THE PSYCHOPATHOLOGICAL EVOLUTION THROUGH THE MANDALAS

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INTRODUCTION

Intensive therapeutic approach in patients diagnosed with chronic schizophrenia in the acute phase can be specially difficult. The presence of positive psychotic symptoms and cognitive impairment usually interfere in the participation of psychotherapeutic activities mainly based on verbal communication. In these cases the alternative of art therapy in conjunction with medication to support individuals through their recovery as recommended in NICE guides for schizophrenia (1, 2), become a good option. The aim of using arts therapies is to enhance an individual's creativity, emotional expression, communication, insight, and ability to relate to themselves and others (1). Art therapy has a long-standing role in facilitating engagement when direct verbal interaction becomes difficult (3).

We analyze the clinical evolution of a patient by comparing his drawings of several mandalas at different moments of treatment in a Mental Health Day Hospital (MHDH).

METHOD

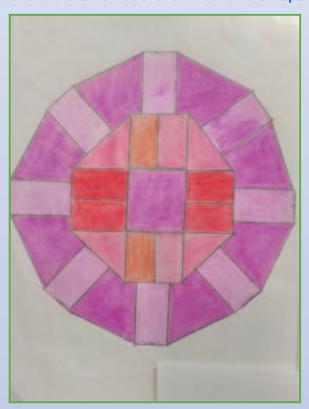
Clinical case of a 55-year-old male from Morocco, diagnosed of chronic paranoid schizophrenia, derived to MHDH for psychopathological stabilization.

Given the present cognitive impairment, psychotic productivity and idiomatic barrier, he is invited to a creative workshop. The patient chose to perform several mandalas. At the same time, relevant pharmacological adjustments were made.

During his two-month stay in MHDH, the patient performed several mandalas. We present different mandalas for different moments of the therapeutical process and compared them to the clinical evolution of the patient.

RESULTS

It is observed how the patient, throughout its process, changes the way of painting and coloring the mandalas. At the beginning he has a weak stroke, leaving blank spaces, with little color and there is disorder and decoupling (disorganization and fragmentation) between the parts of the mandala. At that time, the patient presented signs of frank decompensation. Further on, it is observed a progressive integration of the mandala quadrants, in color as well as in stroke, and a change in the precision of details. This is consistent with his clinical state, which is stabilizing: the restlessness, the disorganization, the intensity of sensory-perceptual alterations and their emotional and behavioral repercussions decrease.







Examples of mandalas during the initial, intermediate and final phase of the treatment

CONCLUSIONS

Within the integral approach of treatment in MHDH, an art therapy intervention can be specially useful for patients with difficulties in verbal communication, even in acute stages, both for the management of the discomfort associated with the symptoms and to encourage the process of recovery.

It can be a tool to facilitate engagement and can give relevant information to the therapist about the psychopathological state of the patient. Art is considered to be a mediator (between the person with psychosis and the therapist), which offers a safe and indirect means of connecting with oneself and others (3).

In fact, even high-quality quantitative articles provided inconclusive evidence for the eff ectiveness of art therapy in adults with psychosis, there are several high-quality qualitative articles that indicates that therapists and clients considered art therapy to be a beneficial, meaningful, and acceptable intervention (3).

BIBLIOGRAPHY

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