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Social interventions in adult psychiatric disorders: An interdisciplinary university program with dedicated art museums visits and cultural goods fruition for psychiatric patients.

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ABSTRACT

Social interventions are not biological or psychological in nature, but they refer to multidisciplinary, flexible, empowering and normalizing treatments with subjective participation and inclusion in the community. Social interventions are needed in the field of psychiatry because the experience of mental difficulties is largely social; in fact, patients frequently experienced broken relationship, lost of opportunities, social failures, hostility and stigma and in extreme cases poverty and chronic isolation. The bio-psycho-social model redefines the concept of "Health" that may be considered as the result of a dynamic balance between opportunities and limitations, directly affected by social and environmental conditions. The International Classification of Functioning (ICF) summarized these concepts and includes elements relating to activity and participation and environmental factors linked to cultural events such as museum visits. There have been several experiences in which the activity related to the museum experience has had the character of a social intervention in mental distress. In this study the qualitative results of a project derived from the collaboration between the Suor Orsola Benincasa University and the Icaro consortium are presented. The focus of the project was the planning of a social intervention for patients with mental distress characterized by the accessibility and enjoyment to some museum sites of the Campania Region. The title of the project is *Better together, the beauty of the environment that includes.*

RIASSUNTO

Gli interventi sociali si riferiscono a trattamenti multidisciplinari, flessibili, che potenziano e normalizzano con partecipazione e inclusione soggettive nella comunità. Sono necessari interventi sociali nel campo della psichiatria perché l'esperienza delle difficoltà mentali è ampiamente sociale; infatti i pazienti hanno

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spesso avuto relazioni interrotte, perdita di opportunità, fallimenti sociali, ostilità e stigmatizzazione e in casi estremi povertà e isolamento cronico. Il modello bio-psico-sociale ridefinisce il concetto di "Salute" che può essere considerato il risultato di un equilibrio dinamico tra opportunità e limitazioni, direttamente influenzato dalle condizioni sociali e ambientali. L'International Classification of Functioning (ICF) ha riassunto questi concetti e include elementi relativi all'attività e alla partecipazione e fattori ambientali collegati ad eventi culturali come le visite ai musei. Ci sono state diverse esperienze in cui l'attività relativa all'esperienza museale ha avuto il carattere di un intervento sociale nel distress psichico. In questo studio vengono presentati i risultati qualitativi di un progetto derivato dalla collaborazione tra l'Università Suor Orsola Benincasa e il consorzio Icaro. Il focus del progetto è stato la pianificazione di un intervento sociale per i pazienti con disagio mentale caratterizzato dall'accessibilità e dal godimento di alcuni siti museali della Regione Campania. Il titolo del progetto è "*Meglio insieme, la bellezza del territorio che include*"

INTRODUCTION

This paper describes a research project settled at the Suor Orsola Benincasa University with the collaboration of other institutional and social partners. The project named "*Better together, the beauty of the environment that includes*" (*Meglio Insieme, la bellezza del territorio che include*) started in 2017 from the collaboration of "*Icaro Consortium"* (Consorzio Icaro) and the "*University service for the activities of students with disabilities*" (Servizio di Ateneo per le Attività di studenti con Disabilità – SAAD) of the Suor Orsola Benincasa University. The experimental research design focused on welcoming and communication strategies that are attentive to the needs of a public with mental health problems by launching a program of activities aimed at the knowledge of art and the recognition of landscape, historical and architectural beauties through a multisensory approach. This project is a value and original example of social intervention in patients with psychiatric conditions with the collaboration of various local roots institutions.

SOCIAL PSYCHIATRY AND SOCIAL INTERVENTIONS

P. Bebbington titled his chapter in the text "Principles of social psychiatry" edited by C. Morgan and D. Bhugra: *"Why psychiatry has to be social"*(Bebbington, 2010).To answer to this question, first we have to define the argument. Social psychiatry refers to the *effects of the social environments on the mental health of the individual, and with the effects of the mentally ill person on his/her social environment* (Leff, 2010).A first aspect regards how social factors entered in the etiology of mental illness. A second and more intriguing

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consideration for this essay involves the influence of social factors on the mental health condition, its maintenance, course and duration.

The experience of mental difficulties is largely social, in fact beyond symptoms, internal conflicts or distress, patients frequently experienced broken relationship, lost of opportunities, social failures, hostility and stigma and in extreme cases poverty and chronic isolation. Morgan and Kleinman have elegantly summarized this argument. They stated: "*mental disorders is not experienced as a discrete problem, standing outside the flow of everyday life*" (Morgan & Kleinman, 2010). For example a fracture in family relationships produces a lack of social support, the loss of educational and training opportunities conduces to impoverishment, moreover anxiety and insecurity create a restriction to friendships and significant activities. For these reasons psychosocial interventions are needed in the field of clinical psychiatry. Social interventions are not biological (i.e. medications, surgery) or psychological (psychotherapy) in nature. Warner summarized the principles of these kinds of interventions. Following his schema, the approach should be multidisciplinary, flexible, empowering, with reduction of drug dependence and subjective participation in treatment. The setting of treatment needs accessibility and inclusion in the community, in detail it should be domestic, normalizing and it should reinforce individual self-control and reduce coercion and confinement (Warner, 2010). Very important, social interventions must involve the community in a broader sense through collaboration with other social agencies and countering the stigma with the support of the political system. The goal is respect for human rights, which is achieved by enhancing the concept of community, work and also through therapeutic optimism. Starting from these premises the community involvement has a dual value 1) offering opportunities; 2) educating the community to reduce stigma, discrimination and social exclusion. Therefore the collaboration with other social agencies (Universities, museums, territorial agencies) seems essential.

THE BIO-PSYCHOSOCIAL MODEL OF THE DISEASE AND THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING ICF

The bio-psychosocial model enforces to consider not only biological factors, but also psychological and social factors of the disease and their complex interactions (George & Engel, 1980). This redefines the concept of "Health" that may be considered as the result of a dynamic balance between opportunities and limitations, directly affected by social and environmental conditions. Definitely, health is not only "absence of disease" (Ventriglio, Gupta & Bhugra, 2016).

The International Classification of Functioning (ICF) summarized all these statements (World Health Organization, 2011). The ICF belongs to the broad «family» of the international classifications developed by the World Health Organization (WHO) in view of their application to various aspects of health (eg

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diagnosis, functioning and disability, reasons for contact with health services). The document aims to provide a standard, unified language that serves as a reference model for describing health and its related states. The health components are divided into different domains, they are: body functions (physiological functions of body systems, including psychological functions), body structures (anatomical parts of the body, such as organs, limbs and their components), activity (execution of a task or action by an individual) and participation (involvement in a life situation) and environmental factors (physical, social environment and attitudes in which people live and lead their existence). Problems in the body functions or structures are defined as impairments. On the other hand, the limitations of the activity and the restrictions on participation regard the difficulties that an individual may encounter in carrying out activities and problems he/she may experience in involvement in life situations. Environmental factors can have a positive or negative influence on the participation of the individual as a member of society and on the individual's ability to perform actions or tasks. Environmental factors can be distinguished in individual factors such as the home, the workplace and the school and social factors such as social structures, services and the main interactions in the community or society that have an impact on individuals. This level includes organizations and services related to the work environment, community activities, state services, communication and transport services, informal social networks and laws, regulations, formal and informal rules, attitudes and ideologies. In this frame the possibility to make museum visits and enjoy cultural assets may be considered part of the definition of health and therefore constitute a social intervention. For example, Chapter 9 of the domain activities and participation refers to social, civil and community life. The area of recreation and leisure time (d920) consists of the possibility of “engage in a form of play or recreational activity, such as informal or organized games and sports, programs to improve fitness, relaxation, fun or entertainment, visit art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for personal pleasure, playing musical instruments; do sightseeing, tourism and leisure trips”. The area of human rights (d940) highlights the possibility to “enjoy all the rights, recognized nationally and internationally, which are granted to people by virtue of the fact that they are human beings …”. In the domain environmental factors we find numerous other examples such as Products and technology for culture, recreation and sport (chapter one, e140, Tools, products and technology used for the management and execution of cultural, recreational and sports activities, including those adapted or specially made); individual attitudes of other operators (chapter four, e455, Opinions and general or specific convictions of operators linked to health or other operators with respect to a person or other topics that influence the behaviour and actions of the individual) and services, systems and policies of education and training (chapter five, e585, services, systems and

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policies for the acquisition, maintenance and improvement of knowledge, skills, professional or artistic skills).

OTHER EXPERIENCES

There are several other national and international experiences of social interventions for psychiatric patients that have adopted the tool of the museum visit and the fruition of cultural heritage. The "*Ferrara Department of Mental Health"* (Dipartimento di Salute Mentale Azienda USL di Ferrara) and a formation Center (Centro Territoriale Permanente di Codigoro) in collaboration with the "*Regional department for Archeology and National Archaeological Museum of Ferrara"* (Soprintendenza Archeologia dell'Emilia-Romagna, Museo Archeologico Nazionale di Ferrara) developed a project that involved about twenty people with serious psychiatric illnesses, aged between 35 and 55, with schooling from middle school to high school. The project had two phases. During the first phase the participants visited the "*Ferrara Archaeological Museum"* (Museo Archeologico Nazionale di Ferrara). They were guided by the two teachers and operators and assisted by the Museum's technical-scientific staff. The second phase, which coincided with the international day of the rights of people with disabilities, organized by the United Nations (UN), allowed the participants to join the activity of the museum restoration laboratory. The organizers have noticed that "to observe the process of the single piece, dirty, fragmented, covered by the patina of time and the past, almost a victim of its experience, which is first cleaned up, then reunited with the other parts of the whole, until it finds itself entire, seems almost the metaphor of a psychological path of recovery and reconstruction".

Art up, an association composed by a group of people who share artistic interests and come from a situation of mental distress in collaboration with the *Fatebenefratelli – Sacco Hospital – Milan* (Ospedale Fatebenefratelli-Sacco in Milan and a bank foundation *"Gallerie d'Italia – Intesa Sanpaolo"* carried out a project in which patients from mental health departments presented artworks in the museum to visitors. Some psychoanalysts involved in the project affirmed that "the way of beauty promotes social inclusion and autonomy and it brings citizens closer to mental distress".

The Montreal Museum of Fine Arts and a Montreal – general practitioners' association started to prescribe museum visits as a treatment for a range of medical conditions including psychiatric disorders. Dr. Hélène Boyer, vice-president of Médecins francophones du Canada stated: "It's so rare in medicine that you prescribe something and you do not need to worry about all those side-effects or interactions with other medication". Nathalie Bondil, the museum's director general and chief curator affirmed: "We know that art stimulates neural activity… What we see is that the fact that you are in contact with culture, with art, can really help your well-being… What is most important is to have this experience, which is to help them escape from their own pain… When you enter

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the museum, you escape from the speed of our daily life. It's a kind of modern cathedral". The project includes a follow up of the patients to assess any changes in their health conditions and a report with the main findings.

MATERIALS AND METHODS

The premise for this project was "Naples in the Hands" (Pizzo, Pacelli &Gargiulo, 2019), a University Protocol that responds to the need to identify possible solutions to problems related to the use of Cultural Heritage.Indeed, an inclusive society means that every citizen has guaranteed the universal right to culture (UN Convention on the Rights of Persons with disabilities, the Italian Constitution (articles 3 and 9).

The research project "*Better together, the beauty of the environment that includes"* involved six rehabilitation community structures[1] with the collaboration of coordinators, psychologists, educators, cultural and museum operators and local authorities. Forty-five subjects from the communities with psychiatric disabilities participated in the activities. The project lasted 18 months and was divided into two parts. The first phase involved a participation in an ideas competition (*Ecomuseo: il futuro della memoria*) for schools and associations. The aims were: 1) get to know the project participants, territory and institutions; 2) explain the research project to the participants; 3) supervise the competition material. The second phase consisted in the knowledge of the historical and artistic heritage through guided visits to museum sites in the Campania region[2]. Visits were preceded by useful activities for the preparation of communication strategies that were informal and based on empathy without neglecting the accuracy of the data. The planning of activities took into account the needs of the participants. Museum operators have been trained with particular regard to the person with mental illness. The contents were conveyed through all the sensorial channels (i.e. storytelling, evocations and suggestions). Particular importance was given to the observation of artwork and to the emotions that derived from the aesthetic experience. At the end of the project some meetings with the participants were organized. During these meetings a summary of the activities was presented and data were collected. Data collection was both quantitative (questionnaire administrations) and qualitative (interviews), those quantitative are presented elsewhere. The qualitative data are presented here.

Six individual interviews with participants were performed. Each interview was conducted by a neuropsychiatrist (referent for the psychological and social

[1]SIR Pulcinella – Acerra, SIR Gladiatore/SIR Spartaco – Sant'Antimo, Santiago – Vairano Scalo, Aria Nuova – Galluccio, Gruppo Appartamento Sole Nascente – Caserta, Gruppo appartamento Alba – Capodirise.

[2]Museo e Real Bosco di capodimonte, Palazzo Reale di Napoli, Museo Archeologico Nazionale – MANN, Catacombe di San Gennaro, Duomo di Napoli e Cappella del Tesoro di San Gennaro, Parco della Reggia di Caserta, Villa Pignatelli, Villa Floridiana, Museo e Certosa di San Martino, Castel Sant'Elmo, Palazzo Zevallos, Orto Botanico di Napoli, Museo Archeologico di Calatia.

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area) and by the technical-scientific manager for the historical-artistic area. The interviews were semi-structured and therefore they left the subject free to tell his/her point of view on topics proposed by the researchers. Topics were: 1) subjects' life history; 2) emotions, beliefs and adjectives about art and the lived experience through visits to museums; 3) final considerations and points for reflection.

RESULTS

Results are presented through the narrative description of four interviews.

Interview 1: *The soul in the shell*

R. is a mature woman with a diagnosis of Psychosis not otherwise specified (NAS). The onset of the psychosis occurred at the death of the father and the insertion into the community with the death of her mother. R. attended primary school. Before entering the community has been thirteen years in another psychiatric rehabilitation centre. She has had a good relationship with her parents, but has not received good social support from other relatives. Upon arrival in the community R. showed difficulties in relationships and suspiciousness. She did not adhere to the rules of the structure and entered into conflict with the operators and other guests of the structure. Currently, she has had improvements in personal, domestic and social autonomies with greater relational openness in the context of the community and outside. She is very dependent from the others' approval and has a habit temperament. Laboratory activities and social initiatives allow her to better express her emotions. During the interview R. showed much distrust of the examiner. Therefore in the initial phase she prefers to talk about visits to museums rather than her personal history. R.'s emotion and feeling was "*surprise because entranced by beauty*"; adjectives for art were "*decorative and colorful*" and the main belief was that *she prefers to visit the museum on her own to keep everything in her heart, perhaps she would tell her experience to someone with whom she is intimate because it is a very delicate thing.* This affirmation reflects the most intimate position of R. and her great difficulty and displeasure that derive from the contact with the own emotions and feelings that therefore are kept protected as closed in a shell. Emotions and feelings can be communicated only in conditions of security. In fact, in the final part of the interview, R. begins to talk about herself. She tells of a sad mood and the presence of anhedonia from the death of her parents. She brings out a story of very strong attachment and dependence on the parental figures, so much so that at their death she lacked the necessary support. One of the major difficulties reported by R. is the continual brooding over the loss of parents and her current condition. R. concluded his interview by saying that talking about museum visits has alleviated the mind from recurring thoughts and

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the same visits to the museum have had the ability to keep away the sad thoughts. Visits to the museum conveys her a sense of freedom.

Interview 2: *"the dark side of the moon"*

C. is a middle-aged man with bipolar disorder. His experience in the project is interesting as it shows how the state of the disease influences the possibility of participating in the proposed initiatives. In fact, in the first part of the project, C. was in a depressive phase and he did not participate in organized visits of the museums. In the central and final part of the project, the status of clinical compensation allowed an active and interested participation of C. with critical comments on artworks. In fact, C. is an intelligent and cultured man with a strong artistic sensibility.

Among emotions and feelings C. indicates boredom for the religious content of some visits. He comes from a family of artists and musicians and recognizes with astonishment the technique present in the paintings. The adjective used by C. to describe art is "*immense*". C. believes that art is difficult, but the museum is a place for everyone.

During the interview C. is in an evident manic phase. The manic attitude concerns the cognitive aspects and not the emotional and behavioural aspects. C. is not agitated, but he presents an evident ideorrhea and logorrhea, derailment of thought with thrust continues to speak and leap from one topic to another. The attempt to open a discussion on museum visits is not effective. Among the confusion of his speech, however, it is clear how the subject brings him back to the past and to the memory of his father with whom he frequented museums and art places. These past experiences have had a positive value for M.

Interview 3: *past positive memories*

M. is a young man with a past of drug addiction and a delusional-paranoid psychotic disorder. His mother had a bipolar disorder and for M. her figure represented a destabilizing element. On the death of his parents, the reference figure of M. was his uncle who was an artist. M. during the period in which he lived with this uncle was very close to artworks and was able to develop a strong artistic sensitivity. Unfortunately, the loss of this figure has thrown M. into a history of drug addiction with subsequent onset of the disease. Before entering in the community, M. received a compulsory treatment in a psychiatric ward.

Between emotions and feelings, M. chooses surprise. He states that the visit to the museum has allowed him to better understand the history of Naples. Among adjective M. indicates that art is immense and his reference was in particular for the artwork "*Saint Ursula martyrdom*" (il martirio di sant'orsola) by Caravaggio. Moreover, M. believes that art is for everyone and those who have less can receive more as they have a cultural enrichment. Definitively art facilitates the comparison. M.'s interview impresses with the richness and depth of the content. The visits triggered food for thought, inferences and deductions. In

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particular the idea of the need to focus on the history behind the artwork and that the visit of the museum requires guidance otherwise there is a risk that this content will remain obscure. Moreover, M. states that: "the visits to the museum have had a therapeutic value as they have polished old acquaintances that since my uncle is gone, I had forgotten". It is our opinion that the therapeutic value of visits to the museum of M. was to activate the bond he had with the figure of his uncle and to recover past experiences and situations. These past experiences have had a positive value for M. that currently has plans for the future and seems serene, especially when he returns to his native village.

Interview 4: *The Judgment of Hercules*

E. is a young man that suffers from chronic paranoid psychosis with previous acute episodes of delusional mystic or persecutory symptoms, auditory hallucinations and aggressive behaviours. The first period in the community was marked by escapes and difficulty in accepting a system of rules, limits and borders. He then began to participate in the activities and thus started his rehabilitation program, which also included participation in the museum visit project. E. has experienced emotions of awe and curiosity during the visits. The adjective chosen for the art is immense and finally he believes that the museum is a place that promotes introspection. During the interview E. immediately reports his personal story. The onset of symptoms began in the workplace with early reference and persecutory ideas with subsequent emergingobsessive doubting idea of homosexuality. In particular, this idea had a connection with an episode that occurred during the childhood. E. tells about a difficult childhood and lack of social support after the onset of the symptomatology with much anger expressed towards the father who is accused of not having explained to him the difference between *good* and *evil*. From this point, E.'s narrative becomes polarized between vice and virtue (the story of E. is characterized by moments of disorder and extravagance and moments of pursuit of good and redemption). The technical-scientific manager for the historical-artistic area proposes a comparison between the dilemma of E. and that of the painting *The Judgment of Hercules* (Museo e Real Bosco di Capodimonte), in which *A vigorous and plastic Hercules is depicted with two women flanking him, who represent the opposite destinies which life could reserve him: on the left Virtue is calling him to the hardest path leading to glory through hardship, while the second, a woman with worldly pleasures, the easier path, is enticing him to vice.*

E. is very impressed by the comparison and immediately senses the ability of art to represent the constituent elements of the inner and outer reality of the individual.

CONCLUSION

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This study summarizes qualitative data emerging from the project "*Better together, the beauty of the environment that includes*" (*Meglio Insieme, la bellezza del territorio che include*), an example of a series of integrated and continuative social interventions for psychiatric patients with the collaboration of various institutions.

Results demonstrated that the proposed activities have had a positive effect on people with mental distress. What emerges is that the guided visits to museums allowed participants to experience a subjective well being, participation, sense of freedom and enjoyment, cultural enrichment and connection to the local culture.

Regarding mental distress, the interviews show how these activities allowed participants to improve mood, increase attention and concentration, promote memorization skills, improve social interaction and adaptive functioning. Moreover the aesthetic experience has had a specific resonance for each of the participants. For example, in the first interview the significance of visits to the museum and the art fruition was the possibility of a channel towards the emotional aspects and especially the opportunity to break the sad thoughts and brooding on the themes of guilt, hopelessness, devaluation. In the second interview, we have learned that the status and type of clinical situation can influence the possibility and the modality of participation in the proposed activities. In particular, bipolar disorder requires stabilization and clinical compensation for the implementation of social interventions. In the third interview, the visits to museums have activated a link between the subject and a positive element of the past that triggered healthy and functional memories and contributed to the recompacting of a positive self-image after the psychotic collapse. The fourth interview gave an example of how art can initiate a process of personal reflection and provides the patterns and symbols to signify one's condition.

These results can be read in light of the fact that a broad concept of mental health is: having a creative and productive attitude towards life, cultivate different interests, being independent and trusting themselves, to know how to cooperate with other people, love and participate maintaining own individuality and being also able to go through and overcome moments of crisis, discomfort and suffering, grasping the constructive and maturational aspects (Piccione, 1995).

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