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Suicidal Behaviour and Ideation: Through the Lenses of Art Therapists

Carolina Fernandes Almeida

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Faculdade de Psicologia e Ciências da Educação

**SUICIDAL IDEATION AND BEHAVIOR: THROUGH THE LENSES OF ART
THERAPISTS**

Carolina Fernandes Almeida

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(FPCEUP).

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Resumo

O suicídio continua a ser das principais causas de morte no mundo, com cerca de 703.000 pessoas a morrerem por suicídio anualmente. A arteterapia baseia-se na ideia de que a criação artística é uma forma de comunicação não-verbal, utilizando o processo criativo como meio de reconciliar conflitos emocionais, gerir comportamentos e aumentar autoestima. Apesar da sua relevância e possível eficácia, os estudos a nível nacional e internacional são escassos. Assim, pretendeu-se examinar os estudos existentes na área e as perspetivas dos arte-terapeutas relativamente ao seu trabalho. Foram realizados dois estudos, um secundário – *scoping review* – e um primário. A *scoping review* incluiu 6 estudos, dos 45 identificados, focando-se na eficácia da arteterapia com pacientes suicidas, o uso de criações artísticas como indicador de ideação e a exploração das reações dos pacientes. Destacam-se evidências sobre efeitos positivos na redução de ideação suicida e como auxiliar na compreensão das emoções e sentimentos. O segundo estudo demonstrou métodos e perceções de arte-terapeutas relativamente ao seu trabalho com pacientes suicidas. Destacando, a expressão sem verbalização, a capacidade de criar e a exploração de fantasias e significados, como métodos que a arteterapia oferece e parecem ser benéficos no trabalho com estes pacientes. Os resultados também sugerem a visão que o processo de criação artística oferece sobre o mundo interior dos pacientes, através das interpretações e temas frequentemente observados. Estes estudos permitiram melhor compreensão da investigação existente, bem como exploração das perspetivas dos arte-terapeutas relativamente ao seu trabalho, pacientes e implicações do uso da arteterapia.

Abstract

Suicide remains one of the leading causes of death worldwide, with around 703.000 people dying by suicide every year. Art therapy is based on the idea that artistic creation is a form of non-verbal communication, using the creative process as a means of reconciling emotional conflicts, managing behaviour, and increasing self-esteem. Despite its relevance and possible effectiveness, national and international studies are scarce. The aim was to examine existing studies in the field and art therapists' perceptions of their work. Two studies were conducted, a secondary study – scoping review – and a primary study. The scoping review included 6 studies, out of the 45 identified, focussing on the effectiveness of art therapy with suicidal patients, the use of artistic creations as indicator of ideation and the exploration of patients' reactions. It highlighted evidence of its positive effects in reducing suicidal ideation and as an aid to understanding emotions and feelings. The second study showed the methods and perceptions of art therapists regarding their work with suicidal patients. Highlighting expression without verbalisation, the ability to create and the exploration of fantasies and meanings, as methods art therapy offers, and seem to be beneficial in working with these patients. The results also suggest the insight that the process of artistic creation offers into the inner world, through the interpretations and themes frequently observed. These studies have provided a better understanding of existing research, as well as exploring art therapists' perceptions of their work, patients, and the implications of using art therapy.

Résumé

Le suicide reste l'une des principales causes de décès dans le monde, avec environ 703.000 personnes qui meurent par suicide chaque année. L'art-thérapie repose sur l'idée que la création artistique est une communication non verbale. Elle utilise ce processus comme un moyen de réconcilier les conflits émotionnels, de gérer le comportement et d'améliorer l'estime de soi. Malgré sa pertinence et son efficacité potentielle, les études nationales et internationales sont rares. L'objectif était d'examiner les études existantes et la perception qu'ont les art-thérapeutes de leur travail. Deux études ont été réalisées : une étude secondaire, une revue exploratoire, et une étude primaire. La revue exploratoire a inclus 6 études, sur les 45 identifiées, sur l'efficacité de l'art-thérapie avec les patients suicidaires, l'utilisation des créations artistiques comme indicateurs de l'idéation et l'exploration des réactions des patients. S'est révélée effets positifs pour réduire les idées suicidaires et aider les gens à comprendre leurs émotions et leurs sentiments. La seconde étude a montré les méthodes et les perceptions des thérapeutes concernant leur travail. L'expression sans verbalisation, la capacité de créer et l'exploration des fantasmes et des significations sont des méthodes que l'art-thérapie offre et qui semblent être bénéfiques dans le travail avec ces patients. Les résultats suggèrent que le processus de création conduit à une meilleure compréhension du monde intérieur, grâce aux interprétations et aux thèmes observés. Ces études ont permis de mieux comprendre les recherches existantes et la perception qu'ont les art-thérapeutes de leur travail, de leurs patients et des implications de l'art-thérapie.

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Introduction

1. Suicide

For decades, suicide has remained one of the leading causes of death in the world. According to the WHO (2021), suicide is a global public health issue, with around 703,000 people dying by suicide each year, being among the leading causes of death worldwide.

To be able to develop a research project, assess and prevent suicidal behaviour, as well as facilitate communication between researchers and clinicians, it is necessary to understand define and delimit this behaviour (Silverman, 2006). In 2004, the WHO defined suicide as "an act with fatal outcome, where the subject, knowing or waiting for this outcome, initiated it and carried it out with the purpose of provoking the changes intended by him" (Saraiva, 2014, p.43). In a theoretical model, Shneidman (1990, as cited in Leenaars, 1991) defines 3 essential factors in the act of suicide: pain, disturbance, and pressure. "Pain" as intolerable psychological pain, "disturbance" as the disorder of the mind, and "pressure" as internal and external factors that affect the individual. Shneidman (1985), also described the most common characteristics he observed, namely, search for a solution, cessation of consciousness, intolerable psychological pain, frustrated psychological needs, hopelessness-helplessness, ambivalence, constriction of the mind, communication of intention, egression, and common consciousness of coping models throughout life.

Given the complexity of suicide, identifying a single cause does not make sense, as suicide is multifactorial, determined by a diversity of factors. However, one of the identified predictors of suicide is suicidal behaviour, with around 15% of patients admitted to hospitals returning for the same reason (Skegg, 2005). Suicidal ideation may also be an indicator of suicide risk that will need to be explored, as people with regular suicidal ideation are 5 to 8 times more likely to attempt suicide (Rossom, 2017). Previous suicide attempts are also a significant risk factor, as about 10–20% of individuals who report a suicide attempt, will die by suicide within 10 years (Jones, 2003).

2. Suicidal Behaviour and Ideation

The current study will focus on suicidal behaviours and ideations, as these two concepts are proved to be the easiest to understand and operationalise.

According to Silverman (2006), suicidal behaviours can include ideation, verbalization, threats, plans and other self-destructive actions. These are described as "encompassing a diversity of gestures or acts that are difficult to define, from consummated suicide to suicidal ideation, through the interim degrees of suicide attempt and parasuicide." (Saraiva, 2014, p.45). The concept of suicidal ideation is defined as "thinking about, considering, or planning suicide" (Klonsky, 2016, p.309). Ideation can also be defined as "any self-reported thoughts of engaging in suicide-related actions" (O'Carroll, 1998). Hawton (2012) established that self-harming behaviours refer to intentional self-poisoning or self-injury, regardless of motive or extent of suicidal intent, the methods used are heterogeneous.

Considering these prior conceptual proposals, for the current study, we define suicidal behaviours as behaviours, actions, and gestures where some form of self-injury occurs, such as self-harming behaviours or threats, whereas suicidal ideations refer to ideation, thoughts, considerations, or plans related to suicide.

Individual biological vulnerabilities can contribute to the emotion dysregulation underlying suicidal behaviours, such as emotional vulnerability in the form of emotional reactivity and intensity (Gratz, 2003). According to Skegg, (2005) adverse life events can serve as a trigger for a more fragile person. Factors that contribute to weak problem-solving skills also appear to be risk factors, which may be caused by impulsivity, inflexible thinking, despair, and lack of positive thinking for the future (Hawton, 2000).

Emotional, physical, or sexual abuse during childhood are notable risk indicators, being the latter repeatedly mentioned, leading to difficulties in developing social skills (Johnson, 2002). Motivations include self-punishment, distracting painful thoughts, decreasing dissociative symptoms, blocking uncomfortable memories, and communicating their suffering to others (Briere, 1998). Studies show that about 90% of patients hospitalized due to suicidal behaviours, have at least one psychiatric disease (Haw, 2001).

According to Fliege (2009), suicidal behaviours are a significant health problem which, because of its damage to the body and impairment in social relationships and medical treatment, are becoming increasingly studied, as a clinical phenomenon of significant risk to

the patient's wellbeing. Studies suggest that cognitive behavioural therapy, dialectical behavioural therapy, and problem-solving therapy are considered promising in suicide prevention (Zalsman, 2016). However, the strength and consistency of evidence, of intervention in reducing suicide or suicidal behaviours, continues to differ profoundly, requiring further studies (Arensman, 2020).

Since suicide prevention requires the presence of accessible and effective treatments, it is important to investigate diverse types of interventions to provide relevant information for suicide intervention and prevention.

3. Art Therapy

According to Saraiva (2014), individuals who exhibit suicidal behaviours are not able to verbalize what they feel, thus displaying the possible insurgency by the body.

Art therapy is based on the idea that the creative process of art making is a form of nonverbal communication of thoughts and feelings (American Art Therapy Association, 1996, as cited in Nguyen, 2015). Art therapy interventions seem to mainly benefit reconstitution and rehabilitation of physical impairments, promotion of mental, emotional, and physical healing and enhancement of cognitive and emotional growth (Lusebrink, 2004). Art therapy uses media, images, and the creative process, while respecting patient/client responses, as reflections of abilities, personality, concerns, and conflicts. It is a therapeutic way of reconciling emotional conflicts, fostering self-awareness, developing social skills, solving problems, reducing anxiety, and increasing self-esteem (American Art Therapy Association, 2017).

Lusebrink (2004) states that art therapy focuses on how images and their expression reflect emotional experiences and how these experiences affect thoughts and behaviours, “the elaboration of a single word defining a mood in art therapy gives visual expression of this state” (p.130). That is, the interaction with art media facilitates the elaboration of conceptual and abstract thoughts. As humans use a huge system of signs to communicate about concrete and abstract concepts, artistic metaphors can be seen as indirect expressions or externalized objects, and, therefore, less confrontational, and psychologically threatening (Nguyen, 2015). Franklin (1992) proposed that the process of art making functions as a metaphor for the construction of the self and for building core levels of self-esteem, as “art

may be considered a simultaneous process of reformulating the self through the active formation of an object” (p.79).

According to Hu (2021) art therapy can serve as an auxiliary tool for diagnosing diseases, helping obtaining information that is difficult to gain from conventional tests, judge the severity and progression of diseases, and understand patients’ psychological state. Nguyen (2015) claims that the art therapist selects relevant art processes to mirror the client's state and foster the rise of metaphoric and symbolic language, representative of a personal narrative. As art is widely understood to reflect expressions of the self, the presence of a mental illness changes the perception of self and affects the judgements of others, therefore mental illness impacts identity and, as consequently, expressions of that identity (Gwinner, 2009). In a study conducted with emotionally disturbed children, the intervention with art therapy allowed both the children and therapists to identify moments of change and growth during this process (Slayton, 2010).

Art therapy may provide pleasure, satisfaction, a sense of pride, an increased understanding of self and promoted thinking of the future (Scope, 2016). However, as with all interventions, there have been found potentials harms of art therapy, such as the activation of unresolved emotions, increased pain, and potential harm if the art therapist is not skilled or if the therapy is prematurely terminated (Scope, 2016). Even though studies have shown that art therapy could improve the quality of life and mental health of patients, standard and rigorous clinical trials with large samples are lacking, and the long-term effect is yet to be assessed (Hu,2021).

As some studies suggest that art therapy may help in decreasing suicidality and foster positive changes in patients’ emotional state depressive state and self-esteem (Harnden, 2004), it is important to study the nuances of art therapy when related to different patients’ needs, to maximize the benefits and provide helpful and thoughtful interventions, as there is still a lack of studies in this area.

4. Art Therapy and Suicide

As far as the researcher knows, there are no studies about the connection between art therapy and suicide in Portugal. However, there are international studies that offer important insight into art therapy and suicide, while observing patients with suicidal ideations and

behaviours and their process of art creation (Rothwell, 2008; Honig, 1975; Harnden et al., 2004).

Honig (1975) proposed that the artwork of suicidal patients is an indicator of their emotions, psychodynamics, and intentions, claiming that the artwork of patients who committed or attempted suicide, show elements of violence, aggression, and an obsession with death. Art therapy can play a key role during treatment of individuals whose destructive external behaviour can disguise unconscious emotions that seek evacuation or protection through highly primitive protective mechanisms (Rothwell, 2008). According to Franklin (1992), art making allows the possibility to explore how clients value themselves, by observing what they invest in their artwork and how they respond to it. Since thoughts and feelings are not strictly verbal, art therapy is valuable in helping individuals communicate what may not be readily available through words, as for some individuals, conveying a memory or story through artistic modality is more easily tolerated (Nguyen, 2015).

While observing clinical materials of a patient who committed suicide, Rothwell (2008) refers to how image making enabled one client to depict his contradictory thoughts and aims, serving as a dialogue between himself and others, “a means of being known”. Art therapy uses a visual dialogue that enables the articulation of belief systems, providing a space where suicidal fantasies and desires can be explored through the process of art making, also providing professionals with a more developed awareness of the feelings and mechanisms present (Rothwell, 2008).

According to Levens (1989), “a client may use art to test out his dangerous thoughts and ungratified wishes in a safer way” (p.144). Art is, in this way, seen as a mediator between the inner and outer world. One of the clients whose artwork was observed by Honig (1975), and later died by suicide, seemed to be “calmly planning this act, and drawing it concretely and graphically on paper, Jack carried out the suicidal imagery to perfection” (p. 78). Rothwell (2008), claims that the images created in art therapy become an important record of the client’s thoughts and feelings, providing a link with the suicidal ideation. Outcome studies have shown that long-term individual art therapy was effective in promoting cognitive and emotional development, enabling relationships, and lessening destructive behaviours (Nguyen, 2015). Art therapy is seen as a safe place to express emotions such as fear and anger, via a non-verbal medium (Scope, 2016).

The differences between non-suicidal and suicidal art can reflect the patients’ approaches to life and death, as the artworks of patients without suicidal ideations show little

to no preoccupation with aggression and death, as opposed to the works of those with suicidal ideation (Honig, 1975).

5. Objective of the study

The main objectives of the study are to explore the perspectives of art therapists regarding suicide and to understand how they view their work and the approaches they use with patients who present suicidal behaviours and/or ideations. A third objective is to study the art making processes that occurs during therapy, through the lenses and experiences of these professionals. As art therapy seems poorly investigated, compared to other therapeutic methods, particularly regarding suicidology, a fourth objective is to gain insight into the implications, advantages and/or disadvantages, of art therapy when talking about suicidal behaviours and ideations, from the perspective of these therapists.

To gain a better understanding of the existing studies conducted in this area, a scoping review was also conducted, regarding the use of art therapy with patients presenting suicidal states.

Study 1 – A scoping review on art therapy with patients presenting suicidal states.

Method

Considering the existing gap in the mapping of available evidence of studies relating to art therapy and suicidal behaviours and/or ideations, a scoping review was conducted to gain a better understanding of the existing research in this area, to examine its extent, range, and nature. The structure proposed by Arksey and O'Malley (2005) was adopted, with the proposed stages being: (1) identification of the research question, (2) identification of the relevant studies, (3) study selection, (4) charting of the data and (5) summarizing and reporting of the results.

The research was done through the PubMed data base, in September 2023, using specific inclusion criteria, related to the present study, without a specific period of the publication of the studies being defined. The descriptors used, applied to both the title and abstract, to maximize the scope of research, were: “suicide”, “self-harm”, “self-injury”, “suicidality”, “suicidal ideation”, "art therapy", "art psychotherapy" and "expressive therapy”. A review of the references of the selected studies was also conducted, to maximize the review and include studies that, for varied reasons, were not shown by the database but were seen as relevant to the present scoping review.

1. Research questions and Criteria for Eligibility

The following research questions were formulated: 1) what is the existing research in this area; 2) what advantages and drawbacks of the use of art therapy with suicidal patients have been noted in past studies; 3) what is missing in terms of research in this area.

Regarding the inclusion criteria used, studies related to art therapy with patients who presented suicidal states and studies that had art therapy was the main intervention used were considered. No criteria restricting the age or gender of the patients were included, neither

were criteria regarding the date, nor country of publication of the study. Meanwhile, concerning the exclusion criteria, the excluded studies were due to 1) primary focus on psychiatric disorders (e.g., PTSD, depression, psychosis); 2) primary focus on physical illness or impairments (e.g., Covid-19, arthritis, brain injury); 3) the language written was neither English nor Portuguese; 4) it was not possible to access the full text.

2. Study selection

The studies were selected, firstly, through an analysis of the titles, keywords, and abstracts, provided by the database search, and afterwards through the full examination of the texts of the studies that were considered as eligible in the first analysis. Through the data base, 42 studies were identified. After removing those that did not check the mentioned inclusion criteria, or had one or more characteristics of the exclusion criteria, three studies were included in the review.

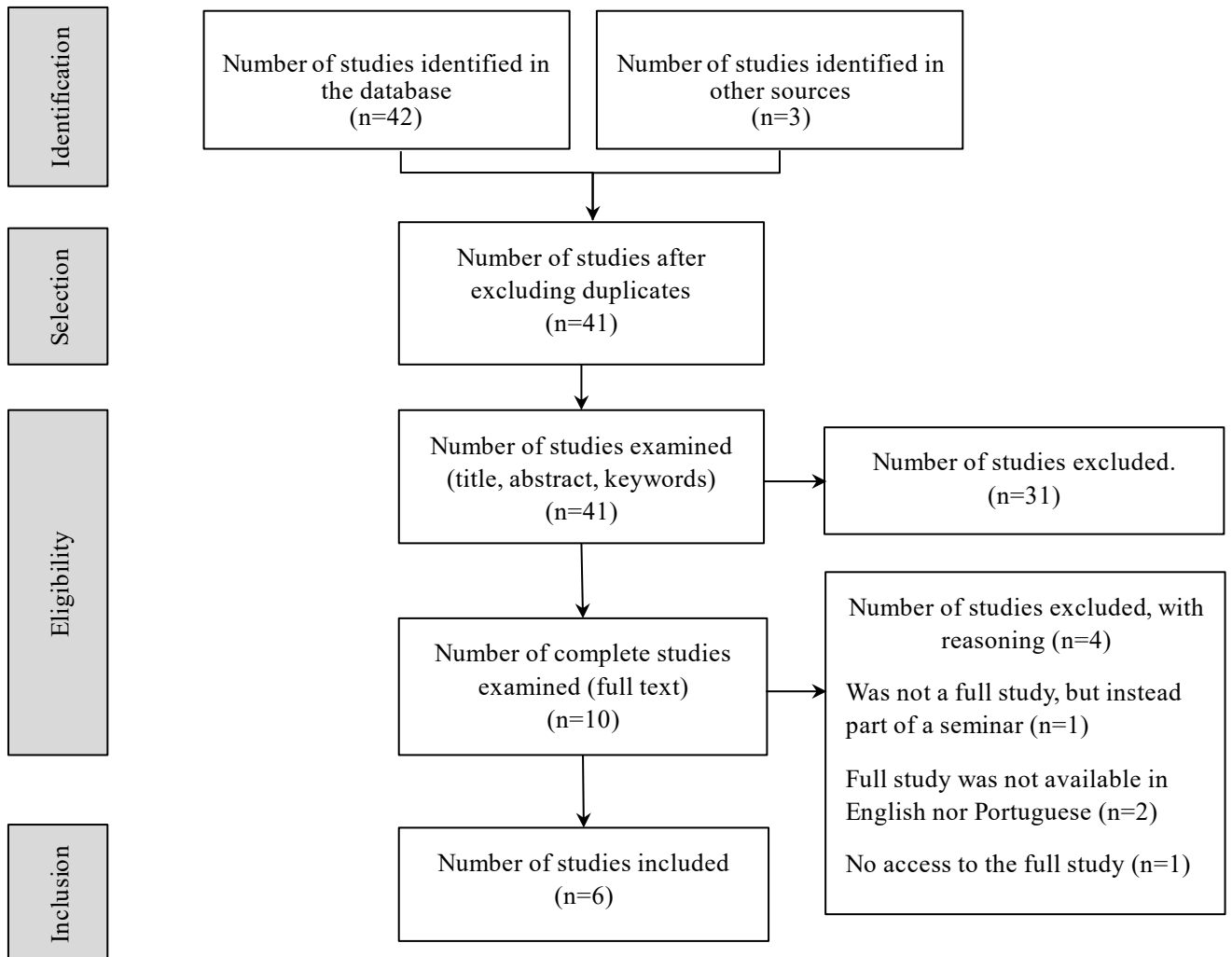
Through the analysis of the references of the studies included, three other studies were found to check the inclusion criteria and were consequently included in the scoping review. Therefore, a total of six studies were included.

Results

The review identified 42 studies, in the database, and three others in other sources. After the exclusion of duplicated studies and studies that did not fit the inclusion criteria, 6 studies were included in the present scoping review. The 6 studies included were published between 1975 and 2023, with three of the studies being published after the year 2000. Geographically, the studies, or when lacking information to discern so, the origin of first author, took place

in the United States of America (n=3), the United Kingdom (n=1), Nigeria (n=1) and Canada (n=1). Figure 1 shows the process of study selection for the scoping review.

Figure1.
Process of study selection



1. Study's Characteristics

Regarding the *type of study*, all the studies included were primary studies, with both quantitative (n=2) and qualitative (n=4) methodologies. When it comes to the *focus of the studies* the main themes were 1) the promising results of art therapy with suicidal patients (n=4); 2) artwork as an emotional indicator suicidal ideation (n=5); 3) exploration of the overall benefits of an art-based intervention (n=5).

Regarding the *sample*, all the studies were conducted with patients in suicidal states (n=6). As for the *instruments* used in the studies, measures were applied to the patients of the studies, including semi-structured interviews created for the study (n=1), already existing questionnaires to evaluate suicide ideation (n=1) and existing instruments to analyse the effectiveness of the intervention (n=1). The remaining of the papers were observational case-studies, therefore not using any structured measures (n=3). Table 1 shows the categories and subcategories of the analysed studies.

Table1.

Analysis of the main results of the studies

Categories and subcategories of the studies		
Evidence on promising results of art therapy (n=6)	The artwork (n=5)	The benefits (n=5)
Positive results of art therapy with suicidal patients (Harnden et al., 2004; Liu et al., 2023; Walsh, 1993; Walsh & Minor-Schork, 1997; Rothwell, 2008)	Depictions relating to anger, violence, and despair (Honig, 1975; Rothwell, 2008; Harnden et al., 2004)	Improved mental state (Harnden et al., 2004; Liu et al., 2023; Walsh, 1993; Walsh & Minor-Schork, 1997; Rothwell, 2008)
Role of art therapy in the understanding of emotions and destructive impulses (Honig, 1975; Harnden et al., 2004; Rothwell, 2008)	Depictions of the future (Walsh, 1993; Walsh & Minor-Schork, 1997)	Art as a link with feelings/ideation (Honig, 1975; Rothwell, 2008)
Role of art therapy in improving hope for the future (Walsh, 1993; Walsh & Minor-Schork, 1997)		Art as a mediator between patient and therapist (Rothwell, 2008; Harnden et al., 2004)

Note. The total n of categories may be higher than the total n of the study, due to studies belonging to more than one category.

2. Evidence on promising results of art therapy

Five of the studies focused on the *promising results of art therapy with suicidal patients*, showcasing a decrease in suicidal ideation after the use of an art-based intervention (Harnden et al., 2004; Liu et al., 2023), positive changes in patients' depressive state and self-esteem (Walsh, 1993; Harnden et al., 2004) and new found anticipation and hope for the future (Walsh, 1993; Walsh & Minor-Schork, 1997; Harnden et al., 2004). This seems to come from the space that art therapy offers, to create and express feelings, in a way that they

would not be able to, or feel safe doing, through verbalization (Rothwell, 2008). Studies also pointed to art therapy's role in providing the staff with a better understanding of mechanisms related to suicidal ideation (Rothwell, 2008; Harnden et al., 2004). These studies used, primarily, painting and drawing (Rothwell, 2008; Harnden et al., 2004; Liu et al., 2023) and future-image creation (Walsh, 1993; Walsh & Minor-Schork, 1997).

Three of the studies also focused on *the role of art therapy in understanding emotions and destructive impulses*, by analysing the artwork created by suicidal patients, these seemed to demonstrate frequent depictions of violence and anger (Honig, 1975; Harnden et al., 2004; Rothwell, 2008), obsession with death (Honig, 1975) and feelings of hopelessness and helplessness (Harnden et al., 2004; Rothwell, 2008). Highlighting the ability to analyse the depictions in the artwork of suicidal patients (Honig, 1975; Rothwell, 2008) to better understand their ideations, thoughts and feeling.

Two of the studies (Walsh, 1993; Walsh & Minor-Schork, 1997) displayed the role of art therapy in *improving hope for the future*. By using an art-based intervention, focused on creating and thinking about the future, the patients were able to gain a more positive and hopeful view of what was to come, anticipating the future and what it would present them.

3. The Artwork

As described by Honig (1975) the artwork of suicidal patients may prove to be a great insight into their ideations and destructive behaviours, allowing for a better understanding of their emotions, intentions, and psychodynamics. In two studies, it was noted that suicidal patient's artworks frequently contained *depictions relating to anger, violence, and despair*, with works containing elements pertaining to obsessions with death and suicide, often presenting almost as a form of planning of the act of suicide itself (Honig, 1975; Rothwell, 2008). Feelings related to their destructive ideations, self-hatred and rage were also notable in their creations (Rothwell, 2008; Harnden et al., 2004). One study (Harnden et al., 2004) also displayed the depictions of poor self-esteem that seemed to emerge during and after the creative process, relating not only to their view of themselves but also their actions and creations. From these images emerges the idea that the creations of patients with suicidal

ideations differ from those without, therefore, offering better access into the underlying processes related to suicide that, otherwise, these patients would have difficulty expressing (Honig, 1975; Rothwell, 2008). The artwork of patients presenting suicidal states has a bigger focus on themes of life and death, when compared to non-suicidal patients (Honig, 1975)

Two studies also pointed to the creation during that art therapy, as an important aid in the *depiction of the future when working with* suicidal patients (Walsh, 1993; Walsh & Minor-Schork, 1997), allowing them to regain hope and enthusiasm for the future, by externalising and working upon their dreams and ambitions, which ultimately lead to the mitigation of feeling of hopelessness and helplessness these patients often present.

4. The Benefits

When it comes to benefits regarding the use of art therapy with suicidal patients, studies highlight the overall *improved mental state* of the patient. Particularly, a decrease in depressive symptoms (Harnden et al., 2004), higher self-esteem (Harnden et al., 2004; Walsh, 1993), reduction or cessation of suicidal ideations (Liu et al., 2023; Harnden et al., 2004) and regained hope and anticipation for the future (Walsh, 1993; Walsh & Minor-Schork, 1997). However, it is important to note that due to the small number of studies, small populations, and lack of diversity in the methodologies and approaches used, it is impossible to conclude if these results are due to the use of art-based interventions.

Art may assist as a *link with feelings and ideations*, allowing suicidal patients to explore their ideations (Honig, 1975), as well as the causes of their external suicidal and destructive behaviours (Rothwell, 2008), therefore allowing for a better understanding of the functions, patterns, and feelings behind these.

Lastly, art may serve as a powerful *mediator between patient and therapist* (Rothwell, 2008), as it works as a way for the patient to communicate when verbalization is hard, giving the therapist more insight into the patients' conflicts, consequently strengthening the therapeutic alliance (Harnden et al., 2004). As these results could only be observed in two studies, both with small and heterogenous populations, it is important to keep in mind that it

is not possible to establish a cause-effect relationship between the betterment of the therapeutic alliance the art creation process.

Discussion

To the best of the researcher's knowledge, this is the first scoping review regarding the use of art therapy with patients presenting suicidal states, without having a focus on other psychiatric disorders, through the analysis of scientific studies and its methodologies.

Most of the studies were primary studies, using qualitative methodologies. These studies showed evidence pointing to positive outcomes of art therapy with suicidal patients, benefits of the creative process and art as a deeper look into the patients' ideations, as well as the benefits of the use of art therapy in reducing suicidality and increasing self-esteem and hope for the future. Regarding the promising results of art therapy, most of the studies provided evidence of decreased suicidal behaviours, a greater therapeutic bond and a better understanding of the processes surrounding suicidality.

It is important to note that due to the lack of research, lack of diversity in the populations and types of studies and methodologies used, it proved difficult to find studies that could provide contradictory results, leading to what may be biased reports and conclusions. It also makes it difficult to establish a cause-effect relationship between art-therapy and the decrease of suicidality, because of the lack of follow-up and long-term studies. The scarce use of validated and adapted instruments, the small populations, and the sole use of auto-reports may also lead to biased reports and conclusions. The limited studies into diverse types of methods used during the creative process also contribute to a limited understanding of these interventions, their implications and consequently, their efficacy, as only one of the studies attempted to use two distinct types of art-based interventions (Liu et al.,2023). Furthermore, the studies were mostly conducted in western countries, mainly north America, which may have resulted in a predisposition in the results, due to sociocultural norms.

Consequently, there is a clear need for further studies in this subject, specifically when relating to the efficacy of art therapy, methods, and types of interventions. Studies in this area of research should be diversified, as studies with bigger populations, use of validated instruments, and follow-up studies should be conducted, to offer a better understanding of the use of art therapy with suicidal patients, in the prevention of suicide, suicidal ideations and behaviours. Studies to analyse the efficacy of art therapy with suicidal patients, using specific methodologies and instruments should also be conducted, to gain a better understanding of the possible benefits of art therapy. Lastly, the use of only one database to gather studies, as well as the inclusion of studies solely available in English and Portuguese, as well as conducting the research using terms in English and the inaccessibility to some studies whose full texts were not available, may have led to the exclusion of relevant and more diversified studies, which could have proved pertinent, especially given the already limited number of studies available.

As the few existing studies show positive and appealing results in the decrease of suicidal ideations, it proves important to focus more on this line of research.

Conclusion

This scoping review systematised the nature and scope of the existing research into the use of art therapy with suicidal patients, to obtain knowledge and scientific evidence into its effectiveness, creative process, and benefits.

Out of the 45 studies firstly identified, 6 were included, with the majority being primary qualitative studies, this being a small and limited number of studies, which proved to be difficult when establishing a cause-effect relationship between art-therapy and decreases in suicidality. There were other limitations regarding this review, which showed a necessity of further studies into this area of intervention, mainly, regarding the efficacy of art therapy with suicidal patients, covering different intervention practices and methodologies, larger and more diverse populations, as well as follow-up studies to understand the long-term effects of this intervention.

Study 2 – Suicidal ideation and behaviour: through the lenses of art therapists

Method

1. Participants and Procedure

The data from the present study was collected from a group of professionals, whose psychological intervention orientation and training is, mainly, art therapy, totalling a sample of four participants. The sampling used was by convenience, since the recruitment of professionals was done by sending invitations to art therapists, through LinkedIn and/or email, as well as through a request for dissemination made to the *Sociedade Portuguesa de Arte-Terapia* (SPAT), although no response was received.

As inclusion criteria, it was defined that the participants must use art therapy as a model of psychotherapeutic intervention. Although the study focuses on suicidal behaviour and ideation, the previous work of professionals with these patients was not identified as a criteria, as it was considered important to understand the perceptions of these professionals as well, so as not to exclude valuable participants from an already limited population. After completing the informed consent form, participants were invited to complete an open-ended questionnaire, with questions about their professional background and perceptions regarding suicidality, which was done online, and had an average response time of 38 minutes. Table 2 Shows the characteristics of the four participants of the present study.

Table2.

Characteristics of the participants

	Participant 1	Participant 2	Participant 3	Participant 4
Age	33	45	38	48
Gender	Female	Female	Female	Female
Nationality	Spanish	Portuguese	Portuguese	Portuguese
Art therapy experience	3 years	8 years	14 years	10 years
Suicidal patients	< 5 patients	< 5 patients	5 to 10 patients	5 to 10 patients
Most used mediums	Painting/Drawing	Painting/Drawing; Writing; Others	Painting/Drawing; Writing;	Painting/Drawing; Writing;

2. Instrument

To collect the data, an open-ended questionnaire was used, developed by the author for this study. The first part of the questionnaire aimed to collect the professionals' sociodemographic and professional information, such as years of experience, number of patients with suicidal behaviour/ideation and main art mediums used. The second part contained questions related to the therapists' perspectives of suicide, how they perceive their work and approaches used with these patients, the process of artistic creation, and the perceived advantages and/or disadvantages of using art therapy with these patients.

3. Analysis

The content of the responses to the open questions was analysed following the thematic analysis formulated by Braun and Clarke (2013), to identify, interpret and analyse the identified themes, according to the objectives, with precision and complexity. The 6 stages of thematic analysis described by the authors were conducted, thus looking for patterns and questions in the data acquired that were relevant to the research, having conducted an extensive and active reading of the answers, to conduct a subsequent analysis as detailed as possible.

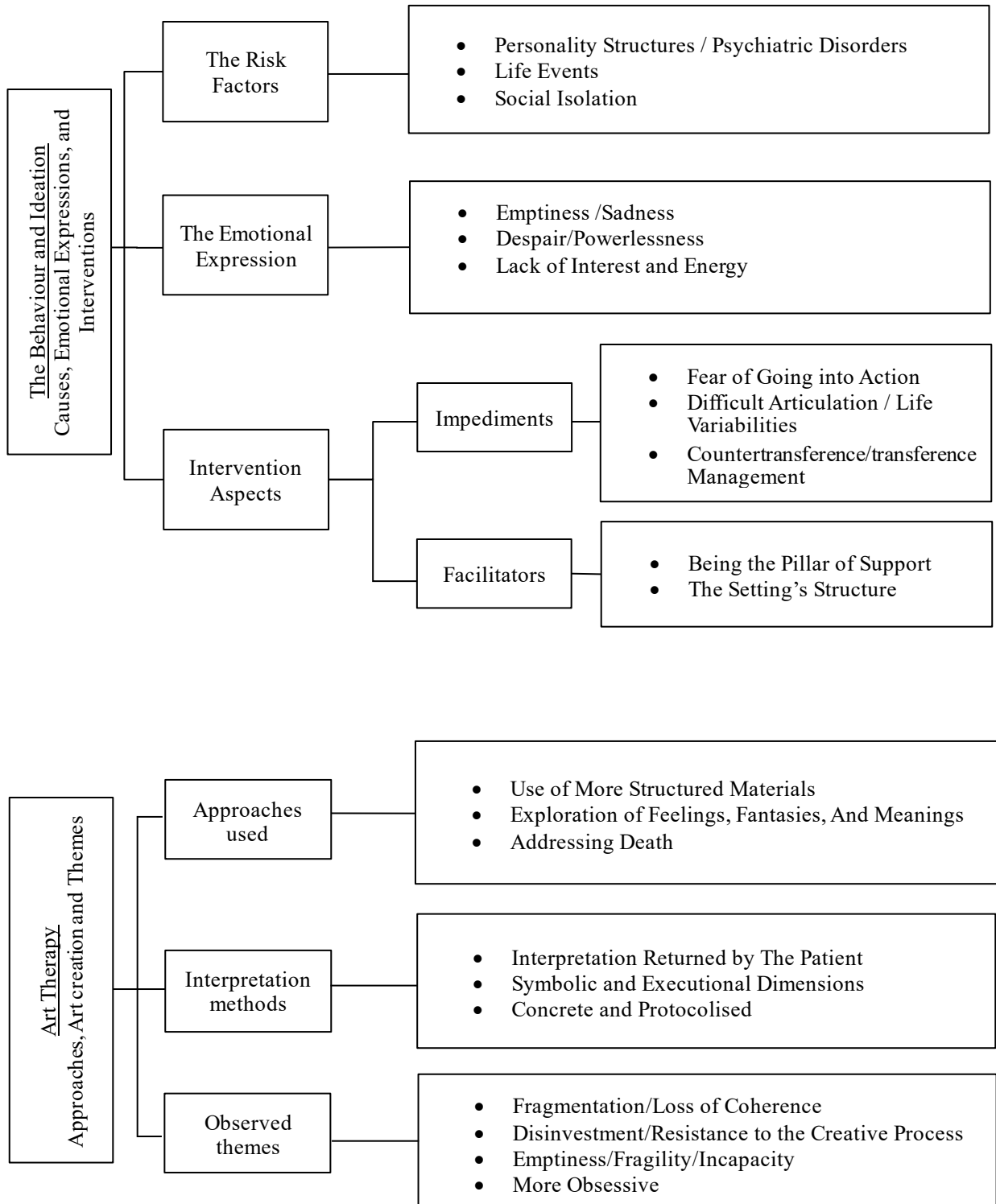
In this way, the answers given by the professionals to the questionnaire were analysed, and a thematic map was created to better organize and describe the themes, as precisely as possible, to provide the evidence observed about the coded and analysed themes.

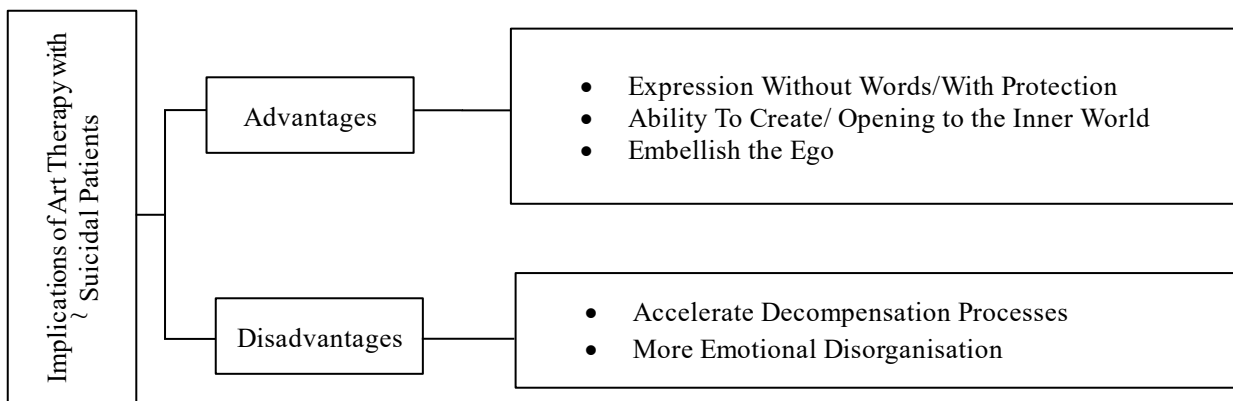
Results

Through the analysis of the collected data, 3 main themes were identified, these being: (1) Behaviour and Ideation - Causes, Emotional Expressions, and Interventions; (2)

Art Therapy – Approaches, Art creation and Themes and (3) Implications of Art Therapy with Suicidal Patients. Figure 2 presents each one of the themes, organized in different subthemes and categories.

Figure 2.
Themes and subthemes of the study





1. Behaviour and Ideation – Causes, Emotional Expressions, and Interventions

The first theme, *The Behaviour and Ideation*, analyses the art therapists' perceptions, regarding suicide and patients with suicidal behaviours and/or ideations.

In the first subtheme, *The Risk Factors*, it proved important to start by discussing and describing what the therapists perceive as the main causes, they have witnessed, for suicidal behaviours and ideations. The therapists mention that suicide, as well as these behaviours and ideations, result from a combination of varied factors. However, they were all still able to relay the factors they deem to be of greater risk for suicidality, which will be described in this subtheme.

It was often mentioned the comorbidity between suicidal behaviours and/or ideations and the presence of psychiatric conditions, such as depression, borderline personality disorder and bipolar disorder. As a sizeable number of people who die by suicide suffer with a psychiatric disorder, at the time of death (Knipe, 2022), this seems to be a factor that deeply impacts these patients, their behaviours, and ideations. This is in line with what other studies have found, as professionals claim that psychological suffering and psychopathology were the most likely to explain suicidal behaviours (Rothes, 2017). From this sub theme emerges the category *Personality Structures/ Psychiatric disorders*.

“Borderline-based frameworks (...) or psychotic depressive disorders. (...) People with neurodevelopmental disorders such as autism or ADHD can also often exhibit these behaviours/ideations.” (Participant 3); *“Depressive disorder, psychotic disorder, bipolar disorder, schizophrenia.”* (Participant 4)

Another main factor is that of *Life Events*, events that have happened during the patient's lifetime and have deeply impacted them, such as physical, psychological, or sexual abuse and failures in early attachment. This factor is in line with what has been reported by many authors previously, as Gratz (2003) claims that theoretical literature on self-harm suggests that it is childhood experiences, such as childhood sexual abuse or little time or attention offered to the child, which are most likely to be associated with self-harm.

“Domestic violence, grieving processes” (Participant 4); *“Lack or absence of validating references - physical and psychological abuse”* (Participant 1); *“Adverse life situations at the time of the crisis, substantial life histories, often marked by violence – sexual, psychological, other”* (Participant 3)

Social Isolation was also mentioned, as a common factor related to suicide and suicidal behaviours and ideations that, when combined with the previously mentioned factors, can become one of its main motivators. Once again, the therapists' perceptions are in line with the findings reported in previous studies, as for both men and women, loneliness and lack of emotional support have been associated with increased risk of hospitalisation for self-harm (Shaw, 2021).

“We cannot disregard the social suffering, (...) [as] they often exhibit these behaviours/ideas, either because of relational difficulties or social failure to respond to their needs” (Participant 3); *“They are people in serious mental, emotional and social distress.”* (Participant 4)

After exploring factors associated with increased risk for suicidal ideations and behaviours, it is important to review how these patients express them. The second subtheme *The Emotional Expression* refers to the emotions and feelings that were the most observed by the art therapists during their intervention with these patients. Feelings commonly presented in depressive states, such as, *Emptiness/Sadness/Anger*, were the most frequently reported, as all named these as the most prominent emotions they have encountered during the therapeutic process with suicidal patients.

“Feeling of emptiness, depressed mood and anger toward oneself” (Participant 1); *“Abandonment, anger, guilt, boredom”* (Participant 3); *“Sadness and Emptiness”* (Participant 2)

Another frequently mentioned emotional expression, is that of *Despair/Powerlessness*, that is, the loss or absences of hope, or frequent feelings of desperation and discouragement, feeling as if they cannot improve the situation they are in, or there is no hope for its betterment in the future. According to Hirsch (2021), the inability to deal with stressors, may lead to trouble envisioning a positive outcome, or achieving a desired goal, therefore resulting in hopelessness, and consequent suicide risk.

“Despair, hopelessness, (...) lack of direction” (Participant 3); *“Mental confusion or apathy, despair about the future, (...) feelings of powerlessness or incompetence”* (Participant 4)

Lastly, it was referred, by the art therapists, that these individuals would often show a noticeable *Lack of Interest and Energy*, not only toward life, but also toward the art creation process. This expression may be related to the previously mentioned emotional expressions, such as emptiness and despair, as these may cause the individuals to lack interest in activities perceived as not being essential or requiring too much energy, especially if they have trouble imagining a positive outcome, or are afraid they may not succeed. Furthermore, the feelings of discouragement and hopelessness may result in the patients viewing no point in creation.

“Lack of interest towards life, lack of vital energy, difficulties in decision making (...) Patients with suicidal ideation tend to avoid expressing themselves through art, as the creative act requires some energy and playfulness” (Participant 4)

When it comes to *Intervention Aspects*, the answers showed that there are aspects, specific to this intervention, that benefit and others that harm it. When it comes to the *Impediments*, that is, aspects that may harm the intervention, the most stated is that of the *Fear of Going into Action*, or in other words, fear of the patients consummating their suicidal behaviours/ideations, being unable to help them. Associated with this fear also appears the factor of death, more specifically, having to constantly deal with the idea of death during these therapy sessions.

“Constantly dealing with the idea of death” (Participant 2); *“Not always can the therapist help the patient that wants to take his own life, this is the biggest difficulty, the therapist having to deal with this risk”* (Participant 1)

The therapists mention the importance of a multidisciplinary approach, especially with patients that present a greater risk to themselves, as well as articulation with the family of

these patients, to offer a more in-depth approach and ensure the patients have support outside the therapeutic setting. Other professionals also point to the fact that suicidal behaviour requires the cooperation and commitment between professionals from different fields (Rothes,2006). However, this articulation can sometimes prove difficult, resulting in less linear and frequent sessions. Furthermore, these patients may also not appear to sessions, consequently, life events outside the control of the therapists may also become an impediment to the intervention. Here arises the obstacle of *Difficult Articulation/Life Events*.

“Sometimes difficult articulation with other health professionals, delicate connection with the family” (Participant 4); *“Difficulty in maintaining the continuity of the setting and the process (...) when there are these events that cause ruptures and situations of exception”* (Participant 3)

When working with suicidal patients, there seems to emerge a difficulty related to *Countertransference/Transference Management* that can occur when collaborating with these patients. Transference refers to the unconscious redirection of feelings from the patient to therapist, while countertransference refers to the redirection of feelings from therapist to patient, as whenever someone perceives something, to be able to recognise it, they need to compare it with past experiences (Prasko, 2010). While these processes may help the therapeutic process in some cases, in others “the analyst may fall victim to blurred ego boundaries by way of projective identification just as the patient does” (Parth, 2017, p.198).

“The therapist having to deal with this risk, always controlling the countertransference” (Participant 1); *“The anguish of carrying these patients in your heart, outside of the sessions. The management of transference and countertransference, especially in borderline cases, where there is an appeal from the patient to the therapist's concern.”* (Participant 3)

On the other hand, the therapists also mentioned perceived *Facilitators* in the intervention, meaning, aspects that help the work and intervention, with these patients. The main facilitator being that of *Being the Pillar of Support*, for these patients, as in, being the one these patients can rely on and open to, to better understand them and create a better therapeutic relation. As one of the main risk factors mentioned above is that of experienced social isolation, the existence of the therapist as a figure of support greatly helps to create a patient-therapist relationship, offering these a place of support, without judgments.

“The strength of the therapist in supporting, not judging nor acting upon the behaviours/ideations” (Participant 3); *“Being the support, listening without judgement,*

annihilating moralistic stances. Assuming a pillar of support that is necessary in that person's life" (Participant 2); *"Being there as a support, as someone who cares about the life of the patient"* (Participant 1)

Additionally, the *Setting's Structure* also proves to be greatly beneficial, as this offers a clear and stable place for the patients to express themselves, their behaviours, and ideations, without losing their footing or becoming disorganized.

"The clarity of the therapeutic contract and the setting's structure" (Participant 4); *"The possibility of maintaining a space of elaborative thinking"* (Participant 3)

1. Art Therapy – Approaches, Art creation and Themes

The second theme, *Art Therapy*, talks about the perceptions of the therapists, relating to how they perceive their work, the approaches used and how the creative process occurs during therapy, related to patients with suicidal behaviours and/or ideations. In this theme, the approaches used, how the artwork is interpreted, and the main themes observed by the therapists will be described and analysed.

In the first subtheme, *Approaches Used*, the methods mentioned by the therapists, with patients with suicidal behaviour and/or ideation, will be presented and analysed. One of the methods observed was the *Use of More Structured Materials*, this refers to, for example, cutting and pasting, collages or sculpture. As Wadeson (2003) noted that different media stimulate different forms of expression, the use of deliberate media choices allow the fostering of different forms of exploration and expression as a part of the process. Therefore, this choice, appears to be, not only because of the expression these materials offer, but also to offer a more directive approach where they can fully express their impulses, while remaining protected from these.

"With very fragile patients, a more directive intervention, using themes, with sturdier and more structured materials, such as modelling and sculpting, is more appropriate" (Participant 4); *"[Using] dry pastel for the feelings' volatility, writing for the release, collages for the potential to repair and rebuild on top of what was torn, modelling for the necessary emotional repair"* (Participant 2)

Additionally, emerges the category of *Exploration of Feelings, Fantasies and Meanings* which refers to the importance, mentioned by the art therapists, of working to explore the meanings given to their behaviours/ideations, when these occur and what may precede or succeed them, for them to talk to and understand the behaviours and ideations, as well as the patterns related to them. One of the ways the therapist may start to understand the motivation behind the suicidal behaviours and/or ideations motivations, is through the fantasies they produce during the art making process (Honig, 1975).

“Exploring the functions, fantasies and meanings of ideation/behaviour and the moments when they occur, establishing patterns, understanding where they come from” (Participant 3); *“Using the dialogue between the patient, creation and therapist to be able to talk internally with these ideations”* (Participant 1); *“Clearly and safely exploring feelings and perceptions with the patient”* (Participant 4)

Another important approach is that of *Addressing Death*, more precisely, how the therapists perceive the way they address this theme with these patients, how they think this should or should not be done. The therapists appear to view a need to respect the time and space of the patient, as to when first approach the theme, but also to be direct and clear when talking about it, be it through a more verbal or art focused intervention. This approach has also been perceived as being the most beneficial by other professional, in previous studies, when working with patients presenting suicidal states (Rothes, 2006).

“The therapist must wait and not be afraid, avoiding repressing or forcing superficial positive discourses” (Participant 3); *“An approach that respects the time and space of the patient, with the necessary regulation, clear and unambiguous language”* (Participant 2)

Here seems to appear a distinction, perceived by some therapists, between the approach used when there is an objective risk present and when there is not. As with this risk present, it is important to deal, not only with the symbolic meaning of death, but also the physical and present risk this poses to the individual and, as a last resort, try to understand if hospitalisation is needed.

“If there is a risk, the approach should not be only in the symbolic dimension, but we also have to consider the real one” (Participant 3); *“The essential [approach] is to use dialogue (...) and for the therapist to understand if hospitalisation is, ultimately, needed”* (Participant 1)

As stated, that the productions made during art therapy can show the patients internal thoughts, it proves to be important to understand the way they interpret the artwork created. Here emerges the second subtheme, *Interpretation Methods*, the way the therapists interpret the artwork created, as well as how they perceive the way they try to comprehend the emotions, feelings and themes portrayed, during the creative process, which will be analysed and interpreted, according to the distinct categories observed.

In this category we can observe the most important part of the interpretation process, and the one that seems to be the most crucial in understanding what the patient has created and what it means, that is, the *Interpretation Returned by the Patient*. According to the therapists' perception, what the patient says he was feeling, why he created what he did and why he interacted with the materials the way he did, is what should be taken the most into account when observing and analysing the creations. Helping the patients to recognize and understand what they feel during the creative process, seems to also be significant, to guide them to understand patterns and make connections between the creative experience and their emotions.

"[Interpreting] always including the patient's say about what they created. Exploring it together, it's always a co-construction of possible meanings" (Participant 3); *"Help the patients to make their own interpretations about what they see, what they feel (...) I invite them to make associations about the result or make connections between the creative experience and their emotional life"* (Participant 4); *"Helping him to interpret for himself what he says about his creations"* (Participant 1)

Besides the meaning returned by the patients' there are other important dimensions that the therapists perceive to be also important to interpret the artwork created by the patients, namely, *The Symbolic and Executional Dimensions*. This refers to how the patients interact with the material and the artwork, the whole creative process, the verbalisations that occur, as well as what can be seen, the symbols in the work.

"By the type of material they use, by the relationship they establish with the materials when handling them, by the relationship they establish with the end result" (Participant 4)

However, it is important to keep in mind that similar symbols can have different meanings to different patients, so they should always be interpreted in concordance to what the patient has said about their creation.

“It is relative and has to do with what the patient says about the creation, what it represents to him. (...) A patient associates the colour black to life’s intensity as something positive, and not how it is culturally linked to the colour black, which could be death or sadness” (Participant 1)

When it comes to the artworks’ interpretation, one of the therapists mentioned the use of a *Concrete and Protocolised* method to analyse them, following specific theories in this area of intervention. According to Wadeson (2003), while some works done by art therapists have been spontaneous, others are part of systematically established art-processing procedures.

“The method we use is very concrete, protocolized in the “image seminar” and in clinical supervision” (Participant 2)

The third subtheme that arises and proves to be crucial when working in this area is that of *Observed Themes*. Here, the main themes, images, concepts, and elements that the therapists perceive as being the ones most frequently observed in the artworks of patients with suicidal behaviours and/or ideations will be explored and analysed.

One of the first themes and images perceived is that of *Fragmentation/Loss of Coherence*, meaning, an idea no longer being presented together, but instead, broken into multiple other pieces, lacking proper continuity. This can be observed through, for example, repetitions, separated parts, elements that if put together would make a whole picture, but instead are scattered through multiple works. This theme can be seen through the works of previous authors, as Rothwell (2008) observed in a patients’ imagery his anxiety shifting between fragmentation and compartmentalisation, meanwhile, Franks (2007) observed that a patient’s work seemed to suggest splintering and fragmentation.

“Aspects of fragmentation, loss of coherence and loss of execution capabilities may be present (e.g., parts of people mixed up, separated, chaotic, like feet, eyes, hands, heads)” (Participant 3)

Disinvestment/Resistance to the Creative Process also seems to be frequently noted by the therapists when working with these patients. When it comes to the creative process, the therapists report that the patients often show resistance, avoidance in expressing themselves through art, or disinvestment in the materials they need to express themselves. This may occur because this activity does require time and energy, often being seen as having a ludic purpose. Due to the patients’ emotional state, they may refuse to use this

energy, be afraid they will not be able to finish, or will not be able to make something they deem satisfactory or see the process of artmaking has not having any goal that benefits them, not worthy of investing in.

“Patients with suicidal ideation tend to avoid expressing themselves through art, because the creative act involves some energy, a sense of playfulness and physicality, they resist the therapist’s proposals because they fear decompensating, or feel that it won’t do any good” (Participant 4); *“Disinvestment in the graphic quality or the diversity of colours/materials used, compared to other moments, by the same person”* (Participant 3)

Before, it was mentioned that the emotional expressions most frequently perceived by the therapists were those of emptiness, anger, despair, and others, therefore, it is no surprise that *Emptiness/Fragility/Incapacity* are also some of the themes most frequently observed in the artworks. Here we can see themes related to emotions often associated with a more depressive state, such as sadness, anger, and fragility, that deeply affect the patients, and can be perceived by the therapists when analysing the works with them. These expressions were also reported by Harnden (2004), who reported to have observed elements related to despair, anger, and sadness in the works of a patient with suicidal ideations.

“Fear of uncertainty, depreciation, fragility and incapacity, low self-esteem.”
(Participant 1)

Lastly, it is important to note that these themes can vary between different people with the same symptoms, or between the same person in different periods, for example when they are actively having suicidal ideations versus when they are not.

“They also differ between the same patient in times they have active ideation and in times they do not” (Participant 3); *“It greatly depends on the patient and his expressive background”* (Participant 4)

It can be observed that the therapists still perceive there to be differences between the artworks created by patients with suicidal behaviours/ideations and those without. This is in line with what has been reported by authors such as Honig (1975), who noted that the differences, between the works of these two groups, reflect the different mental states, and their different approaches to life and death. The main difference perceived by the interview therapists seems to be that these patients are seen as *More Obsessive*, regarding the created themes, for example, while the themes may be the same across different patients, the

expression and overall creative process will still be different, it is here that the therapists perceive patients with suicidal behaviours and/or ideations to be more obsessive than those without, being more preoccupied with a certain theme, which seems to arise a process of obsessive creation upon this.

“They are more obsessive in a specific theme, as the patients generally create about different themes that worry them.” (Participant 2)

It is pertinent to mention that the therapists also present opposing perceptions regarding another aspect observed. That is, while one of the therapists believes that the creations of these patients are more concrete than those without, another therapist believes the opposite, that these patients’ creations are less concrete. While the first perceives these creations to be created quickly, therefore being less invested, and consequently less concrete, the second perceives their creation to be more symbolic, less transparent, and more displaced.

Although initially these perceptions may seem contradictory, they both are in line with what has been observed and analysed previously. While the more concrete works may arise from the lack of investment or avoidance of expression, leading them to invest less energy and create simply because they must, the less concrete works, on the other hand, may arise due to the fragmentation previously mentioned, leading to more sublimated and fragmented expressions. Therefore, it may be possible, for both expressions to be observed in different patients with suicidal behaviours/ideations, or between different periods of the same patient’s creations, as the severity of the behaviours/ideations seems to influence the creation.

2. Implications of Art Therapy with Suicidal Patients

The third and last theme, *The Implications*, relays, and analyses, as the title suggests, the implications perceived by the therapists regarding the use of art therapy, with patients with suicidal behaviours and/or ideations.

When it comes to *The Advantages*, the therapists claim that when it comes to art therapy, with patients with suicidal behaviours/ideations, the possibility of *Expression Without*

Words/With Protection proves to be beneficial. The patients have the possibility to express themselves without having to verbalise, being able to express feelings and thoughts while being protected by a mediator, the art, safely dealing with these thoughts. According to Harnden (2004) art can serve as a mediator between the patient and the therapist, allowing them to get closer. This advantage has been recorded throughout different studies in art therapy, therefore proving to be an extremely favourable point in its use, providing protection from behaviours and ideations that other therapies do not offer in the same way. According to Rothwell (2008), through art making a patient was able to portray his most terrifying and violent thoughts, finding a safe a way of expressing these fantasies.

“Expression without words” (Participant 1); *“The possibility to express themselves and approach situations of psychological violence, with the protection that a mediator offers to the therapist-patient relationship. The possibility of expression when verbalisation is difficult.”* (Participant 3)

Another benefit that art-therapy seems to provide is the *Ability to Create/Opening to the Inner World*. Through the creation that art therapy provides, the therapists perceive this to be a great benefit, as it allows the patient to discover images, feelings, and meanings they were previously unaware of, or had tried to keep hidden. This benefit has also been reported by Harnden (2004), who claims that the creative process allowed a suicidal patient to express feelings that were previously inaccessible. By creating, the patient must talk with his behaviours and ideations, dealing with parts of himself that would otherwise be impossible or too harsh to deal with.

“Opening up to the world of dreams, giving three-dimensionality to the inner world and making it possible to dream about suicide and its meanings.” (Participant 3); *“The ability to create as the ability to imagine a life (...) creating something refers to construction in life, engaging what arises from creation with these thoughts of death”* (Participant 1)

Lastly, the ability to *Embellish the Ego*, also appears to be seen as a positive aspect of the use of art therapy with these patients. Through the process of art making the patients can create an idealized version of themselves, externalising their desires and wishes, allowing them to get a better understanding of themselves, and make their ego and self-esteem stronger. As Franks (2007) states, art psychotherapy allowed for the patients to realise their ability to decipher the present, understand more clearly why it was the way it was, to practice their acquired self-awareness and personal growth.

“Embellishes their own weakened Self, making it more capable and stronger.”

(Participant 1)

However, as with any other psychological intervention, there were also disadvantages that the therapists perceived, that may sometimes arise with certain patients. Here, emerges the second subtheme, *The Disadvantages*.

Firstly, it was perceived by two therapists, that art therapy can lead to *More Emotional Disorganisation*, as the uncertainty of the creation process can lead the patient becoming more uncertain or agitated, becoming emotionally deregulated.

“Some people, whether in artistic or verbal expression, can start to lose their footing and become excessively disorganised, with very unregulated emotional outbursts” (Participant 3); *“When patients create, they don't know where they'll end up, and this lack of a network can be too risky for a fragile patient.”* (Participant 4)

Although most claimed they had never perceived there to be any negative effects regarding the use of art therapy, unless hospitalisation or a multidisciplinary approach was needed, one therapist claimed the opposite, that for patients with suicidal behaviours and/or ideations art therapy may prove to be more disadvantageous than advantageous. Besides the previously mentioned disadvantage, this therapist also claims that art therapy may *Accelerate Decomensation Processes*, in patients with suicidal behaviours and ideations. Through creation, these patients' emotional states may become more volatile and disorganized, as the patient does not know where the process will lead them or what the result may be, therefore hindering their chances to produce a response to the emotional stress this uncertainty causes.

“The expression and lack of control associated [with art therapy] can accelerate processes of emotional decompensation and facilitate the transition to the act. When the patient creates, he doesn't know where he's going to end up (...). So, with suicidal patients, art therapy may not actually be an advantage.” (Participant 4)

Discussion

To the best of the researcher's knowledge, this is the first research done in Portugal, into the perspectives of art therapists regarding the use of art therapy with patients presenting suicidal states. The main results will be discussed considering the known literature.

Regarding the conceptions surrounding suicide, the main risk factors these therapists point to when talking about suicidal behaviours and/or ideations, were discussed. These being the comorbidity with other psychiatric disorders (Knipe, 2022; Rothes, 2017), past life events, often related to trauma, violence, or attachment issues and past or present social isolation (Gratz, 2003; Shaw, 2021). These factors have also been described in previous studies regarding professional's perceptions of risk factors for suicidal behaviours and ideations, namely, psychopathology, psychological suffering, and traumatic life events (Rothes, 2006; Rothes, 2017; Zadavec, 2006)

The intervention with these patients was perceived to have some obstacles, such as the fear of the patients dying by suicide or putting their suicidal ideations into practice, as well as difficulties in articulating with other professionals and the families, a factor that has also been noted in previous studies about professionals' perceptions of suicide (Rothes, 2006). Moreover, it was reported by the therapists that there may emerge difficulties in the management of transference and countertransference processes, which can impair the therapeutic relationship. The therapist's role as a pillar of support for these patients, as well as the setting's structure prove to be beneficial in helping with the intervention.

When it comes to the approaches used, the therapists mentioned the use of more structured material, to keep these patients organized in their emotions. The exploration of feelings and fantasies also appeared to be essential, allowing for a better understanding of ideations and emotions, discovery of patterns and possible impulses that may precede or succeed them. Previous studies regarding the use of art therapy with suicidal patients have also reported these findings (Honig, 1975; Rothwell, 2008). The theme of death is frequently noted and deserves special attention, as therapists point to the need of respecting the patients' time and space, using unambiguous language, and avoiding a superficial positive speech.

Regarding the main themes, fragmentation, disinvestment, emptiness, and incapacity seem to be the most prominent, with these also being themes reported in previous studies (Harnden et al., 2004; Honig, 1975; Rothwell, 2008), therefore appearing to be the most frequently depicted by these patients. The interpretation of the artwork is mostly done by the patients, that is, the meanings they give to it, and what they state to the therapists. The symbolic and executional dimensions of the art creation process are also important to observe, to get a better understanding of its meanings.

When it comes to the implications of the use of art therapy with patients with suicidal ideations, the therapist reported that the possibility of expression without words and with protection seems to be one of its main benefits, which as also been stated in previous studies (Harnden, 2004). The ability to create, open to the inner world and to embellish the ego (Franks, 2007) are also aspects art therapy offers that are perceived as being beneficial .

However, it should be noted that therapists also reported that, with some patients, the process of art creation can accelerate decompensation processes or cause more emotional disorganisation, therefore, it is important to keep these possible disadvantages in mind when working with more fragile patients.

1. Limitations and future studies

It is important to note that this study has some methodological limitations. The methodology used – data collection with open questions – allowed us to obtain unprecedented and in-depth data on suicidal behaviour and intervention from the perspective of art therapists. However, the small number of participants limited its diversity and consequently the richness of the data. Future studies should use a larger number of participants, to achieve more richness and generate new research questions.

Moreover, the use of different methodologies would also be recommended to gain a better understanding of the use of art therapy with suicidal patients, as well as conducting studies comparing this with other models. Other factors that may influence suicidal behaviours and ideations should also be investigated in future studies in art therapy, using validated instruments to better understand its implications. Follow-up studies with patients would also be beneficial, to study the long-term effects of the use of art-based therapies.

Conclusion

This study allowed for a deeper understanding of the use of art therapy with patients presenting suicidal states and learn more about its methods and implications.

As suicide continues to pose a big health crisis worldwide, the study of different psychological interventions proves to be crucial, to offer a more diverse range of methodologies. With the results presented, we hope to contribute to the literature in this area of study, as it is still lacking, specially in Portugal, as well as offer more information regarding intervention in suicidal behaviours and ideations.

Furthermore, we also hope to promote a continuation of more studies in art therapy, namely with suicidality, since it proves to be a promising form of intervention, as the results suggest that art therapy could be a beneficial intervention to allow for the expression and decrease of suicidal ideation.

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