

Narrative Art Therapy to Increase Hope in Young People with Psychotic Disorder: A Single Case Experimental Design

Rosada Dwi Iswari^{1,2}, Nida Ul-Hasanat¹*

¹Faculty of Psychology, Universitas Gadjah Mada, Indonesia

²Faculty of Medical, Universitas Sriwijaya, Indonesia

Submitted 30 November 2022

Accepted 1 February 2023

Published 31 May 2023

Abstract. Psychotic disorders are severe mental illnesses that cause distress and hopelessness for individuals who experience them. However, hope marks the beginning of psychological recovery from a psychotic disorder. This study aims to explore the role of narrative-approach art therapy in increasing hope for young people with psychotic disorders. The research was conducted using an A-B-A single-case design. Participants were recruited based on the following criteria: (1) psychotic outpatients currently in the recovery phase, (2) adolescents or young adults aged between 15-30 years, (3) able to communicate, and (4) consenting to participate in the research. The Hope Scale and daily hope condition were used to measure the level of hope three times, namely before, during, and follow-up. Visual inspection indicates that there was an increase in hope after the intervention, both on the Hope Scale and in the average score of daily hope condition. Two participants showed a sustained impact up to two weeks following the intervention, while the remaining participant experienced a decrease in hope during the follow-up. Factors that could potentially influence these results will be discussed. This study provides evidence of the feasibility of narrative art therapy for individuals with psychosis.

Keywords: art therapy; narrative approach; psychotic; recovery

Psychotic disorders have a significant impact on the lives of individuals who experience them and their families (Morgan et al., 2017; Stanley et al., 2017; Csoboth et al., 2015). The symptoms of psychotic disorders commonly manifest during late adolescence to early adulthood (Sullivan et al., 2020). The onset of psychotic disorders during this period can have a profound effect on the development of emerging interests and life skills, cognitive function, and social interaction, as well as economic autonomy (Morgan et al., 2017; Puig et al., 2012).

Individuals often struggle to regain hope, self-worth, and life goals following their first psychotic episode, and the continuation of this condition can impede psychological recovery. Recovery is characterized by the reemergence of hope, the need for control, the separation between self and illness, and the need for a life goal. Hope is a crucial catalyst for the recovery process (Andresen et al., 2011; Cabeza et al., 2011; Lim et al., 2019). It is the

reason why individuals and their families persist in putting effort into post-psychotic-episode recovery (Andresen et al., 2011).

According to Snyder (2000), hope refers to the perceived capability to reach desired goals and motivate oneself to use a specific mindset to achieve those goals. In psychiatry, hope is a future-oriented expectation of achieving personal goals that can restore meaning to individuals' lives (Schrank et al., 2008). Schrank et al. (2011) defined hope as a subjective perception of possible achievement of desired outcomes, both from a positive or negative starting condition. This study employed Schrank's concept of hope, which consists of trust and confidence, positive future orientation, social relations and personal value, and lack of perspective (Schrank et al., 2011).

Numerous studies have examined factors that influence hope in individuals with psychotic disorders, including the appraisal of psychotic experiences, social relationships, positive activities, and the role of healthcare staff in providing information and therapeutic communication (Berry & Greenwood, 2015; Subandi, 2012). After a psychotic breakdown, individuals need to reconstruct their view of the world through a new perspective (Perry et al., 2007). Perry et al. (2007) have emphasized the need to support people with psychotic disorders in exploring the meaning of their psychotic experience. Hopelessness occurs when individuals feel they have lost their life purpose, are imprisoned, alone, unappreciated, uninformed, and perceive the disorder to be beyond their control (Perry et al., 2007). The loss of hope is often accompanied by anxiety (Lysaker & Salyers, 2007), stigma, drug abuse, and medication side effects (Windell & Norman, 2012).

Psychoeducation for patients and families (Nilsen et al., 2014; McFarlane, 2016; Alhadidi et al., 2020), group therapy (Lecomte et al., 2015; Sedgwick et al., 2021), and narrative-approach therapy (Vaskinn et al., 2011; Mehl-Madrona & Mainguy, 2017) are among the interventions that could increase hope. The narrative approach encourages a broader narrative combination, developed from the description of diverse experiences (Payne, 2006). Fighting the view of self as a mental disorder with the saturation of the life story can open access to a positive alternative story about identity (May, 2004).

The development of the narrative approach as a therapy for people with psychotic disorders has been initiated by several researchers (Bargenquast & Schewitzer, 2014; Prasko et al., 2013; Yanos et al., 2011). Narrative-approach therapy could help psychotic patients create a positive life story, hence building a positive identity (Vlaicu & Voicu, 2013). This approach was used because there are several conditions that could hinder individuals with psychotic disorders from creating a complete narrative, such as discontinuous memory (Prasko et al., 2013). Art can assist in connecting the memories of a stressful situation by creating a narration that explores their memory (Malchiodi, 2003). Art therapy has several characteristics that accommodate individuals with psychotic disorders (Crawford et al., 2010; Gajić, 2013; Hanevik et al., 2013; Lee et al., 2015; Montag et al., 2014). It facilitates the need for nonverbal communication, provides the chance to express feelings, thoughts, and views on the world, and allows individuals to explore problems, strengths, and possible

solutions (Malchiodi, 2003). The narrative-approach with art expression is used to aid clients in using creative expressions to imagine positive changes through a limited number of sessions. Creative expression is done through visual art, such as pictures, writings, or crafts (Malchiodi, 2003).

Previous studies have concluded that individuals with psychotic disorders experience distress and problems in completing their developmental tasks (Lee & Schepp, 2009; Puig et al., 2012). In this critical time, hope becomes the main reason for seeking recovery (Andresen et al., 2011; Cabeza et al., 2011; Perry et al., 2007). The way individuals appraise their experience, as well as social support, are critical factors in shaping hope (Perry et al., 2007; Subandi, 2012). Young people with psychotic disorders require support to understand and interpret their condition positively, which could then lead to a higher level of hope (Windell & Norman, 2012). Narrative Art Therapy encourages more narrations to create a better alternative story (Payne, 2006). Individuals can appraise their life experience and "self" more positively through those alternative stories so they can see themselves as someone who has control over themselves and has the same chance as before for success (Vlaicu & Voicu, 2013).

This research aimed to develop art therapy with a narrative approach to foster hope in young people with psychotic disorders. Previous studies have demonstrated limited psychological interventions to aid in the psychological recovery of individuals with psychotic disorders, particularly in Indonesia. Establishing hope as a cornerstone for recovery is essential. The narrative therapy implemented in this study was designed to target increasing hope through its sessions. Art, with its characteristic ability to connect memory and facilitate nonverbal communication, can assist individuals in expressing their feelings, thoughts, and worldview. Therefore, the objective of this research is to investigate the role of Narrative Art Therapy in promoting hope in young people with psychotic disorders. The research question was formulated as follows: "How does Narrative-Art Therapy affect the level of hope in individuals with psychotic disorders?" The hypothesis of this study is that Narrative Art Therapy can increase hope in young people with psychotic disorders.

Method

Participants

The study recruited participants based on specific inclusion criteria. The criteria included: (1) individuals who were currently in the recovery phase of psychotic disorders, (2) aged between 15-30 years, (3) able to communicate, and (4) willing to participate in the research. The participants were recommended by Mental Health Hospital psychologists and Primary Health care Psychologists in Yogyakarta. Four outpatients were initially screened, and three were chosen based on the Integrative Hope Scale, with the lowest hope score. The study participants consisted of two males and one female, with ages ranging between 17-24 years

old. They had a history of schizophrenia and schizoaffective disorders and had experienced their first onset of psychiatric disorders between six months to four years prior to the research. Two participants had never experienced a relapse, while the remaining participant had encountered one. None of the participants had communication difficulties, and they had all given their consent to participate in the research after being selected based on their low hope scores on the Hope Scale.

Design

This is a quasi-experiment using single-case design with ABA phases (Kazdin, 2016). Ongoing assessment is a basic requirement because single-case designs examine the effects of interventions on performance over time, typically the assessments are conducted on a daily basis (Kazdin, 2016). We began the research by measuring the baseline of the dependent variable to provide a sufficient or reasonable basis for predicting future performance. This process was then repeated during the intervention and follow-up phase to determine the participant's condition before, during, and after receiving treatment (Nock et al., 2007). The measurement of daily hope condition used a self-assessment worksheet that the participants complete on a daily basis. In the baseline phase participants don't get any treatment and focus on measurement. Baseline 1 is measured in at least 1 week and baseline 2 is measured in 2 weeks. A descriptive analysis was done to support the quantitative data by using the self-assessment worksheet, notes of therapeutic process, and observation.

Instruments

The dependent variable (i.e., hope) was measured using the Hope Scale and Self-Assessment Book. Our version of Hope Scale was adapted from Schrank et al. (2011) who have validated the instrument on subjects with psychotic disorders (Schrank et al., 2012). The content validity coefficient of Hope Scale ranges between .65-1.00, with a reliability coefficient of .840 and an item discrimination power between .251-.532. The daily hope condition of the participants during intervention was measured using the Self-Assessment Worksheet. This self-assessment book is presented in the form of various emoticons, from showing hopelessness to excitement over reaching a goal in a score range of 0-10. Excitement over fulfilling desired goals indicates hope (Snyder, 2000). The independent variable (i.e., Narrative Art Therapy) held based on Art Therapy Manual, Manipulation checks were done using scales and observations. The research instruments and procedures ethically approved by the examiner board.

Intervention

The treatment used in this research is Narrative Art Therapy, based on the Narrative Therapy stages developed by White (2005) and its techniques by Brillantes-Evangelista (2013), Hanevik et al. (2013), and Malchiodi (2003), as outlined in the Art Therapy Manual.

The Narrative Art Therapy consisted of nine sessions, usually one or two sessions per week, with each session lasting between 60 and 120 minutes. The intervention process was conducted by two clinical psychologists who were trained by the researcher to follow the Art Therapy Guideline, and an observer who was a psychology graduate also trained by the researcher for observation. Participant Kenari received the intervention in a room on the university campus, while Participants Damar and Jati received the intervention in a room in their respective houses. Standardization measures, such as having a table set, good lighting, good air circulation, and no other people around the room, were implemented to ensure consistency. Table 1 provides further details of the intervention.

Table 1.
Narrative Art Therapy Activities

Session	Activities	Goals
Session 1 Introduction and Preparation	Introduction, procedural explanation, free art activities	Participants feel comfort with art activities
Session 2 Self Exploration	Expression of human figure through art	Participants know themselves better and disclose about their selves
Session 3 Problem Externalization	Expression of problem through art and externalization conversation	Participants can explore and externalize their problem
Session 4 Deconstruction: Life Box	Expression of participants life experiences through art and deconstruction conversation	Participants can remember their experiences and find <i>unique outcomes</i>
Session 5 Deconstruction: Best Memory	Expression of best memory through art and deconstruction conversation	Thickening the unique outcomes
Session 6 Re-authoring: Challenge	Expression of coping strategies through art and re-authoring conversation	Participants planning positive coping strategies to deal with the problems
Session 7 Re-authoring: Life Books	Authoring the life books with new narrative	Participants have new narrative about their life
Session 8 Definitional Ceremonies	Read the new narrative to the outsider witnesses	Strengthening the new narrative
Session 9 Termination	Review all sessions	Reflection of all sessions that have been done

Data Analysis

The data were analyzed using visual inspection to identify any patterns that reflect systematic intervention effects. Visual inspection is the primary method for evaluating data in a single-case design (Kazdin, 2011). Graphs of the Hope Scale and Daily Hope Condition were used to determine any changes between phases. Conclusions regarding the impact of the intervention were drawn based on the evaluation of mean changes, as well as measurements of variability and trends in the research phase (Kazdin, 2011). This analysis was supported by data obtained from other sources, including notes on the therapeutic process, pre- and post-intervention interviews, participant worksheets, and observations.

Results

The pseudonyms of the participants are Damar, Jati, and Kenari. The background of the participant, as well as the overall collected data, are elaborated below.

Participant Damar

Damar is a 17-year-old boy who was diagnosed with schizophrenia at the age of 14. He used to excel in school, but the disorder caused him to drop out, and for the following four years, he spent most of his time inside the house. He rarely goes outside unsupervised, citing sickness as the reason. His parents are concerned that he may have an episode while outside alone, causing him to feel even more pessimistic about his ability to cope with his disorder. Based on his initial narrative, Damar viewed himself as a sick person who was incapable of conducting activities. The only activities that he partook in were drinking medicine and resting at home.

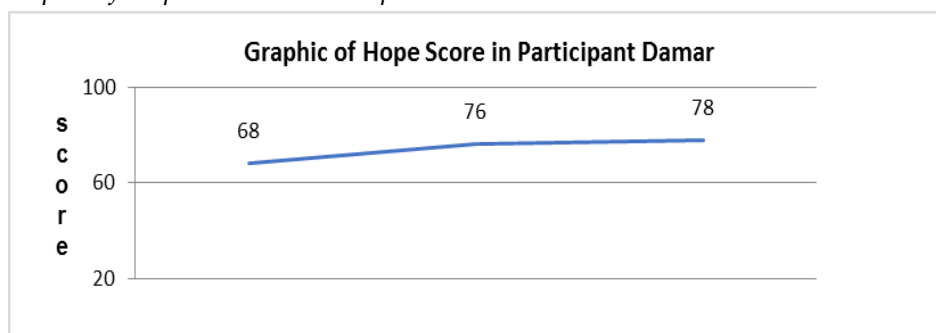
The intervention was carried out in nine sessions based on the Narrative Art Therapy Guideline. The observation of the manipulation checklist shows that 96.43% of intervention indicators were accomplished, and the manipulation check scale score was raised from 70 on the pretest to 80 on the posttest. Based on therapeutic notes, Damar expressed "one eye" as a symbol of the auditory hallucination that he often experiences. He learned about what strengthens and weakens the voice and stated that, although the voices are disturbing, they can still be fought. In the "Knowing Yourself" session, Damar used the words "Never give up and keep trying" to describe his determination. This was a unique finding that was used to make a self-encouragement letter and reconstruction of his life story in the "My Story" session. In the end, Damar found it helpful in pushing him to try new things that he had not tried before. Despite his initial doubts, he continued to put effort into joining outdoor activities and proving to his parents that he could control himself in a social setting. This activity also gave him a broader social support system.

The self-assessment worksheet shows that Damar’s social relations have improved, and he appears to do more outdoor activities following the intervention. According to him, he feels happy receiving praise for going to the mosque regularly. Damar now helps elderly people by cleaning their floors, attending Friday prayers, and cycles for exercise. He also tries to be more grateful and participate in activities. When his hallucinations occur, Damar fights off the noises because he knows they are false. This shows that Damar is now more empowered to confront his long-standing problem of hallucinations.

The increase in hope can be observed through various measures, such as an increase in scores within the Hope Scale, an increase in the average score of daily hope conditions, and reports of the intervention. Damar's hope scores were as follows: pretest 68, posttest 76, and follow-up 78, which can be seen in Figure 1.

Figure 1.

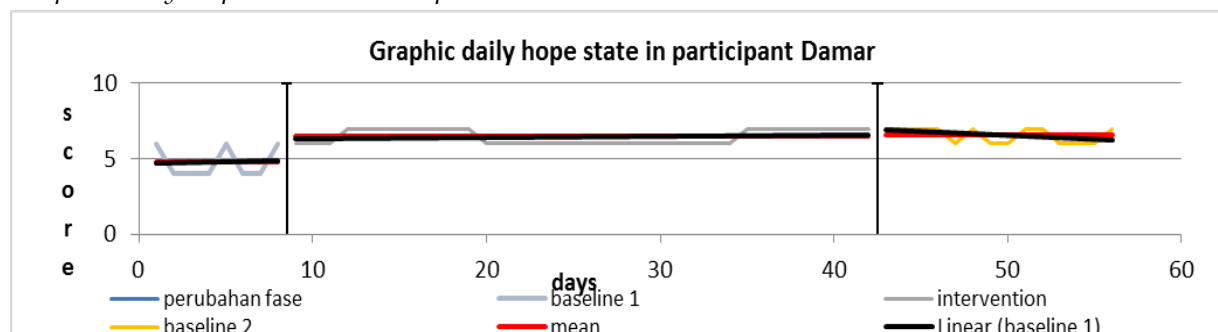
Graphic of Hope Score in Participant Damar



The results of the daily rating scale show an increase in mean, from 4.75 during baseline 1 became 6.47 during intervention then became 6.57 during baseline 2. Damar state of hope became more stable after got intervention ($SD_{a_1} > SD_b = SD_{a_2}$). There was no change in level and trend across phases. The graphed data of daily hope state can be seen in Figure 2.

Figure 2.

Graphic Daily Hope State in Participant Damar



The measurement of the daily hope condition reveals an increase of average score. The average daily hope score increases by 1.72 from 4.75 (baseline 1), and another 0.10 at baseline 2. Damar’s mood after the intervention seemed more stable than before the

intervention ($SD_a > SD_b = SD$). There are no changes in levels between baseline 1 with the intervention phase nor the intervention phase with baseline 2. The data trend shows that the earlier comparison appears to be stable while the latter tends to decrease.

Based on notes on the therapeutic process and participant's worksheet the frequency of fighting-against-hallucination behavior increases after the termination of intervention. The effect of the intervention could be growing and reciprocal. Helping parents could strengthen their support and decrease criticism from the mother. Damar's mother praised him as a diligent person who only needs to learn to control his emotions better during follow-up. Damar also goes to pray at the mosque as part of his outdoor activities and found that it affected his spiritual self, decreases hallucination, and increases social support.

Social support improves Damar's self-perception and encourages him to repeat positive behaviors. Damar becomes more capable of maintaining his symptoms, and his belief about the future also improves. As Damar stated in the follow up session that he is confident of showing others that he can manage activities outside of the house. He hopes that his parents would be willing to support his decision to pursue his education.

Participant Jati

Jati is a 22-year-old male university student who has a history of alcohol and drug consumption, as well as engaging in risky sexual behavior during senior high school (SHS). The onset of his psychotic symptoms appeared during the start of college, leading to a considerable decrease in his academic performance. Jati's family brought him to a mental institution upon the recommendation of his campus. The mental health practitioner diagnosed him with schizoaffective disorder and recommended in-patient treatment for one month. After being discharged, Jati failed to comply with his medication and frequently consumed alcohol, which resulted in him being readmitted to the hospital as his symptoms worsened. His condition improved after he complied with medication during his second discharge.

The intervention was conducted in nine sessions based on The Narrative Art Therapy Guideline. The observation of the manipulation checklist showed that 96.43% of the intervention indicators were accomplished. The manipulation check scale score decreased from 89 on the pretest to 88 on the posttest, with the score being worse in the items that examined his problems.

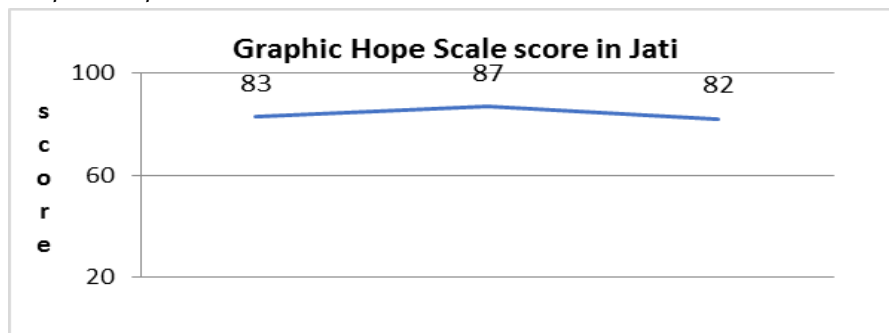
During the research, Jati was an active college student who was also involved in numerous community and vocational activities with his family. However, in the therapy process, he expressed that he still struggled with his psychological problems, namely academic anxiety and the fear of social rejection. Jati believed that his colleagues tended to reject him because of his history of mental illness. Additionally, he also felt rejected by his younger sister, both at the campus and at home.

After the intervention, the therapist asked what the participant had gained from the intervention process, to which he responded that he had gained a better understanding of

his problems and himself. Although it made him uncomfortable to discuss painful moments again, he continued to search for positive traits that could help him deal with his problems more effectively. The Hope Scale scores showed an increase during the posttest, but a subsequent decrease during the follow-up period. Specifically, the participant scored 83 on the Hope Scale during the pretest, 87 on the posttest, and 82 during the follow-up. Figure 3 shows a graph of the Hope Scale results.

Figure 3.

Graphic Hope Scale score in Jati

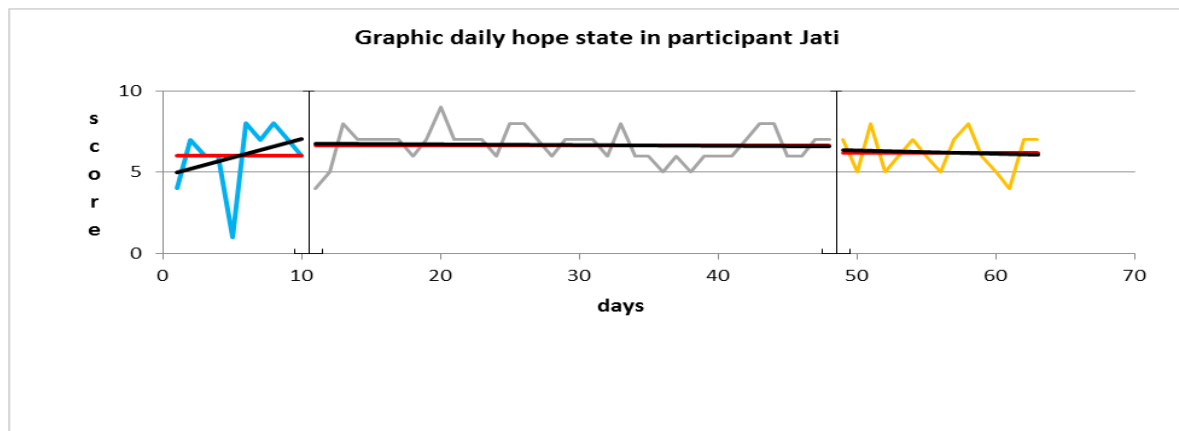


Despite the temporary increase in hope following the intervention, based on the notes of the therapeutic process, Jati is still making an effort to be more open about his condition outside of the session. For example, he would explain to his lecturers that he seems drowsy in class because of his antipsychotic medication. He also informs some of his trusted juniors that he has experienced psychological problems. However, he still frequently feels uncomfortable disclosing such matters. The support he receives from his mother in the definitional ceremony improves his communication with the family. Jati stated that his fear of social rejection has also decreased following the intervention. Additionally, having an increase in academic performance strengthens his confidence in passing his modules.

The Daily Hope Condition shows an increased average score of 0.66 during the intervention and a decrease at baseline 2 to 0.46. The condition during the intervention phase was more stable compared to the conditions at baseline 1 and 2 ($SDa < SDb > SDa$). The trend during baseline one increased despite the extended baseline measurement phase. Data trends on intervention and baseline 2 are relatively flat. Meanwhile, the hope condition after the intervention (baseline 2) is more stable, with a higher average score of the daily hope condition compared to baseline 1. Visual inspection can be seen in Figure 4.

Figure 4.

Graphic Daily Hope State in Participant Jati



Jati consistently records low daily hope scores whenever he faces academic or social problems, such as failing to complete a task according to the group's expectation, whether before, during, or after the intervention. During the intervention, despite his cynical appraisal towards an experience, he was still given support to understand it in a more positive light. However, Jati received no such support after the treatment, leading to a decrease in his hope during the follow-up period.

Participant Kenari

Kenari is a 24-year-old single female who works as a staff member in a campus laboratory. She and her family experienced challenging times when she first entered adolescence, and as a result, Kenari worked extremely hard to achieve a better life. She fought tenaciously to finish her degree on time and obtain her desired job. However, Kenari's life took a turn for the worse when she became engaged and fell victim to emotional and physical abuse from her partner. After ending that relationship, Kenari began a romantic relationship with a work colleague, which triggered a family conflict. Several months later, Kenari began exhibiting uncontrolled behavior and emotions, ultimately losing consciousness and requiring psychiatric treatment.

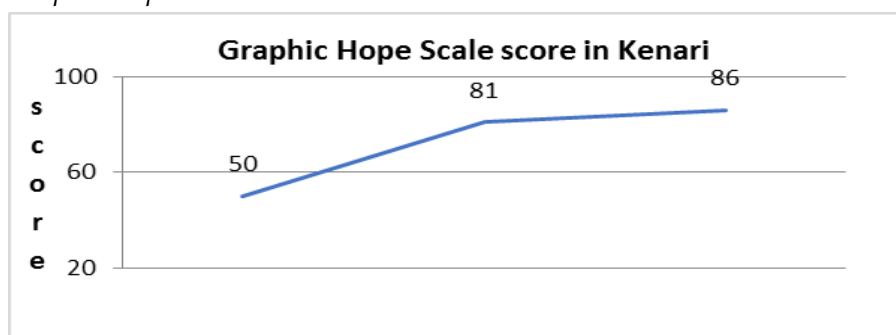
Following her psychotic episode, Kenari resigned from her job and moved to a city in Java, following the advice of her family. However, Kenari does not feel supported by her family due to their disapproval of her relationship with her closest friend. She worries about the possibility of a relapse and fears that she will be unable to prevent herself from self-harm. Additionally, Kenari stigmatizes herself, believing that she is insane after being diagnosed with schizophrenia. She is afraid that she will not be able to have a fulfilling career or a happy life with a partner.

The intervention consisted of nine sessions, and based on the manipulation check observation, 96.43% of the intervention indicators were accomplished. The manipulation

check scales also showed an improvement from 57 in the pretest to 81 in the posttest. Based on the therapeutic process notes, during the intervention sessions, Kenari openly discussed her relationship problems, which were a dominant issue in her life. She discovered a unique outcome regarding her family relationship. Kenari realized that her family had provided her with much support since she was young, especially during her first psychotic episode. The family had always patiently accompanied Kenari at the hospital. Kenari showed a positive change after the Memory Box session. Following the session, Kenari made an effort to improve her relationship with her family and continued taking her medication. Her family relationships improved, and they provided her with psychological and financial support.

Figure 5.

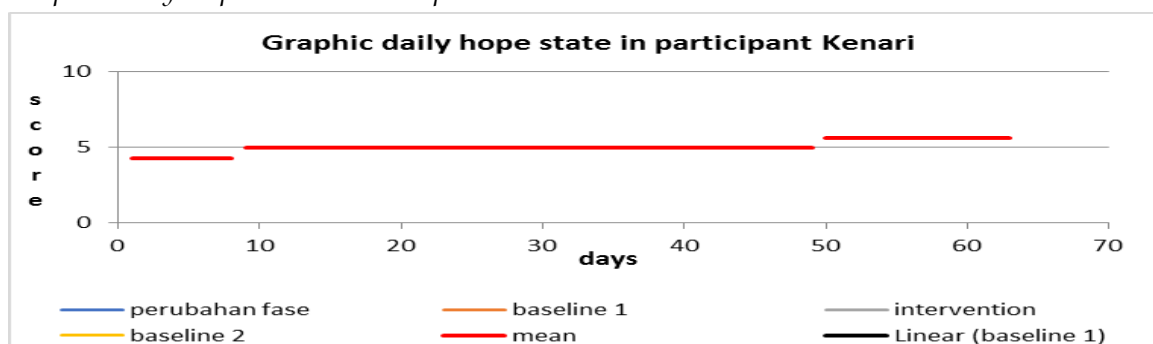
Graphic Hope Scale score in Kenari



Based on the Hope Scale, her score increased by 31 points during the posttest (pretest: 50; posttest: 81). The score continued to increase to 86 at the time of follow-up. This increase of hope is also supported by her Daily Hope Condition data. The average score of her daily hope shows a gradual increase from 4.25 at baseline, 4.95 during the intervention, to 5.57 at baseline 2. Baseline 2 has a more stable condition compared to the baseline 1 and intervention phase ($SD_a < SD_b > SD_a$). However, the increased average score does not reflect an increase in the data trend. Her lowest decline happens when Kenari faces a serious problem that leads to a break-up. The daily hope condition can be seen in Figure 6.

Figure 6.

Graphic Daily Hope State in Participant Kenari



That condition fits with Kenari's statement of the changes following therapy. When the therapist asked about what are the changes that Kenari perceived after the intervention, Kenari said that after the intervention she was able to recover faster when dealing with problems, remains calm under pressure, and has a better relationship with her family. Her job is also done nicely because of the improvement of social relationships with her colleagues. She felt that her condition has significantly improved and that the side effect of medication no longer disrupts her work. She stated that she is confident of being able to achieve happiness if she can deal with her problems calmly.

Discussion

This research found that Narrative Art Therapy could increase the hope of individuals with psychotic disorders. In line with previous findings, individuals suffering from psychosis often experience self-stigma (Windell & Norman, 2012; Yanos et al., 2020), relationship problems (Lysaker & Salyers, 2007; Yanos et al., 2020), unappreciated and powerless (Perry et al., 2007). These are the reasons that they doubt being capable of rediscovering their life purpose. Self-stigma was found to be a factor that diminished self-esteem, hope and impaired social relationships (Yanos et al., 2020). Participants expressed:

"I'm sick, I can't do activities like my peers." (Participant Damar)

"I failed in my study. I think, my classmates won't be my friend because of my disorder." (Participant Jati).

"I am insane, my life has been messy." (Participant Kenari)

Narrative art therapy is a process that assists individuals in assessing their life experiences and crafting a new narrative through art. This therapy approach encourages the reevaluation of past experiences, leading participants to acknowledge the strengths they exhibited in handling previous challenges. It also facilitates the integration of different narratives derived from various experiences (Payne, 2006). Narrative therapy has a positive impact, as it enables individuals to create new meanings for their stories or to increase their motivation to improve their life events (Baştemur & Baş, 2021). Following the description of their past experiences, participants could identify a unique trait they had used to overcome past difficulties. Consequently, they become more aware of their ability to deal with current problems more effectively, reflecting a new perspective of themselves. These were the participants' expressions during the deconstruction and best memory sessions:

"I was active and cheerful, I will try my best and won't give up." (Participant Damar)

"I found myself doing some good lately, my grade went up from 0 to 2.68, I can interact with my juniors on campus, I can be more ignorant about people's perception, and my family relations have been better." (Participant Jati).

"I was an active student, I have accomplishments, I always achieve my goals, and when I am sick my family is always beside me, no matter what my condition is," (Participant Kenari).

The findings indicate that the support from trusted individuals who understand that the participants are currently struggling to manage their problems affects the individuals' perception of themselves and their future. This is consistent with Perry et al.'s (2007) assertion that reappraising experience is a critical factor in building hope. Such appraisals can come from within the individual (i.e., reflecting on past experiences) or from their closest people, mainly family (Andresen et al., 2011).

The participants acknowledged an improvement in their social relationships. For instance, during the therapy process, Damar stated that helping his parents provided him with more support from his family, and his activities in the mosque made him feel more connected to his neighborhood's social relationships. Jati saw an improvement in his social relations with classmates and family, while Kenari felt supported by her family and had better relationships with her colleagues. The improvement also manifested in aspects of confidence and positive future orientation. Damar felt that he could manage activities outside of the house and wanted to pursue education, Jati was more confident about his academic achievements, and Kenari believed that her condition had significantly improved and was confident that she could achieve happiness in her life.

This study is consistent with previous research that has shown Narrative Approach therapies to be effective in enhancing the hope of individuals with psychotic disorders (Mehl-Madrona & Mainguy, 2017; Vaskinn et al., 2011). Participants were able to create a new narrative that highlighted their strengths in achieving success. This narrative depicted their ability to take control and responsibility for themselves, which played a crucial role in increasing their hope by making them feel in charge of their lives again (Vaskinn et al., 2011). The use of dialogical theory and therapy ideas is a beneficial approach to psychotherapy for psychosis. Narrative approaches enable the therapist to collaborate with the participants in considering the presented story (Mehl-Madrona & Mainguy, 2017).

Reconstructing participants' view into someone who receives support as noted in the therapeutic process shapes a new perspective about social relations which is part of hope (Schrank, 2012). Participants have conveyed that they receive support from their families during times of struggle. This contributes to them having a more positive view of themselves in a social context. They felt supported, loved, and meaningful for the people around them. The family is the primary source of support for participants during their downfall. Previous studies have shown that dominant positive emotions from appraising experience and social support are the key to reintegrating individuals with psychotic disorders into the community (Sarwono & Subandi, 2013). Family support is a critical

source of support for individuals with psychosis living in Java (Subandi, 2008). Family support, coupled with broader environmental support (i.e., community, peers) will prevent individuals from feeling lonely, making them more optimistic about the notion of social relationships (Hernandez et al., 2019).

Appraising participants as being able to overcome both past and current problems, can help them create positive orientations toward the future and have the confidence to achieve that goal. Participants who interpreted the experience positively and planned positive activities to address current problems show improvement in all aspects of hope. A new perspective as a person with self-control is necessary because, after experiencing psychotic disorders, the individual needs to rebuild his or her view of the world by using a new perspective (Işık & Ergün, 2019; Perry et al., 2007). The therapeutic relationship between therapist and participants in narrative is hope-inspiring and it found to be important factors to participants' social inclusion and vocational outcomes. Vocational activity may produce reciprocal gains in hopefulness (Berry & Greenwood, 2015).

Our findings reveal that despite two participants showing a stable increase following the intervention, one could not maintain that increase at the follow-up stage. One possible reason for this is that two participants were diagnosed with schizophrenia while the remaining participant has been diagnosed with schizoaffective disorder and a history of substance abuse. The history of substance abuse was not mentioned in the exclusion criteria, and we only discovered this fact after the sessions had started. The participant with a history of consuming alcohol, ecstasy, and drugs experienced a high level of anxiety. Smith and Book (2008) found a high comorbidity between substance abuse and anxiety. Individuals with high anxiety who have difficulty viewing their experiences positively often struggle to maintain trust and confidence. Jati, who has a history of drug abuse, tends to interpret his experiences negatively. The effect of reinforcing positive appraisals only works temporarily. Drug addiction is found to affect the reward system in the brain, causing individuals to succumb to drugs easily, leading to ineffective intervention because of their lack of effort to change (Elman et al., 2013). Negative experiences and anxiety are factors that make it challenging to increase hope (Lysaker & Salyer, 2007; Perry et al., 2007).

The strengths of this study depend on the dependent variable, which is measured by more than one tool. For quantitative measurements, the Integrative Hope Scale and the daily hope rating scale were used, while for qualitative measurements, interviews, self-assessment books, and notes of psychotherapy were employed. The results obtained from these measurement tools are consistent. The measurement of the independent variable was carried out using the check manipulation scale and observations from an observer. Kazdin (2011) explained that using more than one measurement tool is essential to comprehensively measure the construct. Since the treatment has a widespread impact, it is necessary to analyze it using various measurements.

The intervention was conducted using standardized guidelines, which were reviewed by three psychologists and tested with participants who had similar characteristics to those

in this study. The results demonstrated that the guideline was effective in achieving the intervention goals. The therapist was a clinical psychologist who had previously conducted trials, and thus had the experience to conduct the treatment procedure. The activities carried out during the treatment sessions have strengths and weaknesses that need to be evaluated. The use of art in therapy is useful for participants to remember their experiences, strengths, and new stories. This result supports a previous study that found art to be helpful in creating an integrative life story, even among participants with disintegrative memory (Prasko et al., 2013). The evaluation of the intervention procedures was focused on relaxation activities. One participant did not feel any benefit from relaxation activities. Beliefs and attitudes towards relaxation can influence the relaxation process (Kwekkeboom et al., 2008); thus, relaxation was not effective for participants who had negative perceptions about it.

The limitations are the baseline phase difference across participants because the daily hope state of participants tends to be unstable. This study observation will be better if done by more than one observer (Kazdin, 2011). However, this study just used an observer due to participant privacy. The results from the two measurement tools tend to be consistent, but the daily rating scale shows high variation during research. The researcher had lengthened the baseline phase but the condition was still unstable, therefore the treatment had been given due to technical consideration. Researchers used an observational checklist and the same observer for all participants to get more consistent observation results across participants.

Kazdin (2011) suggests that in a single case study design, a researcher should use the set time but can use flexible criteria. This is consistent with the implementation of the interventions. Interventions were planned in the period that has been scheduled but this is not always possible. For example, due to the participant's health condition, academic schedule, as well as psychologically unstable condition. In addition, there are differences in the implementation of the intervention places for the three participants. The difference occurs because participants have limited accommodation to do intervention in the same place. Based on the research design, single case design potentially limits the generalization to other individuals with psychosis. In measurement, the hope daily state indicates that during baseline the hope state wasn't stable. That condition made the conclusion have lower internal validity (Kazdin, 2011).

Conclusion

Based on the analysis and discussion, it can be concluded that Narrative Art Therapy can increase hope in individuals with psychotic disorders. The positive effect of the therapy has been maintained until follow-up for two participants, while the remaining participant experiences a decrease in hope because he lacks the ability to appraise his experience. This

research is a novel proof of the feasibility of using Narrative-Approach Art Therapy for individuals with psychotic disorders.

Recommendation

We suggest future research and practitioners add the exclusion criteria for patients with a history of substance abuse, because it could affect the process and result of the study. An increase in participant numbers would be beneficial to improve on the generalizability of the findings. Additionally, practitioners could use the overall, or parts, of the Narrative-Approach Art Therapy to help increase hope in clients with psychotic disorders.

Declaration

Acknowledgement

The author would like to thank all participants, therapists, and observers who helped out during the process of this study.

Author Contributions

RDI responsible for designing, collecting data, and writing the manuscript, NUH contributed in reviewing and giving advice about the design and manuscript.

Conflict of Interest

The authors have no conflict of interest.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Orcid ID

Rosada Dwi Iswari <https://orcid.org/0000-0002-1075-1479>

Nida Ul Hasanat <https://orcid.org/0000-0002-8409-6278>

Reference

- Alhadidi, M. M., Lim Abdullah, K., Yoong, T. L., Al Hadid, L., & Danaee, M. (2020). A systematic review of randomized controlled trials of psychoeducation interventions for patients diagnosed with schizophrenia. *The International Journal Of Social Psychiatry*, 66(6), 542–552. <https://doi.org/10.1177/0020764020919475>
- Andresen, R., Oades, L. G. Caputi, P. (2011). *Psychological recovery: beyond mental illness*. Wiley-Blackwell. <http://dx.doi.org/10.1002/9781119975182>
- Bargenquast, R., & Schweitzer, R. (2014). Metacognitive narrative psychotherapy for people diagnosed with schizophrenia: An outline of a principle-based treatment manual.

- Psychosis: Psychological, Social and Integrative Approaches*, 6(2), 155–165. <https://doi.org/10.1080/17522439.2012.753935>
- Baştemur, S., & Bas, E. (2021). Integration of narrative therapy with expressive art practices. *Current Approaches in Psychiatry / Psikiyatride Guncel Yaklasimlar*, 13(1), 146–169. <https://doi.org/10.18863/pgy.771319>
- Berry, C., & Greenwood, K. (2015). Hope-inspiring therapeutic relationships, professional expectations and social inclusion for young people with psychosis. *Schizophrenia Research*, 168(1-2), 153–160. <https://doi.org/10.1016/j.schres.2015.07.032>
- Brillantes-Evangelista, G. (2013). An evaluation of visual arts and poetry as therapeutic interventions with abused adolescents. *The Arts in Psychotherapy*, 40(1), 71–84. <https://doi.org/10.1016/j.aip.2012.11.005>
- Cabeza, I. M., Ducajú, M., Chapela, E., de Chávez, M. G. (2011). Therapeutic factors in patient groups with psychosis. *Group Analysis*, 44(4), 421–438. <https://doi.org/10.1177/0533316411413522>
- Carlson, T. D. (1997). Using art in narrative therapy: Enhancing therapeutic possibilities. *American Journal of Family Therapy*, 25(3), 271–283. <https://doi.org.ezproxyles.flo.org/10.1080/01926189708251072>
- Crawford, M. J., Killaspy, H., Kalaitzaki, E., Barrett, B., Byford, S., Patterson, S., Soteriou, T., O'Neill, F. A., Clayton, K., Maratos, A., Barnes, T. R., Osborn, D., Johnson, T., King, M., Tyrer, P., & Waller, D. (2010). The MATISSE study: a randomized trial of group art therapy for people with schizophrenia. *BMC Psychiatry*, 10, 65. <https://doi.org/10.1186/1471-244X-10-65>
- Csoboth, C., Witt, E. A., Villa, K. F., & O'Gorman, C. (2015). The humanistic and economic burden of providing care for a patient with schizophrenia. *The International Journal of Social Psychiatry*, 61(8), 754–761. <https://doi.org/10.1177/0020764015577844>
- Elman, I., Borsook, D., & Volkow, N. D. (2013). Pain and suicidality: insights from reward and addiction neuroscience. *Progress in Neurobiology*, 109, 1–27. <https://doi.org/10.1016/j.pneurobio.2013.06.003>
- Gajić G. M. (2013). Group art therapy as adjunct therapy for the treatment of schizophrenic patients in day hospital. *Vojnosanitetski Pregled*, 70(11), 1065–1069. <https://doi.org/10.2298/vsp1311065m>
- Hanevik, H., Hestad, K. A., Lien, L., Teglbjaerg, H. S., & Danbolt, L. J. (2013). Expressive art therapy for psychosis: A multiple case study. *The Arts in Psychotherapy*, 40(3), 312–321. <https://doi.org/10.1016/j.aip.2013.05.011>
- Hernandez, M., Barrio, C., Gaona, L., Helu-Brown, P., Hai, A., & Lim, C. (2019). Hope and schizophrenia in the Latino family context. *Community Mental Health Journal*, 55(1), 42–50. <https://doi.org/10.1007/s10597-018-0354-5>
- Işık, I., & Ergün, G. (2020). Hope and belonging in patients with schizophrenia: A phenomenological study. *Perspectives in Psychiatric Care*, 56(2), 235–242. <https://doi.org/10.1111/ppc.12418>

- Kazdin, A. E. (2011). *Single-case research designs: Methods for clinical and applied settings*. Oxford University Press. <https://doi.org/10.1080/07317107.2012.654458>.
- Kazdin, A. E. (2016). *Research design in clinical psychology*. Pearson. <https://www.worldcat.org/title/research-design-in-clinical-psychology/oclc/48256837>
- Kwekkeboom, K. L., Hau, H., Wanta, B., & Bumpus, M. (2008). Patients' perceptions of the effectiveness of guided imagery and progressive muscle relaxation interventions used for cancer pain. *Complementary Therapies in Clinical Practice, 14*(3), 185–194. <https://doi.org/10.1016/j.ctcp.2008.04.002>
- Lecomte, T., Leclerc, C., Wykes, T., Nicole, L., & Abdel Baki, A. (2015). Understanding process in group cognitive behaviour therapy for psychosis. *Psychology and Psychotherapy, 88*(2), 163–177. <https://doi.org/10.1111/papt.12039>
- Lee, H., Jang S., Lee, S., & Hwang, K. (2015). Effectiveness of dance / movement therapy on affect and psychotic symptoms in patients with schizophrenia. *The Arts in Psychotherapy, 45*, 64–68. <https://doi.org/10.1016/j.aip.2015.07.003>
- Lee, H., & Schepp, K. (2009). The relationship between symptoms and stress in adolescents with schizophrenia. *Issues in Mental Health Nursing, 30*(12), 736–744. <https://doi.org/10.3109/01612840903200019>
- Lim, M., Li, Z., Xie, H., Tan, J. L., & Lee, J. (2019). An Asian study on clinical and psychological factors associated with personal recovery in people with psychosis. *BMC Psychiatry, 19*, 256-269. <https://doi.org/10.1186/s12888-019-2238-9>
- Lysaker, P. H., & Salyers, M. P. (2007). Anxiety symptoms in schizophrenia spectrum disorders: associations with social function, positive and negative symptoms, hope and trauma history. *Acta Psychiatrica Scandinavica, 116*(4), 290–298. <https://doi.org/10.1111/j.1600-0447.2007.01067.x>
- Malchiodi, C. A. (2003). *Handbook of art therapy*. The Guilford Press. <https://psycnet.apa.org/record/2003-02672-002>
- May, R. (2004). Making sense of psychotic experience and working toward recovery. In J. F. Gleeson, & P. D. McGorry, *Psychological Interventions in Early Psychosis : A Treatment Handbook* (p 245-258). John Wiley & Sons. <https://www.al-edu.com/wp-content/uploads/2014/05/GleesonMcGorry-eds-Psychological-Interventions-in-Early-Psychosis.pdf>
- McFarlane W. R. (2016). Family interventions for schizophrenia and the psychoses: A Review. *Family Process, 55*(3), 460–482. <https://doi.org/10.1111/famp.12235>
- Mehl-Madrona, L., & Mainguy, B. (2017). Comparisons of narrative psychotherapy to conventional CBT for the psychotherapy of psychosis and bipolar disorder. *European Psychiatry, 41*(S1), S779-S779. <https://doi.org/10.1016/j.eurpsy.2017.01.1480>
- Montag, C., Haase, L., Seidel, D., Bayerl, M., Gallinat, J., Herrmann, U., & Dannecker, K. (2014). A pilot RCT of psychodynamic group art therapy for patients in acute

- psychotic episodes: feasibility, impact on symptoms and mentalising capacity. *PLoS One*, 9(11), e112348. <https://doi.org/10.1371/journal.pone.0112348>
- Morgan, V. A., Waterreus, A., Carr, V., Castle, D., Cohen, M., Harvey, C., Galletly, C., Mackinnon, A., McGorry, P., McGrath, J. J., Neil, A. L., Saw, S., Badcock, J. C., Foley, D. L., Waghorn, G., Coker, S., & Jablensky, A. (2017). Responding to challenges for people with psychotic illness: Updated evidence from the Survey of High Impact Psychosis. *The Australian and New Zealand journal of psychiatry*, 51(2), 124–140. <https://doi.org/10.1177/0004867416679738>
- Nilsen, L., Frich, J. C., Friis, S., & Røssberg, J. I. (2014). Patients' and family members' experiences of a psychoeducational family intervention after a first episode psychosis: a qualitative study. *Issues in Mental Health Nursing*, 35(1), 58–68. <https://doi.org/10.3109/01612840.2013.837992>
- Nock, M. K., Michel, B. D., & Photos, V. (2007). Single case research designs.: *methodological advances and data analysis*. in D. Mc Kay, *Handbook of research methods in abnormal and clinical psychology* (p 337–350). Sage Publications. https://www.researchgate.net/publication/284701219_Single-case_research_designs
- Payne, M. (2006). *Narrative therapy*. Sage Publications. <https://sk.sagepub.com/books/narrative-therapy-2e>
- Perry, B. M., Taylor, D., & Shaw, S. K. (2007). "You've got to have a positive state of mind": An interpretative phenomenological analysis of hope and first episode psychosis. *Journal of Mental Health*, 16(6), 781–793. <https://doi.org/10.1080/09638230701496360>
- Prasko, J., Diveky, T., Grambal, A., Kamardova, D., Latalova, K., Mainerova, B., Vrbova, K., & Trcova, A. (2010). Narrative cognitive behavioral therapy for psychosis. *Activitas Nervosa Superior Rediviva*, 52(2), 135-146. <http://www.rediviva.sav.sk/52i2/135.pdf>
- Puig, O., Penadés, R., Baeza, I., Sánchez-Gistau, V., De la Serna, E., Fonrodona, L., Andrés-Perpiñá, S., Bernardo, M., & Castro-Fornieles, J. (2012). Processing speed and executive functions predict real-world everyday living skills in adolescents with early-onset schizophrenia. *European child & adolescent psychiatry*, 21(6), 315–326. <https://doi.org/10.1007/s00787-012-0262-0>
- Rubin, J. A. (2005). *Artful therapy*. John Willey & Sons. <https://doi.org/10.1080/15401380802342047>
- Sarwono, R., & Subandi, -. (2013). Mereka memanggilku “Kenthir”. *Jurnal Psikologi*, 40(1), 1-14. <http://dx.doi.org/10.22146/jpsi.7062>
- Schrank, B., Woppmann, A., Grant Hay, A., Sibitz, I., Zehetmayer, S., & Lauber, C. (2012). Validation of the Integrative Hope Scale in people with psychosis. *Psychiatry Research*, 198(3), 395–399. <https://doi.org/10.1016/j.psychres.2011.12.052>
- Schrank, B., Woppmann, A., Sibitz, I., & Lauber, C. (2011). Development and validation of an integrative scale to assess hope. *Health Expectations : An International Journal of*

- Public Participation in Health Care and Health Policy*, 14(4), 417–428.
<https://doi.org/10.1111/j.1369-7625.2010.00645.x>
- Schrank, B., Stanghellini, G., & Slade, M. (2008). Hope in psychiatry: a review of the literature. *Acta Psychiatrica Scandinavica*, 118(6), 421–433.
<https://doi.org/10.1111/j.1600-0447.2008.01271.x>
- Sedgwick, O., Hardy, A., Newbery, K., & Cella, M. (2021). A systematic review of adherence to group interventions in psychosis: Do people attend? *Psychological Medicine*, 51(5), 707–715. <https://doi.org/10.1017/S0033291721000404>
- Smith, J. P., & Book, S. W. (2008). Anxiety and substance use disorders: A Review. *The Psychiatric Times*, 25(10), 19–23.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2904966/>
- Snyder, C. R. (2000). Hypothesis: There is hope. Dalam C. R. Snyder, *Handbook of hope: Theory, measures, & applications* (page 3-21). Academic Press.
<https://www.semanticscholar.org/paper/Handbook-of-hope%3A-Theory%2C-measures%2C-and-Snyder/0bb73590f562117a43b4ffce0744b177e64745c>
- Stanley, S., Balakrishnan, S., & Ilangovan, S. (2017). Psychological distress, perceived burden and quality of life in caregivers of persons with schizophrenia. *Journal of Mental Health (Abingdon, England)*, 26(2), 134–141.
<https://doi.org/10.1080/09638237.2016.1276537>
- Subandi. (2012). Agama dalam perjalanan gangguan mental psikotik dalam konteks Budaya Jawa. *Jurnal Psikologi*, 39(2), 167-179. <http://dx.doi.org/10.22146/jpsi.6984>
- Subandi. (2008). Ngemong: Dimensi keluarga pasien psikotik Jawa. *Jurnal Psikologi*, 35(1), 62-79. <http://dx.doi.org/10.22146/jpsi.7099>
- Sullivan, S. A., Kounali, D., Cannon, M., David, A. S., Fletcher, P. C., Holmans, P., Jones, H., Jones, P. B., Linden, D. E. J., Lewis, G., Owen, M. J., O'Donovan, M., Rammos, A., Thompson, A., Wolke, D., Heron, J., & Zammit, S. (2020). A Population-based cohort study examining the incidence and impact of psychotic experiences from childhood to adulthood, and prediction of psychotic disorder. *The American Journal of Psychiatry*, 177(4), 308–317. <https://doi.org/10.1176/appi.ajp.2019.19060654>
- Vaskinn, A., Sele, P., Larsen, F. A. E., & Dal, A. (2011). Talk is not cheap: a narrative approach to the successful discharge of a “dangerous male with schizophrenia” from a medium security ward. *Clinical Case Studies*, 10(3), 247–258.
- Vlaicu, C., & Voicu, C. (2013). Supporting adolescent identity development through personal narratives. *Procedia - Social and Behavioral Sciences*, 92, 1026–1032.
<https://doi.org/10.1016/j.sbspro.2013.08.794>
- White, M. (2005). *Workshop notes*, 1–29. Retrieved September, 9 2015 from www.dulwichcentre.com
- Windell, D., & Norman, R. M. (2013). A qualitative analysis of influences on recovery following a first episode of psychosis. *The International Journal of Social Psychiatry*, 59(5), 493–500. <https://doi.org/10.1177/0020764012443751>

- Yanos, P. T., Roe, D., & Lysaker, P. H. (2011). Narrative enhancement and cognitive therapy: a new group-based treatment for internalized stigma among persons with severe mental illness. *International Journal of Group Psychotherapy*, 61(4), 577–595. <https://doi.org/10.1521/ijgp.2011.61.4.576>
- Yanos, P. T., DeLuca, J. S., Roe, D., & Lysaker, P. H. (2020). The impact of illness identity on recovery from severe mental illness: A review of the evidence. *Psychiatry Research*, 288, 112950. <https://doi.org/10.1016/j.psychres.2020.112950>