

# **Dialogues in coloured spaces: men with enduring psychosis in an art therapy group**

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## **Abstract**

This paper discusses a specific group of men with enduring psychosis in an art therapy group. Relevant constructs concerning group work and art therapy in specific relation to psychosis are explored before describing the structure of the group. The discovery of certain relevant issues through creative and expressive means of drawing is highlighted by three case studies. In this manner, these men were able to dialogue their concerns in a symbolic manner, enhanced by music and explored in relation to their own narrative, illustrating a possible way of working with men with enduring psychosis.

## **Introduction**

In this text, the aim is to highlight how men with enduring psychosis express important issues in their lives in a men's art therapy group. The article will briefly outline the setting of these men, as well as their specific suffering and courage. Some background, in the form of a review of group work and art therapy in relation to psychosis, places this particular men's art therapy group within a specific context and tradition. This will be followed by a method section, describing the way this group has been structured. This is followed by case studies. The first case study is detailed in its description and its relation to developmental factors, whilst the two shorter vignettes reveal briefly how important themes for group members emerge in their work. All identifying details have been altered to guarantee confidentiality, and written consent was obtained from each group member.

## **The setting**

This group of men are resident at the mental health rehabilitation centre, named B., in a major urban centre, which is a specialist 40-bed, mental health, rehabilitation service that provides assessment, treatment and intensive rehabilitation combined with a high level of clinical support in a safe environment. It is most suitable for people with persistent, active mental health symptoms and disabilities who have the potential to benefit from intensive rehabilitation, which is strongly recovery-focused. The service supports clients in recognizing their strengths and abilities, with the aim of building self esteem, confidence, skills and coping strategies. Clients are almost always successful in moving on to a more independent life outside of a hospital setting. In order to achieve this, the rehabilitation centre runs an

intensive group and individual programme led by multi-disciplinary care teams working collaboratively with clients in a recovery-oriented environment.

One of the group initiatives is the provision of men's groups, which include a closed men's group of ten men and two facilitators who have named it MIB (Men in B.) with the ironic reference to the movie MIB. In a sense the reference speaks of their isolation, in the way the "men in black" were also isolated and different from others, but it also speaks of the group members' identification with the heroic aspects of the "men in black", who battle many an alien monster, similar to our clients who courageously do battle against alienated and destructive parts within their internal and relational world or schemas. The aim in this group is to explore, through art therapeutic means, what it means to be a man on a physical, psychological and social level. It would also hopefully give these men an opportunity for building friendships.

### **Members of the men's group:**

The men in this group have struggled for many years with enduring psychosis and other severe psychiatric illnesses. All of the men have had their education interrupted due to their illness, and this often means that the use of vocabulary matters. This requires the facilitators to carefully use language that is understood. With voices or strong belief systems that distract, and make focusing on the external world difficult, establishing meaningful relationships becomes even more difficult, often leading to isolation and self-absorption in a harrowing world. For some group members, listening to others in the group becomes difficult when they feel the draw to respond to inner voices or strongly held beliefs.

The influence of past traumas in relation to psychosis is an important consideration, be it physical or sexual abuse (Read, Perry, Moskowitz, & Connolly, 2001; Read, Goodman, Morrison, Ross, & Alderhold, 2004), and most of the men of this group have a history of some form of trauma and abuse leading to delays in their individuation process. Certain substance use also can lead to psychosis, and is common amongst our group members, in that it is either the leading cause of psychotic vulnerability or is a means to self-medicate. Psychosis becomes a means to cope with the inner terror and fear of annihilation. All these factors can emerge as therapy-interfering behaviours. For example, one group member felt overwhelmed by his memories of his father, leapt up, and stated explosively that he did not need this and left the room. Those men that were close to him became anxious, and a sense of discomfort in the group became evident. Given the fragility and anxiety levels at that time, it was decided to contain the anxiety and anger,

as suggested by the literature (Hassan, Cinq-mars & Sigman, 2000), via brief acknowledgement, but also by bringing the group back to the task.

This all has an effect in the group on both clients and facilitators. Concentration difficulties and short attention spans need to be taken into account, so long silences have not been found helpful. Furthermore, most clients are on medication; as one group member said: "It is like walking under water." For the facilitators, this means it was important to be aware of the level of energy and focus in the group. Also, in countertransferential terms, the facilitators at times feel unclear about the processes, and struggle with seemingly impenetrable concrete cognitions. Bion's (1967) notion of psychosis as an attack on linking feels like a lived experience. Debriefing and sharing thoughts after the group has been important for the facilitators, especially with a self-reflective humour about our facilitation.

## **Group work and psychosis**

In relation to the closed men's group at this rehabilitation centre, it is important to note that group therapy for people with schizophrenia has a long history in psychiatric rehabilitation. It is over seventy years now that psychotherapeutic groups became a source of healing in the psychiatric field (Roller, 2006). Even in the earliest groups that were run, participation of the facilitators was part of the group process. Equally in this men's group, the facilitators and any supportive staff member also draw, and share their drawings.

There are numerous reports in the literature supporting the use of groups in the treatment of severe mental illness (Bellack, Mueser, Gingerich, & Agresta, 2004; Heinssen, Liberman, & Kopelowicz, 2000; Lesser & Friedmann 1980). There is some evidence that group work with people with psychosis is beneficial, especially in developing interpersonal or social skills (Kansas, 2005; Sigman & Hassan, 2006). Such results are supportive of the possible therapeutic value of the men's group, and are hopeful for positive outcomes.

In our opinion, a purist approach to group or art therapy work did not seem to be applicable, so a more integrative method was applied, in keeping with a postmodern paradigm. There is also a respect for interpretations to occur in the space between the group member and the facilitator. There is an understanding that neither the facilitators nor the group members are privileged interpreters (Guttman & Regev, 2004). In this way, a dialogue has developed between group members and facilitators as they explore themes that arise.

Especially at the beginning of the group, a more CBT informed approach was used to explore the choice of themes of this closed men's group. This

CBT approach in relation to schizophrenia and groups has been positively reviewed (Bellack et al, 2004; Ritscher 2006). However, there is also support in the literature for a more group-analytical approach with people with enduring psychosis (Hassan, Cinq-mars, & Sigman, 2000; Muchnik & Raizman, 1998). This is especially relevant in the context of this men's group, as the facilitators sought to understand the art therapy interpretations and processes within the light of embedded schemas and psychoanalytical and psychodynamic processes. A psychoanalytically-informed method was also used, especially in the interpretation of the works presented, as well as in understanding developmental factors of individual men. Awareness of transference and countertransference, as well as group processes, has been valuable and enlightening. It could be stated that the inner processes of the men, as well as the group processes, have been made visible through the language of art.

### **Art therapy and psychosis**

In a general sense, and relevant to this rehabilitation centre as an inpatient facility, group art therapy is considered to be a significant intervention for psychiatric inpatient units in order to increase a sense of insight and self-worth, to decrease self-absorption, and to promote social interaction amongst clients suffering from severe psychiatric illnesses (McGarry & Prince, 1998; Molloy, 1997). More specifically, the aim of introducing art therapy to this men's group, like the work with dreams, is an attempt to access, through another language of signs and symbols, the rich boundary between the conscious and the unconscious. Some of the men's cognitive capacity, interrupted educational development, and medication regime make sharing verbally a struggle, and a language through art often allows them more variety in signalling concerns in their inner and relational world or schemas. It allows the men with psychosis to communicate that which is verbally unsaid and unspeakable, exploring unintegrated parts within an inner world in a symbolic manner.

Furthermore, many of the men are adolescents. Some of the men are in their twenties, but through emotional developmental delay, are re-negotiating adolescent developmental demands and needs. Art therapy has been found to be very effective for adolescents, especially in the light of an often expressed awkwardness towards talking therapies (Riley, 2001). Engaging with the group members in a visual conversation or dialogue provides an opportunity for a psychotherapeutic exchange.

The interactive quality of the men's group, as well as the facilitators' participation in drawing, sets up an interactive symbolic communication,

not unlike the well-known “squiggle game” of Winnicott (1971). It is this symbolic play (Klein, 1959) that becomes the precursor to an adult state of self-awareness and fosters access to an inner and relational world. This requires the therapist to create a safe and containing space in which, through dialogue, a nonlinear and symbolic narrative of the self can lead to a sense of “aliveness” (Eisdell, 2005). In this space, the creative expressions of the men in this group function as “transitional objects” (Shaverien, 1997), which means material objects have a special value and allow inner experiences to be externalised and accessed in a relationship. This is a dialectical process of creating meaning (Ogden, 1993), such as occurs in the sharing and dialoguing about the works during the men’s group.

Art therapy, in its own trajectory over time, has a long history in engaging with psychosis or schizophrenia, and the art therapy practiced in this men’s group is situated within this tradition. Jung (1964), one of the earliest supporters of art as therapy, considered art as a projective measure of individuation. This, then, means that the creation and interpretation of expressive works by individuals are considered to be therapeutic by having a “living effect upon the patient himself” (Jung, 1966, p. 48). Specifically in relation to psychosis, there have been three major phases in art therapy. These phases also reflect aspects of the approach used in this men’s group. According to Wood (1997), the art therapy pioneers in the first phase of art therapy (late 1930s until the end of 1950s) worked with those with psychosis without much interpretation, considering the act of expression as healing in itself. At our rehabilitation centre, the joy, and also at times resistance, with which some men engaged with their drawings, suggests that the very act of creative expression had a deep effect on the men. The very act of creation activated and expressed their inner world.

Given the historical context, the second phase (early 1960s until late 1970s) was dominated by the antipsychiatric movement, especially in relation to schizophrenia. More humanistic and existential concerns were raised. Art therapy became a place of refuge from the asylum where madness expressed itself through the genius of the client. This led to a greater emphasis on the client as a person rather than a focus on madness. Our rehabilitation centre, with its strong recovery focus, embodies this throughout the rehabilitative process, and specifically in the men’s group this emerges through their involvement in their choices of themes, and their right to engage and question, as well as to interpret the facilitators’ works and stories.

The third art therapy phase (early 1980s until present) led to a more careful application of psychoanalytical concepts and techniques in understanding the

creative expressions of individuals experiencing psychosis. In relation to this men's group, the idea that images "produced by the psychotic patients do not serve symbolic purpose until a containing relationship is formed" (Killick in Wood, 1997, p. 168) has been a paramount thought which determined the choice of this group being a closed group, so that symbolic images could begin to emerge within a safe and containing space. Also, there is an awareness of the level of interpretation delivered by the facilitators. When interacting with the men, their work and narratives, any explorations or statements by the facilitators were sought in the creative balance or tension of insight into depths of their catastrophic anxiety and their relief of containment (Killick, 1997).

However, it is important to note that the tone of the facilitators is one of positive regard. The men in this group have been severely traumatised and are living in a terrifying world. The aim is to amplify the positive affect, given that positive affect has often not been present in their childhood, and in a form of "mirroring" (Kohut, 1971), a positive sense of self is accessed. The men are always supported in their drawings and in any reflections about the drawings. Transference interpretations are made only in a very gentle manner, although awareness of transference and countertransference is essential for facilitators in order to monitor the therapeutic space of the group and individuals. The hope is that this art therapy group becomes a safe symbolic container for the trauma and accumulated psychotic chaos, helping the men to connect with others in a meaningful manner (Molloy, 1997), and in this rehabilitative process, making this part of a journey towards a recovery .

It is beyond this paper to consider all the intricacies of interpretation in art therapy but in brief, following Seth-Smith's (1997) structured approach, it has been helpful, firstly, to consider the formal structure or creative work—in other words how space on the page is occupied. Secondly, the story or narrative of a group member is attached to the meaning of their images. Thirdly, the image's symbolic functions are pondered upon, and then lastly, keeping in mind the way the image was drawn, the relation of the body to the image is considered. All of this is then interpreted within the light of the person's own developmental narrative.

## **The structure of the men's group**

The specific method of the art therapy used in this men's group is patterned after a creative expressions group run by Sanjetta Sharma, a clinical psychologist at the Mason Clinic. Her clients suffer from enduring psychosis with a severe forensic history. One of the facilitators of the men's group (Ingo

Lambrecht) and Sanjetta Sharma set up a small study group focusing on art therapy and psychosis, which led to an opportunity for co-facilitation at the creative expression group at the Mason Clinic.

At the men's group, the method of the creative expressions group was slightly adjusted, as it seemed that more structure was required. Such structure emerged after a more open approach created too much anxiety in the group. The facilitators chose the music in terms of a theme. The first theme was "father", the second, "mother", whilst the next one was "relationship". These themes had been generated and agreed upon by the group members previously. This seemed to engage the group members more directly when drawing and talking about their works.

A piece of music, evocative of the theme, is played for 5 to 10 minutes. All group members, including the facilitators, then begin to draw silently, which usually takes about 20 minutes. Then one by one, everyone places the drawing in front of himself and speaks about the drawing, and other group members have the opportunity to ask questions or comment, all within the framework of positive regard. Facilitators take the opportunity to explore and interpret according to the theme chosen. There is an awareness of the level of interpretation, for as Greenwood (1997) has stated in terms of technique of art therapy and psychosis, it is essential to first establish containment before deepening the interpretation. The group usually takes about one hour, and the creative works are kept safely for the group members.

### **Some reflections on case studies**

In this section a detailed case study will be outlined, followed by two shorter vignettes that hopefully will briefly highlight valuable themes depicted symbolically in the work by group members. Concerning these expressive works of the group members, the interpretations made are neither exhaustive nor exclusive, but rather one possible reading amongst many.

#### **Group member A**

Group member A created this work after listening to music on the theme of "mother". Group member A is a young man in his 20s, who, in this group session, would sit in the group smiling incongruently, responding to inner voices. Group member A would engage in the group process intermittently, as much as his distractions would allow. He had been at this rehabilitation centre for over one year, being admitted for an enduring psychosis which was drug-induced. There is a strong family history of substance abuse over many generations. He never acknowledged that he had any issues, and did not feel that substance use was a problem. His first use of amphetamines at the age of



13 created an intense sense of anxiety. At the same time in his life, his parents' marriage, defined by alcohol abuse and violence, was ending.

Shortly after this, his parents separated acrimoniously, and he lived with his very absent father in another country, seeing his mother only over summer holidays. He returned to his mother when studying, and his cannabis use



led to paranoid ideation with intense terror during many psychotic episodes, as well as a suicide attempt via overdose. During this time his mother was very supportive, as she still is. Currently there seems to be very little contact with his father, who lives overseas. Group member A was described by his family as a bright, shy, gentle and helpful person with a good circle of friends. He had just recently gone through a difficult time, with an increase in voices and paranoid beliefs about being murdered. He had stopped taking his medication and only recently had begun to receive it in liquid form. He had improved

somewhat, and he seemed less withdrawn and terrified.

Group member A had difficulty starting to draw, and required support to begin his drawing. His gaze towards the facilitator was certainly ambivalent, and at first suspicious, which quickly shifted as his suspicion was acknowledged. He then got involved in his drawing and he remained focused throughout the drawing. He drew his mother's face in a clear and strong manner. In fact, the outline of the head has the shape of a heart, and considering his developmental history, it is evident that his mother is an important and positive person in his life. She has been very supportive of him, and even in his most paranoid states, group member A could at least tell his mother about his terrified thoughts.

On some important level, group member A has a deep sense of trust concerning his mother. It could be interpreted that the image of his mother is also disembodied, a head floating in an empty space, and in group member A's



case, suggests somewhere an unreal and possibly idealised view of his mother, an idealization that he transfers to women and his relationships generally, but not to men. This could explain why he shows very little interest in the work of other group members. It could, however, also be based on his experiences with his father, in that men are not always a stable base in the establishment of a relational schema. It is possible that he does not feel safe with men, and in reaction could be experiencing an internal rage and self-destructive aggression, as is evident in his paranoid thoughts of others (usually men).

His comments about his drawing when he laid down his paper for the group to see were very short about this being his mother. The other group members leaned forward to hear his soft voice. When the heart shape was highlighted, he stated very quietly that he loved her. One facilitator stated in a positive tone that his hand could suggest that he is reaching out to her. He said yes, smiling, leaning back and relaxing. Given his improving mental health, and the fact that he could go home for a visit again, it was thought that the reflection had touched upon his hope to reconnect with his mother more emotionally, and that his body posture mirrored the sense of well-being around this relationship being acknowledged in the reflection.

The facilitator internally wondered whether, despite the clear gentleness in which the fingers touch the face of his mother, much like an infant reaching for his mother's face, the hand itself was drawn much more softly and with a very thin arm. It suggested that group member A did not feel that secure about reaching out to her. He might not have the capacity or strength (thin arm), and therefore may feel less secure about being able to reach out to her. It was then that the facilitator noticed that the mother's face expressed a certain sadness or melancholia, and group member A knew that his mother was sad that he had not taken his medication.

Possibly this drawing was actually not so much only about his positive feelings towards his mother, but also a symbolic expression about seeking reparation with her in relation to his last psychotic episode. It could also relate to group member A's developmental story with his mother, who left him at the age of 14 to deal with her own sadness, and that in some sense his idealization could in part be an attempt to cover up his anxiety around his dependency on her. Although currently dependable, she has not always been available and consistent. At one stage she was involved in her own pain with her marriage relationship and then left the country, thus suggesting at times emotional unavailability and a real absence.

Interestingly, as the drawings of other group members were discussed, group member A took out a sample of a brown crème from a women's magazine

that he had used as a support to draw on. He opened the satchel and smeared it over the hand, and a look of triumph occurred. In a dialectical manner, after his need for contact with his mother had been expressed, the opposite need for separation and individuation emerged, and possibly paranoid fears and anger were raised that needed to erase and cover up his own neediness and dependency. It was only realised afterwards that this fitted in with his current developmental phase of separation and individuation, and that in the forming of his adult self, group member A was still struggling with his intense dependency on his mother, and that positive feelings were not the only dominant ones present in his inner world towards his mother.

This is also very evident in other rehabilitative processes during which group member A denies his vulnerability and needs, yet has not sufficient personal capacity to fulfil his dreams. So he will apply for jobs that are far beyond his current capacity, in a manner that becomes self-destructive. It has been difficult for group member A to acknowledge his split-off needs for dependency and support. His dissociated fear and rage against this dependency is expressed, in the refusal of any help or support, as paranoid experiences. At the same time he always wants to go home and stay with his mother. He is trapped in a dialectical dilemma. However, he has at times acknowledged this dialectical process in his own psychotherapy as “two parts battling” within him. A central part of his journey in recovery has been to support him to acknowledge and accept his needs and thereby address the denial of his vulnerability, and also then to strengthen gently a growing and adaptive self that reaches his dreams in a measured manner.

It could be argued that in this drawing, not only are group member A's own rich dynamics reflected, but also to some degree these are the struggles of all young men in their archetypal journey of individuation, between their dependency needs and their need for independence. It is beyond the scope of this paper to address a full account of male development, but the case study of group member A may highlight some major common developmental themes, such as trust versus distrust (Erikson, 1963), not uncommon in certain clinical subgroups of psychosis, namely trauma-related or anxiety-based psychoses (Kingdon & Turkington, 2005).

His psychosis could be understood as an extreme expression of common men's issues around the fear of dependency upon mothers and women, and the associated Oedipal guilt and shame—in other words, being the “mama's boy” (Moore & Gillette, 1991). In one male group context, Rowan (1991), as a facilitator, notes in a Jungian manner: “Men are really afraid of female power, and find it very hard to come to terms with. But the way to come to

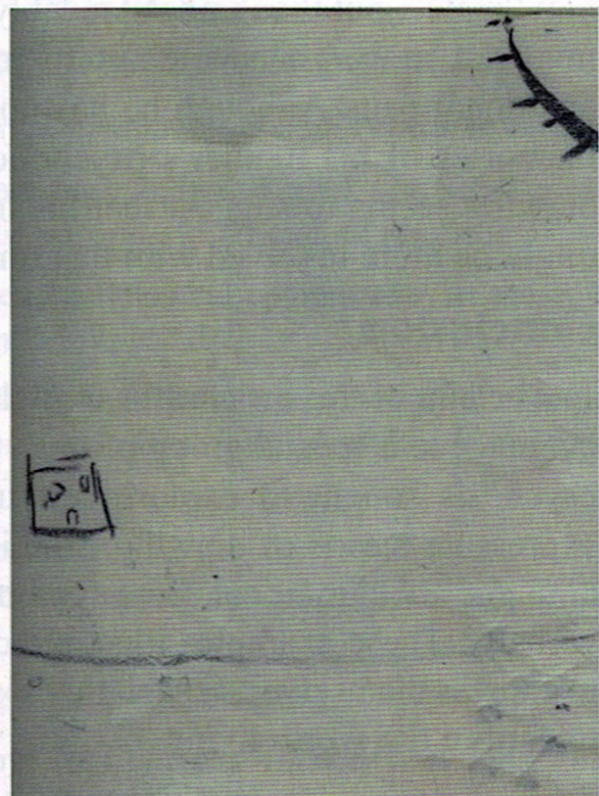


terms with female power is to worship it” (Rowan, 1991, p. 92). Possibly, group member A’s way of coping with his abandonment fears is to idealize his mother. This idealization in turn was negated with the covering of the hand with crème, an expression of his anxiety about and rage towards dependency, which then in turn led to paranoid and terrified thoughts of being attacked. It could be argued that for group member A, the absence of a supportive and protective male in his earlier years has led to difficulties in not being able to separate from his mother currently.

Freud (1973) believed that in the son’s mind, the father’s body represents the law, and that the role of the father’s body is to modify the attachment the son feels to the mother. This becomes the path through the Oedipal triangular relations of identification and desire, which is resolved with the son expressing a desire to become like his father, rather than to be or to replace his father. This can be seen as a basis of masculine identification, and such idealization and identification provides the son with a firm grounding in his own masculinity. Physically and/or emotionally absent fathers lead to difficult separations from mothers (Bly, 1991), thereby bringing about emotional developmental delay in male identity. The presence of the father’s body during the son’s developmental phases is integral in the son developing a positive sense of self as a male (Corneau, 1991). Group member A, in his current psychological development, has not as yet developed a strong sense of self, which of course affects his sense of his masculinity, a theme that did emerge in psychotherapy. He feels inadequate about how to approach women, yet he also idealises women. He is still within an emotionally delayed adolescence, and given that adolescence could be considered a second individuation process (Kroger, 1989), group member A is working through this process both as a man and as a person within the extreme state of psychosis.

### **Group member B**

Group member B drew this work in the group when the focus was on “relationship”. Group member B suffered from enduring psychotic episodes and has improved significantly. He was severely traumatised by the bullying and violence in various inpatient units.





He has been at this rehabilitation centre for many years, and his ways of expressing rage emerge in a passive aggressive manner. During the group he would often withdraw, while covering the drawing with his arms. He was very reticent about talking about this drawing. At one stage he needed to be protected from the bullying and aggressive stance of another group member, the group thereby re-creating a parallel process of his own trauma and also possibly evoking past aggressive relations with other men. His hesitant way of drawing and the lack of grounding for the house suggest that he is still not feeling secure. The sun, however, seems to symbolically hint at some hope for the future. It was suggested in the group that this may reflect group member B's current condition, in that he is about to depart the unit, having completed his stay, and it seems that although he does not feel secure about this move, he is nonetheless hopeful of his future. Group member B agreed with the interpretation.

### **Group member C**

This drawing occurred during the focus on the theme "mother". When group member C drew this work, there was little knowledge at that time about his own developmental narrative, and it turned out that his mother's eyes and smile in this drawing strikingly depict his experiences of his own mother's severe post-natal psychosis when his younger sibling was born, which occurred when he was five years old. She would smile and call him "mate", but then understandably be totally involved in her own attempt to manage her emotional pain. Although he has no conscious memories of his mother's psychotic state, his drawing seems to suggest that his inner world might be more involved with that time than his conscious self realises.



### **Conclusion**

The aim of this article was to highlight the possibility of giving a voice or language to a special group of men. In this closed group, men with enduring psychosis sought to explore certain relevant issues through creative and expressive means of drawing. In this therapeutic manner, they were able to dialogue about their concerns symbolically, enhanced by music and explored verbally. These examples illustrate one among many ways of allowing men to express themselves, especially those journeying through terrible challenges towards a life worth living.



Generally, some professionals consider that psychotherapy is unsuitable for clients with schizophrenia and/or enduring psychosis. A second aim of this article was to suggest three major advantages of working with men who have enduring psychosis. Firstly, an art therapy group allows facilitator access and assess major psychological themes of the client in a non-verbal manner, which is at times valuable if a client is reticent in communicating verbally. Secondly, the themes emerging in the art therapy group allow for further exploration within more in-depth individual psychotherapy sessions, and finally, art therapy gives the client an opportunity to develop a capacity to language emotional themes and symbolic expressions of self. These three skills are an essential feature for entering psychotherapy, as well as for social interactions which are often so inaccessible to clients suffering from schizophrenia and/or enduring psychosis.

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