

FOUNDATIONS AND METHODOLOGICAL PRINCIPLES OF ART THERAPY FOR INORGANIC PSYCHOSIS

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Abstract. *Art therapy serves as a natural channel for individual self-expression. Creative outputs, including painting, dance, and other activities, reflect the emotions, mood, and thought processes of participants. During sessions, patient mood, engagement, self-perception, interaction with the therapist, and communication patterns are systematically observed. The dynamic assessment of therapy incorporates clinical evaluations of mental state, intermediate psychological assessments, written progress reports, and evaluation of visual or performative products.*

Keywords: Art therapy, acute psychosis, inorganic psychoses, psychosocial treatment.

Introduction. Acute psychosis is recognized by the World Health Organization as the third leading cause of disability worldwide. Severe psychotic disorders are associated with a reduction of approximately ten years in average life expectancy [1-3]. Typically, disease onset occurs during youth, significantly disrupting patients' social, professional, and family functioning, while also impacting the social activity of close relatives [4-7]. Research indicates that relapse rates range from 57-67% within the first year and 69-95,5% over five years. Each subsequent episode increases treatment costs, exacerbates cognitive decline, and elevates the risk of early disability [8-11].

Despite often atypical clinical manifestations, early psychotic episodes are considered suitable for early rehabilitation interventions, with psychotherapy playing a critical role in promoting social reintegration [12-21]. Evidence-based psychosocial interventions include psychoeducation for patients and families, family therapy, social skills training, and cognitive rehabilitation [22]. Recent international studies suggest that art therapy is a promising complementary method in this patient population [23-27].

The purpose of the study. To develop methodological principles for art therapy tailored to patients with inorganic psychoses (ICD-10 codes F20-F29) through comprehensive analysis of clinical, psychopathological, and psychodynamic changes during treatment.

Materials and Methods. The study enrolled 150 patients aged 18-45 years diagnosed with inorganic psychotic disorders. Diagnoses were confirmed using ICD-10 clinical and diagnostic criteria. The Positive and Negative Syndrome Scale (PANSS) was employed for quantitative assessment of symptom dynamics. Cognitive functioning was evaluated using approaches recommended by Luria. Personality traits, including psychological defense mechanisms, were assessed using Kellermann-Plutchik's "Lifestyle Index," while coping behaviors were analyzed through structured observations of responses to stressful situations.

Social functioning was evaluated using psychiatric disability scales, including assessment of life role performance.

The median age of participants was $27,8 \pm 4,2$ years. Men constituted $61,3 \pm 4,8\%$, approximately twice as many as women ($38,6 \pm 4,8\%$). Most participants were single ($65,3 \pm 4,8\%$) and lived with parents or relatives ($70,0 \pm 4,6\%$). Educational attainment was distributed as follows: secondary education – $49,3 \pm 5,0\%$, vocational – $30,7 \pm 4,6\%$, higher – $12,7 \pm 3,3\%$, incomplete higher education – $7,3 \pm 2,6\%$. Employment status showed limited participation: $59,3 \pm 5,0\%$ were unemployed, $24,6 \pm 4,3\%$ continuously employed, and $16,0 \pm 3,7\%$ intermittently employed.

The acute phase of psychosis averaged $25,9 \pm 4,8$ months, characterized by polymorphic psychopathology. Emotional disturbances were observed in $69,3 \pm 4,6\%$, thought disorders in $67,3 \pm 4,7\%$, effector-volitional dysfunction in $50,7 \pm 5,0\%$, perceptual disturbances in $37,3 \pm 4,8\%$, and somatic concerns in $36,0 \pm 4,8\%$. Personality traits during episodes included passivity and submissiveness ($67,3 \pm 4,7\%$), dependent behavior ($22,7 \pm 4,2\%$), social withdrawal ($28,6 \pm 4,5\%$), apathy ($14,3 \pm 4,5\%$), and mild hyperactivity ($5,1 \pm 2,2\%$). Syndromic profiles included hallucinatory-paranoid ($40,7 \pm 4,9\%$), paranoid ($28,7 \pm 4,5\%$), depressive-paranoid ($27,3 \pm 4,5\%$), and manic-paranoid ($3,3 \pm 1,8\%$).

Data analysis employed structural-functional and structural-level approaches, clinical-psychopathological, anamnestic, catamnestic, psychodiagnostic, sociodemographic, and statistical methods.

Results and Discussion. Art therapy principles for patients with inorganic psychoses were defined as interventions aimed at correcting core cognitive processes, informed by biopsychosocial models and medical-psychological concepts of creativity. Interventions focus on developing constructive coping strategies, enhancing adaptive mechanisms, and using non-verbal channels for emotional and cognitive processing of environmental stimuli.

Key methodological principles include:

Consistency: Integration of art-based techniques across psychotherapeutic modalities, reinforcing traditional therapy.

Complexity: Multi-level therapeutic effects addressing biological, psychological, social, and spiritual domains.

Differential (Individualized) Approach: Tailoring sessions to premorbid traits, symptom profiles, cognitive status, and current psychological resources.

Continuity and Permanence: Maintaining uninterrupted therapy to prevent psychological disruption and support discipline and self-regulation.

Staging: Sequential implementation through intensive (inpatient) and supportive (outpatient) blocks.

Timeliness: Initiating art therapy after resolution of the acute psychotic phase to create a psychocorrectional window.

Dynamic Monitoring: Continuous evaluation of individual and group progress to optimize outcomes.

Conclusion. Staging ensures synchronous and sequential management of art therapy alongside standard treatments. Timely implementation facilitates formation of psychocorrectional windows, while dynamic monitoring enables continuous feedback, optimization of therapeutic outcomes, and effective patient-therapist interaction.

Art therapy thus represents a structured, evidence-informed approach to enhancing recovery and social reintegration in patients with inorganic psychoses.

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