Psychotropic medication and art therapy: Overview of literature and clinical considerations

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**ABSTRACT**

This paper reviews literature regarding psychopharmacological treatment options for ADHD, depression and dual diagnosis, and explores perceptions of treatment and considerations for art therapy in conjunction with psychotropic medication. This review attempts to initiate discussion and propel further research in the expressive arts field regarding the growing need to conceptualize our understandings of the role art therapy plays in combined treatment with psychopharmacology.

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**Introduction**

Research in the field of art therapy relevant to psychotropic medications seems to be lacking, while the use of medication for most clients is high and on the rise (Barbui & Tansella, 2005). Due to the popularity of medication treatment, it is imperative that art therapists research the role of art therapy and identify the potential benefits to clients with whom psychiatric interventions are likely. The limited research findings regarding medication in our field suggest that art therapy can be a valuable tool to measure psychotropic medication effectiveness (Epperson & Valum, 1992; Munley, 2002), and that implementing art therapy in conjunction with medication treatment can reinforce positive skills, which can enhance the effects of medication alone (Rosal, 1993; Saunders & Saunders, 2000). Furthermore, art therapy seems to be a sensitive form of communication that can assist individuals with exploring their perception of medication treatment in a non-judgmental manner (Branch, 1992; Westrich, 1994).

This paper is a collaboration of research based on the final research papers of five students from the Clinical Art Therapy and Marital and Family Therapy graduate program at Loyola Marymount University and their research mentor. We attempted to explore relevant literature and have provided two case illustrations where art therapy offered a unique exploration into clients’ choices and struggles, especially within the context of treatment on psychotropic medications. Specifically, we focused on the importance of understanding medications and overall treatment choices for clients suffering from depression, dual diagnosis and attention deficit hyperactivity disorder (ADHD), – three disorders where medication choices and treatments are common. We examined the art therapists’ role in helping clients explore the multiple layers of their needs (psychological, psychiatric, behavioral, etc.) and the meaning of their treatment choices through art interventions.

**Depression**

Art therapy may also be useful in discussing medication-related choices for clients suffering from depression. Approximately 9.5 percent of the United States population suffers from a mood disorder, including major depressive disorder, dysthymic disorder and bipolar disorder (NIMH, 2008). The primary features of a major depressive disorder include depressed mood, diminished interest or pleasure in most activities, weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or inappropriate guilt, inability to concentrate, and thoughts of death or suicidal ideation (DSM-IV-TR, 2000).

Antidepressants are commonly used for the treatment of depression (Howland, 2007; Preskorn & Ross, 2004; Preskorn, Ross, & Stanga, 2004), although many researchers have found the combination of cognitive behavioral therapy and antidepressants to be the most effective treatment (Emslie, 2006; Vitiello, 2007). Art therapy has been found to be beneficial in the treatment of depression; for example, it may allow individuals to express aggression in a safe manner (Branch, 1992), which can lead to catharsis of destructive impulses (Evans, 1986; Grodner, Braff, Janowsky, & Clopton, 1982). Furthermore, the creation of art is a non-intrusive way to communicate and is less threatening than only verbal interventions for individuals who have difficulty verbalizing their emotions (Harned, Rosales, & Greenfield, 2004). Thus, art therapy has been found to be useful in increasing a client’s communication regarding depressive symptoms. The integration of psychotropic medication in treatment adds an increased need for effective communication.
Art therapy may be useful to increase communication between the client and treatment team members to assist in successful medication treatment.

One of the writers of this paper, Bender (2009), conducted a case study regarding psychotropic medication treatment and family communication patterns in art therapy treatment and noted the importance of understanding art therapy in conjunction to medication treatment. “Amanda,” a 38-year-old African American woman in family art therapy treatment, was taking the antidepressant Prozac for her diagnosis of Major Depressive Disorder with Psychotic Features. Amanda referred her daughter, the initial identified patient (IP), for treatment, but throughout the course of family treatment Amanda’s depressive symptoms increasingly took precedence.

After one month of taking Prozac, Amanda disclosed to the therapist that she “ran out” of her medication, in spite of the therapist’s observation of increased positive affect. In an individual session one and a half months later, Amanda created a collage that explored how medication was/was not beneficial to her (Fig. 1). The image on the left, according to Amanda, depicts what she felt like when she was not taking antidepressants. The young stone figure, holding a mask or face of an older man, represents a feeling of having multiple personalities (although she said they are not different people) and hearing voices in her head. Amanda admitted to experiencing shame in response to hearing these voices, with whom, she explained, she felt she was battling. She stated that when she is not taking medication, she feels angry and overwhelmed, easily irritated, and has difficulty controlling her response to situations.

The sharp, jagged edges of the collage image with the mask is a stark contrast to the more visually balanced, rectangularly shaped collage image on the right. The image on the left overwhelms the page, and one may hypothesize that there is a relationship between this image and the client’s feelings of overwhelming anxiety and irritation.

Amanda stated that when she takes medication (as indicated by the image on the right, Fig. 1), she cries less, is less irritable, has increased focus, and is able to make decisions more easily, as opposed to when she is not on medication. The art intervention, as described above, facilitated communication regarding medication between the client and therapist, and perhaps assisted the client in processing the effects of using or not using medication to improve her mood and everyday functioning. It also allowed the client to feel safe enough to disclose her past history of suicidal ideation and self-injurious behavior that she had not previously disclosed during the intake session or thereafter.

The creation of art was also used to facilitate communication between mother and daughter, in the hopes of diminishing any anxiety that Amanda’s daughter, Sasha, may have had about Amanda’s medication treatment (Fig. 2). Amanda used a brown colored pencil to draw images of herself and Sasha with the word “talking” placed between them, and a house placed beside the figures. The figures are not facing each other, but instead appear to be facing out into the distance. The figures are not colored, have a small amount of detail, and are not placed on a solid ground line. The entire image is floating at the top part of the page. According to the Formal Elements in Art Therapy Scale (FEATS), a scale that attempts to standardize the use of art therapy as an assessment tool, a lack of detail and little or no environment may be related to symptoms of diminished interest or diminished ability to think or concentrate (Gantt...
That impression obtained from her art echoed Amanda’s verbal indication of difficulty focusing when not taking medication. This could be seen as an example of how client’s artwork could help clarify and affirm challenges the client is facing beyond subjective concerns.

When asked to explain the picture, Amanda said, “This is me and Sasha talking about me taking medication.” During this session, Amanda stated that Sasha did not know she was taking medication, even though she was present when she said this. Although the art did not necessarily open communication between mother and daughter, it provided the therapist with useful information about Amanda’s discomfort about discussing medication with her daughter. Amanda later disclosed that she did not feel comfortable talking to her daughter about her medication because she did not want her to worry. This might have been an important factor in her decision to stop taking medication, consciously or sub-consciously, as she may have felt uncomfortable or shamed by her medication use.

Art therapy seemed to be a useful tool to assist Amanda in further exploring medication treatment and her possible feelings of embarrassment as well as worry about disclosure of medication use. The art seemed to help the client explore some feelings of embarrassment over her mental health diagnosis and medication use, as well as shame of having hallucinations. Art therapy’s ability to improve self-esteem (Ponteri, 2001) in a non-judgmental manner (Branch, 1992) could have addressed Amanda’s symptoms of depression as well as stigma of psychotropic medication treatment if treatment had not terminated prematurely.

Dual diagnosis

A second population for which medication might play a prevalent role is with dually diagnosed clients. According to Mental Health America, an official online organization, 37% of alcohol abusers and 53% of drug abusers suffer from at least one mental illness (nmha.com, retrieved December 2, 2008). While the DSM-IV-TR (2000) contains criteria for substance abuse disorder and mental illness, it lacks an actual definition of the term “dual diagnosis.” Nonetheless, the term “dual diagnosis” is used to refer to those suffering from the coexistence of one or more mental disorders and a substance use disorder (Todd et al., 2004).

Many dually diagnosed individuals self-medicate with substances to manage the symptoms of their mental illness, which can eventually lead to abuse and addiction (Magura et al., 2003). Options for mental health interventions are limited, as the majority of drug rehabilitation programs look down upon the use of psychotropic medication due to their 12-Step model philosophy, which often does not approve of medication use during recovery (Jordan, Davidson, Herman, & Bootsmiller, 2002; Magura et al., 2003). Many treatment programs insist that a patient with a co-occurring disorder should not be treated with psychotropic medication until they have been in recovery for at least one year (Zweben & Smith, 1989). Recovering individuals are often at odds with taking medication, due to the fact that psychotropic medication is still seen as a “drug,” and that they are unable to recover on their own, without the use of medication (Zweben & Smith, 1989). However, medication is often crucial in effective treatment of dually diagnosed patients, as it helps control or adjust chemically imbalanced emotional states and psychotic symptoms. Thus, if one suffers from addiction and mental illness, treatment is complicated by the multiple and, at times conflicting needs of clients, which challenge both patients and clinicians (Aase, Jason, & LaVome Robinson, 2008).

Art therapy can be a valuable form of treatment for dually diagnosed patients. Often times, patients have difficulty with verbal expression, which may be impacted by mental illness and the emotional and physical toll of severe addiction (Taylor, Kymissis, & Pressman, 1998). Art is also a sensitive, non-judgmental tool that allows presentation of complicated and multiple issues. Many clients diagnosed with both addiction and mental illness struggle with the added layer of complexity, as stigma regarding their illness and self-soothing or treatment choices is met with further judgment (for example if he or she joins an AA group and still decides to take psychotropic medication for depression or anxiety). Art therapy, therefore, might offer an alternative form of communication for the mentally ill individual who is also compounded with the problems surrounding addiction.

For example, art therapy was found to be a very useful tool in working with “John,” a 39-year-old Caucasian male who was a resident at a Los Angeles based drug rehabilitation center. John’s treatment was the focus of a case study conducted by Diaz (2009). John had been admitted several times to both psychiatric units and
rehabilitation programs, but this was the first time he was offered psychotherapy within a rehabilitation center. At the time of intake, John was taking antipsychotic and antidepressant medications.

In art therapy treatment, John was verbally guarded and had a difficult time discussing his bipolar diagnosis. In sessions, he focused mainly on his addiction and seemed less comfortable identifying himself as dually diagnosed, perhaps due to the stigma of mental illness that he experienced. In reviewing his case notes and artwork, Diaz noted that he conscientiously represented his addiction (by verbally naming his pieces), while subconsciously he clearly represented his mental illness. For example, in John’s first art therapy session, he created a collage that illustrated his “two parts,” which allude to a dark side and a lighter side, an inebriated side and a sober side, and presumably, a manic side and a depressed side (Fig. 3). As treatment progressed, John would continuously discuss his addiction verbally and his efforts to stay sober. He attended AA meetings and had a sponsor, but refused to acknowledge his bipolar disorder or discuss it. His artwork, nevertheless, continued to manifest dichotomist experiences and he seemed more and more depressed. The gap between his addiction and his bipolar diagnosis grew wider and perhaps illustrated a growing disparity between the accepted and conscious parts of himself and the disowned, subconscious part.

It seems as though the underlying emotional experience of these two sides was very frustrating and confusing for John, as he was unable to reconcile them or bridge them. Throughout the process of art therapy, he became more aware of the existence of these two sides of himself, and was able to identify them as “two separate entities of his personality” (Diaz, 2009). Nevertheless, the confusion, frustration, and inability to reconcile these two parts resulted in John’s growing identification as an addict, and the eventual decision to cease psychotropic medication treatment.

John admitted that being on medication was seen as a “crutch” to his recovery in his 12-Step program, and added that he just wanted to be “normal,” and not “dual-diagnosis or whatever.” It was quite likely that the stigma of psychotherapy, medication, and mental illness within the 12-Step recovery program affected him and interfered with his ability to accept or process his mental illness diagnosis. As he was making this choice, art therapy was utilized to explore the client’s perception of medication treatment (Fig. 4). Fig. 4 presents a drawing illustrating “what it felt like to be medicated versus what it felt like to not be medicated.” While John felt uncomfortable verbally discussing these experiences with the therapist, the creation of art allowed him to identify and begin to process these contrasting states.

Accordingly, art therapy can help the dually diagnosed individual distinguish between the two diagnoses, explore the impact and meaning of dual diagnosis, and eventually attempt to merge the two contrasting identities into one, helping to provide self-acceptance through understanding. Johnson (1990) states that creativity in itself might provide remedy for shame, which may be experienced by many suffering from both addiction and mental illness. This attribute seemed inherent in John’s experience of “not being normal.” Julliard (1995) suggests that if one’s understanding of his/her denial deepens, whether it is the denial of addiction or mental illness, he or she can have an enhanced grasp on the disease and a better chance at maintaining sobriety.

Although John may have been influenced by the 12-Step model to cease psychotropic medication treatment for his mental illness, his drawings and his symptoms suggested that he benefited from the medication. His ambivalence could therefore be further processed in treatment. This case illustration suggests that it might be crucial to understand the complicated and conflicting meanings of medication and recovery for dually diagnosed clients. It also suggests that art therapy could be particularly useful in exploring the duality of these diagnoses, along with the use of medication, in a safe and creative setting, addressing the layered and difficult decisions in a less threatening fashion.

**Attention-deficit/hyperactivity disorder (ADHD)**

Another disorder for which medication is part of standard mental health treatment is attention-deficit hyperactivity disorder (ADHD), and one that many of our art therapy clients suffer from. ADHD is currently the most common psychiatric diagnosis in children (DSM-IV-TR, 2000; Furman, 2005; Richters et al., 1995). According to the DSM-IV-TR (2000) the disorder is characterized by patterns of inattention and/or hyperactivity and impulsivity that occur more frequently, and it appears to be more severe than in individuals at comparatively equivalent developmental stages. It is associated with low self-esteem as a result of consistent academic failures and impaired familial and peer relationships. There are three subtypes within ADHD: predominately inattentive type, predominately hyperactive-impulsive type, and combined type. Diagnostic requirements for ADHD in DSM-IV-TR (2000) state that the symp-
toms should be present in at least two settings for a minimum of six months.

Richters et al. (1995) claim ADHD to be one of the most treatable childhood mental disorders. Psychopharmacological, psychotherapeutic, and combined interventions are common treatment methods of ADHD (Olfson, Gameroff, Marcus, & Jensen, 2003). However, pharmacological treatment, specifically stimulant medication, is considered to be the most popular among parents due to the cost efficiency, in addition to the pressure for them to quickly reduce symptoms (Jensen et al., 2005).

Research presents ambivalence among caretakers towards the use of stimulant medication in the treatment of ADHD. Although stimulant treatment is the most widely used intervention, parents reportedly prefer psychotherapeutic treatments because of the possible side effects of stimulant medication, worry of over-prescribing of medication, and the need to address behavioral issues rather than solely decrease symptoms (Stroh, Frankenberger, Cornell-Swanson, Wood, & Pahl, 2008). Furthermore, according to Barkley, DuPaul, and Costello (1993), and Richters et al. (1995), stimulant medication has short-term effects and does not permanently improve social and emotional issues. Nonetheless, stimulant medication treatment is popular and commonly used, as it is less expensive than behavioral therapy (Jensen et al., 2005).

Art therapy can be implemented as a conjunctive treatment with medication, as it can address and improve socio-emotional issues related to ADHD. The creation of art provides a visual, permanent record of an individual’s emotional and behavioral experience (Epperson & Valum, 1992; Munley, 2002; Rosal, 1993). As Safran (2002) aptly stated, art “is (a) an activity that (b) uses what are often stronger visual learning skills to (c) lend structure and (d) give people who tend not to be contemplative a way to express their feelings in therapy” (p. 23).

Saunders and Saunders (2000), for example, found that over a three-year period, art therapy guided children towards increased communication and expression and helped to decrease the severity and frequency of negative communication and defiant behaviors in children. Rosal (1993) compared the applications of cognitive-behavioral art therapy and art as therapy with a control group over the course of 10 weeks. The outcome of the study revealed that both cognitive behavioral art therapy and art as therapy had positive effects on behavior of children suffering from ADHD and other behavior disorders and led to increased perception of control. Rosal (1993) noted that one participant began to use art for “aggressive play,” to draw aggressive pictures, and then gradually throughout time to use the art to express positive feelings, suggesting that art therapy positively affected the participant’s locus of control perceptions. She concluded, “The act of producing art may reinforce or enhance internal LOC perceptions” (p. 240). There was no overall improvement found in the behavior of individuals in the control group. The results of these studies suggest that art therapy may support the treatment of ADHD and can possibly reduce the need for medication, and/or assist with ongoing evaluation and communication of children’s needs.

Treatment providers often empirically prescribe stimulants as a “diagnostic trial,” gauging the initial type and dose of medication by the child’s weight, and monitoring regularly, often exploring different types of medication before finding the most effective fit for the child (Barkley; 2006; Furman, 2005). Epperson and Valum (1992) demonstrated how the application of art therapy could be used to gauge the effectiveness of stimulant medication in ADHD treatment. Expressive qualities of artwork created by children receiving stimulant medication were measured using a rating scale created by Epperson. The rating scale assessed scribbling, control of media, organization, and completion, which was hypothesized to be related to ADHD symptoms of hyperactivity, inattention, and impulsivity. Results of the study indicated a connection between expressive qualities in the artwork and medication response. Subjects who displayed decreased behavioral symptoms as a result of effective stimulant treatment created artwork that displayed less scribbling and higher levels of media control, organization, and completion.

Munley’s study (2002) supports the use of art therapy in identifying symptoms of ADHD in children. Munley used the Draw a Person Picking an Apple from a Tree (PPAT) test and measured expressive qualities using Gantt’s Formal Elements Art Therapy Scale (FEATS). These rating instruments were used to compare the art work of boys diagnosed with ADHD who were not being treated with psychotropic medication and a control group without any learning/behavioral disorders to determine whether or not formal elemental differences would be observed in the artwork created between the two groups. Formal elemental differences were observed, including “less Prominence of Color,” “fewer Details of Objects and Environments”, and “reduced control of Line Quality”—all formal elements found in the drawings of children diagnosed with ADHD. This suggests that the application of the PPAT and FEATS could be used to assess and confirm ADHD diagnoses. Munley further predicted the usefulness of the PPAT and FEATS in measuring a child’s pharmacological response, while also allowing the child to participate in his or her own medication evaluation.

Based on the literature and the standardized tools mentioned above, art therapy can be useful in the assessment, diagnosis and treatment of ADHD, and can specifically be useful with gauging medication dose and effectiveness. Art therapy may be particularly useful in treating clients who suffer from this disorder because it is age appropriate, developmentally sensitive and provides a permanent record that can be used throughout the course of treatment.

**Discussion and conclusion**

In this paper we explored the importance of considering psychotropic medications and exploring the meaning of psychotropic treatments for art therapy clients. We identified three common diagnoses in which psychotropic medication is often indicated and where art therapy can promote clients’ wellness by exploring symptoms as well psychological meaning of taking medications.

We illustrated two cases in which art therapy interventions were offered within the context of psychotropic treatment of depression and dual diagnosis. In both cases, the art making and discussion served as a non-judgmental tool in which clients could be supported in making conscious choices regarding managing their overall treatment and exploring feelings and concerns that become barriers to optimal treatment. The exploration of medication compliance and stigma regarding taking medication seem to be two major themes for clients in these cases.

We then provided psychiatric and psychological literature on treatment methodologies for ADHD. The minimal, yet valuable, art therapy research on ADHD and psychotropic medication suggests that standardized art therapy tools (such as the PPAT and FEATS) could be used to support ADHD treatment and research. The use of art making in assessment seems to be particularly useful for children who might struggle with verbal assessments. The use of standardized art therapy tools in treatment and research of ADHD needs to be further studied in our field, and a pilot study by Dere (2009) was one of the outcomes of this initial exploration.

While research regarding art therapy treatment and medication is lacking, there are several papers supporting the points we attempted to highlight here. For example, Safran (2002) addressed the multiple approaches to treating ADHD and the importance of working holistically and systemically to support working through the child’s challenges with a plethora of resources. Epperson and
Valum (1992) specifically named the effects of stimulant medications on art products of ADHD children, and suggested that art therapy could help children regulate under- and over-medication, accordingly. Juliard (1995) alluded to the importance of exploring identity and belief through art therapy to support chemically dependent patients in recovery, and Ponteri (2001) addressed the need to assess depression within mother–child dyads and support mothers in assuming responsibility for their decisions in seeking improved mental health. Stigma became a common theme among research done, and it was found that almost 1 in 10 patients are reluctant to take medication because of embarrassment associated with the illness or treatment (Jenkins & Sajatovic, 2007). In Bender’s (2009) case study, the caretaker, Amanda expressed feelings of shame in relation to the voices she was hearing as well as worry about her daughter finding out about her medication use. This case terminated early, and while it is unclear exactly why medication treatment was also terminated, the researchers feel it is pertinent to explore and to take into consideration shame, stigma and other feelings as well as cultural perceptions about medication use.

Themes of stigma regarding medication use and mental illness also arose in Diaz’s (2009) case study, where the client, John, may have experienced these feelings, compounded by participation in a 12-Step program. The researcher supported the use of art therapy in exploring the client’s feelings about medication use and conflicting identities. For dually diagnosed individuals, 12-Step programs’ general apprehension of psychotropic medications might impact their treatment decisions, self-esteem and/or ability to maximize support systems. Art therapy can be especially fitting to examine and cope with stigma because it improves self-esteem (Harmen et al., 2004; Ponteri, 2001) and provides a safe place for expression that is non-judgmental (Branch, 1992). It is a sensitive tool that can support communication and exploration of an individual’s perception of medication treatment (Saunders & Saunders, 2000).

As new art therapists, we hope that this contribution promotes further research to further understanding medication and art therapy. In this article, we attempted to illustrate how art therapy treatment might need to address psychopharmacological considerations for clients suffering from depression, dual-diagnosis and ADHD, as choices regarding medications, as well as physical and emotional aspects of taking medications, which seem to have substantial clinical ramifications. The literature explored and case illustrations suggest that when medications are explored and addressed the treatment outcome might improve. For example, perceptions of the internal dialogue clients have regarding taking medications, dealing with stigma and side effects, might help attain treatment consistency and reduce premature termination. Art therapy might offer a more wholesome and sensitive process of exploring these topics, which we illustrated here. Acknowledging the importance and complexity of choices regarding medications seems crucial for many of our art therapy clients, and especially so for clients dealing with issues in which psychopharmacology is common care practice, such as depression, ADHD, schizophrenia, and dual diagnoses. We tried to illustrate here the importance of exploring the decision making and perception regarding psychiatric medication and exploring side effects and efficacy of medications in managing symptoms. In the first case, the client was supported in pursuing pharmacological support when her depression increased. However, when these were left unexplored, the client made choices that might inhibit her ability to recover more fully and was possibly connected to premature termination. As illustrated here in the second case, the client’s inability to process his identification as an addict while refusing to address his mental illness resulted in his decision to stop taking the medication. In this case, the client’s decision speaks to the complexity of needs a client has, as well as the confusion created by treatment models offering conflicting philosophies. Namely, his decision to identify as an addict was likely connected to his wish to belong to the community AA provides, but that affiliation reinforced the stigma of taking medication and was thus counter-productive to his individual needs.

This collaboration suggests the need for research in several areas. Further research could be particularly beneficial in exploring the use of art therapy in assisting dually diagnosed individuals with addressing mental health from a holistic perspective, taking into account psychotropic medication treatment as well as avoiding addictive behaviors and substance abuse. As Westrich (1994) indicates, art therapy can aid individuals in exploring treatment choices in a more comfortable manner, a decision process that can be especially complicated for dually diagnosed clients. Also, feelings of stigma related to medication use became a common theme in all three diagnostic categories discussed, and further research examining the role of art therapy in this area would be a valuable and important contribution to our field. Finally, research on the use of art therapy and monitoring medication use is extremely limited and is needed to explore the relationship between the two areas.

We hope that this article increases awareness of the value of art therapy in conjunction with psychotropic medication treatment. We encourage more art therapists and researchers to contribute to the limited body of knowledge in this area through further research and publications. We believe that doing so will further cultivate and validate our profession, as we continue to collaborate with psychiatrists, nurses and other mental health professionals.

References


