

The Effect of the Happiness Improvement Group Art Counseling Program Applying Reality Therapy on Human Relations and Happiness of Schizophrenic Patients

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Abstract

Objectives: To examine the effect of the happiness improvement group art counseling program applying Reality Therapy (RT) on human relations and happiness of schizophrenic patients. **Methods/Statistical Analysis:** The research objects were 8 schizophrenic patients hospitalized in a mental treatment center located in D city. They were put under the happiness improvement group art counseling program applying reality therapy. The 80 minute treatment was given once a week. In total, the treatment was given 12 times. Human relations level and happiness level were measured in pre-test, post-test, and follow-up test. To test the effect of the program, repeated measure ANOVA was performed, following the experimental design. **Findings:** It was found that human relations level change was significant. Among sub-scales, satisfaction, trust, sensitivity, and understanding were significant, but trust, sensitivity, and understanding were not significant. Total happiness level change was significant. Among sub-scales, while satisfaction and positive sentiment were significant, negative sentiment was not. **Improvements/Applications:** It was found that the happiness improvement group art counseling program applying reality therapy was effective in improving human relations and happiness of schizophrenic patients.

Keywords: Group Art Therapy, Happiness, Human Relation, Reality Therapy, Schizophrenia

1. Introduction

Modern Korea is described as the society where it is not easy to live even to be called as 'Hell Joseon'. Social anxiety and stress threaten mental health of modern people, and increase the incidence of mental diseases. The 2011 epidemiologic survey of mental diseases by the Ministry of Health and Welfare revealed that the proportion of the population 18 years old or over who have experienced mental disease at least one time during the past one year was estimated as 16.0%, and that, compared with the year 2006 when the yearly prevalence was 8.3%, the prevalence increased by 22.9%¹.

The real scale of mental diseases in Korea is estimated to be greater than what is known, which is not limited as personal problems. Random crimes committed by psychopaths are a serious social problem². Among psychopaths who are hospitalized in psychiatry department of general hospitals and mental hospitals, about 70% suffer from schizophrenia³. Schizophrenic patients have difficulty in human relations due to loss of inner control caused by damage of communicative capacity for social interaction. While they want happy life and have desire to achieve goals, they have become socially isolated, economically dependent, mentally regressed, and vulnerable to stress over a long period of time, and become accus-

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tomed with the external control system. In general, they cannot decide on what are related with themselves, and, losing inner control, live passive and dependent lives^{4,5}. In particular, the symptoms of schizophrenic patients who are in mental treatment centers are not cured, and tend to become chronic. Long-term hospitalization in such centers and severance from social life lead them to feel severe feeling of isolation and loneliness. Because of that, they tend to avoid eye contact with other people, and are not good at expressing themselves. With expressionless and unresponsive faces, they have difficulty in human relations^{3,6}.

Recently, there have been some researches on the effect of art treatment designed to improve social adjustment of schizophrenic patients who have difficulty in human relations. I has been found that group art treatment improve self expression and communicative capabilities and promote psychological understanding and support among schizophrenic patients who are in mental and behavioral atrophy. Art treatment helps such patients to communicate with one another more smoothly than when they verbally communicate. Specially, group art treatment plays the treatment functions like mutual trust, care, understanding, allowance, encouragement and support, etc. and enhances their abilities to adjust to social life. And, group art treatment, by helping them to interact with other members of the center comfortably and freely, enhances their social functions⁷.

Schizophrenic patients want to live happily. But, they are clumsy in expressing their happiness, and they say that there is no happiness to them suffering from mental disease⁸. In⁹ argued that people not only choose desirable actions like become melancholy, become miserable, or feeling sad, but also such diseases like schizophrenia or rheum arthritis. According to Glaser, positive view and happiness are chosen.

If schizophrenic patients perceive that they can control their own behavior, and their behavior is chosen by themselves, they can more effectively control psychopathological symptoms which are not helpful to them. If art treatment which has been found to be effective in many areas including human relations is applied to reality therapy, it can serve as a proper treatment program for schizophrenic patients.

This research aimed to examine whether the happiness improvement group art counseling program applying reality therapy can help schizophrenic patients to efficiently satisfy their desires, choose responsible

behavior, and lead more satisfactory life in the environment chosen by them. To achieve such research aims, this research set the following research questions. (1) Is the happiness improvement group art counseling program applying reality therapy effective in improving human relations among schizophrenic patients? (2) Is the happiness improvement group art counseling program applying reality therapy effective in improving happiness among schizophrenic patients?

2. Research Method

2.1 Research Objects

Research objects are those who satisfy the following criteria among schizophrenic patients who are in the mental treatment center located in D city: (1) those who are diagnosed by doctors as having chronic schizophrenia caused by DSM-IV; (2) those who have suffered from the disease for 10 years or more; (3) those who are literate, and can read Korean writing, and are able to express their opinions verbally; (4) those who do not have any other physical diseases, nor any physical problem.

The social welfare worker and mental health agent in the mental treatment center in D city interviewed schizophrenic patients in the center, and chose 16 patients who are able to express themselves, and have not participated in the happiness improvement group art counseling program applying reality therapy. Out of 16 patients, 8 were chosen to include in the experimental group who would participate in the program activities. The rest were put in the control group. General characteristics of research objects are shown in Table 1.

2.2 Research Design

To examine the effect of the happiness improvement group art counseling program applying reality therapy on human relations and happiness of schizophrenic patients, this research designed control group research design with pre-test, post-test, and follow-up tests.

2.3 Measurement Tools

2.3.1 Scale for Human Relations

The scale to measure human relations is what¹⁰ used by revising and validating the scale developed by¹¹.

Table 1. General characteristics of research objects

Patient	Gender	Age	Marriage	Hospitalized period (years)	Major symptoms
A	male	44	single	16	olfactory and auditory hallucination, cognitive dysfunction
B	male	51	married	15	auditory hallucination, delusion
C	male	53	single	18	cognitive dysfunction, auditory hallucination, delusion
D	male	42	single	12	auditory hallucination, delusion, panic disorder
E	male	51	single	15	auditory hallucination, delusion, panic disorder
F	male	53	single	28	auditory hallucination, delusion, visual hallucination
G	male	62	married	20	auditory hallucination, delusion, inaudible language
H	male	52	single	15	auditory hallucination, delusion
I	male	43	single	14	auditory hallucination, delusion, delusion of persecution
J	male	45	single	14	auditory hallucination, delusion, delusion of persecution
K	male	57	single	14	auditory hallucination, delusion
L	male	60	married	20	auditory hallucination, delusion, social atrophy
M	male	48	single	16	auditory hallucination, delusion
N	male	60	single	15	auditory hallucination, delusion, unstability
O	male	52	married	14	auditory hallucination, delusion, panic disorder
P	male	53	single	16	queer behavior, panic disorder, visual hallucination

Table 2. Contents of the happiness improvement group art counseling program

Stage	Session	WDEP program	Art treatment techniques	Goal/Expected effect
Relation formation (R)	Session1	<ul style="list-style-type: none"> • Orientation • Written oath • Self introduction 	<ul style="list-style-type: none"> • Current feature of me - rapport formation, making nicknames • Finger drawing - what I like & what I hate 	<ul style="list-style-type: none"> • Trust formation, soft atmosphere • Explanation of the program; Understanding goals and rules of the program; After writing oath, introducing oneself • Understanding reality therapy
Want exploration (W)	Session2	<ul style="list-style-type: none"> • Wish understanding 	<ul style="list-style-type: none"> • Squiggle techniques – the world I can see through window / egg drawing 	<ul style="list-style-type: none"> • Understanding basic desires through squiggle, and objectifying cognitive conflicts and wishes • Understanding my desires
	Session3	<ul style="list-style-type: none"> • Good world (Quality world) 	<ul style="list-style-type: none"> • The happiest time • Free drawing – Drawing scenes 	<ul style="list-style-type: none"> • Understanding good world, looking for drawings of good world, and exploring my wishes
	Session4	<ul style="list-style-type: none"> • Real world (Perceived world) 	<ul style="list-style-type: none"> • Drawing current life – My feature in the treatment center 	<ul style="list-style-type: none"> • Drawing a scene in current life and seeking to know cognitive state of the current world

Behavior exploration (D)	Session5	<ul style="list-style-type: none"> • Behavior system - What kinds of activities can I do? 	<ul style="list-style-type: none"> • My feature in the past - Decorating half and half of mask - Is current behavior helpful? - Doing it differently 	<ul style="list-style-type: none"> • Reflecting on one's life; Understanding total behavior through my past behavior, and changing views
	Session6	<ul style="list-style-type: none"> • Total behavior - Understanding thought, feeling, and body 	<ul style="list-style-type: none"> • Making car and doll (of myself) using wastes 	<ul style="list-style-type: none"> • Perceiving desirable world and real world, and reviewing the vision on the future
	Session7	<ul style="list-style-type: none"> • Total Behavior - Understanding thought, feeling, and body 	<ul style="list-style-type: none"> • good face, bad face 	<ul style="list-style-type: none"> • Sharing one's experiences, evaluating behaviors, and changing behaviors
Evaluation (E)	Session8	<ul style="list-style-type: none"> • Designing future 	<ul style="list-style-type: none"> • What one wishes My life, my responsibility My choice, my responsibility 	<ul style="list-style-type: none"> • Self evaluation • Recognizing the reality • Improvement of inner control through objective exploration of one's behavior
	Session9	<ul style="list-style-type: none"> • Precious things to me 	<ul style="list-style-type: none"> • Behavior evaluation, Choosing other behavior • Seeking my merits • Changing negative feeling to positive feeling 	
	Session10	<ul style="list-style-type: none"> • Wish I single (Collaboration) 	<ul style="list-style-type: none"> • Trying to find what one wants • Writing hope and pasting it by paper folding 	<ul style="list-style-type: none"> • Seeking hope – Improvement of inner control • Making plan which can be realized
Planning(P)	Session11	<ul style="list-style-type: none"> • Time capsule 	<ul style="list-style-type: none"> • Writing a letter to future me - Designing future Giving positive feedback to each other 	<ul style="list-style-type: none"> • Exploring what one wishes, Making plans to realize the wishes, and recognizing that my life is my responsibility Praising others, Improvement of human relations
	Session12	<ul style="list-style-type: none"> • Giving and receiving certificates of merit -What certificate of merit do I want to receive? 	<ul style="list-style-type: none"> • Recognition of oneself and other people • Introducing changed me 	<ul style="list-style-type: none"> • Awarding certificate of merit; Giving and receiving gifts Writing evaluation report and holding a party

2.3.2 Concise Measure of Subjective Well-Being

The scale to measure happiness is the concise measure of subjective well-being which was developed by¹². The scale consists of 9 questions measuring core elements of subjective well-being, life satisfaction, positive sentiment, and negative sentiment.

2.4 The Happiness Improvement Group Art Counseling Program Applying Reality Therapy

The happiness improvement group art counseling program applying reality therapy used in this research is the revised version of the group program of¹³ made by using Recursive Systemic Program Development Model

(RSPDM) developed by¹⁴. The contents of the happiness improvement group art counseling program applying reality therapy used in this research are shown in Table 2.

2.5 Implementation of the Program

The program was implemented to 8 patients out of 16 patients who have been hospitalized for over 10 years in the mental treatment center located in D city from April 2 to June 25, 2016. The program consisted of 12 sessions, and each session lasted about 80 minutes. The operation of the program was made obeying the directions of the leader. The aim and goal per each session were suggested concretely to the patients, and repeatedly explained to make the patients understand them.

Table 3. Results of repeated measure ANOVA per sub-scales of human relations

Classification	Source	SS	df	MS	F	P
Human relations level	Group	311.524	1	311.524	10.927	.000
	Test period	1552.474	2	76.237	5.854	.001
	Group*Test period	147.576	2	73.788	5.654	.000
	Error	356.455	13	3.881		
Satisfaction	Group	19.176	1	19.176	9.278	.000
	Test period	16.982	2	8.491	4.980	.004
	Group*Test period	14.752	2	7.376	3.992	.000
	Error	32.450	13	1.137		
Communication	Group	9.121	1	9.121	3.754	.147
	Test period	13.278	2	6.639	1.870	.004
	Group*Test period	12.207	2	6.104	1.041	.009
	Error	24.830	13	1.689		
Trust	Group	25.755	1	25.755	13.787	.000
	Test period	18.843	2	9.422	3.389	.000
	Group*Test period	13.281	2	6.641	2.028	.001
	Error	17.520	13	1.121		
Closeness	Group	2.475	1	2.475	2.716	.113
	Test period	13.613	2	6.807	4.534	.037
	Group*Test period	18.458	2	9.229	6.118	.004
	Error	16.845	13	1.113		
Sensitivity	Group	16.238	1	6.238	8.873	.000
	Test period	14.378	2	7.189	2.751	.013
	Group*Test period	11.221	2	5.611	2.554	.005
	Error	8.814	13	1.174		
Openness	Group	1.375	1	1.375	1.752	.249
	Test period	15.235	2	7.618	8.997	.003
	Group*Test period	14.211	2	7.106	8.154	.009
	Error	27.645	13	1.943		
Understanding	Group	14.218	1	14.218	14.271	.000
	Test period	12.478	2	6.239	6.648	.001
	Group*Test period	10.518	2	5.259	5.214	.000
	Error	14.233	13	1.352		

Table 4. Results of repeated measure ANOVA per sub-scales of happiness

Classification	Source	SS	df	MS	F	P
Total happiness	Group	149.681	1	149.681	8.894	.000
	Test period	71.843	2	35.912	4.624	.003
	Group*Test period	98.824	2	43.461	5.143	.000
	Error	235.678	13	22.941		
Satisfaction	Group	80.974	1	8.974	2.674	.000
	Test period	7.196	2	3.598	1.774	.001
	Group*Test period	6.549	2	3.004	1.104	.024
	Error	83.564	13	8.378		
Positive sentiment	Group	63.078	1	63.078	11.205	.000
	Test period	10.353	2	5.177	3.874	.005
	Group*Test period	21.147	2	12.604	5.046	.003
	Error	74.707	13	7.138		

Negative sentiment	Group	28.620	1	28.620	4.784	.128
	Test period	13.241	2	6.611	2.413	.037
	Group*Test period	11.667	2	5.274	1.974	.009
	Error	88.675	13	8.604		

2.6 Data Treatment and Analysis

To examine the effect of the happiness improvement group art counseling program applying reality therapy, this research measured the levels of human relations and happiness in the pre-test, post-test, and follow-up test to chronic schizophrenic patients. The data were analyzed using SPSS 18.0 statistical program. Using group and test period as independent variables and human relations and happiness as dependent variables, this research conducted repeated measure ANOVA,

3. Results of the Study

3.1 The Effect on Improvement of Human Relations

To examine differences in levels of human relations between groups and over test periods, this research conducted repeated measure ANOVA using human relations as dependent variable. The results are shown in Table 3. The difference in levels of human relations between groups was found to be statistically significant. And, depending on major effects over test periods and between groups, there were significant differences in human relations. Among sub-scales, there were significant differences between groups in satisfaction, trust, sensitivity, and understanding, but there were no significant differences between groups in communication, closeness, and openness.

3.2 Effect on Happiness

To examine differences in levels of human relations between groups and over test periods, this research conducted repeated measure ANOVA using happiness as dependent variable and the results are shown in <Table 4>. To examine differences in levels of human relations between groups and over test periods, this research conducted repeated measure ANOVA using human relations as dependent variable. The results are shown in <Table 4>. The difference in levels of happiness between groups was

found to be statistically significant. And, depending on major effects over test periods and between groups, there were significant differences in happiness. Among sub-scales, there were significant differences between groups in satisfaction, and positive sentiment, but there was no significant difference between groups in negative sentiment.

4. Conclusion

This research tried to examine the effects of the happiness improvement group art counseling program applying reality therapy on human relations and happiness of schizophrenic patients. The data analysis revealed that the program is effective in improving human relations and happiness among schizophrenic patients.

These findings show that, by letting those patients express inner control and happiness by drawings, the program gave them the opportunity to explore themselves and communicate with other members of the center, leading to improvement of human relations and happiness.

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