

VISUAL JOURNALING IN EARLY PSYCHOSIS TREATMENT:
AN ART THERAPY INTERVENTION DESIGN

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ABSTRACT

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This research will explore current theory and methods of practice to develop an intervention design for visual journaling that can be used during art therapy with people receiving early psychosis treatment. Essentially, the visual journal as symbol, process, and container of integrated knowledge situates art as a form of language. To justify a visual journal's clinical scope of operations as an early psychosis intervention design, a number of methodological evidence-based concerns must be addressed first. Simply, these include determining with clarity the psychological mechanisms underlying psychosis and psychosis-like experiences; art therapy; and visual journaling. By reviewing relevant gaps in the psychological and psychiatric literature, this intervention's metacognitive function and the choice of art therapy as a guiding framework together highlight an important bridge which may support the long-term needs of clients while advancing a field of research. That said, because the active uncovering and processing of crisis-related experiences for a clinically vulnerable population with reality-testing thought disorder poses an ethical concern, this research must also be thorough and parsimonious. Accordingly, the projected benefits and counter-indicated risks of visual journaling with clients who experience psychosis are critical considerations to be developed through a discussion of the triadic relationship's fundamental qualities to art therapy. The presented hypothesis is limited as a first step and clinical recommendations need to be piloted before efficacy can be evaluated.

Keywords: art therapy, visual journaling, psychosis, early intervention, schizophrenia spectrum, psychology, metacognition, epistemology, semiotics, intersubjective therapeutic relationship, arts-based health research, evidence-based practice.

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Chapter 1: Introduction

Within the context of this present inquiry, visual journaling is an art therapy intervention I am developing for people experiencing early psychosis. It is based on theoretical exploration and a grounded belief that there exists a significant empirical gap in the literature that might require research on the combined use of visual imagery and language in therapy. This research will focus on the specific treatment needs of early psychosis to then appropriately situate the art therapist's role based on current evidence and a consideration of personal biases. Of integral relevance to a therapeutic frame's social dimension, visual journaling may help a person feel witnessed and heard while providing, when possible, a safe way to have validated experiences that serve as recovery-oriented opportunities for growth. Broadly speaking, this research may also be important in terms of an attempted integration of art therapy's clinical scope, early psychosis intervention guidelines, and evidence-based practice in psychology. Students of mental health practice and research, being multidisciplinary in nature, must adaptively grow their foundations and modes of learning.

Along these lines, I will begin my literature review with a clinical conceptualization of psychosis. This includes an overview of empirical assessment diagnostics, cognitive factors related to psychological change, and clients' possible range of involvement as specific treatment needs are determined. From there, I will aim to succinctly communicate the psychological complexities of art therapy as a guiding framework before reviewing early treatment pathways, professional core competencies, and best practice guidelines. With these fundamental clinical areas of research explored, operationalizing the visual journal as intervention design will then be outlined and developed for adaptation to a therapeutic frame for psychosis. In my discussion, I first summarize the relevant aspects of visual journaling as both personal research and clinical intervention in order to then bring into the conversation issues of safety, appropriate use, and work with multivalent data. Lastly, based on professional ethics and the project's concluding reflections, which consider long-term outcomes for early psychosis, I recommend a necessary first step that is required to advance this intervention design beyond theoretical inquiry.

Chapter 2: Methodology

Research Question

To what extent can visual journaling be appropriately used as an art therapy intervention to help clients address psychosis and psychosis-like symptoms?

Method

An art therapy intervention for early stage psychosis is challenging to conceptualize as there is limited research in the field and important associated risks in terms of this clinical population's psychological vulnerability. With the intention of developing empirical research to further study visual journaling and perform hypothesis testing to better evaluate its efficacy in the future, communicating the intervention design's present scope must begin with a clear theoretical frame regarding data collection and synthesis.

Creswell & Creswell's (2018) preliminary considerations for organizing a literature review recommend a balance between ongoing dialogue with other studies and placing limits on the inquiry's scope for feasibility reasons. The practice of a purposeful literature review process may also serve to inform collaborative qualitative research at a later stage (Creswell & Creswell, 2018). According to Hess-Biber's (2016) approach to qualitative research, student engagement during the refinement of a research problem is related to their active construction of subjective meaning formulated alongside the literature review. As a research method, the personal yet formalized process of interpretively testing collected data during theory generation is called analytical induction (Hess-Biber, 2016). When an early research project is still in its preliminary phase, the creation of hypothetical ideas has also been likened to an unstructured dance of discovery (Hess-Biber, 2016, p. 44). That being said, while a potential for increased theoretical ideation following unrestricted creative freedom may initially be advantageous for hypothesis testing, a clear structural foundation may safeguard a project from losing its original purpose.

Williams & Moser (2019) define the grounded theory method as a viable qualitative research framework that is rigorous, replicable, and flexible in its approach to coding data to generate theory. Useful for the exploration of emergent areas of knowledge from a data set, this systematic approach involves a three-phase coding process that interrelates uncovered themes as a meaningful theoretical frame is constructed (Williams & Moser, 2019). In relation to art therapy and visual journaling, Boydell et al.'s (2016) qualitative arts-based health research framework proposes the expansion of what counts as evidence to include both scientific and

experiential ways of knowing. At any point in the research process, personal styles of artmaking may inform the co-construction, analysis, interpretation, and communication of knowledge (Boydell et al., 2016). Together, these guiding principles have informed the present theoretical inquiry and intervention research.

Researcher Bias

The concept of critical reflexivity in qualitative research situates the observer's knowledge as fundamentally grounded in their social environment, values, and autobiographical complexities (Hess-Biber, 2016). These aspects of potential bias must therefore be reflected upon. As such, it is important to consider the specific social context and existential trajectory guiding this project's personal origin and academic follow-up. Briefly stated, during my early years as a psychology undergraduate, I discovered and practiced visual journaling plus artmaking as a form of creative self-inquiry while living with psychosis-like experiences over several months. During this time, early life and adolescent traumas were freely expressed, intuitively processed, and integrated with learned clinical knowledge from introductory psychology classes. The experience's therapeutic value was recognized and inspired many years of introspective creative arts analysis despite having been performed without a therapist. During this time, my path towards a future career in art therapy was motivated by a desire to seek out a therapist training program that considered topics such as creativity, inspiration, and imagination as related to human psychology. Beyond this desire, I now realize that my personal trajectory also benefited from government financial assistance, a safe home, background knowledge in psychology, and supportive peers who were exploring unguided artmaking alongside one another. The generalizability of this particular combination of circumstances is therefore limited and may represent a personal bias towards this intervention's potential benefit. It is also essential to acknowledge that my process was one of therapeutic self-exploration and not art therapy. The clinical efficacy of visual journaling as an art therapy intervention design will therefore need to be explored in the context of a therapeutic relationship guided by validated theoretical frameworks.

Ethical Considerations

Early intervention requires timely access to adequate and appropriate care. With respect to the urgency of early mental health intervention in Canada, Malla et al.'s (2018) perspective outlines the long-term implications of youth intervention on individual wellbeing and society as

a whole. The early onset of psychosis, consequences of treatment delays, and risks of shortened life expectancy have together encouraged scientific interests in presyndromal intervention research (Malla et al., 2018). Subthreshold symptoms are to be considered as important markers that should inform the design of interventions that aim to improve functioning and opportunities for change (Malla et al., 2018, p. 218). Consequently, the present theoretical inquiry must uphold a substantial degree of rigour in terms of clarifying possible mechanisms of psychological change and their counter-indications in relation to early psychosis, art therapy, and visual journaling.

Before undertaking a research project, following an evaluation of possible consequences for the participant, clearly defined explanations regarding the study's purpose, objectives, and benefits must be provided and approved by an ethics committee—or at the very least they must comply with best practice standards (AATQ, 2019, 4.47, 4.48, 4.52). In cases of new fields of inquiry, a pilot study trial with clinical populations should therefore build on the theoretical developments of preliminary studies informed by current and available sources of evidence.

That being said, although this is only a theoretical paper and there are no participants involved, I believe it to be my ethical due diligence to consider the possibility of participation within a clinical setting in the future. As informed by professional codes of ethics, art therapists “must not engage in therapy practices or creative processes that are beyond their scope of practice, experience, training, and education” (ATCB, 2019, 1.1.6). During the preliminary theory building phases of research, it will be important to evaluate the risks and consequences for participants (AATQ, 2019, 4.48) before future recommendations can be exercised with reasonable care (ATCB, 2019, 1.2.7). In practice, the participant or client's active involvement must also be considered in terms of collaboratively exploring the symbolized meaning of artwork when producing interpretative conclusions (AATQ, 2019, 4.45). Evaluating psychosis symptom severity in consultation with other mental health professionals who are following the client(s) will be important to assess a client's level of readiness and suitability for this intervention when needed. Art therapists must therefore consider, according to evidence-based practice in psychology, that the application of clinical interventions in mental healthcare involves critical decision-making processes that integrate multiple streams of evidence to appropriately reflect case formulations and therapeutic relationships (APA, 2006).

Lastly, although a reasonably expected long-term objective might be to support a client's independent self-exploration, the development of a visual journaling practice may require a certain number of prior sessions for safe explorations within the structured frame of a therapeutic relationship. Of possible ethical complexity, all artwork treated as a therapeutic objective within the frame of art therapy belongs to the client—yet may be stored in confidentiality by therapists until the end of treatment, a follow-up period, or according to consented terms (AATQ, 2019, 3.48). That said, it would be unethical, and impossible, to prevent a client from visual journaling outside of therapy.

Procedure

The literature review began by identifying key words related to the research question in order to focus the search for relevant articles and books across university databases. These early search terms included and were guided by the interconnections between the following: art therapy, (psych*), (diagnos*), (symptom*), assessment, treatment, intervention, prevention, crisis, visual journaling, creativity, and evidence-based practice. Similar to Williams & Moser's (2019) qualitative data coding method, initial search results were thematically explored in terms of meaningful relevance to reorient the literature review's trajectory as deemed necessary. Specifically, the reciprocal relationship between researcher and data begins by identifying distinct concepts and themes for categorization, referred to as *open coding* (Williams & Moser, 2019, p. 48). Following the exclusion of irrelevant articles, collected works were thoroughly explored using *axial coding* (Williams & Moser, 2019, p. 50) to highlight more refined thematic clusters and uncover important gaps in the literature. With time, as new questions emerged from research findings and my subjective understanding of visual journaling, keyword searches reoriented towards: (aesthetic*), (symbol*), intersubjective, psychotherapy, alliance, trust, safety, narrative, linguistics, and best practice guidelines. By integrating new data with former highlights and counter-indications, a process similar to *selective coding* (Williams & Moser, 2019, p. 52) facilitated my continued development of a theoretically coherent narrative bridging art therapy, psychosis, and visual journaling together.

At this stage of the research procedure, thematically diverse data points and relevant psychological mechanisms were overwhelmingly complex to integrate. Anticipating the need to practice a similar process for qualitative visual journaling research and inspired by Creswell & Creswell's (2018) *literature map* (p. 34), I provided a visual overview by colour coding articles

and laying out succinct handwritten sentence-summaries on paper. Similar to Butler-Kisber's (2012) *collage as inquiry* method, which emphasizes the benefits of nonlinear representation, the process "reduces conscious control over what is being presented which contributes to greater levels of expression" (p. 268). Doing so consolidated conceptual complexity for the sake of simplicity. The literature review's final phase broadened the keyword search to include: arts-based health research, insight, metacognition, therapeutic writing, mechanisms of change, and interdisciplinary professional competency.

Chapter 3: Literature Review

A Clinical Conceptualization of Psychosis

Art therapists working within current regulations of practice in Québec, where I am training, are not qualified to diagnose. They must, however, understand the symptoms patients are living with and how certain client experiences may not be accounted for within psychiatric diagnostic criteria. For any mental health disorder, thinking about treatment and determining the specific needs of a vulnerable psychiatric population encompasses a sensitive area of research. The challenge of integrating qualities of psychological symptom with subclinical experiences requires an accurate matching of empirical process mechanisms and known treatment outcomes. As a result, access to appropriate intervention relies on clear diagnostic boundaries and the critical study of emerging knowledge gaps. Clarifying these limits with respect to the assessment of early stage psychosis is therefore of utmost importance to the development of this inquiry.

Empirical Assessment Diagnostics. The American Psychiatric Association's (2013) conceptualizations of schizophrenia spectrum and other psychotic disorders share symptoms of productivity and participation deficits caused by impaired reality testing. These symptoms are operationalized as the relationship between delusion and hallucination. Delusions are fixed beliefs maintained in the face of contradictory evidence and hallucinations are perceptions occurring in the absence of corresponding sensory information (APA, 2013). According to Arciniegas' (2015) review of current evaluation standards, symptoms of psychosis are correlated with the disorganized, illogical, tangential, and contradictory features of thought disorder—and may also occur in people with bipolar disorder or during major depressive episodes. Similarly, schizotypal personality disorder is now considered part of the schizophrenia spectrum although the deficits are milder, unusual perceptions are less severe, and protective factors may limit a person's psychosis vulnerability (Arciniegas, 2015). Comprehensive neuropsychiatric assessments are required prior to beginning the treatment of symptoms and, when possible, involving family members or other sources of knowledge can assist in establishing comparative baseline measures for monitoring progress (Arciniegas, 2015).

Along with scientific advancements in the definition and delimitation of early stage psychosis, a number of challenges have also recently been outlined. Seiler et al.'s (2020) review of 627 studies from 1989-2019 reveals that overlapping categorical boundaries demarcating the continuum between psychosis and psychosis-like symptoms and experiences evidently reflect an

inconsistent use of standardized assessment terminology among practitioners. Despite this, clinical assessments are also essential to the provision of emergency mental health services as explained by Raballo et al.'s (2019) overview of subclinical risk, early identification, and the timeliness of psychosis treatment. Simply, the duration of untreated psychosis is correlated with the development of severe clinical outcomes. This challenges mental health professionals using preventive intervention models to promptly apply diagnostic markers of emerging psychopathology and accurately predict the risk of transitioning to more severe diagnoses (Raballo et al., 2019). That said, transdiagnostic approaches may redefine disorder progression by situating features of subthreshold distress within the scope of early psychosis intervention according to affective, cognitive, and behavioral symptoms (Raballo et al., 2019). According to Mittal et al.'s (2015) review of disclosure strategies and their ethical-legal considerations, it is also important to consider that youth informed of their subclinical risks may experience a type of alternative risk. While people with psychosis must live with degrees of discriminatory stigma and social distance attached with diagnoses, clinicians are nevertheless required "to reduce the duration of untreated psychosis, ameliorate course of illness, and delay or potentially prevent onset of psychosis" (Mittal et al., 2015, p. 544).

Tiffin & Paton's (2019) perspective on the initial evaluation and re-assessment of young people's early symptoms of psychosis further speaks to the importance of contextualizing psychometric scales in accordance with complex multifactorial presentations. Specifically, evaluating the clinical picture of psychiatric phenomena in adolescence must be placed alongside all available information in order to account for developmentally appropriate mood and anxiety symptoms, perceptual or ideational disturbances, and a general distrust of professional interrogations (Tiffin & Paton, 2019). Considering this age group's tendency to underreport symptoms, offering educational psychosocial approaches and more intensive interventions when needed is recommended as the form, content, and meaning of self-reported experiences are evaluated overtime (Tiffin & Paton, 2019). Additionally, and with potential relevance for art therapy intervention studies, psychometric instruments are also recommended for use in research to strengthen the validity of empirical outcomes (Tiffin & Paton, 2019).

Cognitive Factors Related to Psychological Change. Grouped from low to high severity, psychotic-like experiences (PLEs) occurring without distress, imminent clinical high-risk (CHR), and diagnosable illness together represent one of the current simplified continuums of psychosis

(Chapman et al., 2020). At the low range are both valid imaginative experiences and the earliest possible markers of serious concern. In order to differentiate between the two and hypothesize why certain prolonged cases of magical ideation do not manifest as symptoms of psychosis, Thalbourne & Storm (2019) reviewed studies on the unconventional causal hypotheses of people living with magical ideation, psychosis-like spiritual emergencies, extraordinary phenomena, prodromal psychopathology, and schizotypal personality features. Briefly stated, evidence suggests that exploring the emotional aspects of salient belief convictions underlying a person's psychological adjustment and distress might broaden the clinical picture of early psychosis related to therapeutic change (Thalbourne & Storm, 2019).

Of relevance to working with a person's emotion-related belief convictions in therapy, a cognitive strategy studied across the psychosis continuum is emotion regulation. Chapman et al.'s (2020) mixed-methods approach consisting of supervised self-report questionnaires and structured diagnostic interviews examined a community sample of U.S. youth with PLEs, CHR young adults from families with a psychotic disorder, and clinically stable individuals with schizophrenia at an outpatient mental health centre. Compared with stress reactivity, little is known about emotion regulation strategies for these populations and results are inconsistent (Chapman et al., 2020). Cognitive reappraisal, which is defined as "the reinterpretation of an event or stimulus to control an emotional response" (p. 220), is considered an emotion regulation strategy (Chapman et al., 2020). Importantly, all three groups in this study reported infrequent uses of cognitive reappraisal—suggesting that reappraisal strategies are similarly lacking across the psychosis continuum (Chapman et al., 2020). The interaction between emotional awareness and regulation in high-risk cases should therefore be explored longitudinally with multiple follow-up time points in future studies (Chapman et al., 2020).

Informed by cognitive psychology as their theoretical framework, Sauvé et al.'s (2020) meta-analytic review of 32 studies comprising 2738 participants summarized and evaluated psychological interventions that reduce symptoms of psychosis by targeting cognitive biases and improving insight. The symptoms of schizophrenia spectrum disorders are known to include cognitive impairments in verbal and visual learning, attention, working memory, reasoning, and problem solving (Sauvé et al., 2020). These deficits have also been studied in association with psychosis proneness through the lens of cognitive bias, which is conceptualized as "a systematic and preferential orientation toward appraising, processing, selecting and remembering certain

information” (Sauvé et al., 2020, p. 1). For example, patients within this clinical population more frequently jump to conclusions, misattribute contextual circumstances, disregard contradictory evidence against one’s beliefs, and demonstrate an unwillingness to challenge delusions (Sauvé et al., 2020). Currently, the most successfully used intervention is metacognitive training that helps individuals learn about the formation and maintenance of these biases as validated outcome variables, indirectly improving positive symptoms of psychosis (Sauvé et al., 2020). These results demonstrate the malleability of cognitive biases and their presentation in CHR populations as important factors contributing to the therapeutic development of metacognition within early psychosis intervention (Sauvé et al., 2020).

To explore the link between serious mental illness and mechanisms of change for psychosis, Mazor et al. (2020) measured experiences of posttraumatic growth (PTG) in a community mental health sample of 121 adults with schizophrenia spectrum disorders living with persistent experiences of distress and previous hospitalizations. Cognitively, PTG was found to be mediated by a person’s re-examination of core beliefs following trauma; this was contingent on moderate to low symptomatology (Mazor et al., 2020). As a therapeutic process, PTG appears to be facilitated by targeting trauma-related symptoms of psychosis expressed across a person’s thinking, emotions, and behaviors (Mazor et al., 2020). Since people with serious mental illness are however usually highly traumatized and symptomatic, there is a need for mental health recovery perspectives to include the research and practice of cognitive-emotional intervention strategies (Mazor et al., 2020).

Deficit-focused treatment frameworks orient clinicians towards the early identification of functional outcomes for people who have experienced a first-episode psychosis. While strengths-based models of care and recovery also guide treatment, Allott et al.’s (2020) review argues that such approaches have minimally been extended to the realm of cognitive psychology. On the one hand, recent meta-analyses of psychosis and schizophrenia assessment support the use of cognitive deficits as predictors of long-term functional outcomes (Allott et al., 2020). On the other hand, youth is experienced as a sensitive phase of psychosocial identity formation and may be vulnerable to unexpectedly enduring harm following the required self-integration of deficits associated with functional improvement (Allott et al., 2020). Allott et al.’s (2020) research on the changing concept of recovery reveals a meaningful gap in the existing literature. With reference to early psychosis, the inclusion of cognitive strengths as a psychological need related to daily

functioning and self-determination has been acknowledged as complementary to current treatment frameworks (Allott et al., 2020). Front line clinicians might acquire such experiential data by consulting with service users (Allott et al., 2020).

Involving the Client to Determine Specific Needs. Meaningful engagement and the communication of mental health beyond symptoms requires the time and space to process frequently destabilizing experiential sources. Bogen-Johnston et al. (2020) interviewed ten Early Intervention in Psychosis (EIP) practitioners at a multidisciplinary community mental health setting and explored a clear gap between policy, service user preferences, clinical practice, and experiences of voice hearing. As part of the research methodology, therapists' qualitative reflective diaries facilitated the process of recording momentary insights and reduced the likelihood of false recall. This also contributed to their ethical caution, which attempts to account for the lack of empirical literature in this area (Bogen-Johnston et al., 2020). Over the course of this research, practitioners shared their discomfort with initiating and continuing conversations about voices, despite the clients' generally positive response to the intervention (Bogen-Johnston et al., 2020). Interestingly, the shared language from structured assessment tools provided a familiar foundation for dialogue while the therapeutic relationship supported explorations of voice-related emotions and beliefs. Even so, the lack of confidence experienced by practitioners was attributed to the medical model's dominance as an explanatory framework (Bogen-Johnston et al., 2020). The study recommended that trained therapists lead future research on voice hearing to account for patients' harmful self-disclosure as a possible emotional outcome within a therapeutic frame (Bogen-Johnston et al., 2020).

Similarly, Steele et al.'s (2018) qualitative research on the therapeutic outcomes of 65 psychiatric consultations with patients about the content, personal meaning, and emotional impact of delusions advances clinical knowledge about a historically discouraged practice that lacks recommended intervention guidelines. These consultations provided data on assessing alliance harming aspects of open interviews that explored a range of topics including positive symptoms of schizophrenia spectrum disorders (Steele et al., 2018). Based on a qualitative thematic analysis of this data, it was confirmed that outpatients wanted to talk about their experiences. Specifically, patient disclosures focused on symptom characteristics, emotional responses, explanatory models, and coping strategies (Steele et al., 2018). Beneficial, conflicting, and neutral dialogue provided therapeutic alliance building opportunities, particularly when

interviewers used tentative language for perspective sharing as opposed to factual hypothesis testing (Steele et al., 2018). In response to patients disclosing the emotional impact of psychosis, therapist empathy was identified as an important factor to consider when developing good practice guidelines for similar interventions (Steele et al., 2018).

In order to document the question of how and under which conditions young people may experience narratives of hope following psychosis and supportive care, Bonnett et al. (2018) interviewed a sample of 10 adolescents recruited from four EIP services in England. Based on the mental health recovery literature for adolescents, hope is measured as a cognitive pathway related to agency, motivated belief, treatment engagement, self-care, and the emotional aspects of goal achievement (Bonnett et al., 2018). Participants having self-reported experiences of psychosis within 3-48 months, when presented with the question of hope, provided a range of responses and abilities to respond. Semi-structured interviews explored “context, roles within the main story and central themes, tones, and imagery” (Bonnett et al., 2018, p. 101). As a whole, interviews revealed future-oriented themes of hope towards a sense of belonging, the value of explained information, and planning for occupational progress in steps (Bonnett et al., 2018). The developmentally appropriate importance of secure attachment and an “Open Dialogue” (p. 107) approach to co-constructing social explanations of psychosis recovery were recommended for further study (Bonnett et al., 2018).

Calling attention to medical records in psychotherapy as an opportunity for collaboration, Fors & McWilliams (2016) proposed their open access as an empowering intervention grounded in clinical theory. The therapeutic value of collaboratively reading through diagnostic dilemmas and treatment possibilities actively involves patients’ meaning-making, encourages insight, provides outcome-related information, and may help equalize power differentials within the therapeutic alliance (Fors & McWilliams, 2016). For psychiatric patients, who are considered especially vulnerable to harmful self-reflection upon exposure to sensitive material, a therapists’ rationale must reflect the preparation and establishment of protective treatment boundaries (Fors & McWilliams, 2016). This includes reviewing past and current records beforehand, monitoring the shared reading experience across sessions, and facilitating opportunities for patients to re-contextualize subjective relevance. The importance of realistic goals is emphasized as psychosis may affect a person’s narrative coherence and capacity to reliably discern clinical themes (Fors & McWilliams, 2016). In other words, the intervention’s timing should reflect a patient’s

readiness and the specific phase of therapy. A collaboratively-validated foundation for future treatment is in this way developed to support the therapeutic relationship. This form of qualitative interviewing exposes a degree of vulnerability for both the patient and the record's author, who may or may not be a therapist (Fors & McWilliams, 2016).

Mental health services typically encounter individuals experiencing psychosis during a time of crisis and poorly understood precipitating emotional factors. In response to this context, Bögle & Boden (2019) explored the visualizing of emotions as a clinical intervention for people who had recently experienced a first psychosis and were already participating in a peer support group. Briefly stated, the intervention procedure involved “expressively illustrating the felt experience of crisis, mapping and interpreting partial or whole aspects of the image [with guidance], and open-ended reflexive interviewing” (Bögle & Boden, 2019, p. 7). Evaluated according to hermeneutic-phenomenological methods, the psychosocial meanings underlying traumatic experiences of psychosis were interpreted by participant and researcher before being re-evaluated at a later point during the process of knowledge co-creation (Bögle & Boden, 2019). As an emotion-focused approach which “must reflect the participant’s meanings, associations and interpretations” (p. 19), multi-modal phenomenological research may also provide contextualized accounts of subjective experience and broaden the scope of psychosocial mechanisms underlying the development and maintenance of psychosis (Bögle & Boden, 2019). The provision of physically and psychologically safe social environments are further emphasized as essential qualities of supportive therapeutic relationship across early psychosis crisis intervention (Bögle & Boden, 2019).

Art Therapy as a Guiding Framework

Central to the conceptualization and development of visual journaling as an art therapy intervention for early psychosis is a special consideration towards the counter-indicated risks and experiences of people in acute states of psychosis. Along with the timeliness of an intervention, its appropriateness to the specific phase of treatment must also be elaborated. In other words, quality of care includes the safe provision of developmentally-appropriate intervention adapted to the cognitive sense-making and emotional needs of clients. Situating art therapy within the field’s current scope of evidence-based practice thus requires the clarification of psychological change mechanisms that link art and health.

The Art in Art Therapy. Studies in art therapy that analyze interactions between clients and therapists also take into consideration the art itself, bringing about an extra dimension to research designs. As an example, when art therapy is used to help people cope with acute symptoms of psychosis in a hospital setting, unrestricted access to a range of available art materials may influence their expressed imagery to the point of disturbing themselves or others (Shore & Rush, 2019). The therapist's presence in these settings may alleviate an important need for crisis intervention. Alternatively, the art journal is an artmaking process which has been packaged and sold as a method of self-help whereby the complete acceptance of free association leads to structured exercises and insight development (Hieb, 2005). In both these examples, the potential qualities and effects of art as object and process must be understood in relation to human individuality.

The boundaries between art therapy and therapeutic artmaking implicate more than semantic ambiguity and need to be addressed if visual journaling ultimately integrates a continuum of practice ranging from clinical work with a psychiatric clientele to independent creativity. Simply, the latter does not provide the structured safety of an interpersonal therapeutic frame; an important factor lacking in current psychological awareness. For example, Braus & Morton's (2020) recent APA commentary on the benefits of art therapy during the COVID-19 pandemic's global quarantine undermines the therapist's role while simultaneously promoting the abilities of the functionally-privileged during periods of confinement. Specifically, they define art therapy as "a tool for individuals to use as a healthy coping method of self-care, self-expression, [...] self-reflection, [...] and self-compassion" (Braus & Morton, 2020, p. S267). Likening the process to arts and crafts, they further define it as an outlet "to find a sense of control within the chaos [...] in times of high stress without damage to one's self" (Braus & Morton, 2020, pp. S267-S268).

Broderick's (2011) reflection on what have historically been considered participatory arts practices in healthcare further summarizes the shifting domains of arts and health by presenting key areas of persistent debate. One argument suggests that artists and therapists represent unique approaches to knowledge which are counterproductively subjected to competitive claims that position one discipline above the other (Broderick, 2011). Incremental validations of practice, however, cause the accumulation of evidence-based clinical outcomes, inevitably distinguishing art therapy from artmaking as a legitimized form of healthcare (Broderick, 2011). For the

psychiatric patient, experiencing a model of healthcare that provides acute crisis intervention correlated with prolonged active life expectancy and possible autonomy is most essential (Broderick, 2011). The social aspect of creative inquiry has been recommended for future research aimed at providing a conceptual framework that bridges the gap between art and therapy (Broderick, 2011).

The distinction between artmaking and art therapy as two interrelated modes of practice with effects on well-being is evidently far from new. While the act of artmaking may fortunately be therapeutic, it is nevertheless important to reiterate that art therapy requires an accountable therapeutic alliance, just as any other form of clinical practice run by registered professionals who adhere to a code of ethics (AATQ, 2019; ATCB, 2019).

In addition to an alliance, an essential third point connecting artist and therapist is an art object with identifiable properties, effects, and therefore mechanisms of psychological change. According to Skov & Nadal's (2020) perspective on art objects and health, neuroaesthetics is defined as "the study of how and why sensory stimuli acquire hedonic value" (p. 1). Drawing from behavioural psychology, aesthetic value signals encoded as neurochemical reward circuits have been found to elicit different between-subject outcomes from identical stimuli—measures which to some degree invalidate art experiences as purely sensory (Skov & Nadal, 2020).

Cognitive and emotional states must also be considered. To explain the heterogeneity of the common physiological mechanism of aesthetic processing, Mastandrea et al. (2019) propose that bottom-up stimulus properties such as pleasure interact with top-down cognitive appraisals affecting mood, health, and well-being. Applied as a teaching method, studies using similar frameworks have linked the reappraisal of other people's art to increases in observational skills, empathy, and nonverbal communication (Mastandrea et al., 2019). Psychological distance from an external art object has been theorized to provide a sense of safety during the recognition of negative content when pleasurable qualities are absent from the art (Mastandrea et al., 2019). Next, clarifying the emotional impact of subjective aesthetic evaluations may require researchers to emphasize either the mastery of meaning or empathic responses (Mastandrea et al., 2019).

In contrast to art object analysis, psychophysiology, and what have been conceptualized as aesthetic experiences, Moon (2016) presents the practice of art therapy as enriched by "the lived experiences of individuals and groups whose social, cultural, and political contexts vary widely" (p. 51). Similarly, Leclerc's (2012) postmodern perspective on the intersubjective art

therapeutic relationship conveys the significance of co-created meaning “to feel, and not just understand, what these clients need in order to be assisted” (p. 367). After effectively receiving a client’s presented image, it is the art therapist’s responsibility to “open oneself to a form of knowledge that comes experientially” (p. 368) before reflecting appropriate responses (Leclerc, 2012). Patterson et al.’s (2011) interviews with twenty-four art therapists practicing primarily from psychodynamic perspectives with schizophrenia identified caring for the image as significantly therapeutic for this population. The art form, symbolizing more of a dynamic process than a physical object, may thus be applied to methodological paradigms of study involving “the conceptual, relational, and meaning-making processes that comprise the practice of art therapy” (Moon, 2016, p. 55).

Once the distinctions between practices of artmaking and art therapy, the properties of an art object as sensory data, and the social sphere of intersubjective therapeutic relationships have all been clarified, the researcher must also consider art as a visual language occurring between these processes. Interestingly, Morrel’s (2011) review of psychology, art, and linguistics literature reveals a fundamental clinical confusion whereby the interplay between verbal language and non-linear symbolism requires the art therapist’s fluency and empathic openness. He emphasizes, “what Freud called symbols are closer to signs serving as stand-ins (Freud’s cigar) whereas Jung’s symbols represent deeper, ineffable, mystical processes in which the psyche works to heal and defend itself” (Morrel, 2011, p. 3).

An attempt to clarify the esoteric complexities between signs and symbols, Özlem Alp’s (2010) parsimonious overview illustrates the content and boundaries of introductory semiotics. Across all forms of language, a sign points to and matches with a signified referent object. Signs may also contain imagery, refer to phenomena, and correspond with certain words. On the other hand, a symbol’s freedom lies in its self-sufficient expression. While many symbols carry pre-defined historical, archetypal, cultural, or religious significance, boundaries of meaning are inherently plural and may change overtime—like a person’s artwork (Özlem Alp, 2010). The common misuse of signs and symbols pertains to a reduction of the associative power of symbolism to an abbreviated form. Importantly, symbolic imagining remains open to comment and comparison, despite possibly referencing signified expressions (Özlem Alp, 2010). Of relevance to empirical research in the creative arts, the parallel matching between content and expression indicates the use of a sign whereas symbolism may express a multiplicity of content

through a common form (Özlem Alp, 2010). More than semantic ambiguity, the scientific implications of this difference speaks to the reality testing domain of empiricism and the therapeutic value of free expression. An argument is therefore made that symbols, being loaded with perceptual content, are living reflections of their user's subjectivity; they situate the practice of delimiting meaning from attributed knowledge (Özlem Alp, 2010). Interpreting symbolism as sign may simply be a convenient boundary that serves the examiner more than the experiencer by capturing a mind's action potential.

For psychometrics alone, measuring the pathological thresholds between a person with psychosis and a healthy control's capacities for abstract thinking in relation to known symptoms cannot be fully accounted for; they may leave visual imagery out as the contested domain of art therapy in psychology. For example, Perlini et al.'s (2018) psychometric investigation of outpatients with psychosis from community mental health centers in Italy assessed the use of figurative language, metaphor, and idioms. The possibility of visual imagery with respect to schizophrenia's degree of "literal concretism" (Perlini et al., 2018, p. 81) as a core dimension of the disorder remains minimally explored. Further, according to Leontieva et al.'s (2019) scoring guide for the proper use of abstract thinking subscales, interviewers measuring concrete versus abstract thinking assert that "an understanding of figurative language and an ability to use abstraction is crucial in successful interpersonal interaction" (p. 1). A failure to consider visual thinking as equally crucial while claiming that "judging the patient's response [simply] depends on the examiner's ability for abstraction, cultural background, and familiarity with proverbs" (Leontieva et al., 2019, p. 2) reveals a clear limit on the exclusive use of psychometric frameworks.

Until an evidence-based mechanism of change for art therapy is operationalised for research, assessments of the schizophrenia spectrum may continue to restrict the measurement of neuroplasticity compensation through visual thinking from empirical outcomes.

Proposed Mechanisms of Change. Despite a current lack of professional consensus as to a primary mechanism of change common to all forms of art therapy, a pattern in the relevant research literature frequently highlights the therapeutic alliance's centrality. It seems that a clear methodology that would advance its study has not yet been integrated, although several avenues of research have been proposed.

The creative arts therapies (CATs) for severe mental illness represent a diverse body of research. To this end, Chiang et al.'s (2019) review of the relevant literature published over the past decade has summarized and integrated known factors associated with intervention benefits, methodological rigor, and outcome measures for people with schizophrenia, trauma-related disorders, major depression, and bipolar disorder. Introduced as a holistic psychotherapeutic method, CATs encompass art, music, drama, and dance/movement (Chiang et al., 2019). As modality-specific examples of technique, the visual arts and expressive writing have been shown to influence cognitive functioning and evoke emotions by not only looking at other works but also through engaged creative activity (Chiang et al., 2019). Ideally, the methodological rigor required to determine CAT mechanisms should include psychophysiological measures linking the body and mind through experience-dependent brain plasticity, reference to symptom severity, and quality of life measures (Chiang et al., 2019). Bridging these factors together is the therapeutic alliance's social aspect in relation to specific healthcare environments, the formation of safe attachment relationships, artmaking process explorations, and a therapist's training (Chiang et al., 2019). Chiang et al. (2019) recommend that, when global change processes are conceptualized in future studies, a person's daily life in the general community be included as part of follow-up outcome measures across individual and group therapy structures.

Czamanski-Cohen & Weihs' (2016) "bodymind model" (p. 63) of art therapy formulates a similar clinical and research framework that is more globally tailored to mental health populations in general. Their purpose was to first describe key theoretical mechanisms activated by art therapy and consider how artmaking contributes to health before establishing a clear methodology for empirical trials across clinical settings (Czamanski-Cohen & Weihs, 2016). At its core, this model's approach is considered developmental, epigenetic, and holistic in its integration of language and imagery. These qualities produce a social body-mind cycle. Specifically, the relational aspects of art therapy operate in parallel with the somatic, emotional, cognitive, and behavioral effects of artmaking (Czamanski-Cohen & Weihs, 2016, p. 65). Within the frame of art therapy, a therapeutic relationship facilitates the practice of secure attachment in a safe environment supportive of personal exploration. Emotion regulation, experiential acceptance/avoidance, and a client's valuation of their art have been identified as valid interrelated mechanisms underlying such explorations (Czamanski-Cohen & Weihs, 2016). As self-expression brings sensations and perceptions to conscious awareness during the act of

artmaking, metacognitive processes facilitate the translation of implicit emotions into explicit communication once a safe enough attachment relationship has formed (Czamanski-Cohen & Weihs, 2016). Gradually, process mechanisms underlying art therapy and artmaking may further a client's practice of tactile engagement, emotional awareness, perspective taking, and meaning making as a sense of coherence is discovered within their own visual language (Czamanski-Cohen & Weihs, 2016).

From theory to applied testing in simulated learning environments, Gerber et al.'s (2018) research methodology involved a collective self-study spanning eight years to experiment with known CAT mechanisms of change and determine preliminary revisions in preparation for real-world therapeutic practice. Over the course of this study, multiple cohorts of doctoral students and faculty explored, documented, and described "dynamic interactive aesthetic and intersubjective phenomena [...] relative to transformation in perception, behavior, relationship, and well-being" (Gerber et al., 2018, p. 1). It is proposed that defining aesthetics as pre-verbal and sensory-based within an intersubjective paradigm creates the social conditions for attuned resolutions of rupture through jointly constructed narratives of arts-based meaning (Gerber et al., 2018). Simply put, this change process appears to involve the practice of empathy—or imagination—in relation to another's experiences of being and knowing. The translation of this shared experience as a bridging point of technique, client-therapist process, and outcome may be a necessary precursor to the research of consistent variables of therapeutic change (Gerber et al., 2018). Specifically, "progressive thematic coding" (p. 13) accounts for the emergence, development, sustainability, and diminishment of multiple data types over time and would need to be operationalised as factors of triadic relationships between therapists, client-participants, and art (Gerber et al., 2018).

Springham & Huet's (2018) clinical case vignette of a young woman's experiences with group art therapy identifies the attachment system and trust as key mechanisms of change underlying the triadic relationship. Human attachment as it relates to biopsychosocial theories of distress across multidisciplinary sources of evidence is considered a primary system through which social experiences are processed during psychotherapy (Springham & Huet, 2018). To transform states of mindfulness so as to increase the capacity for mentalization, researchers have recommended the application of a social constructionist framework onto the valuation of art objects, the exchange of epistemic information, and shared reflective functioning (Springham &

Huet, 2018). That said, the knowledge gap between dyadic and triadic therapeutic relationships must be addressed if an attachment framework for art therapy is to be distinguished as divergent or complementary to the outcome values of current clinical evidence (Springham & Huet, 2018).

Advancing a Field of Research. While certainly psychological in process, the characteristic features and contents of a visual journal are multidimensional, spanning the literal to symbolic, visual or verbal expression and the linear, staggered, or layered sequencing of relevance. As a form of qualitative source material, visual journaling has yet to be correlated with quantitative psychometric assessment. Methodological consideration will have to be given to how the scope and limits of this intervention should be adapted in line with early psychosis mechanisms of change.

One such methodology is arts-based health research (ABHR). Boydell et al.'s (2016) qualitative interviews with 36 professionals in the Canadian context engaged in ABHR, including work with youth and psychosis, have revealed an overview of issues and concerns regarding the arts in research. For example, interdisciplinary barriers and the communication of evidence challenge health and social care with emerging gaps between knowledge and practice. Consequently, the development and empirical legitimacy of ABHR has been contingent on the determination of outcome factors adapted to multidisciplinary collaboration (Boydell et al., 2016). According to participants' concerns, the biomedical model's necessity in terms of safely guiding evolving mechanisms of health must also remain balanced with a freedom to broaden possible outcomes and, by association, public knowledge (Boydell et al., 2016). This process is currently limited by the specific language of impact factors—evaluation, metric, measure, and response—through which methods of knowledge translation may lead to new solutions (Boydell et al., 2016).

Higgs' (2008) reflective journaling practice and clinical work as an art therapist with emotionally disturbed adolescents led to a questioning of the psychological boundaries of arts-based research. Art effectively represents a continuum of experience ranging from individual subjective expression to engaged intersubjective knowing (Higgs, 2008). Psychologically, art experiences also integrate behavioral and mental functions when researchers choose to consider both the artmaking and responsive viewing process (Higgs, 2008). Of importance to qualitative studies involving art, both the artist and observer may be treated as researchers and their

psychological experiences, if explored, become inseparable aspects of the process' methodology (Higgs, 2008).

Blending aspects of image-based inquiry and the psychological boundaries of arts-based research, Scott Shields (2016) defines the visual journal as “an artifact of qualitative thought, including its epistemological, theoretical, and methodological undercurrents” (p. 1). With the intention of making visible her sense-making process, the author's visual and verbal thoughts were explored alongside those of participants learning to integrate the practice in their own research (Scott Shields, 2016). Epistemologically, the artmaking aspect of a visual journal may be considered an empirical form of self-study whose recorded source of evidence includes the metacognitive process of organizing data responses and their curation (Scott Shields, 2016). As theory, practice, and method integrate through visual journaling, the active articulation of knowledge as recorded acts of interpretive discrimination formalizes creative experience for intersubjective review according to features of the maker's expressed way of thinking (Scott Shields, 2016). Emphasized as “a starting point for moving theory into the realm of action” (Scott Shields, 2016, p. 16), the author's results and discussion speak to the interactive convergence of dialogue, theme development, conceptual mapping, organized questioning, and transforming mistakes into opportunities for revision. That said, working with images that use words challenges researchers “to consider how ideas fit together and build towards an overarching concept, rather than forcing images to fall under a specific language driven code” (Scott Shields, 2016, p. 18).

Integration with Evidence-Based Practice. Bauer et al. (2017) investigated the attitudes of practicing art therapists towards evidence-based practice (EBP) and possible factors affecting those attitudes such as exposure and experience. For many years, epistemological debates that both delimit and integrate science with art have led art therapists to question the use of quantitative approaches standardized to modality-bound operators as a best means of evaluating the application of art in healthcare (Bauer et al., 2017). Conversely, acquired familiarity with the empirical language of mixed-methods outcome research may help therapists produce, learn from, and constructively critique the multiple ways of knowing unique to the arts (Bauer et al., 2017). In direct response to these recommendations, practising art therapists with clinical experience in outpatient centres, community mental health clinics, and schools were asked to share their views about EBP using surveys and artmaking (Bauer et al., 2017). Among the results, direct

experience with evidence-based practice was positively correlated with its confident integration with art therapy. Respondents with a stronger arts background perceived a roughly even variance in challenge whereas all respondents with a psychology background considered that its integration required careful considerations. Most agreed that the field of art therapy needs improvement in relation to the acknowledgement of occasionally published research conducted by people who are not art therapists (Bauer et al., 2017). Lastly, for art therapy to grow alongside EBP, additional studies exploring their direct integration with clinical populations are needed to determine recommended interventions and validate the shared framework (Bauer et al., 2017).

Treatment Pathways in Early Psychosis Intervention

Moving the present literature review forward is a consideration for current treatment pathways available to young people following an experience of psychosis or approaching a serious risk of crisis. By working through such challenges with clients, “the art therapist shall avoid any misrepresentation relating to his competence and the effectiveness of his services” (AATQ, 2019, 3.15). In other words, professional competencies and best practice guidelines must also be considered.

Art Therapy with People in Acute States of Psychosis. When access to treatment and therapy for early psychosis is delayed or unrecognized as a need, the progressive consequences of an acute crisis situation challenge the practice of mental health intervention with ethical complexities. In Québec, emergency first responders following a 911 call send an ambulance with a police mental health team within 10 minutes and within 72 hours a psychiatric diagnosis is provided with medication and follow-ups adapted to the situation (Robidas, 2019). Although guidelines generally suggest that schizophrenia spectrum diagnostics and biopsychosocial assessments are to be made cautiously and gradually, emergency situations involving harm to self or others are complicated by high-severity cases of lifelong biomedical intervention (Grover & Avasthi, 2019). With regards to the risks of developing “cardiometabolic abnormalities” (p. 331) following antipsychotic medication use, Chee et al.’s (2019) interviews with youth stress the importance of health education, participatory action, and peer support programmes as integral aspects of appropriate early psychosis intervention planning.

Grounded in several decades of clinical work, Shore & Rush’s (2019) case vignettes illustrate the risks, counter-indications, and special considerations of art therapy with highly symptomatic patients at a U.S. psychiatric hospital to outline a therapeutic framework for short-

term intervention. As a point of transition following crisis, psychiatric wards are overstimulating and distressing social environments. It is expected that brief hospital visits may compromise the effectiveness of treatment, limit the possibility of assessing patient strengths, and prioritize the stability of acute symptoms over the gradual facilitation of creative growth, problem-solving, and self-reflection (Shore & Rush, 2019). The authors primarily emphasized the importance of helping groups achieve a sense of meaningful expression while intervening to support individual levels of symptom alleviation, which are occasionally had at the cost of free expression (Shore & Rush, 2019). Specifically, this art therapy framework recommends the use of “stimulus barriers” (p. 3) during the acute phase of psychosis as a means of restricting access to symptom-associated imagery, containing disruptive escalations, and developing coping skills (Shore & Rush, 2019). For fragile patients whose cognitive and symbolic treatment needs require soothing directives, setting a frame of “sealing over, rather than an opening up” (p. 5) is recommended to introduce stable themes and media to group sessions (Shore & Rush, 2019). As a whole, appropriate therapeutic relationships model safety and protection from perceptual overwhelm to help patients regain a concrete sense of control through structured experiences (Shore & Rush, 2019). The art therapist’s empathic understanding of symptoms should therefore provide a rationale for intervention planning while considering the effects of restricting creativity or discouraging another’s choice-making capacities (Shore & Rush, 2019).

Montag et al.’s (2014) pilot RCT of psychodynamic group art therapy with 122 adult inpatients diagnosed with schizophrenia explored symbol formation, metaphorical aptitude, mentalizing capacity, and emotional awareness. As therapeutic outcomes, these measures were correlated during treatment and at follow-up with composite symptom assessments, psychosocial global functioning, mentalization parameters, self-efficacy, quality of life, and satisfaction with care. In terms of structure and process, twelve 90-minute sessions were administered over six weeks in a room designed as an art studio with a capacity for three to six patients. A non-directive approach was used: art therapists supported the creative process through meaning-making, and the last 30 minutes of each session were reserved for optional shared viewing and discussion (Montag et al., 2014). Art therapy helped these patients understand their images while encouraging them to work at a natural pace. Autonomous decision-making towards one’s own art was crucial to this process (Montag et al., 2014). Even with intermittent acute phases of psychosis among certain participants, the group’s unique atmosphere revealed promising

preliminary results in terms of self-expression and self-efficacy during the treatment/recovery process. Specifically, while the inner states of this study's participants were revealed in "a concrete physical way [...] the artwork then allowed reflection to clarify and re-internalize meaning" (Montag et al., 2014, p. 9). In terms of psychosocial functioning, "art-sharing and communication with the art therapist and group members may help to appreciate other perspectives and find new expressive language" (Montag et al., 2014, p. 9).

Given that psychiatric inpatients receiving time-limited treatment receive referrals for continued art therapy, it may be important to consider how the therapeutic frames of inpatient and outpatient settings parallel personal development. For example, Greenwood's (2012) case vignettes sampled from long-term outpatient group art therapy with people in non-acute states of psychosis explored the benefits of a "side-by-side approach" (p. 27) to artmaking and the possibility of strengthening psychological boundaries through transference dynamics. In so doing, the researcher was able to better help clients shift from concrete to symbolic ways of thinking when appropriate through playful exploration and a secure, attuned, attachment relationship. The group setting also provided opportunities for mentalization (Greenwood, 2012).

The Possibility of Individual Psychotherapy. Forms of treatments for schizophrenia spectrum disorders and psychosis have also been studied within the frame of psychotherapy. Presented as a case vignette, Carr et al.'s (2018) integration of cognitive-behavioral, psychodynamic, and metacognitive psychotherapy highlights the process of reflective functioning for persons with psychosis as potentially overwhelming to work through for both therapists and clients. Specifically, complications involving attachment relationships and insight development have been an area of professional debate in relation to the usefulness of psychotherapy for psychosis (Carr et al., 2018). Similarly, Hasson-Ohayon et al.'s (2017) case study portrays the risks of rupturing a therapeutic alliance when intersubjective processes, goal consensus, and meaning-making for persons with psychosis become compromised by mediating barriers. These include different narratives of mental health, culturally stigmatizing perspectives, and age-specific considerations each of which may potentially be resolved by creating therapeutic spaces of trust, empathy, and reflection (Hasson-Ohayon et al., 2017).

Treating the person with psychosis in such a way as to empower their lived experience, with the clinical intention of supporting shared decision-making, requires the establishment of a common ground. Even within the therapeutic frame, psychosis is often difficult to understand.

Adame's (2019) interpretive phenomenological analysis of four psychodynamic psychotherapists working with psychosis in private practice provides some answers regarding the aforementioned challenges. For clients, sense-making and coping with psychosis using language alone may underserve the therapist's capacity to understand nuanced and rigid belief systems operating on both sides (Adame, 2019). Because the bridging point of shared experience might involve the inexplicable, co-constructing narrative demands a certain degree of therapist flexibility and the patience to sensibly allow meaning to shift with time (Adame, 2019). The therapeutic alliance's role and capacity to welcome a client's unique guidance also models the holding of charged emotional states without judgement. Therapists' reflections adapt to maintain a cautious optimism towards the client's potential for change by balancing theoretical grounding with openness (Adame, 2019). For a recommended future direction that meaningfully implicates service users and peers, "the most critical perspective to better understand is of the people we serve in our clinical practice and research" (Adame, 2019, p. 873).

On the topic of insight development and metacognitive reflection, Pattison et al.'s (2020) case study examined a first experience through psychotherapy provided to a young white male adult with schizophrenia who presented with symptoms of paranoia. Sessions were audiotaped, transcribed, and analyzed by psychologists using qualitative methodology to identify communicated insights, significant themes, moments of challenge, and to reach a group consensus. Levels of insight were further measured by raters according to standardized psychometric scales (Pattison et al., 2020). Pattison et al.'s (2020) consideration of early psychosis' marked neuroplasticity informed their treatment planning rationale, which gradually increased the psychological problems being named, explored, and supportively challenged. By the later phase of therapy, these were more frequently recorded as meaningful insights. Furthermore, therapists' curiosity and engagement while discussing narrative episodes of the patient's life were coded as having impacted the development of insight and metacognitive reflection (Pattison et al., 2020).

Art Therapy and Early Intervention. Within the scope of early intervention for psychosis, Parkinson & Whiter's (2016) art psychotherapy group offered up to three years of continued support for young adults who had no prior contact with mental health services. The study's aim was to develop an EIP art therapy option in accordance with best practice guidelines, meet service user needs specific to this context, and outline the process of evaluating therapeutic

change (Parkinson & Whiter, 2016). EIP services operate according to principles of tolerance toward diagnostic uncertainty, the provision of collaborative multidisciplinary support, trauma-informed practices centered on psychological attachment, and the appropriateness of art therapy in relation to mentalization or reflective functioning (Parkinson & Whiter, 2016). Accordingly, the art therapy process was informed by validated mentalizing frameworks, a therapist stance of not knowing, the establishment of epistemic trust for social learning, and the triadic relationship as the core of these shared viewing change mechanisms (Parkinson & Whiter, 2016). As therapy sessions progressed, participant suggestions and preferences modified the group's dynamics with reasonable alteration to the initial therapeutic frame. For example, a half hour increase in session length was first trialed and later integrated; a similarly structured family and friends' day was scheduled on a different day every 10 weeks; and the group's meeting location was eventually moved from acute inpatient psychiatry to a community arts centre (Parkinson & Whiter, 2016).

That being said, service user engagement was at times challenging to facilitate. During the introduction of art as a psychological intervention, technical expectations were occasionally experienced as intimidating, the sharing of exposed emotional content did not immediately feel safe, the possibility of an artwork's content being used as evidence caused a degree of distress, and some unplanned endings occurred (Parkinson & Whiter, 2016). These counter-indicated risks were another source of information for modifications to the group's structure. With time, a sense of community among group members began to form and discussion periods following artmaking were positively experienced by some as a valued social releasing of privately-managed issues (Parkinson & Whiter, 2016). Interestingly, while looking at artwork together was identified by many as being of central importance, the significance of having the power to occlude both meaning and aesthetic through the non-verbal aspects of art provided options for sharing at one's own pace. Regarding trauma recovery, unique paths to strength and hope were represented through shared visual witnessing, being heard without explicit vocalizations, and feeling validated according to one's own style of expression (Parkinson & Whiter, 2016). In terms of art psychotherapy practice, the authors voiced the importance of balancing artmaking, joint attention, social interaction, introspection, and the validation of service user needs without encouraging the avoidance of therapeutic work (Parkinson & Whiter, 2016).

Noting that psychosis intervention research using art therapy has primarily studied people with many years of treatment experience across various mental health systems, Lynch et al.'s

(2019) grounded theory approach focused on the experience of art therapy following a first diagnosis. Experiences of helpful change through art therapy as perceived and described by eight interviewed participants were compared with the difficulties temporarily non-eligible participants had in elaborating initial hypotheses (Lynch et al., 2019). Positive reports highlighted the qualitative effects of an inclusive artmaking atmosphere; the cathartic release of gesturally-communicated delusions or hallucinations as a coping strategy; discovering other people's perspectives within contexts of therapeutic safety; and supportive identity development through reflecting on experiences of psychosis (Lynch et al., 2019). Other participants reported significant difficulties. These included the importance of receiving art therapy at the right time based on symptom severity; interpersonal dynamics in group or individual sessions; general anxiety about receiving therapy; and difficult feelings concerning the hospital environment (Lynch et al., 2019). Overall, Lynch et al.'s (2019) model supports the relationship between pleasure and engagement in artmaking as a foundation for interpreting the biopsychosocial effects of shared creativity on momentary-to-ongoing emotional experiences. For this study design, artworks were not explicitly discussed, which may have prevented inferred connections between personal meaning and therapeutic action (Lynch et al., 2019).

Professional Core Competencies and Best Practice Guidelines. As early psychosis programs are established to meet the needs of diverse populations, the quality of service relies to an important degree on the continued revision of evidence-based core competencies determined by professional consensus. Following an in-depth literature review, Osman et al. (2019) recruited 63 early psychosis experts to participate in the endorsement of foundational competency items by responding to a series of questionnaires. Competence was defined as “a person’s overall capacity to perform a given role, including not only performance but also capabilities in applying particular knowledge, skills, decision-making attributes and values [...] safely and effectively” (Osman et al., 2019, p. 218). In the past, professional competence typically focused on input and delivery. Today, more attention is paid to creating a context within which learning outcomes are applied. Specifically, mental health standards require early psychosis practice to be “person-centered, recovery focused, carer and family inclusive, rights based, respectful of diversity and evidence-based” (Osman et al., 2019, p. 220). Among the study’s results, highest-rated competency items were revolved around a number of common points. The first of these included explaining the principles of EIP and describing the rationale for early intervention. Another was

the importance of respecting a young person's subjective explanatory models and collaborating in response to individual preferences with genuine empathic interest. As young people strive to achieve their goals, positive reinforcement in terms of setting realistic and achievable future goals was provided. Practitioners also agreed that factors of risk and safety for clinical staff in crisis situations have to be identified. Any high risk of harm to self or others in the treatment team must be promptly communicated. EIP practitioners must also provide sensitive and appropriate responses to affective distress during times of crisis (Osman et al., 2019). The study conclusions include recognition of adherence to competency standards as a necessary step in facilitating inter-professional collaboration via a shared common language and vision (Osman et al., 2019).

Based on the study of clinical guideline documents published in England over the past 15 years, Corsico et al. (2018) explore the question of what constitutes ethics of good practice in early psychosis intervention. Despite evidence of EIP services associated with the prevention of harmful outcomes and the improvement of prognoses, the ethical implications of involving young people concern issues of diagnostic labelling, personal identity, and the subclinical symptoms of certain at-risk populations rarely crossing a critical threshold (Corsico et al., 2018). Following the use of a mixed inductive and deductive thematic approach, relevant clinical guidelines from EIP policy documents were analyzed and developed into categories. In terms of service structure, good practice in early intervention is non-diagnostic, preventive, focused on recovery, and avoids the harms of medicalized pathology when possible (Corsico et al., 2018). Appropriate treatment decisions distinguish between a first episode of psychosis and prodromal phases because EIP service users ideally do not become patients unless severe risks warrant diagnoses and intensive treatment (Corsico et al., 2018). Services should also promote meaningful and sustained continuity of care; provide treatment in the least restrictive and stigmatising setting; and support the service user's independence according to their needs (Corsico et al., 2018). Ethically, good practice in service delivery includes the promotion of creative expression, shared-decision making, family members if possible, and collaboration with other services. The moral attributes of clinicians are also included. These entail competency, empathy, sensitivity, and trustworthiness through the fostering of interdependent communication (Corsico et al., 2018). At the heart of these recommended good practice guidelines is the

development of a therapeutic relationship within a youth-friendly care environment (Corsico et al., 2018).

Lastly, practice guidelines specific to art therapy recommend the continuity of treatment following discharge from inpatient or outpatient settings, specifically when treatment is started during the acute phase of psychosis (Parkinson & Whiter, 2016, p. 120). Further, using the example of cognitive-behavioral therapy and art therapy as two effective forms of early intervention in psychosis, it has been recommended that simultaneously offered individual and group therapy options should include the multidisciplinary review of progress, complementary efficacy, and counter-indications (Parkinson & Whiter, 2016).

Chapter 4: Intervention Design

Developing the Visual Journal

Visual journaling methods have yet to be operationalized for art therapy research in alignment with known mechanisms of psychological change. In terms of designing a specific intervention to strengthen a specific type of needed care, looking to the evidence base supporting the use of visual journaling across different therapeutic modalities with psychiatric populations yields limited results. Like any relatively new area of study, a number of common factors and counter-indications exist across available sources of knowledge. While the subject has primarily been explored through the self-guided work of leading experts, therapists-in-training, and student samples rather than people living with or recovering from an acute state of psychosis, adapting the use of visual journaling to art therapy may broaden the possibilities for early intervention with this population.

A Multi-Modal Exploration of Psychological Processes. Beaumont's (2018) autoethnographic case study blends personal journaling and visual expression to represent an art therapist's narrative self-inquiry grounded in the idea that "art therapy is a philosophy, psychology, and practice in which [we] participate" (p. 81). Performed in this manner, the metaphorical instrument of research becomes a person's subjectivity and the research process begins by imaginatively witnessing one's tendency to control unstructured states (Beaumont, 2018). Developed over several phases, the author's therapeutic intention focused on the pressure she felt to integrate suggestions of a fixed professional identity while experiencing a state of continued learning (Beaumont, 2018). Artwork, school assignment excerpts, spontaneous journal entries and conversations with classmates produced throughout years of study and personal difficulties were gathered as raw data. Subsequently, the meaningful construction of narrative involved a structured creative process. A number of characteristic voices represented as shifts in typography and art style emerged as discernable patterns guiding the revision process when symbolism in connection with self-associated myths of significance were discovered and contemplated (Beaumont, 2018). The project's final phase revealed a culminating insight: gradually crafting a mixed-media narrative from subjectively-determined salient evidence while engaging in a journey of struggle and inspiration has transformative power (Beaumont, 2018).

Similar in process and form to a visual journal, Jung's (1915-30) Red Book is a highly-refined attempt at representing mystical experience and the psychodynamic unconscious through

writing, painting, and symbolism. Without interviewing the author, Lența & Cucu's (2017) interpretative discourse on the psychological and theological ideas contained within Jung's biographical-exegetical work was possible only due to a methodical portrayal of "phenomenal psychic interaction between the individual conscious and [his] specific evidence" (p. 25). Simply put, while an artist's value parameters may follow a poetic logic communicating abstract material that is difficult to validate scientifically, frequent references to recognized theoretical concepts facilitated the challenge of interpretive relativity (Lența & Cucu, 2017). A personal journal cannot readily be studied according to the rules of scientific rationality. And yet, in regard to Jung's work, the fluidity of freely expressed meaning rests upon "psychic pivotal points" (Lența & Cucu, 2017, p. 25). Representing these significant experiential moments with both images and words empowers the artist-author to clearly describe—or obscure—the conceptual ambiguity of symbolized narrative. Viewed as a whole, the presented creative process illustrates a "spiritually interrogative mechanism" (p. 33) through which open-ended artmaking and writing guides therapeutic openings more than immediate solutions (Lența & Cucu, 2017).

For Hieb (2005), a studio artist, theologian, educator, and author, the practice of what she refers to as *art-journaling* entails the creation and development of a self-actualizing spiritual journey. Looking past the author's use of ambiguous terminology such as true self, wisdom, and authentic reference, the art-journaling process is coherently broken down into two exercises: a life elements assessment (Hieb, 2005, pp. 28-33) and the uncovering of life dynamics (pp. 35-101). The guided yet self-directed life elements assessment begins with gathering materials and tools while mindfully settling into a state of open-minded consciousness. When the person creating an art journal is ready to imagine visualized free-associations of what the mind is minimally or abundantly able to generate in the moment, the more cognitive act of "posing the question [of what constitutes] today's life elements" follows (Hieb, 2005, p. 29). The next step involves responding with art materials, which are considered stylistically and thematically different for each person and attempt (Hieb, 2005). Once the image making process has paused or been completed, non-judgemental gazing guide the elaboration of positive or negative feedback. Beyond therapy, the process of feedback analysis is self-determined and spans the artwork's content, interrelating elements, and possibilities of meaning. Thoughts, insights, answers, and further questions may then be added to the journal to once again continue the open-ended process of noticing without immediate interpretation (Hieb, 2005).

Ideally, art-journaling involves “travelling from insight to insight” (Hieb, 2005, p. 36) by alternating between visual and verbal modes of sensing, perceiving, and learning. Furthermore, it is recommended that explorations include attentiveness to somatic feelings as core themes enter into consciousness through continued manifestation (Hieb, 2005). When carried out in this manner, disciplined art-journaling practices move beyond expression and noticing to more closely approach “parable-seeing” (Hieb, 2005, p. 89). Also referred to as “a meditative stance before inner wisdom or an exercise in prayer” (Hieb, 2005, p. 51), witnessing one’s creative unfolding has been likened to the “sacred seeing [...] abundant in mystical literature of all spiritual traditions” (Hieb, 2005, p. 90). More concretely, the identification of new meaning where knowledge once appeared unwavering may help individuals expressively broaden psychological perspectives on targeted issues (Hieb, 2005).

To answer the question of how therapists-in-training experience *visual journaling* during clinical internships, Deaver & McAuliffe’s (2009) qualitative case study approach followed four art therapy and four counselling students over a 15-week academic semester. The visual journal was defined as “a notebook with unlined pages in which individuals record their experiences using both imagery and written text” (Deaver & McAuliffe, 2009, p. 615). Student perceptions on how the process benefitted case conceptualization, addressing countertransference, and stress reductions were gradually explored through multiple interviews. The study began with an arts-based introductory workshop presenting a person-centered constructivist paradigm that considered experiential learning as the primary means of gathering and transforming knowledge (Deaver & McAuliffe, 2009). Importantly, ethical considerations prepared the researchers as gatherers of data to expect the emotionally-charged qualities of artwork and personal journaling during interviews. For this reason, participants were invited to examine their transcripts and affirm what peer reviewers had determined as clinically significant thematic patterns (Deaver & McAuliffe, 2009). In general, participants found the visual journaling experience helped them reframe perspectives, make decisions about what to share, create meaningful insights, and process the interpersonal impact of thoughts and emotions during clinical work. Interestingly, most preferred to journal from home, starting with imagery followed by mixed-media responsive writing focused on unsettling events (Deaver & McAuliffe, 2009). In its conclusion, among other things the study recommended that the preliminary workshop should be adapted to accommodate

learners without artmaking experience. It also mentioned the importance of exploring a cognitive psychology perspective in the context of future research (Deaver & McAuliffe, 2009).

In the context of art education, visual journals are considered “liberatory tools for widening the learning circle to include often marginalized learners” (Sanders-Bustle, 2008, p. 9). When studied and implemented using a postmodern perspective, educators are challenged to rethink visual expression as a self-initiated form of conceptual development and critical inquiry open to discussion within safely structured environments (Sanders-Bustle, 2008). Similarly, Darke’s (2018) art therapy work with adolescents and adults recommends daily or weekly visual journaling as “an [inexpensive] structured way to create the habit of creating” (p. 49). Of relevance to youth education and early intervention, visual journals begin as opportunities to explore topics of interest at one’s natural pace of development while potentially improving literacy, reasoning ability, and imagination (Darke, 2018).

In the context of individual counseling, Sackett & McKeeman’s (2017) hypothetical case example outlines visual journaling as an expressive arts intervention adapted from a six-week workshop and a foundation for therapy research. As a part of the study’s recommended clinical population, clients with overly analytical thoughts and feelings that are difficult to verbalize may find alternative modes of accessing self-expression through visual journaling (Sackett & McKeeman, 2017). The authors’ hypothetical case illustrates a suggested therapeutic process that becomes progressively less guided over a series of phases. Before it is begun, the visual journaling process is introduced as an expressive arts intervention with a psychological purpose. In the early phase, clients set a clear intention to help frame the therapist’s guided imagery and journaling prompts. During the third and fourth weeks, therapeutic work focuses on helping clients target specific imagery from which they can draw further emotional meaning. By the later phase of therapy, clients practice using storytelling to transform their discovered insights and questions into new directions for imaginative dialoguing centered on identity exploration and conflict resolution (Sackett & McKeeman, 2017). Given the limitations resulted from the study’s hypothetical nature, it recommended future research in the form of a qualitative case study and emphasized the need to explore how visual journaling interventions may differently benefit specific clinical populations and settings (Sackett & McKeeman, 2017).

With its potential properties as a handmade, psychologically-informed object, the visual journal as a field of inquiry is not limited to sketchbook or diary formats. For Cobb & Negash

(2010), *altered bookmaking*, defined as “a craft or form of art in which an artist recycles or transforms a pre-existing book to construct a new piece of art” (p. 59), integrates principles of narrative and art therapy. Within the frame of a therapeutic relationship, a book is selected for its pre-existing or emergent thematic connection with the goals of therapy. As new meaning is created through artmaking, the process aims to symbolize a client’s personal re-authoring process (Cobb & Negash, 2010). Specifically, choosing where, how, and when to alter aspects of the book’s form invites clients to layer or subtract literal and metaphorical structures of meaning while remaining open to the unexpected (Cobb & Negash, 2010). A case study example is presented in which the therapist introduces altered bookmaking after 10 sessions and briefly guides the intervention’s initial unfolding by co-creating a list of common themes to explore (Cobb & Negash, 2010). Using an art-narrative framework, a found book divided into three sections may represent clients’ past dominant story, current narrative, and hopeful future—with the opportunity to freely modify therapist suggestions. During this process, clients are also asked to consider their thoughts and feelings in relation to word and imagery choices (Cobb & Negash, 2010). Although altered bookmaking has been recommended for couple, family, and group work, the intervention as outlined is also “time consuming and may not be appropriate to use in times of client crisis or in brief therapy formats” (Cobb & Negash, 2010, p. 67).

The Adaptation of a Therapeutic Frame for Psychosis. Within the context of the present theoretical inquiry, to conceptualize a mental health intervention that will help clients address psychosis and psychosis-like symptoms, there must be an ethical involvement with a guided process of self-expression. All this must be structured within a climate of safety to account for acute crisis situations. In practice, for art therapists this implies the clear discernment of a therapeutic frame through which visual journaling methods and psychological mechanisms might be simultaneously studied to broaden the scope of current treatment designs.

Grounded in empirical evidence of people with psychosis experiencing forms of speech and thought disorder, Lundin et al.’s (2020) mixed-methods study explored the correlations between linguistic cohesion, executive functioning, and metacognition in schizophrenia. Their proposed hypothesis was that “metacognitive-based therapeutic interventions for psychosis may promote insight and recovery in part by scaffolding use of language that links ideas together” (Lundin et al., 2020, p. 54). Further, the assessment of narrative coherence can be measured computationally according to the frequency of connections between causal and intentional

content, word and theme overlap, and unique word usage (Lundin et al., 2020). As such, the linguistic cohesion and metacognitive capacity of 94 adult mental health outpatients diagnosed with schizophrenia or schizoaffective disorder effectively comprised the study's data. A 30-to-90-minute semi-structured interview process guided the researchers' questions about peoples' personal life stories, the interpersonal impact of their mental health, and neuropsychological testing for executive functioning and metacognition (Lundin et al., 2020). Among the study's results and clinical interpretations, it was found that the capacity for metacognition may be improved by targeting discourse and "building coherent semantic structures" (p. 58) in therapy even when executive functioning has been compromised by experiences of psychosis (Lundin et al., 2020). Critical limitations referred to the study's focus on an illness interview potentially biasing participant responses towards linguistic disturbances. Instead, longitudinal studies exploring meaningful life narratives over multiple therapy sessions with the same participants may lead to "improved thought integration and mastery" (Lundin et al., 2020, p. 59).

Further uncovering possible psychological mechanisms, Miller's (2014) evidence-based review presents *therapeutic writing* as a clinical tool and cognitive-behavioral process primarily validated for populations with substance-related disorders in correctional settings. Simply, therapeutic writing involves the daily or weekly assignment of unstructured introspection with the rationale of improving both emotional memory consolidation and the cognitive processing of experience (Miller, 2014). Similar and more structured approaches have been studied as well. *Interactive journaling* is defined as "a guided writing process that combines the presentation of treatment-relevant information [and] frequent structured opportunities for the client to respond to and integrate" (Miller, 2014, p. 31). Operationalized as an adjunct to therapy, specific prompts related to behavioral treatment outcomes are embedded in sequentially provided texts intended to follow the pace of individual sessions or group therapy formats (Miller, 2014).

Utley & Garza's (2011) counseling work with adolescents in a clinical setting outlines *therapeutic expressive writing* as a similarly structured intervention with an added creative expression component combining dialogue, journaling, and artmaking. Clients are invited to self-reflect following the therapist's reading of scripted thematic vignettes and respond using expressive imagery (Utley & Garza, 2011). Within a non-judgemental frame of safety, creative approaches are considered more effective than traditional talk therapy for engaging youth in emotional expression, distress reduction, and thoughtful meaning-making (Utley & Garza, 2011).

Importantly, however, the authors made simultaneous reference to journaling “as adaptably varied as clients [...] used across theories, populations, and settings” while briefly suggesting that “abstract expression may not be useful with disturbed or psychotic patients” (Utley & Garza, 2011, p. 31). That said, therapeutic expressive writing as a form of early intervention is developmentally appropriate for peer groups working on identity formation, problem solving, interpersonal effectiveness, and emotion regulation (Utley & Garza, 2011). Furthermore, a journal’s therapeutic distance may enable clients to cautiously approach their expressed narrative while developing a supportive alliance with a therapist (Utley & Garza, 2011).

Evidence of counter-indicated visual journaling outcomes explored in isolated natural settings beyond a therapeutic frame’s safety is currently limited. One exception to this is Kernan’s (2020) anthropological study, which used the creative works of suicidal bipolar poets as source material to explore linguistic and visual art boundaries between psychosis-like experiences, spiritual emergency, and altered states of consciousness. This temporary exercise in self-reflective empathy through responsive journaling purposefully aimed to treat psychosis as an embodied experiential site (Kernan, 2020). Given that extremes of psychosis’ diverse ontology in content and form provide essential boundaries of scientific inquiry, equally essential opportunities for critical dialogue may also be denied therapeutic investigation. Kernan’s (2020) mythopoetic autoethnography thus positions the researcher with lived experiences of psychosis to broaden its conceptualization in relation to multiple examples of “the artist’s struggle to contain psychosis within poetry [and] reinvent a politics and epistemology of being [to] one of empathy and vulnerability” (p. 5). Methodically, the author used manic writing sessions or “altered-state notetaking” (Kernan, 2020, p. 11) to subjectively translate the charged intensities of select poet-artists recognized as having lived with affective psychoses. The researcher’s original approach, despite limited generalizability, situates examples of psychosis as socio-culturally intelligible temperaments of self-erasure “communicating an instinctual prerogative of change” (Kernan, 2020, p. 8). Exhibited notebook sketches conclude the study with a message that although life trajectories are not easily altered, researching psychosis may concern intersubjective empathy with external art objects to inspire unique forms of responsive journaling (Kernan, 2020).

As representatives of professional duties and obligations toward the public, art therapists’ role in providing healthcare for people living with or vulnerable to experiences of psychosis

supports collaborative multidisciplinary approaches. In Québec, art therapists acting according to current treatment standards must “consider the theoretical, practical and scientific principles generally recognized in art therapy and maintain knowledge of current developments in [their] profession” (AATQ, 2019, 2.2). By acknowledging the risks and benefits of early intervention with clients recovering from acute crises, art therapists also “consider the effects that his research work and practice may have on an individual, a group or society” (AATQ, 2019, 2.3).

Keeping ethical precautions in mind, developing a preliminary art therapy framework to safely study the psychological scope of a *psychosis journal* therefore requires additional research into specifically delineated mechanisms of action and intervention protocols. The question of how to evaluate complex intervention processes must next be considered.

Learning from a Systematic Evaluation of Art Therapy. Despite several decades of providing art therapy services to people with schizophrenia spectrum disorders across inpatient and community settings, controlled studies and their results remain uncommon. Crawford et al.’s (2012) pragmatic randomized controlled trial (RCT), the Multicenter evaluation of Art Therapy in Schizophrenia Systematic Evaluation (MATISSE), is the first and most recent example of a large-scale efficacy trial providing empirical outcome measures in this area. Among their primary results, it was suggested that group art therapy as an adjunct to standard treatment was ineffective at improving the mental health and global functioning of people with schizophrenia in a lasting way (Crawford et al., 2012).

While early psychosis intervention may appear field adjacent to the study of art therapy and schizophrenia, a number of crucial errors can be learned from Crawford et al.’s (2012) RCT. First and foremost, Holtum & Huet’s (2014) critical review of the MATISSE trial emphasizes the healthcare-wide implications of major studies publishing results with questionable validity. Although art therapy was described as a complex intervention by Crawford et al. (2012) in clear reference to Medical Research Council guidelines, these same criteria did not appear to influence the study’s practical application of art therapy. Specifically: (a) there was no evidence of a pilot study, (b) intervention change mechanisms were weakly conceptualized, (c) these mechanisms were neither recorded nor linked with the choice and timing of outcome measures, (d) adapting the integration of art therapy to the study’s setting had no rationale, (e) the use and development of a recommended framework for testing complex interventions was not mentioned, (f) therapist processes were not considered as relevant data beyond theoretical mention, and (g) inappropriate

assumptions were made about the findings' generalizability (Holttum & Huet, 2014). Interpreted together, these points illustrate an argument for measuring an intervention's efficacy according to current theories of change even if lacking in empirical validity. Ignoring known factors from calculated outcomes may lead to substandard treatment when access to a wider range of evidence is available (Holttum & Huet, 2014). Moving forward, art therapy intervention research may also benefit from differentiating between "art as therapy [and] art psychotherapy" (p. 8) in theory, in practice, and in relation to schizophrenia spectrum disorders (Holttum & Huet, 2014).

A Proposed Outline to Operationalize the Intervention Design. Scientifically, the only way of exploring a visual journal's appropriate use as an art therapy intervention for clients addressing psychosis and psychosis-like symptoms is to clarify what it is and outline its easily-communicated operationalization for multidisciplinary research.

Visual journaling is a transformative action that implicates language and imagery through momentary or continued expression. As a learnable creative process, it is also a metacognitive method of conceptual meaning-making and associative freedom that is open to mixed-media use. As constructed sources of evidence, visual journals may contain a person's subjectively symbolized qualities of consciousness. Adapted to psychosis intervention, visual journaling can be structured according to specified clinical needs, treatment planning, and the practice of art therapy within a psychosocial frame of emotional safety.

If someone were to operationalize visual journaling as an art therapy intervention within a clinical setting, the integration of theory, practice, and method would need to reflect the current scope of evidence-based practice in these areas. The study's purpose, objectives, benefits, and possible consequences for the participant(s) must also adhere to ethical standards, best practice guidelines, and established professional competency norms. Change mechanisms must also be clearly conceptualized. These might revolve around metacognition and the triadic relationship between client, artwork, and art therapist. Furthermore, it is essential that the research team understand the overlapping aspects of art therapy and artmaking, as well as psychosis and psychosis-like experiences. This could account for the transdiagnostic approach of early intervention while ensuring a methodological consideration for long-term mental health outcomes. Whether a mixed-methods or qualitative approach is selected to study the interplay of visual-verbal data, it is essential that coding, mapping, and inquiry are communicated in a language that makes sense to a learning client-participant. Lastly, in the spirit of broadening the

scope of evidence-based practice to reflect multidisciplinary collaboration, visual journaling should be correlated with validated and emerging forms of psychometric assessment.

Viewed as a whole, the discernment of clinical efficacy will more than likely rely on art therapy as a guiding framework simply because of its intersubjective role in treating an artist's work primarily on their own terms. This will account for a visual journal's multi-modal, multi-valent, and multi-lingual form of open-ended symbolic information.

Chapter 5: Discussion

Over the course of writing this theoretical inquiry, exposure to current fields of practice and areas of knowledge surrounding a visual journal's potential application has demonstrated to me an adaptable form of both clinical intervention and personal research. The process has also confronted me with questions of professional ethics concerning therapeutic work with vulnerable populations, the clarification of precise psychological change mechanisms, and recommended guidelines for evidence-based integration with art therapy. Interpreted together, building these ideas with a sense of coherence and simplicity occurred along three central arcs.

The Overlap between Personal Research and Clinical Intervention. To the extent that visual journaling has been studied to date, its appropriate use as an art therapy intervention for early psychosis must include cross-disciplinary evidence from the fields of psychology, counselling, and art education simply because they cover the scope of available evidence. Accordingly, visual journaling is an inexpensive and accessible invitation to practice conceptual development (Sanders-Bustle, 2008; Scott Shields, 2016), literacy, reasoning ability, and imagination at one's own natural pace (Darke, 2018). As a means of keeping costs low without compromise to creative decision-making, the process may also be structured around the use of recycled books or found materials (Cobb & Negash, 2010). Simply, the open-ended construction of knowledge is a cognitive act that involves questioning, analysis, interpretation, identified meaning, and targeted attention (Hieb, 2005). Along these lines, the visual journal has been studied as a source of subjectively-determined evidence leading to the possible discovery of meaningful symbolism (Beaumont, 2018). This active structuring and curation of expressed material may also contribute to empirical evidence of metacognition, given enough time for artmaking and a properly outlined epistemological framework (Scott Shields, 2016). Further, journaling-based intervention can follow the pace and format of therapy sessions. During therapy, visual journaling implicates emotional memory consolidation (Miller, 2014) alongside cognitive functioning (Cobb & Negash, 2010; Deaver & McAuliffe, 2009) as clients choose how to layer materials, imagery, and word choices. Specific to youth mental health, visual journaling may also facilitate a peer groups' identity formation, emotional expression, emotion regulation, and interpersonal problem solving (Utley & Garza, 2011).

Similar cognitive processes are often highlighted in early intervention for psychosis. For example, metacognitive training has been shown to ameliorate a person's symptoms of delusion

and hallucination by targeting cognitive biases and insight, which are particularly malleable as a result of early psychosis' neuroplasticity (Sauvé et al., 2020). Insight and executive functioning are correlated with metacognitive-based interventions that scaffold the use of language to build coherent semantic structures (Lundin et al., 2020). Within the context of early intervention, recommendations to develop models of care based on cognitive strengths (Allott et al., 2020), posttraumatic growth (Mazor et al., 2020), and transdiagnostic approaches (Raballo et al., 2019) each highlight symptom treatment as a therapist's response to a person's expressed thinking, emotions, and behaviours. The exploration of emotional awareness through cognitive reappraisal is another needed form of intervention across the psychosis continuum (Chapman et al., 2020).

While these cognitive and metacognition actions can be present in visual journaling, the coherent and therapeutic construction of knowledge linked with symptom alleviation cannot be guaranteed as an outcome. In addition to the time consuming aspect of visual journaling, people experiencing psychosis typically reach mental health services during times of crisis (Bögle & Boden, 2019) and may be highly symptomatic following trauma (Mazor et al., 2020). Hospital visits are brief, the scope of intervention may be compromised, and a clinical need to stabilize acute symptoms is generally prioritized over comprehensive assessments of cognitive strengths that inform personal growth through self-expression (Shore & Rush, 2019). Art therapists working within an acute psychosis healthcare setting have restricted patient access to specific media and thematic imagery as part of their intervention plans (Shore & Rush, 2019). Regarding the open-ended qualities of a visual journal, this may need to be considered for people living through an indeterminate experience of cognitive-emotional fragility. What's more, people receiving early psychosis services must first develop a sense of safety before practising emotional exposure in front of others and are therefore distressed, appropriately, by thoughts of their artwork being misinterpreted as evidence against them (Parkinson & Whiter, 2016).

A Critical Consideration for Safety and Appropriate Use. Visual journaling and artmaking, their psychological effects included, have been studied as both subjective expression and intersubjective knowing (Higgs, 2008). By putting art and language to page according to various styles and degrees of censorship, the scope of collected evidence has the potential to become deeply nuanced material to work from. Practised alone, journaling may provide freedom of expression while also evoking unstructured complexity inappropriate for certain people or

clinical situations. And, importantly, the counter-indicated risks of visual journaling for isolated people living with the risk of psychosis are difficult to determine due to limited research.

With an empathic and collaborative therapeutic frame, a visual journal's range of clinical subject matter might be broadened to follow what emerging studies have recently explored. This includes therapeutic engagement with experiences of voice hearing (Bogen-Johnston et al., 2020) as well as the content and meaning of delusions (Steele et al., 2018). In psychiatric settings, the reviewing of potentially harmful material contained in medical records has resulted in positive therapeutic outcomes when a patient's readiness for meaning-making and the setting of realistic goals was discussed beforehand (Fors & McWilliams, 2016). Furthermore, a non-judgemental psychotherapeutic space may mitigate against the risk of overwhelming people with psychosis and their therapists (Hasson-Ohayon et al., 2017; Carr et al., 2018; Adame, 2019) in order to facilitate the development of insight and metacognition (Pattison et al., 2020).

Of critical importance for the establishment of an art therapy framework that supports the safe expression of sensitive material clients experiencing psychosis might explore through visual journaling, the intersubjective triadic relationship similarly echoes the aforementioned examples of collaborative meaning-making. Specifically, the social conditions underlying imaginatively constructed meaning during art therapy have frequently been cited as a mechanism of change measured as the interaction between safe attachment relationships and personal exploration (Chiang et al., 2019; Czamanski-Cohen & Weihs, 2016; Springham & Huet, 2018). Essentially, secure and attuned attachment relationships may appropriately model a concrete sense of control in response to perceptual overwhelm during moments of crisis (Shore & Rush, 2019) or in the long-term by using a side-by-side approach to art therapy (Greenwood, 2012). All the while, caring for one's imagery is considered therapeutically significant (Patterson et al., 2011); respecting a young person's subjective explanatory models is an important component of early intervention (Osman et al., 2019). This may be especially relevant to visual journaling if the nuanced language of symbolism contextualized through art is considered (Özlem Alp, 2010; Morrel, 2011) in relation to the crucial role of autonomous decision-making when people with schizophrenia spectrum disorders consider their own art (Montag et al., 2014).

From collaboration to gradual independence with follow-ups as needed, the safe and appropriate use of visual journaling must consider a person's treatment trajectories and their continuity of care beyond emergency clinical settings. This has been recommended as a good

practice guideline for early psychosis (Corsico et al., 2018) and art therapy (Parkinson & Whiter, 2016). Likewise, Sacket & McKeeman' (2017) describes and recommends a visual journaling intervention that begins as mostly guided by the therapist and progressively becomes client-led with time. Comparably, Miller's (2014) study outlines guided interactive journaling procedures and unguided therapeutic writing exercises that follow contextualized treatment factors.

Multivalent Data and Multidisciplinary Collaboration. The assessment of efficacy for visual journaling requires an appropriate research methodology and the integration of art therapy with evidence-based practice. Since this particular intervention both considers the needs of a psychiatric clientele and produces a complex record of measure, therapy and research must also occur simultaneously. Furthermore, early psychosis intervention generally takes place within multidisciplinary clinical settings. This is the likely context in which an art therapist would conduct such a study. The art therapist's use of a validated framework, such as metacognitive-based intervention, would therefore facilitate communication between professionals.

Visual journaling, when explored during art therapy, demands a substantial degree of consideration from therapists and their clients, who must learn to process multivalent data related to therapeutic objectives and symptom expression both in practice and research. Simply put, the scientific method involves replicating results, critical engagement, and adapting new information that recognizes shifting sociocultural factors and developments across different fields of practice. According to a group of arts-based health researchers, this process is unfortunately limited by the specific language of empirical impact factors (Boydell et al., 2016). That being said, CATs researchers, seeking to determine mechanisms of change, have emphasized the importance of empirical referencing to psychophysiological measures and symptom severity (Chiang et al., 2019). The developmentally appropriate assessment of subclinical symptoms for youth at risk of psychosis should further be contextualized according to all available information including psychometric instruments (Tiffin & Paton, 2019). Indeed, art therapists who recommend the field's integration with evidence-based practice have benefited from learning the language of mixed-methods outcome research (Bauer et al., 2017). Unfortunately, the visual journal as a form of qualitative source material has yet to be correlated with quantitative psychometrics.

Based on recent examples, appropriate methodologies which could be used to study visual journaling include Scott Shields' (2016) interpretive-hermeneutic approach, Sackett & McKeeman's (2017) qualitative case study model, Beaumont's (2018) autoethnography, and the

use of progressive thematic coding within a triadic art therapeutic relationship (Gerber et al., 2018). In terms of when to perform this intervention, Cobb & Negash (2010) recommended waiting at least ten sessions or after initial early guidance, while Deaver & McAuliffe (2009) found it appropriate to conduct an introductory arts-based workshop beforehand. Lastly, and more generally, the metacognitive processes during art therapy have been noted to occur only once a safe enough attachment relationship has formed (Czamanski-Cohen & Weihs, 2016).

Chapter 6: Conclusion

Essentially, the practice of art therapy and a visual journal's open-ended scope permit a multiplicity of individual preferences for self-expression, which has also been considered a potential risk factor for people with psychosis who may benefit from structure and stability. The appropriate clinical use of this intervention has therefore required a cautious approach both in terms of its recommended psychological framework and evidence-based research methodology. A primary finding was that an explanatory gap exists between art therapy, visual imagery as a symbolized form of language, and empirical outcomes linking quantitative measurements with qualitative experience.

Professionally, it is an art therapist's ethical duty to simultaneously develop appropriate and differentiated interventions (AATQ, 2019, 3.72) while considering the limits of their skill, experience, training, and education (AATQ, 2019, 3.1). During this process, art therapists must also consider current theoretical, practical, and scientific developments (AATQ, 2019, 2.2) in parallel to their effects on a person, group, and society (AATQ, 2019, 2.3). In other words, as a purposeful clinical intervention, visual journaling must be operationalized for research in order to be validated as beneficial and safe for psychiatric populations—while being conceptualized to proactively meet early intervention guidelines. Overall, while a direct connection between art therapy, psychosis, and visual journaling remains uncertain, common factors linking research in these areas appear to revolve around metacognition, visual thinking, meaning-making, perspective taking, knowledge translation, and epistemic trust shared within an empathic therapeutic relationship. Accordingly, the appropriate use of visual journaling as an early intervention strategy for psychosis must be further studied in order to begin building an evidence base matched with symptoms of sensory, perceptual, and reality-testing disturbances.

The question of how to begin research when no prior studies have explored the direct correlation between art therapy, psychosis, and visual journaling communicates a degree of experimental risk. There is, however, substantive evidence within each of these areas, and this evidence is beginning to overlap. Within the frame of art therapy and early intervention for psychosis, visual journaling should first be preliminarily operationalized and piloted for acceptability and feasibility. Important considerations would specify the choice of clinical setting, adhere to best practice guidelines and ethical codes, be open to revision according to client preferences, and include therapy with follow-up to account for psychological safety.

During this early pilot trial, it is recommended that an arts-based research methodology's coding system be tested and evaluated in relationship to validated psychometric measures if possible. Depending on the chosen frameworks' selected outcomes—for example, with metacognitive-based interventions—the question of efficacy would need to be answered before determining whether larger scale studies that consider psychosis' heterogeneous expression across cultures and in multiple settings might be developed.

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