

8. THERAPEUTIC AND EDUCATIONAL POTENTIAL OF COMBINING COGNITIVE BEHAVIOURAL THERAPY AND ART – QUALITATIVE ANALYSIS OF A CASE STUDY

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Abstract: *Cognitive behavioural psychotherapy is, just like other psychotherapeutic systems, of an eclectic nature. Should a therapist be successful across a wide range of issues, he/she needs to be adaptable, flexible and eclectic in terms of the techniques applied. Eclectically oriented therapists use a wide range of interventions; however, they adhere to individual theoretical structures. The aim of the paper is to point out the application of a combination of artistic activities within the system of the Cognitive behavioural therapy. For this purpose the paper presents a qualitative analysis of two case studies. We formulated the following research questions. Can the methods of combining the cognitive behavioural therapy and art accelerate the course of therapy? Can the methods of combining the cognitive behavioural therapy and art be perceived by the client as effective? The phenomenon investigated in the case study is a functional analysis of a client's case and subsequent application of therapeutic and educational techniques of the Cognitive behavioural therapy and art. In both case studies it was demonstrated that the involvement of therapeutic elements accelerated the course of therapy. The clients in the research sample assessed the therapy as beneficial.*

Key words: *cognitive behavioural psychotherapy, arts, special education, behavioural drama*

1. Introduction

The cognitive behavioural therapy originated in 1970s by integrating behavioural therapy and cognitive therapy. The essence of behavioural therapy is an analysis of an individual's apparent behaviour in a problem situation, and its core principle is to strengthen desirable behaviour. The aim of cognitive therapy is to analyse thinking, opinions, beliefs and attitudes. Generally speaking, the cognitive behavioural therapy attempts to analyse maladaptive patterns of thinking and behaviour, explain how these patterns originated and what maintains them, and in the course of therapy helps the patient substitute them with more suitable, constructive and effective strategies to mitigate or eliminate the patient's negative emotional experience.(Chandler, L., Dahlquist, C. 2002). The core features of the cognitive behavioural therapy are as follows. These include:

- Time limitation.
- Structured nature and directiveness.
- Intensive therapist-client cooperation.
- Focus on the present.

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- Concreteness and boundedness of the monitored phenomena.
- Scientific nature.
- Educative nature.
- Primary focus on problem maintaining factors.
- The therapeutic procedures applied are not the aim themselves, but rather a means to achieve a particular objective agreed between the client and the therapist in advance.
- CBT focuses on specific changes in life.
- CBT is of a scientific nature.
- The ultimate goal of CBT is client independence. (Praško, 2007)

The Cognitive behavioural psychotherapy (CBT) is, just like other psychotherapeutic systems, of an eclectic nature. However, its eclecticism is not boundless. Should a therapist be successful across a wide range of issues, he/she needs to be adaptable, flexible and eclectic in terms of the techniques applied. An ethical therapist will use techniques that seem beneficial irrespective of their origin. However, the therapist must be cautious before enforcing any theories that brought forth a specific procedure. In fact, methods or techniques can be effective for reasons other than those that gave rise to them. Eclectically oriented therapists use a wide range of interventions; however, they adhere to individual theoretical structures. (Lazarus, 2005) The following text concerning the combination of art and CBT is based on this assumption.

2. Selected methods of cognitive behavioural therapy and their combination with art

Exposure methods

Avoiding unpleasant situations and security behaviour leads to maintaining negative convictions. Therefore it is important that therapy encourages the client to actively face situations that he/she fears. CBT methods suggest that an individual is repeatedly and systematically exposed to situations that lead to anxiety. (Praško, 2007). Praško further describes the importance of exposure. After being exposed to a stimulus that causes fear and anxiety, very quickly – within a few tens of seconds – the feelings experienced by the client become very unpleasant, and sometimes unbearable. This period is referred to as the **sensitization stage of anxiety**. If the client aborts the exposure during this stage, anxiety decreases quickly, but is of the same intensity next time. The next stage is called **habituation** – this is a period during which anxiety maintains roughly the same level. This can last from several minutes to several tens of minutes. Habituation time extends, if anxiety is maintained by automatic anxious thoughts. After some time, however, anxiety decreases – this period is called **desensitization**. Even during desensitization anxiety might increase temporarily, but gradually decreases to an acceptable level. If the client is repeatedly exposed to feared stimuli and situations, anxiety gradually decreases to a lower level and habituation time shortens. Generally speaking, after repeated exposures, anxiety disappears completely from specific situations. In some cases, a single exposure is sufficient to eliminate anxiety. Exposure can be observed in three tiers.

1. In vivo exposure, i.e. exposure to an external situation (go out to meet people, go shopping, talk in front of people).
2. Interoceptive exposure, i.e. exposure to internal stimuli (heart palpitation, dizziness).
3. Exposure in imagination, i.e. exposure to an idea or reminiscence of a feared situation and its worst consequences.

Exposure techniques offer a wide range of applications in expressive therapies. It only depends on which muse will inspire us. The following techniques describe the combination of the exposure method and artistic means.

Exposure by means of creative drawing

This is a frequently used technique of work, particularly with children. An object that raises anxiety and fear is drawn by a child on paper using colours. Then the child can better describe the object of fear and talk about it. An example might be when a child draws ghosts from nightmares. The drawing of a ghost might sometimes reduce anxiety. We can also ridicule ghosts or make friends with them. Another option is to project a different supernatural being to protect the child.

Exposure in the role

This method uses drama techniques. A scene is staged that causes fear and anxiety in the client, then the scene is acted out. Sometimes a substitute story can be used, in which the main characters deal with a similar situation (see further, behavioural drama).

Exposure by means of reading

Reading appropriate literature can induce the client's relief. It is important to make sure that the main character of the book is in a similar situation as the client. Reading such story might be unpleasant for the client. Here it is important to educate the client about the stages of exposure. In most cases, the client reads appropriate literature at home and there is a risk of putting the book away during the sensitization stage of anxiety. Examples of appropriate literature may be: Hana Androniková: Nebe nemá dno – clients with cancer, Eve Ensler: The Vagina Monologues – issue of rape. The application of appropriate literature should always be governed by the client's needs and be clinically supervised.

Exposure by means of artistic production

An important role in gradual desensitization might be played by various theatre performances, artistic performances, films or other audio-visual material. Again, this type of production should be selected according to individual client's needs. An example might be the treatment of the posttraumatic stress disorder in soldiers who return from war zones through repeated exposure to situations in which the disorder occurred by watching war films.

Role playing

A method closest to the concept of expressive therapies is a technique used by CBT, i.e. role playing. This method is used to analyse the patient's behaviour in a specific situation. It is much more informative if the client shows what happened instead of retelling. This method is mostly used in training social skills and assertive behaviour. (Praško, 2007)

Change of cognitive schemas by role playing

Another method of CBT using drama is the Change of cognitive schemas by role playing. This technique is used by CBT therapists when they have mapped the dysfunctional schemas and negative core convictions. This technique uses a number of procedures such as the empty chair, self-dialogue, role swapping, double. Instead of imagining roles in their minds, the clients act them out. These scenes may take place between the therapist and the client or between the clients in a group therapy.

Behavioural drama

As already mentioned, behavioural therapy aims to develop desirable behaviour and suppress negative behaviour. Role play is the core method of drama therapy to achieve a change. If we use a proven technique of positive conditioning and complement it with role play, this combination is in fact the behavioural drama method. Behavioural drama can be defined as deliberate, systematic and scientific application of drama resources in order to induce a positive change in the client's behaviour and to eliminate undesirable behaviour through systematic guidance. In this context, the drama resource is the role play method. Contrary to behavioural therapy, this approach includes an aesthetic distance, which allows an individual to detach from emotional experiencing, which is for some time replaced with experiencing the role character, at the same time however, the psychological conflict takes place in the client's ego. The objective of a subsequent verbal analysis is to highlight the benefits that the new behaviour brings to the individual. (Růžička, 2014)

Training anger management

In the context of traditional CBT, training anger management consists of the following steps:

1. The therapist explains to the client which factors affect an angry reaction.
 - a) Risk situations, circumstances, and triggers that can cause an outburst of anger.
 - b) Inner feelings of the client that can induce an angry reaction (stress, fatigue).
 - c) Thoughts, reminiscences, ideas and attitudes that confirm aggression as correct and required (rationalization of aggression).
 - d) Skills of the client that allow neutralization or strengthening of these internal triggers.
2. Subsequently, the therapist together with the client draft a list of these factors. In this way the client usually begins to understand which factors present a risk and cause angry reactions. Using the elements of expressive therapy, the therapist can innovate the programme by helping the client find a suitable piece of art and fictional character (or a real figure from the history), who experienced these situations in a similar way, and then they jointly analyse the implications of this behaviour for this character.
3. The next step is a joint development of skills of reacting to anger triggering situations in various ways. Possible intervention areas are controlling the triggers, thoughts, behaviour changes, searching for a different source of relief other than an outburst of anger.

4. The last step is to find an alternative cognitive self-confirmation that helps the client cope with these situations. It appears convenient to act out these situations in a drama context. An interesting technique in this respect may be a dialogue of positive and negative thoughts and its subsequent drama performance, which can also be non-verbal. It is also possible to use other muses to complement the drama aspect. The following techniques represent expressive therapies that CBT therapists may work with in this stage.

Non-verbal conflict technique

As already mentioned, this is a technique based on recalling the client's thoughts that led to a negative aggressive reaction. These thoughts are analysed in order to develop a figure that characterizes these cognitions. Subsequently, a character is developed according to alternative thoughts depicted by the client during a therapeutic interview. A subsequent non-verbal conflict of these two imaginary characters might be performed by fellow clients in a group, or one of the characters might be performed directly by the client. The purpose of this technique is to understand the necessity to change thinking in situations that previously led to a conflict.

Sculpting technique

The technique is based on non-verbal expression of the experience of own aggression. The client models sculptures using other clients. These sculptures represent the stages of the client's reactions in a conflict. First, sculptures are modelled, and then a joint reflection session is held on what the client realized in this process. (Růžička, 2014) Other techniques for better understanding of own aggression may include the **abstract drawing technique** or the **music production technique**. In both, the client projects aggressive feelings into art.

3. Research methodology

Research questions:

Can the methods of combining the cognitive behavioural therapy and art accelerate the course of therapy? Can the methods of combining the cognitive behavioural therapy and art be perceived by the client as effective?

Method: Case study

The general definition of case study suggests that it is an intensive study of a particular case, i.e. one situation, one person, one problem. (Liščiaková, 2015, Silverman 2005) This method was selected for the analysis of the above defined research questions. The investigated phenomenon is a functional analysis of a client's case and subsequent application of therapeutic and educational techniques of the Cognitive behavioural therapy and art. The application of this method always includes deliberate sampling. The sampling in our study focused on clients with drug addiction who had experience with expressive therapies in therapeutic communities.

The very structure of the case study is based on the methodology of the Cognitive behavioural therapy. At the beginning, the clients' medical history was traced. Then we performed a functional analysis consisting of the description of the following phenomena: predisposing factors, trigger factors, vicious circle of the problem, short-term and long-term consequences, and

maintenance factors of the problem. Based on the Cognitive behavioural functional analysis the problem was formulated and the client's order defined. After that the therapist suggested and applied therapeutic techniques of the Cognitive behavioural therapy combined with artistic methods. Then the client's desired change was assessed.

4. Analysis and interpretation of research results

Case study No. 1

Female M (22 years old)

During adolescence she took methamphetamine, after a toxic psychosis she has abstained for nearly three years. She has continuous haunting thoughts that her environment sees her as a junkie. She has anxious feelings that she might be linked with drug addicts. She has concerns that she may lose her job if people at work find out. She is anxious to maintain abstinence.

Family and social history

She was raised by her mother, grandmother and grandfather. She likes her family very much. Although she lives in a different town she often visits her family. The family supports her and helps her in difficult moments.

Predisposing factors

When she took drugs she suffered from strong paranoid fantasies, which now return in her dreams.

Precipitating-triggering factors

In critical situations (job competition, communication with the management, date) she suffers from a compulsive feeling that everyone will find out that she is a "junkie".

Vicious circle

Triggers: An important event that might affect her life.

Cognition: They certainly know that I am a junkie or it will soon find out.

Emotion: anxiety, withdrawal, sadness

Physical reactions: butterflies in the stomach, tight throat

Behaviour: falling into lethargy, nervousness, memories of horrifying past

Consequences:

Loss of self-confidence, fear of the future, fear of losing a job, fear of not having a partner...

Maintenance factors

Regarding the fact that she was previously a client in an aftercare programme, she knows people with drug history in the town. They often come to McDonald's, where she works, or they apply for a job there.

Formulation of the problem, client's order

Get rid of negative thoughts, relieve anxiety from stressful situations.

Methods applied on the border between Cognitive behavioural therapy and art.

Change in cognitive schemas by means of role playing, sculpting, exposure through creative drawing.

Result

The client learned to identify the triggers of her anxious behaviour and to deploy the so-called anti thought. As a result of role training she gradually managed to reduce anxiety in stressful situations.

Case study No. 2

Male (30 years old)

He has been treated for opiate addiction for a long time. He has abstained for the last 5 years with two relapses. He has just completed an aftercare programme, but wants to continue therapy. He works in an advertising company; his responsibility includes advertising production and customer communication. Besides work he is enrolled in a combined university course. His hobbies include active sport. Despite his achievements in work and in school, he suffers from very low self-confidence. His personality is of a performance-oriented type. Long-term performance behaviour results in opiate lapses.

Family and social history

He comes from a divorced marriage. The divorce took place when he was 10 years old. Paul's father is a relatively prominent personality and wanted his son to be successful as well. After the divorce, he lived with his mother. He has taken heroin since 15 years of age, but managed to stay in a family environment until graduating from secondary school. After that he left home. He alternately worked and took drugs until 25; at that point he decided to begin treatment.

Predisposing factors

As the only son he was constantly compared with his father's success. Here I see the possible cause of his low self-confidence. The parents' divorce and subsequent moving house did not help either. The first drug he tried in his life was heroin intravenously. Even during a period of long abstinence Paul cannot imagine a greater pleasure than H.

Precipitating-triggering factors

During abstinence periods when he is fine socially and in work he suffers from hatred toward other people. He reflects on his life, he is thirty and tries to come to terms with his past. He begins to be oversensitive to all people of his age who have achieved something.

Vicious circle

Triggers: Confrontation with a more successful person of his age.

Cognition: He is a "son of a bitch", he is a loser and so am I

Emotions: anger, retreating within oneself, hatred towards the environment

Physical reactions: tremor, accelerated breathing, tremble

Behaviour: avoiding the person concerned, offence. Loss of contact with the environment, craving for heroin.

Consequences:

Short-term: relief,

Long-term: loss of contact with the social environment, decreasing popularity in the team. His surroundings judge him as very moody.

Maintenance factors

Regarding the absence of their drug career, many people he meets (as a result of his work and hobbies) are further ahead than he is.

Formulation of the problem, client's order

Get rid of negative thoughts, get along with other people.

Methods applied on the border between Cognitive behavioural therapy and art.

Change in cognitive schemas by means of role playing, training anger management, non-verbal conflict technique, sculpting technique, exposure by means of reading, behavioural drama.

Result

As a result of cognitive training he managed to change his thoughts in cases in which triggers occurred. He gradually began to socialize more. He thinks that the application of drama methods is beneficial.

5. Discussions

As already mentioned, both clients had some experience with art therapy in previous treatment in a therapeutic community. Using artistic means for community work is relatively common in the Czech Republic. In most cases however, these are group activities. Therefore, the first step was to motivate the clients for this type of work in the context of individual psychotherapy. The clients were inclined to these techniques. The change in cognitive schemas by means of role playing was carried out with both clients after dysfunctional schemas and negative core convictions had been mapped. A number of procedures were used, including the empty chair, self-dialogue, role swapping, therapist-client double.

In the first case, the client was in one armchair in the role of a regular abstaining employee of a company; her alter ego was the original "junkie past". A Socratic dialogue was held about what supports and disproves her being considered a junkie. This process strengthened the rational attitudes of the current self-experiencing by the clients. After that the therapeutic process used the sculpting techniques and exposure by means of creative drawing. The sculpting method was used to project emotions through the alter ego – therapist in the role. This resulted in the realization of physical experiencing of stress and emotional experiencing. Exposure by means of drawing led to alleviated anxiety during meetings. The client drew comics related to her working environment with a humorous overtone.

In the second case, this again involved training of role playing assisted by the therapist. The therapy used the theme of the novel: *The Strange Case of Dr. Jekyll and Mr. Hyde* by the Scottish author Robert Louis Stevenson. The exposure by means of reading was followed by a role dialogue in the context of behavioural drama. After subsequent verbal processing, the client gradually accepted his own "shadow" and own negative aspects. The aim of other training drills was to strengthen communication skills in the client's social environment. After initial hesitation, both clients perceived the therapeutic sessions with based on artistic means positively, and tried to apply the elements achieved during

therapy in their real lives. Accordingly, other therapists have similar experience with the application of such activities. One example is the application of the elements of Gestalt therapy. (Polínek, 2009) Also this area includes successful case studies.

6. Conclusions

The application of the elements of art in the Cognitive behavioural therapy is feasible and provides a number of methods and techniques that may be useful for the client. A precondition is the client's motivation and interest in one of the forms of artistic production. The aim of the paper was to describe these methods and to perform a qualitative analysis of two case studies. The methods mentioned in these studies proved beneficial and provided therapeutic overlap into the social lives of both clients. In the first case the client learned to identify the triggers of her anxious behaviour and to deploy the so-called anti thought. As a result of role training she gradually managed to reduce anxiety in stressful situations. In the second case the client, as a result of cognitive training, managed to change his thoughts in cases in which triggers occurred. He gradually began to socialize more. Both clients believe that working with art in therapy is beneficial. After analysing the two case studies, we can conclude that in both cases the combination of the cognitive behavioural therapy and art accelerated the course of therapy. The clients perceived the methods of combining the cognitive behavioural therapy and art as effective.

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