In 1999 I had depressive illness that required physical and pharmacological attention. I was offered cognitive–behavioural therapy (CBT) but I declined. While being able to undertake all the exercises, I was unable to utilise the results to improve my mental state. I had what psychologists would call ‘isolation of affect’ and was coping, indeed had coped for many years, through its use alongside other psychological defence mechanisms such as ‘rationalisation’, ‘intellectualisation’ and ‘projection’. It required a mixture of experiential therapies, including psychodrama, to ‘heal my mind’.

My initial artwork swung between swathes of colour and obsessional mechanical drawings. As therapy progressed, ‘locked-in’ figures appeared. Unconsciously, I used my paintings as a form of projection, producing pictures which distressed onlookers yet left me emotionally untouched. In time, however, the figures ‘loosened-up’, mirroring the improvements in my mental state.

I have continued to draw and paint and would firmly recommend experiential therapies, in all their different forms, as a useful adjunct in the management of patients with isolation of affect – so often seen in the survivors of various abuses – and others unable to utilise CBT.
Psychiatry in pictures

Access the most recent version at DOI: 10.1192/bjp.189.2.A6

References

This article cites 0 articles, 0 of which you can access for free at:
http://bjp.rcpsych.org/content/189/2/A6#BIBL

Reprints/permissions

To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/bjprcpsych;189/2/A6

Downloaded from
http://bjp.rcpsych.org/ on June 26, 2017
Published by The Royal College of Psychiatrists

To subscribe to The British Journal of Psychiatry go to:
http://bjp.rcpsych.org/site/subscriptions/