weakness in body and perceptual integration (Arieti 1974). Bleuler suggested that such a baby had a higher level of neuropsychological incompatibility than a normal baby (Bleuler 1968). This inherited incompatibility is responsible for messing up environmental inputs with giving different responses to similar stimuli as well as the variability and fragmentation of the subjective response. It has been suggested that weakness in attachment to objects, low frustration threshold, loss of object relations with frustrations, and response with withdrawal from the outside world may also be inherited (Fenichel 1941). Factors such as susceptibility to anxiety, intense rage, weakness of attachment to the object, low frustration threshold, and susceptibility to abnormal thinking are the elements in the formation of the psychotic core. These temperament traits are just some of the structural elements of the psychotic core (Akhtar 2009).

The mutual relationship between the child born with this temperament and the environment in which he grows up is also important in this regard. Winnicott reported that in the development of the infantile psychotic core, it was the "environment mother" that played a greater role than the mother, who was a specific object of desire and fantasy.

The term “environment” has been used to focus on the role of the non-family object world, which, if not the source of the psychotic core, can be effective in making it permanent. Even in the earliest stages of infancy and childhood, the influence of this vast universe causes it to pass from mother to child via placenta (Winnicott 1963).

There is a growing consensus that the human infant comes to this world prepared for bonding, attachment, and object relations (Stern 1985). At the same time, there is a consensus on the need for environmental inputs for these hardware capabilities to emerge in a healthy manner. For example, a nourishing mother must be accessible for healthy stimulation of the newborn’s seeking reflex. These pleasurable satisfactions depend on the reliability of maternal care and healthy communication between mother and child. When the mother cannot show a reliable presence to provide such satisfaction for her baby or fails to give feedback in the relationship with her baby, the baby has difficulty in forming a libidinal object (Mahler and Furer 1968).

Problems experienced in mother-infant interaction extend beyond problems experienced in object relationships. The emotional life of the baby is also seriously damaged. The inability of the mother to act as a “shield” causes the child to receive a large amount of impulse-based stimuli from the inner world and perceptually overwhelming inputs from the outer world (Akhtar 2009). In this way, it is seen that the mother leaves her baby in “bodily distress” or “bodily panic” (Mahler et al. 1975). As a result, this situation causes the baby to experience psychological and physical fear due to the absence of the mother’s auxiliary ego. These tears in the skin of the shield or ego are large and deeply traumatizing.

Paul Federn presented the concept of “ego boundaries”, which has an important place in the psychoanalytic literature, in his work titled “Ego Psychology and Psychosis” published in 1952. According to him, there are inner and outer ego boundaries for everyone. The outer boundary is between the ego and the outside world and serves to distinguish between mental phenomena and real phenomena. The inner boundary is the suppression mechanism that keeps unconscious experiences separate from conscious experiences. While the fading of the outer boundaries causes the dream and reality to be intertwined, the fading of the inner boundaries causes the ego states related to the first development steps to come back to the agenda. Therefore, Federn defined schizophrenia essentially as an ego disorder. Federn thinks that a part of psychotic patients’ ego does not break with reality and is aware of the abnormality of the situation. Therefore, he emphasized that it is beneficial to work with the healthy part of the patient and to educate him about changes in the ego boundaries in psychotherapy. According to Arieti, the baby, who experiences more anxiety than satisfaction and security experiences in his family in the first years of life, cannot find a suitable environment to internalize the symbolic worlds of his mother and other individuals in the family and make it a part of himself. As such, self-development is seriously impeded and the process leading to psychosis begins. In the following childhood years, defensive personality traits gradually begin to settle. When he enters his adolescence years, he tends to define himself with abstract concepts. However, as these concepts are too negative, the adolescent’s self-image becomes unacceptable over time. Seeing oneself as an intolerable

person brings along a feeling of endless loneliness and self-alienation (Dereboy 2011).

If severe damage to the self is permanent or prolonged and if the defensive structures cannot cover the defect, its experiential and behavioral reflections are called psychosis. As emphasized in the previous paragraphs, the fact that the integrity and continuity of the individual in the early stages of life is not answered even with a minimally effective mirroring, due to an innate biological tendency, may cause the core self to remain unintegrated.

From a psychoanalytic perspective, psychotic situations are also addressed as a symbolization problem. In psychotic cases, the world of subject and object representations is not separated from each other. Since the symbolic function does not work well enough, patients cannot control their impulses as required and cannot delay impulse discharge. However, symbolic function is like a third element that makes sense and brings together self and object representation that are separated from each other; they are associated with each other through symbolic functions (Karaburçak Z 2005). Freud included the phenomenon of schizophrenia for the first time in his work titled "The Interpretation of Dreams"; He focused on the common aspects of the symbolic contents of dreams and psychotic symptoms. Freud argued that psychotic patients are not aware of the dynamics that push them into the psychotic process because they lack psychological causation. Although he thought that psychotic patients could not develop a transference relationship and therefore would not benefit from an analytical help, it was observed that most psychoanalysts who came after him differed from Freud in that these patients could not establish a transference bond (Late 2018). Lacan, who followed in Freud's footsteps, focused on some problems arising from the deficiency in the plane of symbolization while dealing with adult psychosis. These troubles are basically the damage of defensive shields that should stand firmly against impulses. He emphasized that delusions come into play as a savior in this chaotic process in which the impulses of the person are invaded and that delusions are actually an effort to symbolize (Abreve 2017).

In psychotic cases, it is known that some symbols that can be acquired from the early stages of life in a normal course cannot be internalized sufficiently, these symbols are lost and replaced by paleological thought forms. Psychotic individuals regress to early childhood, when common verbal symbols are not yet used, and cling to the autistic discourse forms of that age. However, the fact that paleological symbols are unique and difficult to understand makes it difficult for psychotic individuals to establish relationships with their environment on a common frequency (Çıtakbaş and Üçök 2019). It is very difficult to understand what is happening in the mind of the patient, especially in the illness that challenge social adaptation. The patient experiences obstacles in alienation from culture and in making a place for himself in a social context. Working with art elements in treatment functions as a suitable environment for the evolution of pre-symbolic structures and relationships, creating an intermediate-space between concrete and symbolic functionality.

Art elements carry the unconscious material to the preconscious. The resulting artistic action or object is the symbolic expression of the inner world and is a discussable material (Eracar 2013). The patient talks about the feelings, thoughts, and actions that what has

arisen evokes him, and becomes aware of the burdens occupying their self. These burdens were formed by the remnants of traumatic memories and experiences that had grown like an avalanche within him from the earliest developmental periods. Traumatic memories are not easy to come out verbally. Sometimes a stain on the paper, a figure or a color whose shape is not clear, causes the patient to remember and describe a past experience. These memories can include anger, fear and violence; It gives the opportunity of expression and discharge through colors, forms, rhythms, timbre, and melodies. A patient who manages to shout due to his role in a theater stage may be protected against the transformation of a real anger into aggression with that shout. For Hanna Segal, who stands close to Melanie Klein's work, art is the recreation of an object that was loved and once whole, but now lost and ruined, a ruined inner world and the self. Therefore, artistic activity can be seen as an effort to save and recreate the loved object outside and within the self (Eracar and Sarandöl 2019).

Psychotherapy with psychotic patients and use of art in psychotherapy

In the light of this information; in psychotherapy with psychotic patients, it should be aimed to strengthen the defenses and to handle situations that cause stress in a realistic way (Mc Williams 1994). The psychotic patient, suffers because he cannot feel as a member of the community, does not rely on the mediation of the utterance because of their failure to use symbolic forms, and may perceive a relationship even with his therapist as threatening. Unlike verbal psychotherapies, by using art as a tool in the psychotherapy, the element of art creates a bridge for the relationship with the "other". Through the art element, the sense of self can be developed and while trying to express it, improvement can also be achieved



Figure 1.

in actions and symbolic forms such as language. With the art element, the person can tend to notice the inner and outer self and the other. Although it is not a complete mirroring function found in the developmental period, it has a similar effect. The person creates the element of art, except for this creation process; in group therapy, it helps other members and therapist, and in individual therapy, the therapist's point of view on the art element created.



Figure 2.



Figure 3.

The patient begins to distinguish and experience the self in relation with the help of the art element (Killick and Schaverien 1997).

Art provides expression without coercion. The direct appeal of art to the sense organs accelerates and facilitates the expression of what is inside. The use of art in psychotherapy can be defined on this basis. The music that the patient/client listens to, the novel he likes,



Figure 4.



Figure 5.

the story he was affected by, the painting he made, and the poetry he wrote are full of therapeutic materials. The careful care and patient witnessing of the therapist enhances and enriches the patient's awareness. Art and psychotherapy are structurally similar. In both, there are effects and reflections of introjected or internalized experiences on life in the here and now. If introjected experiences are not expressed in some way, mental health can be put at risk. Art has a protective function against this risk. Psychotherapy can be combined with all fields of art. Psychotherapy with art practices are applied in accordance with the therapist's orientation. It is mostly used in a dynamic, analytical and phenomenological orientation. Active methods and/or passive methods, conservative works or improvised art action are performed in groups or as individual activities (Eracar 2013). Psychotherapy with art practices can be historically divided into three periods; In the first period, it was used as a means of expression of patients with severe psychiatric disorders in asylums, in the second period it was used as a way of presenting patients' products to the society to reduce stigma in the society against psychiatric institutions, and in the last period, it was used in psychotherapy practices, especially in the treatment of psychotic patients (Wood 1997). In the use of art for psychotherapy, it should be ensured that performance concerns are not interfered with, and the expression of what is inside should be the main target.

We mentioned that art elements can act as a bridge between the individual and the "other". Winnicott makes important determinations about the place of play in child development. Play creates a transition area between the child and the parent (especially the mother). In psychotherapy with art, the healing process takes place in this transition area (can also be named as intermediate experience zone) defined by Winnicott, which occurs between the psychotic patient and the therapist. The third element (painting, clay, music, etc.) between the therapist and the patient helps to externalize thoughts and feelings that cannot be expressed otherwise. Strong emotions are temporarily excluded and become an important object of interaction. According to Winnicott, art is an acceptable form of play for adults. It addresses both the adult and the "inner child" at the same time. It involves experiencing the mother-baby relationship in the symbiotic phase and thus opens the emotional ways of being together without using any words. The fact that the psychotherapy environment with art is not demanding can also make a positive contribution when working with psychotic patients (Mortier 1997).

Since 2009, group practices, in which art psychotherapy is applied, have been carried out with patients diagnosed with schizophrenia and other psychotic disorders, who are in the treatment program of the "Psychosis" outpatient clinic of the Psychiatry Department of the B.U.U.M.S. The main purpose of our applications in the first year was to investigate the effects of group practices using psychotherapy with art on the social skills of patients with schizophrenia and their relatives. Group practices were carried out for 90 minutes once a week in the first year (Sarandöl et al. 2013).

This study has also been instructive in terms of issues to be considered when using treatment methods with art in schizophrenia patients. The therapists realized that when working with patients with psychotic symptoms, the instructions to be given should be very clear, concise

and concrete. The concrete thinking style stemming from the nature of the disease causes this necessity, otherwise it negatively affects the comprehensibility of the therapist and the method and creates communication problems. Another important issue is the suitability of the selected materials for patients with psychotic symptoms. For example, working with clay requires careful application in patients with psychotic symptoms. It is frequently observed in the therapy with art practices that the patients with psychotic symptoms avoid working with such three-dimensional material. The most important psychoanalytic interpretation underlying this avoidance is the Kleinian concept of projective identification and psychotic object relations. If we look at this concept and the context of clay and mud material used in psychotherapy with art;

Projective identification begins with the splitting of the constructive and destructive features of the self and leads to the projection of destructive parts to external objects. The removal of perceived destructive impulses and body parts from inside is seen as a way to reduce the strong anxiety caused by internal destructiveness. Still, anxiety does not disappear completely. Contact and interaction with the receiving external object will be perceived as threatening as long as these can lead the bad parts to reenter into the self. In the environment of psychotherapy with art, clay can have three-dimensional feature as an external object, when viewed in terms of projective identification mechanism (Foster 1997). Based on this information, the application of working with clay in the first sessions was avoided. It was thought that the cohesion in the group and the patients being in remission in terms of positive psychotic symptoms might have prevented the emergence of anxiety in this group.

Processes in psychotherapy with art provides self-disclosure and self-awareness. It is suggested that even the process of creating the art element is a therapeutic process, and the verbal mentions of the patient about this process has healing properties. Similar to the study we conducted, it was reported that psychotherapy with art is more effective in relieving negative and depressive symptoms than positive symptoms in patients with schizophrenia (Patterson 2007). Considering that the effect of antipsychotic treatment is more limited especially in these areas, it should be considered that such psychotherapy interventions may help improve the social functioning of patients.

Following the first year, 90 minutes long group sessions were conducted with the same group once every fifteen days for 3 years. In these sessions, all elements of art were used when necessary according to the needs of the group. Practices conducted are introduced with examples from two cases. In the light of their posts about the art element that emerged after the art work, the process experienced and the connections between “here now” and “there at that time”, the findings regarding the development of self-expression, using language, symbolizing as the psychotherapy sessions with art progress are presented below;

Case 1

A female, who was 30 years old, single, high school graduate when she joined the group. She has been under follow-up and treatment with the diagnosis of “Schizophrenia” for about 15

years and lives with her family. Negative symptoms were in the foreground, language use was very limited. There was no family history of the disease.

In the clay practice carried out in the first year, the therapist instructed the group members to play clay freely to recognize the clay, to recognize the material, and to see what objects would come out of their hands when they released them. They were then asked to make objects that represent their illnesses. In the sharing section after the art work, the members were asked to describe what they experienced when they first met with clay and the objects they first created with clay, and then describe the object representing their illness. Below are the shares taken from Case 1 in company with the instructions given above; (Illustration 1)

“I like to play” did not share any additional posts other than that. When asked to make an object to represent the disease, she made the objects in the photo above, similar to the first objects she made.

The sharing she made was the same. Apart from this, no additional sharing was received regarding the process.

After these posts, a patient, who has good verbal skills, from the group members gave the following feedback about case 1;

“I compared the state of case 1 to a period in my own illness. Everyone was telling about their problem, but I could not. However, there were storms inside me. Case 1 feels many things, but I think she cannot express it. Because I have experienced the same things. Even though she does not speak, she also feels many things but cannot express”.

Therapist: Case 1? Look, M. says “she cannot express what is going through.” Do you want to say something about this?

Case 1: **“It is, I think”**

In a session held in the second year of the psychotherapy with art groups, the group members were given waste objects as materials and they were asked to build their own robots using this material, and write a story about this robot after they built it. In the second year of group work, it was aimed to create connections about themselves through the objects created by the patients. Similarly, the patient first shared about the process they experienced while creating the robot, and then about the situations that this process evoked from their lives. In the following sharing, the difference in expression and language use in case 1 compared to the previous year has been striking.

Case 1: **“A different robot with braided hair, no name”** (Illustration 2)

“This robot allows me to go through the good things I have experienced in my life over and over again. It allows me to re-share the events I have experienced. As we share, our experiences grow green again and again. The events that I have been experiencing come alive. All these events come to mind again. All these events come to life in my mind again”.

In the feedback received from family relatives following this process, it was learned that Case 1’s communication within the family increased compared to the previous one.

In the group study on the death of one of the group members in the third year, a letter was requested from the patients to write their feelings about the deceased patient, and then these letters were read in the group. Case 1's letter is presented below;

“I am very, very sorry that he suddenly died heavily. Being so sad is actually not that it hurts. If only he had lived and could see these days. I am longing for a beautiful person like him. Wishing you a peaceful life in the grave...”

In the group sessions in which art psychotherapy was applied, it was observed that the symbolization capacity and the use of language of Case 1 developed positively over the years, and therefore, communication with the group members and especially with her family, increased.

The remarkable shares in the sessions in which similar practices were performed for Case 2, who participated in group studies in which psychotherapy with art was applied with patients on the schizophrenia spectrum who were followed up in the “Psychosis” outpatient clinic in 2016, are presented below.

Case 2: A 45-year-old male patient, who has been followed up with a diagnosis of schizophrenia for approximately 25 years, and his mother is also schizophrenic. He could not study university because of his illness. He lives with his family, does not work. It was learned that her mother and she never left the house.

In the sharing taken after the work with clay in the first year of group work, the members were asked to first describe what they experienced when they first met the clay and the objects they first created with clay, then define the object representing their disease. (Illustration 3)

Case 2

He contented himself with saying “I made a labyrinth”, and did not say anything additional when asked to explain. He stated that the change that can be made about the disease would be to leave a gap in the labyrinth.

Sharing of Case 2 about the robot in the study with waste objects instructed in the first case in the second year; (Illustration 4)

He determined the name of the robot as “Atak” and the story he wrote about it;

“If people are willing and act, then various events that they never expected will come to heel. Then they learn new things. If it is added step by step, their horizons will open and they will learn things they could not know before. It comes and goes in such a chain of events in life. The important thing for the people is to feel what is going inside them and naturally apply them sincerely”.

He stated that group work is very helpful for him in this learning. He stated that it was his father who supported him in all matters until his death in the past.

In a social atom study conducted in the same year, patients were asked to place the people in their lives around the orbits of the atom after placing themselves in the center. (Illustration 5)

Sharing about this study;

“In the middle, my mother and me because we are all together. We never leave, even though I try to leave a little, for example, even when I come to this group, my mother thinks that evil can happen to me and that harm can be done to me.”

His explanation about his relationship with the mother reminds Mahler’s explanation that there is a regression to the symbiotic period related to the formation of psychosis (Mahler et al. 1975). It was noteworthy that after this sharing, the patient expressed a desire for change about himself. Case 2 stated that he hoped her mother’s fears towards him would decrease with the regulation of his mother’s treatment.

The sharing about an application made in the third year;

“In childhood, parents tell their children fairy tales, so the children begin to get to know the world. They start learning the future beforehand. Naturally, they also learn about love. Thus, love makes people beautiful and opens their horizons”.

After this sharing, Case 2 stated that her brother and he could not get this kind of support from her mother because she was sick since his early ages, and that her father’s support was limited due to his physical illness. However, he stated that this group work contributed greatly to learning life.

Conclusion

The most emphasized view on understanding the psychodynamics of psychosis is the damaged self, which was presented at the beginning of the review. Working with art can be an alternative way of mediating the splitted and fragmented elements of the psychotic self. It has been emphasized that, although not fully expressed, intolerable impulses can be externalized and thus become manageable by keeping out strong emotions. As emphasized before, the person can tend to notice the inner and outer self and the other with the art element. And although the art element worked in psychotherapy does not have a full mirroring function like in the developmental period, it can have a similar effect.

As can be understood from the patient statements presented above, while working with psychotic patients in psychotherapy with art, in the early stages, as Case 1 mentioned for the first practice, pleasure and dalliance may be at the forefront without development of any symbolic content. With a tactful and experienced therapist, various themes from unconscious content can be found and feedbacked to the patient, thus increasing the patient’s insight, awareness, and communication skills. Even though there are familiar images in the psychotherapy approach with art, it must be kept in mind that such meanings are personal and private rather than being universal. Meanings can only be clarified through continued therapeutic practice with an experienced art therapist. With the created images, a communication is established between the patient and the therapist, and these images form a symbolic language. Commenting is only a tool for a progressive process and should only be made after the therapist fully comprehends the patient’s practices and symbolic approach.

It is especially important that patients be encouraged to talk about their works. A psychotic patient must rely on his environment to take a bold step to create a symbol. The patient's constant effort to search for meaning in what they do may also strengthen their psychotic defenses. What is done under the name of psychotherapy can become coercion and false psychotherapy for the patient. The patient may act as if they are gaining insight, but hide their psychotic parts (Molloy 1997).

In conclusion, we can summarize the factors that should be considered in the psychotherapy practices with psychotic patients as follows:

- **That a psychotic patient is just like someone who knows nothing and is tried to be taught over and over how to live**
- **The necessity to learn the language of the patients**
- **That the therapist needs to be creative, flexible and patient**
- **The necessity of understanding the silences of patients**
- **That attention must be paid to non-verbal reactions**
- **The importance of honesty and trust**
- **The importance of awareness of countertransference must be kept in mind.**

Note: Ethics committee approval was obtained for this study on 01/03/2016 with the number B.30.ULU.0.20.11.05-604.01.01/1189. Written consent form was also obtained from the study participants.

References

- Abrevaya E (2017) Psikozun Tedavisi, Deliliğin Tutkusu/Tutkunun Deliliği, 2. Baskı. İstanbul, Bağlam Yayınları.
- Akhtar S (2009) Hasarlanmış Çekirdek, Kökenler, Dinamikler, Göstergeler ve Sağaltım (Çeviri Ed. A Eğrilmez). İzmir, Odağ Psikanaliz ve Psikoterapi Eğitim Hizmetleri.
- Arieti S (1974) Interpretation of Schizophrenia. New York, Basic Books.
- Bleuler M (1968) A twenty-three year longitudinal study of 208 schizophrenics and impressions in regard to the nature of schizophrenia. In: The Transmission of Schizophrenia. (Eds. D Resenthaland SSKety):3-12. London, PergamonPress.
- Çıtakbaş A, Üçok VA (2019) İmgeden simgeye dönüşüm: psikotik bozukluklarda resimle çalışma. In Ruhsal Bozuklukların Tedavi ve Rehabilitasyonunda Yaratıcı Sanat Psikoterapileri. 1. Baskı (Ed N Eren): 29-33. Ankara, Türkiye Klinikleri.
- Dereboy F (2011) Psikoz ve psikoterapisi In Psikanalitik Psikoterapiler: Temel Kavramlar, Kuramlar ve Yöntemler (Ed A Köşkdere):287-299. Ankara, Tuna Matbaacılık.
- Dickerson FB, Dixon L, Lehman AF (2007) Şizofreni: psikososyal tedaviler. In Kaplan & Sadock's Comprehensive Textbook of Psychiatry 8. Baskı (Eds. BJ Sadock ve VA Sadock, Çeviri ed: H Aydın ve A Bozkurt): 1456-1467. Ankara, Güneş Kitabevi.
- Eracar N (2013) Sözen Öte: Sanatla Terapi ve Yaratıcılık. İstanbul, 3 P yayınları.
- Eracar N, Sarandöl A (2019) Ruhsal gelişim ve onarım için sanat: rehabilitasyon, uğraşı tedavileri ve psikoterapi uygulamalarında sanatla çalışmanın işleyişi ve etki mekanizması. In Ruhsal Bozuklukların Tedavi ve Rehabilitasyonunda Yaratıcı Sanat Psikoterapileri. 1. Baskı (Ed N Eren):7-11. Ankara, Türkiye Klinikleri.
- Fenichel O (1941) Problems of Psychoanalytic Technique, Albany, NY, Psychoanalytic Quarterly.
- Geçtan E (2018) Şizofreni, Psikodinamik Psikiyatri ve Normaldışı Davranışlar, 23. Baskı. İstanbul, Metis Yayınları.
- Karaburçak Z (2005) Psikotik Durumlar ve Beden. Psikanaliz Yazıları, 1:41-51.
- Mahler MS ve Furer M (1968) On Human Symbiosis and the Vicissitudes of Individualization. New York, International Universities Press.
- Mahler MS, Pine F, Bergmann A (1975) İnsan Yavrusunun Psikolojik Doğumu (Çevirmen AN Babaoğlu). İstanbul, Metis Yayınları.

- McWilliams N (1994) Psikanalitik Tanı Klinik Süreç İçinde Kişilik Yapısını Anlamak (Çeviri Ed.E Kalem). İstanbul, İstanbul Bilgi Üniversitesi Yayınları.
- Molloy M (1997) Sanat psikoterapisi ve psikiyatrik rehabilitasyon In Sanat, Psikoterapi ve Psikoz (Eds. K Killick ve J Schaverien, Çeviri B Büyükkal): 237-261. İstanbul, Yelkovan Yayıncılık.
- Morter S (1997) Sözcüklerin yetmediği yer: bir buluşma noktası. In Sanat, Psikoterapi ve Psikoz (Eds. K Killick ve J Schaverien, Çeviri B Büyükkal): 217-237. İstanbul, Yelkovan Yayıncılık.
- Morter S (1997) Sözcüklerin yetmediği yer: bir buluşma noktası In Sanat, Psikoterapi ve Psikoz (Eds. K Killick ve J Schaverien, Çeviri B Büyükkal): 217-237. İstanbul, Yelkovan Yayıncılık.
- Patterson S (2007) Art therapies for people with schizophrenia: an emerging evidence base. *Evid Based Mental Health*, 10:69-70.
- Sarandöl A, Akkaya C, Eracar N, Kırli S (2013). Şizofreni hastaları ve yakınlarıyla yapılan sanatla terapinin hastalık belirtileri, bireysel ve toplumsal beceriler üzerine etkisi. *Anadolu Psikiyatri Derg*, 14:333-339.
- Schaverien J (1997) Psikoz tedavisinde aktarım ve etkileşim nesnelere. In Sanat, Psikoterapi ve Psikoz (Eds. K Killick ve J Schaverien, Çeviri B Büyükkal): 13-38. İstanbul, Yelkovan Yayıncılık.
- Stern BN (1985) *The Interpersonal World of the Infant*. New York, Basic Books.
- Winnicott DW (1963) From dependence towards independence in the development of the individual. In: *The Maturation Processes and the Facilitating Environment*: 83-92. New York, International Universities Press.
- Wood C (1997) Sanat terapisi ve psikozun tarihçesi 1938-1995. In Sanat, Psikoterapi ve Psikoz (Eds. K Killick ve J Schaverien, Çeviri B Büyükkal): 144-176. İstanbul, Yelkovan Yayıncılık.

Authors Contributions: The author attest that she has made an important scientific contribution to the study and has assisted with the drafting or revising of the manuscript.

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared by the author.

Financial Disclosure: The author declared that this study has received no financial support.