Professional paper

Art Therapy Practice in Psychiatric Institutions: Selected Clinical Processes

Contributions by Students of the University Specialist Postgraduate Programme in Creative Therapies (Art Therapy Specialisation)

Assist. Prof. **Mia Janković Shentser**, univ. spec. art. therap.
Croatian Art Therapy Association, HART
miajashe@gmail.com

Prof. Dr. Art. **Jasmina Pacek**, univ. spec. art. therap.
Croatian Art Therapy Association, HART
jasminapacek@yahoo.com

Jasmina Lesić, univ. spec. art. therap.
Croatian Art Therapy Association, HART
jasmina.lesic@gmail.com

Andreja Rom, MA, art therapy intern
Croatian Art Therapy Association, HART
andrejarom@yahoo.com

Vesna Matić, univ. spec. art. therap.
Croatian Art Therapy Association, HART
Vesna@vesnamaticart.com

Krunislav Stojanovski, mag. art; univ. spec. art. therap.
Croatian Art Therapy Association, HART
krunislav.stojanovski.kiz@gmail.com

Abstract

In 2016, a new University Specialist Program in Creative Therapies was established at the Academy of Arts and Culture in Osijek, University of Josip Juraj Strossmayer. The program comprises four therapeutic tracks: art therapy, music therapy, drama therapy, and dance and movement therapy. In addition to medical, psychotherapeutic, and arts-based coursework, art therapy students complete 400 hours of supervised clinical practice.

The focus of this paper is exclusively on clinical art therapy practice within psychiatric settings. This review presents selected practice examples from interns and alumni of the University Specialist Program in Creative Therapies, Art Therapy Track, conducted in Croatia and North Macedonia. Exceptionally, and considering the regional and setting context, one example is included from an alumna whose practice was conducted prior to enrollment at the Creative Therapies Program.

Clinical art therapy practice was carried out in psychiatric clinics in Zagreb, Osijek, and Rab (Croatia), as well as in Skopje (North Macedonia). The implemented art therapy processes included work with art therapy protocols (Mask, Bridge), a structured psychoeducational program for war veterans, a short-term individual art therapy process, and an illustration of resonance within a group context.

The outcomes of these practices indicate the effectiveness of art therapy in reducing anxiety, strengthening resilience, enhancing self-understanding, afirming personal identity, supporting emotional stabilization, and shifting focus from illness toward growth and recovery.

Although this paper presents a collection of short-term therapeutic processes, it offers a valuable and illustrative overview of the diversity of applications and the richness of processes that art therapy provides.

Keywords: art therapy; clinical practice; art therapy in psychiatric institutions

Introduction

Given that art therapy originated within psychiatric settings at the turn of the 19th to the 20th century (Pražić, 1987; Kramer, 1971; Naumburg, 1966), and was formally established as a therapeutic approach by the mid-20th century following recognition of the positive effects of visual expression on psychiatric patients, it is not surprising that this tradition has continued into the early 21st century.

In 2016, the Creative Therapies University Specialist Program at the Academy for Arts and Culture in Osijek, at the Josip Juraj Strossmayer University in Osijek, was founded with four tracks (art therapy, music therapy, drama therapy, and dance and movement therapy). Since then, four cohorts have obtained the title of university specialist in creative therapies. For the first time in Croatia, this program established a systematic and academically grounded framework for professional creative therapies practice in healthcare, educational, and social institutions, as well as in private practice. The education follows international academic standards and includes theoretical instruction in three core areas—medicine, psychotherapy, and the arts—alongside clinical practice supported by weekly supervision. At the practice sites, trainees typically work independently, although mentorship and supervision are ensured through department or unit heads within the clinical institutions.

Art therapy is a specialized mental health profession that utilizes the creative visual process as a therapeutic medium to foster emotional, cognitive, and social functioning. This process enables clients to express and communicate internal experiences, facilitates self-understanding, and contributes to psychological recovery (American Art Therapy Association [AATA], 2017).

Although this definition is not yet fully supported within the Croatian mental health system, experiences from clinical practice indicate existing opportunities for collaboration between art therapy and psychiatry, as well as openness among mental health professionals to the inclusion of art therapy within this broad field of practice.

Examples of Art Therapy Application in Psychiatric Institutions

This section presents clinical practices conducted by trainees and alumni of the University Specialist Program in Creative Therapies, Art Therapy Track, implemented at the Psychiatric Clinic Sveti Ivan (Zagreb, Croatia), Psychiatric Clinic Vrapče (Zagreb, Croatia), Psychiatric Clinic of the Clinical Hospital Center Osijek (Osijek, Croatia), Insula County Special Hospital (Rab, Croatia), and the University Psychiatric Clinic at Ss. Cyril and Methodius University in Skopje (North Macedonia).

Art Therapy Practice at the Psychiatric Clinic Sveti Ivan, Zagreb

Art therapy intern Vesna Matić conducted clinical practice at the Psychiatric Clinic Sveti Ivan, within the Day Hospital for Integrative Psychotherapy, totaling 60 hours.

Setting

Group sessions lasting 90 minutes were held once a week over a three-month period with two adolescent groups, in a room designated for group therapy, educational, and creative workshops within the clinic. Privacy during sessions, storage space, and a range of art materials were ensured. Clinical supervision was provided by Antonia Vuk, MD, psychiatrist.

Participants

The open group consisted of 15 – 20 participants. Due to personal data protection regulations, no patient information beyond first names was available to the trainee. Over time, it became evident that the therapeutic group was heterogeneous, including participants with personality disorders, mental health dificulties, and substance use issues.

Approach

The therapeutic work integrated an art therapy approach with elements of Ge-

stalt therapy, with particular emphasis on awareness of personal experience in the "here and now." The aim was to provide emotional support and opportunities for emotional regulation, encourage mutual support within the group, and offer a safe and structured space for participants to become aware of and process challenges they face, facilitating successful reintegration into the community (e.g., education, employment).

Structure of Sessions

During the first two sessions, participant assessment was conducted using the Person Picking an Apple from a Tree protocol with the FEATS rating scale (Gantt & Tabone, 1998), the Bridge Drawing, and the Mask protocol. Subsequent sessions adopted a less directive approach, allowing participants to voluntarily share personal experiences, emotions, and prevailing thoughts.

Each session began with the presentation of the art therapy process, followed by creative work, and concluded with sharing personal processes. Particular attention was paid to group dynamics; over time, sharing became more pronounced and mutual support strengthened. Supervision followed each session, which proved especially valuable in working with nonverbal patients. At times, additional hospital staff participated in supervision.

Vignette From an Art Therapy Group at the Psychiatric Clinic Sveti Ivan

During the eighth session, the group chose to continue a theme from the previous meeting: "It is much harder inside than it appears from the outside." The trainee suggested mask-making, which the group accepted. The mask protocol symbolically represents how individuals present themselves socially on the outside—rooted in Jung's analytical psychology as the archetype of the Persona (Jung, 1968/1981)—as well as what they conceal from others on the inside (the Shadow archetype). The mask thus becomes a safe container (Klein, 1946; Schaverien, 1992) for both manifest and hidden internal content. It also offers protection, as individuals speak about the mask rather than directly about themselves (projection).

In a subsequent exercise incorporating elements of drama therapy, participants "walked" their masks, embodying personal experience. They were then invited to place the masks in the room and observe them as passersby. The question emerged: "What is behind the mask?" followed by further creative work and sharing.

Case Illustration Within the Group

One female participant chose a pencil and drew two sides of a face on the outside of the mask, divided by a vertical line. The left side was drawn with precise, calm strokes, demonstrating control and careful attention. On the right side, she introduced color using freer, short, sharp strokes, which she described as "bleeding." She explained the left side as "trying to be attractive and good — the mouth is sewn shut so it is calm and harmless." The right side she described as "frightening, pushing people away, but actually bleeding and in pain."

On the inside of the mask, drawn on a separate sheet, the participant used pastels with rapid, forceful, longer, and thicker

Figure 1

Outside of the mask: Two faces

Image used with permission of the author.

Figure 2

Unutarnja strana maske Rotirani vulkan

Image used with permission of the author.

strokes to depict a volcano. Initially black, she then added red, yellow, and traces of green, with increased bodily engagement evident during the drawing. She described feeling an internal explosion and stated that she "knows how to say a lot," though she tries to restrain the "explosion." At the trainee's suggestion, she rotated the drawing of the volcano and observed it from different perspectives, concluding that when horizontal, the explosion moves toward one side — the right — while the other side is "sharply cut off." Asked what else she associates with "cut off," she replied, "Well, the mouth is cut off on the right and sewn shut on the left... maybe I'm too silent, and then I explode."

When asked whether she would change anything or felt the drawing was com-

plete, she added, "Maybe if the mouth weren't sewn shut in the first drawing — at least let it speak a little." Asked what she would take from the session, she responded, "Maybe a bit of balance." Asked where she feels that balance, she replied, "On the lips."

This case illustration depicts an individual process within a group context that led to insight into personal behavior, emotional communication, and the internal processes underlying them. Continued work could support emotional regulation and improvement of social skills and relationships.

Conclusion

Working with masks significantly informed participants about personal processes related to internal and external relationships. Patients explored contrasts and conflicts between the "true self/inner mask" and the "social role/external mask." For some, revealing "what lies behind the mask" visibly reduced anxiety and fostered a sense of control through the creative act. Group support enhanced feelings of acceptance and belonging, further strengthening the therapeutic impact.

Art Therapy Practice at the Psychiatric Clinic Vrapče, Zagreb

In the next segment, two clinical vignettes from the practice conducted by Mia Janković Shentser at the Rehabilitation Department of the Psychiatric Clinic Vrapče are described. A total of 83 hours of group art therapy sessions constituted the practical component of a final paper within a private one-year art therapy training led by art therapist and psychologist Nada Ivanović. Mia has since enrolled in and graduated from the University Specialist Program in Creative Therapies. Although the presented work was not conducted as part of that Program, it aligns with the clinical setting and geographical context.

Setting

Art therapy groups were held in the Slava Raškaj Gallery within the Psychiatric Clinic Vrapče — a standalone building with a separate entrance, work tables, sanitary facilities, and storage. Participants independently accessed the space (with psychiatrist approval) via a pleasant walk through the hospital's green campus. Materials and tools were selected carefully with safety in mind and were set for an easy and free access. A smaller table on the opposite side of the room was used for occasional individual processes. Supervision was conducted by Prof. Ivanović and, upon request, Prof. Stijačić, MD, head of the Rehabilitation Department.

Participants

Twenty patients from chronic wards who were interested in art therapy were

invited for an initial assessment as part of the group selection process. The group met four times over two weeks and worked on open themes using various art materials and techniques. Participants were selected based on following general criteria: preference for artistic expression, predominantly nonverbal or asocial behavior, and a schedule that allowed attendance at the agreed meeting times. After the two-week assessment period, the group comprised eight participants who wished and were able to continue working in the group. Participants were 30 - 70 years old. The clinic does not provide access to personal patient data, ensuring impartiality. Use of anonymized data for this review was approved by the clinic's Ethics Committee after group completion.

Approach

The group operated in a semi-open format, allowing new members to join in accordance with hospital admissions and discharges. The approach was humanistic, supportive, and tolerant, attending to individual processes in group, group dynamics, relationship with materials and artwork, and interactions with the facilitator. Emphasis was placed on personal symbolism, reflection on creative process and finished art product, and communication among members, who were encouraged to share their thoughts on works of others (e. g. „N. is creating so spontaneously and woth ease, they simply flow out of his hands.", or „V. always makes a frame!"). Although initially directive, tThe approach gradually shifted from directive, ensuring the support and secure framework at the beginning of the process, toward non-directive, with additional supportive themes, particularly to support new members adapting to the group.

Goal of the group was art expression, regulation through art, expression and revisiting important personal themes and relief from overwhelming thoughts and emotions, stress and losing the sense of identity caused by hospitalization. Other goals included creating the safe space to express and share, practicing awareness of the here-and-now processes, and learning to use new tools to cope with the distresses in the given moment.

Structure of Sessions

Sessions were held twice a week, lasting 120 minutes, over four months. Each session consisted of four parts: (1) group opening; (2) sensory-motor warm-up activity with a brief reflection; (3) theme development and art-making; and (4) sharing and closure.

Vignette From the Art Therapy Group at the Psychiatric Clinic Vrapče

Patients' artistic expression varied depending on symptom severity and pharmacotherapy, ranging from highly creative and open work to graphic or diagra-

mmatic drawings, from saturated details to minimal marks. Themes frequently addressed illness uncertainty, stigma, and fears regarding future functioning.

Vignette 1: The Deflated Balloon

In a therapeutic context, the mask served to explore personal emotions, facial expressions and associated emotions, the connection of which is often a challenge for persons suffering from symptoms of psychosis. Due to the possibility of introspection, making the mask provided an extended period of contemplation. The mask was made using papier-mache. The preparation for this activity was an opportunity for socializing, encouraging communication and cooperation. Members showed readiness and desire to help others, and soon everyone was collaborating and having fun. Simultaneously, it was a sensory-motor activity that relaxed and grounded them. The selected groups did various tasks: blowing balloons, tearing paper, filling containers with water and glue.

The repetitiveness of the lamination process gradually pulled the participants to meditative, dedicated work. As they finished covering their baloons with 3 - 5 layers, they left, one by one, after cleaning up their work surfaces and washing their tools.

They came to the next meeting curious, although mostly in a sunken mood, which they blamed on the rainy season. Author pierced the balloons with a needle, and each participant continued to separate the deflated balloon from the hardened, hollow, egg-shaped form. Sitting around the table, they carefully absorbed the experience and silently witnessed the transformation of soft and wet paper into a hard and solid form. When we reached the balloon of the participant whom the group had shown the most support for during the previous meeting due to her dificulty in mastering the technique, we did not hear the same tense sound. The too-thin layer of papier-mache began to drag behind the silicone substance and create a shriveled, distorted object. Silence shut the murmur at the table. All the participants remained fixed on the shriveled and shrinking form, and the author kept holding it, keeping the idea and experience present. At the end, one participant uttered: "that's exactly how I feel." The sentence echoed around the table with a sharp resonance. They exchanged glances in silence, randomly, and sat with their common discomfort - together. The shriveled form was put on the center of the table. Her author did not make a mask out of it. She sat, seemingly absent, while the other participants continued their work.

This group experience deepened the understanding of the process per se, the universality of experience, and group resonance. All group participants were supported by each other and by the group leader, recognizing the emotions, and

Figure 3
The Deflated Balloon

Image used with permission of the author.

continuing to work with the self-appointed scapegoat in whose role the participant refused to work. Continuing to work would imply accepting the dificult feeling of shrinking and disappearing, which was currently unavailable to this person.

Conclusion

The art therapy group provided participants — particularly those from the forensic ward — with a space to reclaim a sense of identity and belonging. Over four months, members developed greater understanding and acceptance of themselves and others, learned to contain emotions more consciously, and co-created a safe environment conducive to expression, acceptance, and growth.

Art Therapy Practice at the Clinical Hospital Center Osijek, Psychiatric Clinic, Department of Psychological Medicine – Regional Center for Psychotrauma

Prof. Jasmina Pacek, PhD (Art), conducted clinical art therapy practice as part of her specialization at the Psychiatric Clinic, Department of Psychological Medicine – Regional Center for Psychotrauma at the Clinical Hospital Center Osijek. The practice comprised a total of 90 hours and was carried out between December 20, 2018, and May 2, 2019, following completion of the course Art Psychotherapy and Trauma.

Setting

Both group and individual art therapy sessions were conducted in the day hospital facilities within the Department, ensuring full privacy. Three groups, each consisting of 12 patients, met once a week over four consecutive weeks, with sessions lasting 90 minutes. Art materials were freely available to all participants.

Participants

A total of 36 participants (22 men and 14 women) took part in the group art therapy sessions. Most participants were Croatian war veterans, family members of veterans, and civilians who were victims of war. Participants were 21 to 67 years old, with the majority aged 40 and 60.

15 out of the 36 participants (11 women and 4 men) additionally participated in individual art therapy sessions, ranging from 1 to 14 sessions per person (mean = 6). The need for individual sessions emerged during group work among participants who found it dificult to open up in a group setting and for whom group work alone was insuficient to meet therapeutic needs. Women more frequently requested individual sessions independently, whereas men more often required additional encouragement.

Participants' diagnoses included post-traumatic stress disorder (PTSD), recurrent depressive disorder — current severe episode without psychotic features, mixed anxiety – depressive disorder, moderate depressive episode, adjustment disorder, and acute stress reaction.

Therapeutic Approach

The art therapy approach, combined with structured psychoeducation and sensory awareness, enabled the achievement of key therapeutic goals: facilitating introspection, supporting the expression of internal states through creative media within a safe and supportive environment, fostering relational engagement, and encouraging mutual support among group members.

The primary aim of the intervention was to support Croatian war veterans and their families in processing and initiating integration of traumatic war experiences. Although the war ended over 25 years ago, it remains one of the leading causes of psychiatric hospitalization and outpatient psychiatric consultations.

Because the groups included veterans, veterans' family members, and civilian war victims, the therapeutic setting allowed for deeper insight into diverse trauma experiences, enhanced mutual understanding, and recognition of patterns related to transgenerational trauma.

Structure of the Intervention

Group therapy sessions typically began with a practical creative art therapy activity or structured protocol, followed by reflection and group discussion. An exception to this structure occurred during sessions dedicated to trauma psychoeducation, which preceded the art therapy activity.

The following art therapy activities and protocols were employed during the intervention: self-introduction through drawing; body outline; trauma psychoeducation; collage From Trauma to Safety; mandala for exploring emotional dynamics within and outside the therapeutic group; five emotions exercise; letter to each group member; and letter to one selected group member.

Description of the Art Therapy Group Process at the Clinical Hospital Center Osijek

The first session focused on introducing group members. To facilitate this process, each participant presented themselves through a drawing and provided a brief verbal description. This was followed by the body outline exercise, in which participants identified and localized current bodily experiences related to emotions and sensations (Ogden et al., 2006). They were invited to depict tension, heaviness, emptiness, warmth, cold, or pain using colors, shapes, symbols, and/or words. A reflective discussion followed, during which participants shared their experiences. Some marked multiple areas of the body, referring to both emotional and physical pain, while others focused on one or several dominant areas. This exercise supported open discussion of the causes and consequences

Figure 5
Body Outline

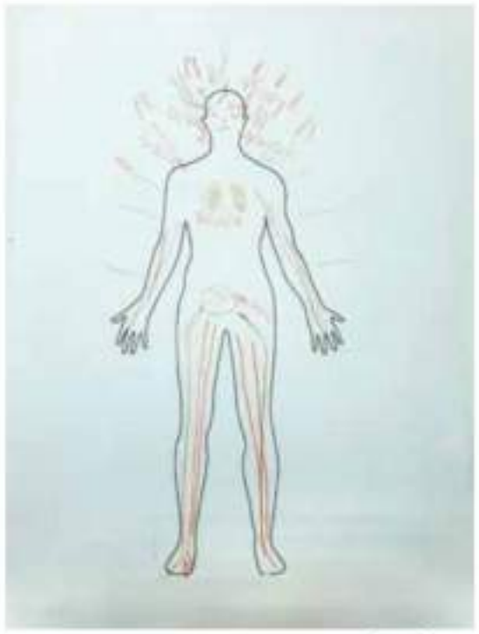
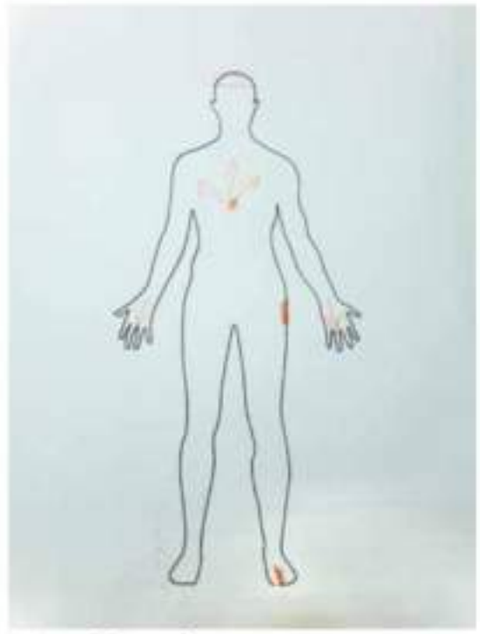


Figure 5
Body Outline



Images used with permission of the authors.

of psychosomatic dificulties experienced by all participants.

The second session began with psychoeducation on the bodily and neurological responses to traumatic events. This component was added in response to the observed limited understanding of participants' symptoms and the underlying mechanisms of their emotional and physiological states. The session continued with the activity Collage: *From Trauma to Safety*. Participants selected one or more images symbolically or directly associated with their traumatic experiences and glued them onto paper. They then chose additional images representing safety, calmness, and grounding. All participants selected war-related imagery for trauma, while images representing safety included peaceful gardens, fishing scenes, and family gatherings. The activity revealed that some participants sought self-regulation through solitary activities, while others preferred regulation through family or broader community connections.

The third session consisted of the exercise Mandala for Exploring Emotional

Figure 6
No title

Figure 7
No title

Images used with permission of the authors.

Dynamics Within and Outside the Therapeutic Group. Each participant received a sheet of paper with a pre-drawn circle and was instructed to depict experiences within the therapeutic group inside the circle, and experiences outside the group beyond it. For most participants, the group experience represented the most positive aspect of their current lives. This was visually expressed through contrasts such as bright colors inside the circle and dark colors outside, smiling faces within and sad faces outside, flowers inside and storms outside.

The fourth and final session was a reflective and relational closing activity titled Letter to My Neighbor. Participants wrote letters to the person seated next to them, describing observations made during the weeks of shared work, including strengths and personal qualities. Letters included expressions of encouragement, support, gratitude, and reflections on the meaning of sharing the therapeutic space and process. After exchanging letters, participants read them aloud and engaged in a collective reflection.

Figure 8
Mandala for Exploration

Figure 9
Mandala for Exploration

Images used with permission of the authors.

Conclusion

The four-week art therapy process offered participants a carefully structured and emotionally supportive space for exploring, expressing, and initiating integration of traumatic experiences. Through the use of creative media, psychoeducation, and reflective dialogue, group work addressed key therapeutic outcomes: reducing feelings of helplessness, fostering positive relational experiences, and strengthening a sense of personal agency and self-confidence.

Throughout the program, participants developed a clearer understanding of their trauma and its psychological and physiological effects, while reconnecting with others in a safe and meaningful manner. The composition of the group — war veterans, their spouses and children, and civilian war victims — enabled intergenerational and interpersonal insights that deepened mutual understanding and empathy. This therapeutic approach demonstrates how structured, creative, and relationally grounded work can support trauma survivors not only in processing past experiences, but also in shifting focus from trauma toward growth, connection, and the possibility of recovery.

Art Therapy Practice at the County Special Hospital for Psychiatry and Rehabilitation Insula, Rab (May 2024)

Art therapy trainee Andreja Rom conducted individual and group art therapy sessions in May 2024 at the County Special Hospital for Psychiatry and Rehabilitation Insula in Kampor (Island of Rab) as a part of her clinical practice within the art therapy study program.

Setting

Insula Hospital is recognized for its openness to innovative therapeutic approaches, including creative modalities such as art therapy, aimed at enhancing patient care. The art therapy clinical practice at the County Special Hospital for Psychiatry Insula was carried out from May 6 to May 19, 2024. Each day included two individual sessions and one group session, resulting in a total of 20 individual sessions and 12 group sessions (38 hours in total).

Group art therapy sessions were held in occupational therapy rooms, the visitation room of the forensic ward, and, during the final group sessions, in the hospital garden. Therapeutic work was also conducted during weekends, and all materials were provided by the hospital.

Participants

Participants in the individual and group art therapy sessions were patients of both sexes, aged between 18 and 50 years. Patients were recruited from different hospital departments based on referrals from attending physicians. Group sessions included five to eight participants.

Therapeutic Approach

The art therapy approach was adapted to the needs of both individuals and groups, with an emphasis on encouraging active participation and fostering awareness of personal experience. The aim of the clinical practice was to further develop the trainee's professional competencies and to apply art therapy interventions to enrich the therapeutic process for patients.

Activities focused on visual self-expression as a means of emotional regulation, reflection on emotional states, empowerment, and the promotion of communication and interpersonal connection.

Structure of the Intervention

Group sessions lasted 90 minutes and followed a consistent structure, beginning with warm-up activities, continuing with creative work, and concluding with the sharing and reflection of experiences. Groups engaged in four core activities: scribble drawing, the bridge protocol, representation of personal needs, and expressive abstraction.

Individual sessions lasted 60 minutes and began with a brief verbal introduction, followed by a creative process and reflective discussion. During the initial session, participants introduced themselves visually, selecting techniques and media according to personal preference (most commonly collage and colored pencils). Subsequent sessions addressed themes that emerged during the first meeting (e.g., addiction) or incorporated standardized art therapy protocols (Bridge, Five Emotions).

Vignette From Art Therapy Practice at the County Special Hospital for Psychiatry and Rehabilitation Insula, Rab: Individual Session

The session, lasting the scheduled 60 minutes, involved a patient in his late twenties. The patient independently selected pencils, colored pencils, and paper, and depicted himself, his family, his occupation, the natural environment he enjoys, and his aspirations for the future

Figure 10
No title

Image used with permission of the author.

following completion of treatment (Figure 10).

The reason for hospitalization was illustrated by a bottle of vodka crossed out in red, while the overall artwork was titled "A Fulfilled Life With Firm Ground Bene-ath My Feet." The patient expressed surprise at his own artwork and chose to keep it as a reminder of their recovery process.

Conclusion

Although limited to a two-week period, the art therapy clinical practice proved to be highly valuable for both patients and the future therapist. Patients were cooperative and actively engaged despite initial skepticism. Through visual media, they demonstrated spontaneity, curiosity, and emotional openness; explored their emotional worlds; received group support; and experienced relaxation. Some participants were notably surprised by the therapeutic potential of visual expression.

Art Therapy Practice at the County Special Hospital for Psychiatry and Rehabilitation Insula, Rab (August 2024)

Certified art therapist Jasmina Lesić conducted art therapy clinical practice at Insula Hospital in accordance with the predefined activity plan during the period from August 20 to August 30, 2024.

Setting

Art therapy group sessions, each lasting two hours, were held twice daily in morning and afternoon time slots. Morning sessions took place outdoors in natural surroundings. Participants left the hospital grounds accompanied by a driver, occupational therapist, or social worker. Afternoon sessions were conducted in occupational therapy rooms and the shared dining area. Five hours of individual art therapy were also conducted in these spaces, with session durations ranging from 60 to 90 minutes.

Materials used during the sessions included natural materials, oil pastels, clay, plasticine, ink, acrylic paints, and tempera paints.

Participants

Group art therapy was conducted with patients from the departments of neurocognitive rehabilitation, addiction treatment, forensic psychiatry, extended treatment, palliative care, as well as a mixed group including patients from all departments.

A total of 42 participants of both sexes, aged between 26 and 87 years, took part in the group art therapy sessions. The individual art therapy was conducted with one female patient from the forensic department.

Therapeutic Approach

The art therapy approach integrated principles of Gestalt therapy and positive psychology. The final group session included a joint process analysis, exchange of feedback, and evaluation through questionnaire completion. Land art techniques were used during the morning outdoor sessions.

The primary goals of the clinical practice for both individual and group art therapy were identified as patient relaxation, stress reduction, and empowerment.

Structure

During morning sessions, participants collected materials from nature, created spontaneous installations using natural elements, explored their relationship with nature, and reflected on emotions associated with leaving the enclosed hospital environment. These sessions were intentionally unstructured.

The afternoon sessions were structured and included art therapy protocols selected according to the goals, abilities, and needs of group members. Following a brief thematic introduction, participants engaged in joint or individual creative work within the group, followed by group discussion and closure.

Individual sessions began with a verbal introduction (approximately 10 minutes), followed by a creative process (45–60 minutes), and concluded with verbal processing (approximately 15 minutes).

Vignette From an Art Therapy Group at the County Special Hospital for Psychiatry and Rehabilitation Insula: Island

During the first and second sessions, six female patients from the addiction treatment department, aged between 26 and 56 years, collaboratively created an island using materials collected from nature earlier that morning (Figure 12). Through this symbol, they expressed emotions related to hospitalization, relationships within the group, a sense of belonging, and the creation of personal space.

The group collectively decided on the appearance of the island of Rab and surrounding islets. Each participant worked on a chosen section of the island on canvas, subsequently complementing one another's work by entering each other's creative space. Collaboration was notably harmonious; participants exchanged ideas, respected suggestions, and supported one another, stating that they had "learned this in the hospital."

They also symbolically represented what was missing from the island, naming elements such as "more color and life," "company," "barbecuing," and "close people."

The following day, participants continued working with acrylic and tempera paints, adding color and detail to all sections of the artwork. They coordinated eficiently and functioned independently. Working while standing allowed greater mobility

Figure 11

Shared Island

Images used with permission of the author.

Figure 12

In Love: Me and My Partner

and freedom of expression. Participants openly discussed addiction, life within the hospital setting, and life outside it.

Individual Art Therapy Case Description

During the first individual session, the patient was offered various materials to visually represent her current emotional state. She independently chose clay, a medium she enjoys working with. She carefully modeled a sculpture representing herself and her partner. She added water and small sea shells embedded into the spine, assigning them meanings of strength, endurance, and her current experience of being in love, thereby materializing her present sense of emotional safety and support.

She titled the sculpture "In Love: Me and My Partner" (Figure 12).

The second and third sessions focused on increasing awareness of primary emotions and their regulation. The fourth session addressed the internal sense of safety. The resulting clay figure, "The Protector" (Figure 14), reminded her of the statue of Christ in Rio de Janeiro. The figure holds two spheres, "weighing my good and bad deeds," and was described as just and nonjudgmental. She removed excess fabric from the figure and fashioned a sports jersey "to allow easier movement," recognizing in it her martial arts instructor — a paternal figure absent from her primary family.

The final session focused on the goal setting for the following year, identifying

internal resources and concrete actions she intended to undertake: "to set my written songs to music and hold a concert in freedom, on some exotic island, among palm trees, by the sea, at sunset."

By defining specific goals, the patient achieved an initial shift from a passive and helpless position, and through visualization of her aspirations, established a clear direction toward achievable, concrete steps.

Figure 13

The Protector

Image used with permission of the authors.

Conclusion

Time spent in nature and the use of organic materials — whose sensory qualities facilitated authentic emotional expression — proved effective in reducing stress and supporting emotional regulation among participants.

Art Therapy Practice at the University Clinic for Psychiatry, Ss. Cyril and Methodius University, Skopje

Art therapy intern Krunislav Stojanovski completed 600 hours of clinical practice at the University Clinic for Psychiatry, Ss. Cyril and Methodius University in Skopje, between 2017 and 2019.

Setting

Group art therapy sessions were conducted in the day hospital facilities every working day, lasting between 60 and 90 minutes. Group size ranged from 12 to 18 patients. The number of participants was determined on a monthly basis, allowing for continuity of work, development of trust between clients and the art therapist, and increased mutual support among patients.

The art therapist participated in daily interdisciplinary team meetings, and team members frequently attended art therapy sessions.

Participants

Group and individual art therapy sessions were conducted with patients from

the departments of specialist and subspecialist outpatient care, as well as the child and adolescent psychiatry department. Groups were heterogeneous with respect to age (21 – 80 years), sex, and diagnoses, including psychotic, affective, and trauma-related disorders.

Participants were often individuals in recovery following acute episodes, for whom art therapy facilitated emotional expression, stabilization, and identification of personal resources to improve quality of life.

Therapeutic Approach

The therapeutic approach and goals were tailored to the specific needs of each group and varied depending on the department. In the day hospital setting, the stability of groups and longer treatment duration enabled the application of diverse art therapy models, aligned with treatment goals and psychiatric recommendations or developed in collaboration with psychiatrists.

A wide range of techniques was employed, including painting, drawing, photography, video and animation, collage, modeling, land art, artistic installations with narrative approaches, bibliotherapy, and music therapy.

General therapeutic goals included emotional regulation — particularly of emotions dificult to verbalize — reduction of internal pressure and anxiety, development of insight through reflective space, and provision of structure, continuity, and monitoring of progress.

Structure of the Intervention

Approximately half of the time was given to creative process and half to discussion and reflection.

Vignette From an Art Therapy Group in the Day Hospital of the University Clinic for Psychiatry, Ss. Cyril and Methodius University

Theoretical Background of the Bridge Protocol

Bridges represent a powerful metaphor of communication, connection, and overcoming obstacles, opening pathways toward new possibilities. In art therapy, the bridge is used as a valuable tool for gaining insight into clients' dificulties. The task instruction reads: "*Draw a bridge and yourself on it. Include a starting point A and a destination point B. Add anything you wish. Use colors of your choice.*"

According to Hays and Lyons (1981), analysis of bridge drawings includes 12 core variables: direction of movement, self-positioning, environment at each end of the bridge, solidity of the bridge, level of detail, construction material and type of bridge, content beneath the bridge, point of view, gestalt consistency, recorded associations, and placement on the paper. Schmanke (2005) adds further variables such as bridge span, temporal

Figures 14

Bridge drawing

Figures 15

Bridge drawing

Figure 17

Bridge drawing by a client with suicidal ideation

Images used with permission of the authors.

and emotional positioning of the person, facial expressions, body language, weather conditions, symbols, defensive features, use of text and numbers, and the relationship between image and narrative.

Endreson and Hunt (2000) propose that after completing the drawing, clients answer questions such as: Where are you coming from? What have you learned there? What are you leaving behind? Why are you crossing the bridge now? Why are you crossing it at all? What do you hope to find on the other side? What does it feel like to be on that bridge?

Application of the Bridge Protocol with a Patient in an Art Therapy Group

During an art therapy session attended by 16 patients, the group worked on the bridge drawing. A 50-year-old female patient with a long history of clinical depression, receiving regular pharmacotherapy and psychiatric monitoring, participated in all scheduled day hospital activities that day, including art therapy as the final activity, without exhibiting overt clinical deterioration.

However, both the visual and verbal content of her drawing indicated a severe

psychological state requiring immediate intervention. Using a single color, she depicted herself in a river. The bridge, lacking a defined beginning or end, stood on two emphasized pillars, while the river was more clearly defined than the bridge itself. The figure on the bridge appeared to float, gazing toward the water, while the dominant figure in the river was significantly larger, suggesting internal conflict and a potential suicidal impulse.

During verbal presentation, the patient stated that she planned to jump into the Vardar River from a bridge she crossed daily on her way home. She described the location calmly and precisely, without dramatization. Although family history indicated a strong support system, the patient's composure, clarity of intent, and persistence in verbalizing her plan raised serious concern within the therapy group. The overall atmosphere of the session was charged with a strong sense of warning.

Following consultation with the occupational therapist and social worker, all relevant information — including the drawing, narrative, and team observations — was presented to the on-call physician. High-risk indicators were identified, and the patient was retained in the department for further observation and protection.

Conclusion

The experience presented in this section confirms the indispensable role of a team-based approach in psychiatric clinical practice. Within this context, art therapy enables expression of content that is often inaccessible through verbal means alone. Visual traces reveal layers of emotional experience that may remain undetected in standard clinical assessments.

Through such nonverbal material, art therapy can contribute to timely risk recognition and deeper understanding of clients' internal processes, becoming a valuable guide in treatment planning. In group work, patients were motivated, openly expressed and shared emotions, and responded to others' artwork, strengthening empowerment and group belonging.

Daily interdisciplinary collaboration with psychiatrists, psychologists, social workers, and occupational therapists enhanced understanding of art therapy processes, informed treatment direction, and — in the case of the suicidal patient — contributed to saving a life.

Discussion and Conclusion

The rich experiences summarized in this article testify to the growing acceptance of art therapy as an integral component of the therapeutic process for psychiatric patients, while simultaneously emphasizing the importance of integrating art therapy within a multidisciplinary approach to mental health care. The experiences of art therapists participating in mental health teams, and their capacity to bridge differences between visual and verbal modes of communication for the benefit of service users, demonstrate the wide range of applications of art therapy within the field of mental health. Furthermore, the varied experiences of art therapy trainees in communication with psychiatric hospital teams indicate the extent to which such collaboration depends on the interest and level of understanding among staff members.

Overall, the experiences of trainees within psychiatric settings were predominantly positive, with team relationships described as constructive and supportive. In cases where organizational conditions allowed, art therapy trainees participated on an equal footing in intervision and supervision processes and collaborated with the team in drawing conclusions and making decisions regarding the direction of further therapeutic work.

In situations where hospital protocols required clinical practice to be carried out under volunteer status, certain organizational challenges emerged, affecting the professional and ethical practice of art therapists in training. This issue was often shaped by insuficient familiarity with the profession, resulting in a blurred professional identity of the art therapist and, consequently, limited recognition of their work and outcomes.

Nevertheless, from the earliest clinical practices to the present day, significant steps have been taken that demonstrate the advancement of the profession. In 2023, a decision was adopted introducing a new occupational classification for art therapists, recognizing the art therapist as a healthcare professional, in contrast to the previous classification as a healthcare technician. This development has created opportunities for the establishment of art therapy position within mental health institutions, as well as for the advancement of more systematic research and clearer evaluation of clinical outcomes.

The review of art therapy practices within psychiatric clinics presented in this article reveals intensive therapeutic work and observable positive changes, particularly among more nonverbal and socially marginalized individuals. For these individuals, art therapy provides an emotionally supportive space where exploration and expression can occur, and serves as a communication medium for otherwise inexpressible internal processes. Art therapy interventions contributed to reductions in anxiety, increased feelings of control and eficacy, afirmation of personal identity, emotional stabilization, and a redirection of focus from trauma toward growth and the possibility of recovery.

Group support, through processes of universality and interpersonal learning, fostered a sense of belonging, acceptance, and connectedness. Within the clinical team, the art therapist contributed to risk recognition and deeper understanding of

clients' internal processes, demonstrating the value of art therapy not only in treatment planning but also as a clear warning signal capable of saving lives.

With increasing institutional recognition of the profession, as documented in this article, an expanding knowledge base regarding art therapy experiences and outcomes, and the development of multidisciplinary collaboration through which art therapy demonstrates its effectiveness in practice, it is reasonable to anticipate that the potential of art therapy will be increasingly utilized. Through intentional application of specific tools and processes tailored to clearly defined clinical needs, art therapy can meaningfully contribute to the achievement of planned therapeutic outcomes.

References

American Art Therapy Association. (n.d.). *About art therapy*. https://arttherapy.org

Bion, W. R. (1962). *Learning from experience*. Heinemann.

British Association of Art Therapists. (n.d.). *About art therapy*. https://www.baat.org

Buljan, D. (2008). In memoriam: Prof. Branko Pražić, MD, PhD. *Acta Clinica Croatica, 47*(4), 253–256.

De Zan, D. (2013). *Crtež i slika u psihoterapiji djece i obitelji*. Hrvatski pedagoško-književni zbor. (Izvorno izdanje 1994)

Endreson, S., & Hunt, J. (2000). The Bridge Drawing: Developmental and clinical perspectives. *Art Therapy: Journal of the American Art Therapy Association, 17*(4), 233–238.

Freud, S. (1908). Creative writers and day-dreaming. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. 141–154). Hogarth Press.

Freud, S. (1910). *Leonardo da Vinci and a memory of his childhood. In J. Strachey (Ed. & Trans.), The standard edition of the complete psychological works of Sigmund Freud* (Vol. 11, pp. 57–137). Hogarth Press.

Freud, S. (2009). *On creativity and the unconscious: The psychology of art, literature, love, and religion*. HarperCollins.

Gantt, L., & Tabone, C. (1998). The Formal Elements Art Therapy Scale: A measurement system for global variables in art. *Art Therapy, 15*(1), 11–20.

Hays, R. M., & Lyons, L. (1981). The Bridge Drawing: A projective technique. *The Arts in Psychotherapy, 8*(1), 77–87.

Hill, A. (1945). *Art versus illness: A story of art therapy*. Allen & Unwin.

Hinz, L. D. (2009). *Expressive Therapies Continuum: A framework for using art in therapy*. Routledge.

Hogan, S. (2001). *Healing arts: The history of art therapy*. Jessica Kingsley Publishers.

Ivanović, N., Barun, I., & Jovanović, N. (2014). Art terapija – teorijske postavke, razvoj i klinička primjena. *Socijalna psihijatrija, 42*(3), 190–198.

Jung, C. G. (1921). *Psychological types* (R. F. C. Hull, Trans.). Princeton University Press.

Jung, C. G. (1964). *Man and his symbols*. Dell Publishing.

Jung, C. G. (1981). *The archetypes and the collective unconscious* (2nd ed., R. F. C. Hull, Trans.). Princeton University Press. (Original work published 1968)

Jung, C. G. (2009). *The Red Book (Liber Novus)*. W. W. Norton.

Kapitan, L. (2022). Psychoanalytic and Jungian approaches to art therapy. In *Approaches to art therapy: Theory and technique* (4th ed.). Routledge.

Kagin, S. L., & Lusebrink, V. B. (1978). The expressive therapies continuum. *Art Psychotherapy, 5*(4), 171–180.

Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis, 27*, 99–110.

Kramer, E. (1958). *Art therapy in a children's community*. Charles C. Thomas.

Kramer, E. (1971). *Art as therapy with children*. Schocken Books.

Luchsinger, K. (Ed.). (2014). *Ausserordentlich! Werke aus Schweizer psychiatrischen Kliniken um 1900*. Scheidegger & Spiess.

Lusebrink, V. B. (2010). Assessment and therapeutic application of the expressive therapies continuum: Implications for brain structures and functions. *Art Therapy: Journal of the American Art Therapy Association, 27*(4), 168–177.

Malchiodi, C. A. (1998). *The art therapy sourcebook*. McGraw-Hill.

Malchiodi, C. A. (2012). *Handbook of art therapy* (2nd ed.). Guilford Press.

Malchiodi, C. A. (2020). *Trauma and expressive arts therapy*. Guilford Press.

McNeilly, G. (1983). Directive and non-directive approaches in art therapy. *The Arts in Psychotherapy, 10*(4), 211–219.

Moon, B. L. (2010). *Art-based group therapy: Theory and practice*. Charles C Thomas.

Naumburg, M. (1947). *Studies of the "free" art expression of behavior problem children and adolescents*. Coolidge Foundation.

Naumburg, M. (1966). *Dynamically oriented art therapy: Its principles and practice*. Grune & Stratton.

Naumburg, M. (1973). *An introduction to art therapy*. Teachers College Press.

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. Norton.

Orkibi, H., Bar-Sela, G., & Ron, S. (2018). Jungian theory and its use in art therapy in the viewpoints of Israeli Jungian art therapists. *International Journal of Art Therapy, 23*(2), 62–70.

Pražić, B. (1987). *Crtež i slika u psihijatriji* (prošireno izd.). Naprijed. (Izvorno izdanje 1971)

Schaverien, J. (1992). *The revealing image: Analytical art psychotherapy in theory and practice*. Routledge.

Schmanke, L. (2005). *Art therapy with families in crisis*. Jessica Kingsley Publishers.

Siegel, D. J. (2012). *The developing mind* (2nd ed.). Guilford Press.

Štalekar, V. (2014). O umjetnosti i psihoterapiji. *Socijalna psihijatrija, 42*(3), 180–189.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. Hogarth Press.

Winnicott, D. W. (1971). *Playing and reality*. Tavistock Publications.

Yalom, I. D. (2005). *The theory and practice of group psychotherapy* (5th ed.). Basic Books.