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A STUDY TO ASSESS THE EFFECTIVENESS OF ART THERAPY AMONG PARANOID SCHIZOPHRENIA CLIENTS AT INSTITUTE OF MENTAL HEALTH, CHENNAI

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ABSTRACT

There is a paucity of literature on art therapy for paranoid schizophrenia on improving mental status, revealing on need for additional research. The present study examines the effectiveness among paranoid schizophrenia. The program uses art therapy techniques in helping paranoid schizophrenia clients to draw and color with coloring materials like crayons, paintings etc. to reduce psychiatric symptoms through ventilation of inner feelings. Need for the study: The process of making images plays a central role in the context of the psychotherapeutic relationship. The average life expectancy of people with this disorder is 10 to 25 years less than average life expectancy. Objectives: To identify the socio demographic variables of the paranoid schizophrenia clients at Institute of Mental Health. To assess the pretest level of psychiatric symptoms among paranoid schizophrenia clients before art therapy. To evaluate the posttest level of psychiatric symptoms among paranoid schizophrenia clients after art therapy. To determine the effectiveness of art therapy among paranoid schizophrenia clients by comparing the pre test and post test levels of psychiatric symptoms among paranoid schizophrenia clients. To find a significant association between the posts test scores of psychiatric symptoms of paranoid schizophrenia clients with selected demographic variables. Methodology: Research approach: Quantitative approach Study design: One group pretest -- post test pre experimental design. Study settings: Inpatient wards in Institute of Mental Health. Study population: Paranoid schizophrenia clients. Sampling technique: Convenient sampling technique. Sample: Size (n=50). Data collection procedure: The selected samples were assessed for the pre-existing level of psychiatric symptoms by using Basic Psychiatric Rating Scale questionnaire. After the pre-test, art therapy was intervened with the provided art materials daily half an hour for 10 days. On the 10th day, the post-test was conducted by using the same questionnaire. Data analysis and interpretation: Demographic variables and clinical variables were analyzed by using descriptive statistics (frequency, mean, and standard deviation) and with inferential statistics (chi-square test and student "t" test). Result: The study shows in pre-test, the clients have 119.04 of BPRS score and in post test, they have 70.76 BPRS score, so the difference is 48.28. (28.7%) revealed that art therapy was effective and helped the paranoid schizophrenia clients in reducing psychiatric symptoms. There was a statistical significant difficult between pre and post test levels of psychiatric symptoms. Discussion: Art therapy has been widely used as an adjunctive treatment for people with paranoid schizophrenia improves positively the quality of individual's life and their ability to recover from mental illness. Conclusion: This study concluded that the reduction in psychiatric symptoms reflects the effectiveness of art therapy. So the nurses can educate the clients to practice at home and it is feasible and cost effective therapy

Key words: Art therapy, psychiatric symptoms, paranoid schizophrenia.

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INTRODUCTION:

Mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, coexistence between the realities of the self and that of other people and the environment.

Mental health is defined as an adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. [1].

Mental illness is maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably or effectively and function within a culture.

Mental and behavioral disorders are understood as clinically significant conditions characterized by alterations in thinking, mood (emotions) or behavior associated with personal distress an impaired functioning. [2].

The unique concept about mental illness among the universe is difficult because of the cultural factors and is always puzzled, fascinated or a frightened one for those who do not understand. Knowledge and understanding of mental disorders has grown remarkably over the past century [3].

Of all the mental illnesses responsible for suffering in society, Schizophrenia is the most tragic and devastating disease and the leading cause for disability among young adults2. Schizophrenia strikes at a young age so that, clients with schizophrenia usually live many years after onset of the disease and continue to suffer its effects, which prevent them from leading fully normal lives. [4, 5]

Schizophrenia is divided into subtypes based on the "predominant symptomatology at the time of evaluation." Paranoid type schizophrenia is a lifelong illness, but with proper treatment, a person suffering from the illness can live a higher quality of life3. Social impairment may be minimal, and there is some evidence that prognosis, particularly with regards to occupational functioning and capacity for independent living, is promising. [6, 7].

In worldwide

- There is an estimation of 1.5 million / year has been diagnosed as paranoid schizophrenia.
- About 0.3 to 0.7% of people are affected during their life time with paranoid schizophrenia.
- In 2014 there was estimated to be 23.6 million cases globally.
- The average life expectancy of people with this disorder is 10 to 25 years less than average life expectancy.
- Paranoid schizophrenia not only influences the lives of those affected but also those around them.

In India according to the survey of national mental health programme

- **In 2014** life time prevalence rate of paranoid schizophrenia has been identified as about 1%.
- The incidence rate is about 4.2 /10, 000 populations.

Gender & Age:

- Equally prevalent in men and women.
- Onset is earlier in men than women.
- Peak age of onset is 10 to 25 years for men and 25 to 35 years for women.
- Onset before age 10 or after 60 is extremely rare.

According to the Mayo Clinic[5], it is best to start receiving treatment for paranoid schizophrenia as early as possible and is based on the types of symptoms that are exhibited in each individual case. The main options for the treatment of paranoid schizophrenia are Neuroleptics, psychotherapy, hospitalization, ECT, and vocational skills training.

Although treatment with antipsychotic drugs reduces the positive symptoms of schizophrenia and decreases the likelihood of relapse, it has little impact on negative symptoms. [8, 9]

Psychological and social interventions are widely used in combination with drugs in an effort to further improve the health and social outcomes of people with schizophrenia and several interventions have been shown to be effective[5]

The possibility of involvement in art therapy has advantages over other treatments because the use of art materials can help people to understand themselves better while containing powerful feelings that might otherwise overwhelm them. [6].

Art therapy (AT) is a form of psychotherapy where the process of making images plays a central role in the context of the psychotherapeutic relationship. It has been widely applied to the treatment of mental health problems and across all spectra of severity. [8, 10]

Art therapy is not only used for person suffered with mental illness, but quietly for child, adult and adolescence who are suffering with personal problems related to growth and has been applied as both a short-term and a long-term intervention**.** [11]

Aims & Objectives:

- ➢ To identify the socio demographic variables of the paranoid schizophrenia clients admitted at Institute of Mental Health.
- ➢ To assess the pretest level of psychiatric symptoms among paranoid schizophrenia clients before art therapy.

➢ To evaluate the posttest level of psychiatric symptoms among paranoid schizophrenia clients after art therapy.
➢ To determine the effectiveness of art therapy among paranoid schizophrenia clients by comparing the pre test and post test levels of psychiatric symptoms among paranoid schizophrenia clients.
➢ To find a significant association between the posts test scores of psychiatric symptoms of paranoid schizophrenia clients with selected demographic variables.

METHODOLOGY:
This chapter deals with the research design, define specific methods, even though much attention is given to the nature and kinds of processes to be followed in a particular procedure or to attain the objectives here the variable of the study, setting, the population, sample, sampling technique, selection criteria and description of tool, content validity, pilot study, reliability and plan for data analysis.

Research approach: Quantitative approach.

Study design:
Pre-experimental design one group pre test & post test design.

Table 1: Schematic presentation of research design

Group	Pre test	Intervention	Post test
Experimental	01	X	02

Key:
01 – Psychiatric symptoms of paranoid schizophrenia clients before art therapy.
X -- Administration of art therapy.
Intervention protocol:
Place: In clients Wards in Institute of Mental Health**.**
Intervention: Art Therapy.
The intervention of art therapy has been provided with the use of art materials like plain white papers, color charts in various sizes and the drawing materials like color pencils, crayons, sketches, paints, and also color powders.
With that some outlined pictures of fruits, vegetables, flowers, rangoli designs, natural sceneries, cartoon pictures, color chalks, etc.
Client has been given choice to select their own choice of pictures and art materials and make them to color or draw with variety of options for half an hour daily for 10 days.
Tool: Basic psychiatric rating scale

Duration: 10 days
Time: Half an hour daily per patient.
Frequency: Once daily.

Recipient:
Paranoid schizophrenia clients.

Administrator: Investigator
02 – Psychiatric symptoms of paranoid schizophrenia clients after art therapy.

Study settings:
Psychiatric inpatient wards at Institute of Mental Health, Chennai. Institute of Mental Health involved in Mental Health care for the past 210 years. It was founded in 1794 as an Asylum to manage only 20 in clients. Now it has grown up to an Institute with 1800 Inpatient. In 1922 it became Govt. mental hospital. In 1948 the census has gone up and official bed strength was regularized. In 1978 it was renamed as Institute of Mental Health attached as a teaching institute with Madras Medical College. Today it is the second largest Institute in India. It has been well established with all special services like rehabilitation, industrial, occupational, recreational family yoga etc. And there are separated areas for male and female clients.

Data collection period:
Four weeks (16.07.2015 to 14.08.2015).

Study population:
The target population of the study was the clients diagnosed and admitted as paranoid schizophrenia at acute and chronic male and female wards at Institute of Mental Health, Chennai.

Sample size:
Sample size (N) = 50

Sampling criterion:
The sample for this study constitutes the paranoid schizophrenia clients admitted and residing in the hospital for less than five years of treatment for the paranoid schizophrenia complaints.

Inclusion criteria:
1. Clients diagnosed as paranoid schizophrenia.
2. Clients who are accepting to draw and coloring the picture.
3. Clients who are willing to participate in the study.
4. Clients who speaks and understands Tamil.

Exclusion criteria:
1. Clients who are not interested in drawing.

2. Clients who are in the state of aggression.
3. Clients who are in the treatment for more than 5 years.
4. Clients with co-morbid illnesses.
5. Clients who are below twenty years and above sixty years.

Sampling technique: Convenient sampling technique.

RESULTS:
Section I: Level of Psychiatric Symptoms before Art Therapy
    Above table depicts the pretest value of the psychiatric symptoms of paranoid schizophrenia clients

were 76% have the grandiosity, 74% have depression symptom, 73% have anxiety and bizarre behavior, 72% have emotional withdrawal and hostility, and 71% have blunted effect and suicidality. About 70% have somatic and elated mood and suspiciousness.
    The above table depicts that the pretest level of individual self-report mean score was 71% and the observed behavior and speech mean score was 70.6%. On an average, clients have 70.8% BPRS score.

    The figure shows pretest level of BPRS score of psychiatric symptoms among paranoid schizophrenia clients before administering art therapy.
    None of them have mild symptoms, 76% of them have moderate symptoms and 24% of them have severe symptoms.

Table 2: Pretest Brief Psychiatric Rating Scale (BPRS) score

SNO	Domains	Maximum score	Mean	Std Deviation	mean score in %
1	Somatic	7	4.90	1.36	70.0
2	Anxiety	7	5.12	1.26	73.1
3	Depression	7	5.18	1.35	74.0
4	Suicidality	7	4.98	1.30	71.1
5	Guilt	7	4.66	1.22	66.6
6	Hostility	7	5.04	1.23	72.0
7	Elated mood	7	4.96	1.35	70.9
8	Grandiosity	7	5.32	1.32	76.0
9	Suspiciousness	7	4.94	1.45	70.6
10	Hallucinations	7	4.82	1.21	68.9
11	Unusual thought content	7	4.94	1.36	70.6
12	Bizarre behavior	7	5.12	1.24	73.1
13	Self-neglect	7	4.78	1.34	68.3
14	Disorientation	7	4.84	1.20	69.1
15	Conceptual disorganization	7	4.76	1.24	68.0
16	Blunted effect	7	5.02	1.24	71.7
17	Emotional withdrawal	7	5.04	1.26	72.0
18	Motor retardation	7	4.30	1.20	61.4
19	Tension	7	4.74	1.43	67.7
20	Uncooperativeness	7	4.78	1.11	68.3
21	Excitement	7	4.72	1.25	67.4
22	Distractibility	7	4.74	1.44	67.7
23	Motor hyperactivity	7	4.58	1.37	65.4
24	Mannerism and posturing	7	4.40	1.36	62.9
	Overall	168	119.04	7.82	70.8

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Figure 1: Pretest percentage of mean BPRS score
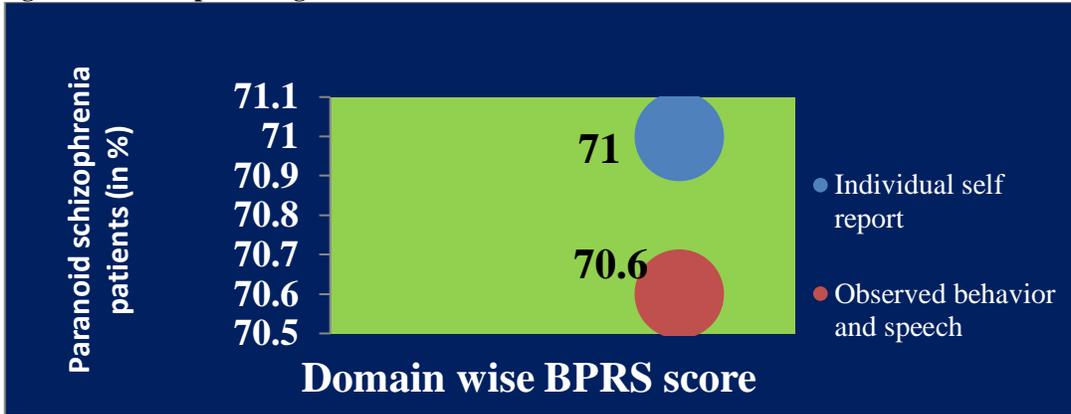

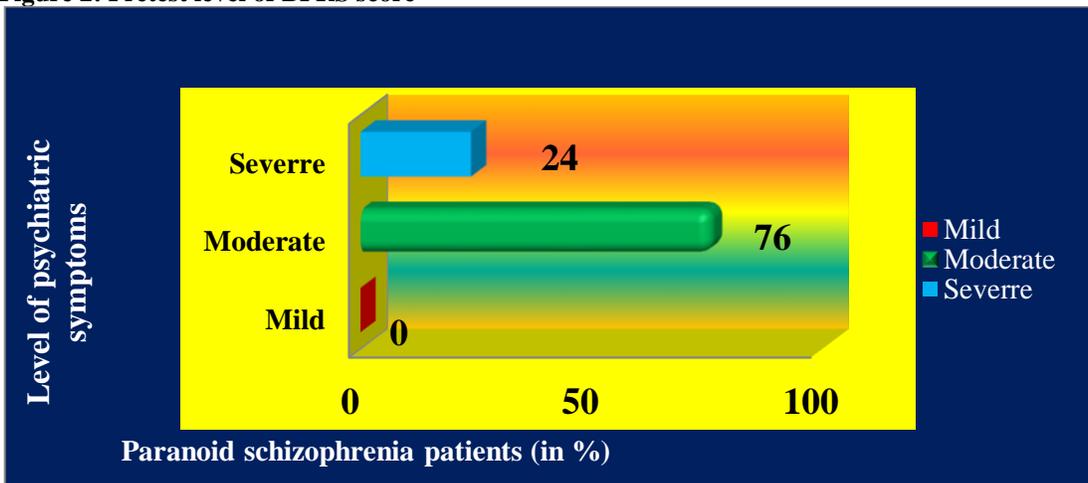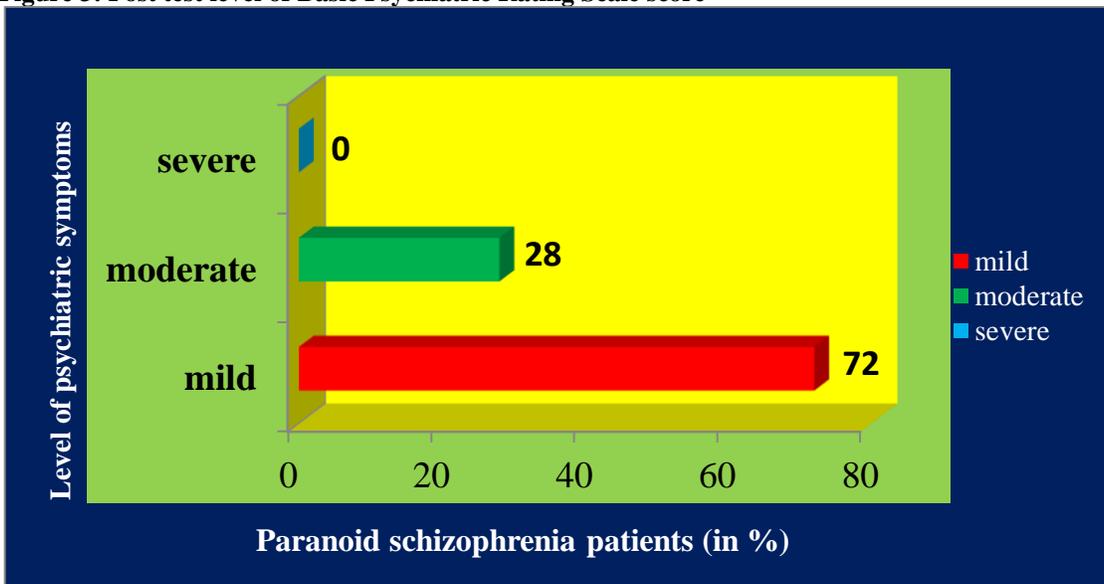**Figure 2: Pretest level of BPRS score**

Figure 3: Post test level of Basic Psychiatric Rating Scale score

The above table depicts the post test level of psychiatric symptoms of paranoid schizophrenia clients were 47% have blunted effect, 46% have emotional withdrawal, 45% have uncooperativeness, unusual thought content, self neglect, conceptual disorganization, 43% have grandiosity, suspiciousness, excitement, 42% have tension, distractibility, motor hyperactivity.

The above table depicts that the posttest level of individual self report mean score was 41% and the observed behavior and speech mean score was 44%. On an average, clients have **42.1%** BPRS score.

Above table shows post test level of BPRS score of clients after administering ART therapy. 72.0% of them have the mild score, 28.0% of them have moderate BPRS score.

In pretest, clients have 119.04 score whereas in post-test they have 70.76 score, so the difference is 48.28. This difference between pretest and posttest is large and it is statistically significant. Difference between pre-test and post-test score was analyzed using paired t-test.

Table 3: Posttest level of BPRS score

Level of BPRS	Frequency	%
Mild	36	72.0
Moderate	14	28.0
Severe	0	0.0
Total	50	100

Table 4: Comparison of overall BPRS score.

	Frequency	Mean ± SD	Mean Difference	Student's paired t-test
Pretest	50	119.04±7.82	48.28	t=30.42
posttest	50	70.76±2.37		P=0.001***

* Significant at P ≤ 0.05, ** Highly significant at P ≤ 0.01, *** Very high significant at P ≤ 0.001

Table 5: Comparison of pretest and posttest score.

Level of BPRS	Pretest		Posttest		Chi square test
	Frequency	%	Frequency	%	
Mild	0	0.0	36	72.0	$\chi 2$=59.07
Moderate	38	76.0	14	28.0	P=0.001***
Severe	12	24.0	0	0.0	
Total	50	100	50	100	

* Significant at P ≤ 0.05, ** highly significant at P ≤ 0.01, *** very high significant at P ≤ 0.001.

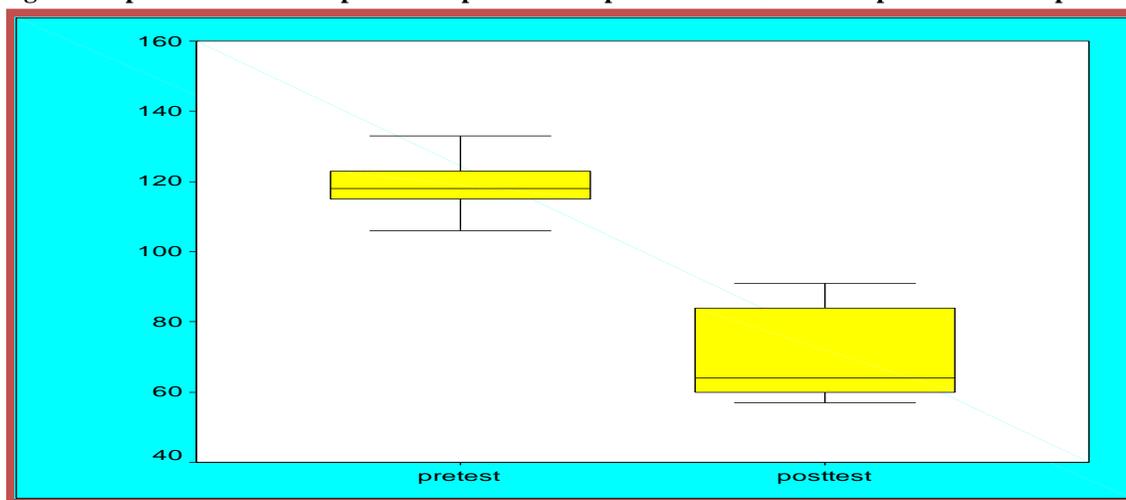**Fig 5: Box-plot shows the comparison of pre-test and post-test BPRS score of paranoid schizophrenia clients.**

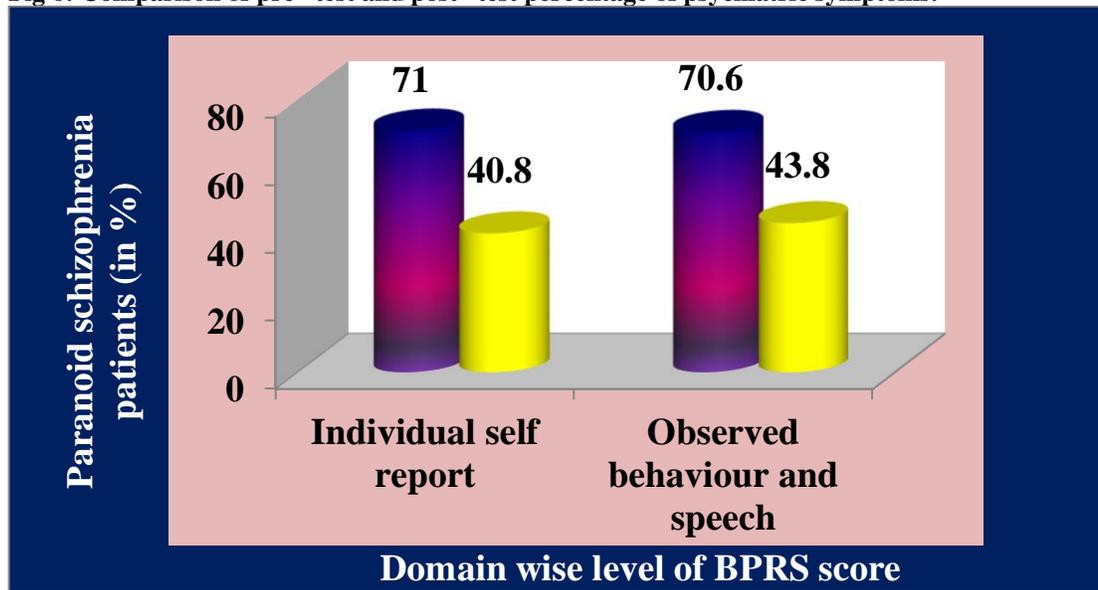**Fig 6: Comparison of pre –test and post –test percentage of psychiatric symptoms.**

Table 6: Mean difference of BPRS reduction score.

BPRS	Pretest		Posttest		Difference	Student independent t-test
	Mean	**SD**	**Mean**	**SD**		
Individual self report	69.60	6.67	40.08	8.08	29.52	t=35.87 p=0.001***
Observed behaviour and speech	49.44	4.73	30.68	7.74	18.76	t=16.45 p=0.001***
Total	119.04	7.82	70.76	12.41	48.28	t=30.24 p=0.001***

Considering , individual self report aspects , In pretest , clients have 69.60 score and in posttest they are having 40.08 score , so the difference is 29.52.

Considering, observed behaviour and speech aspects, in pretest, clients have 49.44 score and in posttest they are having 30.68 score, so the difference is 18.76. This difference between pretest and posttest is large and it is statistically significant. Differences between pretest and posttest score was analysed using paired t-test.

Considering overall aspects, in pretest the paranoid schizophrenia clients have the psychiatric symptoms level of 119.04 and in posttest they have 70.76, so the difference is 48.28. This difference between pretest and posttest is large and it is statistically significant. Differences between pretest and posttest score was analysed using paired t-test.

The above table depicts that difference between the individual self report results were 30% and the observed behavior and speech result was 27%. On average clients have 70.8% BPRS score.

Section III: Effectiveness of art therapy

The table shows the comparison of overall BPRS score between pre-test and post-test levels of psychiatric symptoms of paranoid schizophrenia were **reduced to 28.7%** after implementing art therapy. Differences between pre-test and post-test score were analysed using percentage with 95% CI and mean difference with 95% CI.

The above table shows the association between the level of BPRS reduction score with the socio demographic variables. age group of above 31 years to 40 years, graduates and the clients getting more monthly income are reduced more psychiatric symptoms (BPRS score). Using chi square test those groups were identified that they were statistically significance groups.(p=0.005) for age and monthly income group and (p=0.01) significance for education level groups with psychiatric symptoms

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Table 7: Percentage of BPRS reduction score.

BPRS	Pretest % of mean score	Posttest % of mean score	Difference %
Individual self report	71.0	40.8	30.2
Observed behaviour and speech	70.6	43.8	26.8
Total	70.8	42.1	28.7

Table 8: Effectiveness of Art Therapy

	Max score	Mean BPRS score	Mean Difference in BPRS reduction score with 95% Confidence interval	Percentage of BPRS reduction score with 95% Confidence interval
Pretest	168	119.04	48.28(45.07 – 51.49)	28.7(26.8–30.6)
Posttest	168	70.76		

Table 9: Association between level of BPRS reduction score and clients demographic variables.

	Demographic variables		Below average (≤48.28) frequency	%	Above average (>48.28) frequency	%	Total	Chi square test
1.	Age	21 -30 years	3	75.0	1	25.0	4	χ2=9.28 p=0.05* DF=3
		31 -40 years	18	64.3	10	35.7	28	
		41 -50 years	4	25.0	12	75.0	16	
		51 -60 years	0	0.0	2	100.0	2	
2.	Sex	Male	8	47.1	9	52.9	17	χ2=0.09 p=0.75 DF=1
		Female	17	51.5	16	48.5	33	
3.	Education	No formal education	7	87.5	1	15.0	8	χ2=10.97 p=0.01*DF=3
		Schooling	11	64.7	6	35.3	17	
		College grade	6	30.0	14	70.0	20	
		Above college grade	1	20.0	4	80.0	5	
4.	Occupation	Labor	6	60.0	4	40.0	10	χ2=3.55 p=0.31 DF=3
		Private company	8	44.4	10	55.6	18	
		Government	3	30.0	7	70.0	10	
		Others	8	66.7	4	33.3	12	
5.	Monthly Income	< Rs.6000	3	75.0	1	25.0	4	χ2=8.69 p=0.05* DF=3
		Rs.6001 - Rs.10,000	17	65.4	9	34.6	26	
		Rs.10,001 - Rs.15,000	4	28.6	10	71.4	14	
		> Rs.15,000	1	16.7	5	83.3	6	
6.	Religion	Hindu	12	57.1	9	42.9	21	χ2=2.01 p=0.57 DF=3
		Muslim	8	42.1	11	57.9	19	
		Christian	4	44.4	5	55.6	9	
		Others	1	100.0			1	
7.	Residency	Urban	18	45.0	22	55.0	40	χ2=2.00 p=0.15 DF=1
		Rural	7	70.0	3	30.0	10	
8.	Marital status	Single	11	55.0	9	45.0	20	χ2=1.56 p=0.66 DF=3
		Married	11	45.8	13	54.2	24	
		Widowed	3	60.0	2	40.0	5	
		Divorced/separated			1	100.0	1	
9.	Type of Family	Nuclear family	16	48.5	17	51.5	33	χ2=1.03 p=0.59 DF=2
		Joint family	8	50.0	8	50.0	16	
		Extended family	1	100.0			1	
10.	Hobby	Music	5	33.3	10	66.7	15	χ2=3.09 p=0.37 DF=3
		Reading	11	61.1	7	38.9	18	
		Drawing	3	42.9	4	57.1	7	
		Others	6	60.0	4	40.0	10	

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DISCUSSION:

Among the 51 paranoid schizophrenia clients studied 56% were in the age group of 31 -40 years and most of them were female (66%).

The one-year prevalence of early-onset schizophrenia was 0.35%, of late –onset schizophrenia 0.14%, and of very late onset schizophrenia like psychosis is 0.05%. Variation of onset criterion affected the proportion of early onset versus late onset schizophrenia clients stronger in women than in men. Women outnumbered men markedly in the prevalence estimates for most diagnostic subgroups, including early onset schizophrenia.

This study findings are not consistent with the findings of Zhang, Xiang Yang et.al(2009) prevalence was 33.7% with rates of 39.2% (138/352) in males and 22.4% (38/170) in females ($\chi 2$=14.6, df=1, p<0.0001; adjust odds ratio 2.06; CI, 1.32-3.16). The score in clients with psychiatric symptoms was lower in females than males (5.3±3.9 vs 6.7±3.7, t=2.52, p<0.01) after adjustment for the significant covariates.

The findings of WU, ERIC.Q, SHI, LIZHENG et,al (2006) the negative symptoms on the PANSS in both genders, and with age, PANSS total and positive symptoms in men, not women. This study finding suggested that this study is limited by cross-sectional designs, the magnitude of these gender-specific differences is substantial and deservers further prospective study.

This study consistent with these findings is the literature of life events with stressful effect in gender variation for initiation and progress of the schizophrenia. The results of the study showed the presence of correlation between some of the studied life events, assessed as stressful. The analysis of the data revealed that both sex and age are influencing the assessment of the significance of the life events and "increases" their importance both for women and men.

In this study the investigator found the pretest value of the psychiatric symptoms of paranoid schizophrenia clients were 76% have the grandiosity, 74% have depression symptom, 73% have anxiety and bizarre behavior, 72% have emotional withdrawal and hostility, and 71% have blunted effect and suicidality. About 70% have somatic and elated mood and suspiciousness.

In this study the investigator found the pretest level of BPRS score of psychiatric symptoms among paranoid schizophrenia clients before administering art therapy were none them have mild symptoms, but 76% of them have moderate symptoms and 24% of them have severe symptoms.This study consistent with the findings of Ostling, Svante, MD., PhD., (2007) AJGP, measured the psychiatric symptoms by the use of comprehensive psychopathological rating scale that the one year prevalence of any psychiatric symptoms was Grandiosity 70% (95%CI), including hallucination 67% and depressions 76% and the authors found that high prevalence of psychiatric symptoms had an increased rates in elderly and very older persons.

The study findings consistent with the findings of Rebeca L.Toader', Mihaela Buca", Alina Gaboran (2013) in their study they identified that the clients suffering from paranoid schizophrenia have serious in ego development self-esteem and self-identity, emotional disturbance, and reduced quality of life.

In this study the investigator identified that the post test level of BPRS score of clients after administering art therapy. 72.0% of them have the mild score, 28.0% of them have moderate BPRS score.

This study findings was not consistent with the findings of randomised trial the mental health and global functioning of people with schizophrenia was not improved by offering a place in a weekly art therapy group in addition to their standard care. Those randomised to weekly group art therapy had similar levels of global functioning and mental health as those randomised to an activity control group over a two year period, except that the activity control group had a greater reduction in positive symptoms of schizophrenia at 24 months. People offered a place in an art therapy group were more likely to attend sessions than those offered a place in an art activity.

This study shows the effectiveness of art therapy in the reduction score of BPRS scale for psychiatric symptoms of paranoid schizophrenia were 35% reduction in depression 34% reduction in anxiety and hostility 33% reduction in elated mood, grandiosity, 32% in suicidality, guilt, and bizarre behavior but there was only 28% reduction in suspiciousness.

In this study the investigator found in pretest that clients have 119.04 score where as in posttest they have 70.76 score, so the difference is 48.28. This difference between pretest and posttest is large and it is statistically significant. Differences between pretest and posttest score was analyzed using paired t-test.

This study findings were similar with the findings of (MATISSE 2012) investigation with the hypotheses that the clinical effectiveness of group art therapy delivered in the MATISSE trial was related to (a) the severity of negative symptoms of paranoid schizophrenia and (b) having a preference for the art therapy intervention.

In this study a meta-analysis was performed on both published and unpublished art-based intervention studies in order to find both an overall effect size (ES) and moderating factors that impact the outcome of art therapy on anxiety-related symptoms in clients. This meta-analysis included 24 studies and found art therapy to have a

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moderate overall ES of 0.53 (with a 95% confidence interval (CI) of 0.36 to 0.71) for reducing anxiety symptoms.

In this study the investigator found the association between the level of BPRS reduction score with the socio demographic variables. age group of above 31 to 40 years, graduates and the clients getting more monthly income are reduced more psychiatric symptoms (BPRS score). Using chi square test those groups were identified that they were statistically significance groups.(p=0.005) for age and monthly income group and (p=0.01) significance for education level groups with psychiatric symptoms it proves the hypothesis.

This study findings consistent with the findings of in their article they identified the measured outcomes of art therapy effectiveness with all ages of clinical and nonclinical populations. Although numerous studies blend art therapy with other modalities, this review is limited to studies that isolate art therapy as the specific intervention. The results of this review suggest that there is a small body of quantifiable data to support the claim that art therapy is effective in treating variety of symptoms, age groups, and other demographic variables reveals there was more effectiveness in more educated clients and elderly clients.

CONCLUSION:

Education in evidence based care gives the opportunity to nurses in improving their ability to use theoretical knowledge in practice.

This study concluded that nurse's role in improving mental function is mandatory. Through art therapy, the paranoid schizophrenia clients have reduced score of BPRS about 28.7%. So this level of reduction of BPRS score reflects the effectiveness of art therapy. So the nurses should educate the paranoid schizophrenia clients to manage mental functions through ventilation and communication through art therapy in all settings.

This chapter enlightens the importance of this research and reveals that the reduction in the level of BPRS score among paranoid schizophrenia clients is significant and the art therapy is effective in reducing psychiatric symptoms.

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