Identifying Posttraumatic Stress Disorder via Art-Therapeutic and Psychiatric Approaches: a Study in a Japanese Psychiatric Clinic

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抄録

本稿は、PTSD 現象と、日本人患者の絵画や語りにおけるその表出の可能性に焦点を当てている。さいたま市にある N 精神科病院において、日本人成人外来患者を対象とした介入研究を行った。2018 年に 4 週間にわたり、合計 15 名の参加者が週 2 回のアートセラピーワークショップに参加した。参加者には「家」という特定のテーマが与えられ、絵画またはデッサンで表現することが求められた。患者に対する介入評価は、二つの方法、すなわち精神医学的評価と現象学的・質的及び量的なアートセラピーの方法によって評価し、さらに心的外傷後ストレス障害（PTSD）検査（IES-R-J, 1997, 2002）と半構造化面接（Wyder, 2016）を用いて評価した。

PTSD スコアが最も高かった（IES-R-J が 44 点以上）の 5 名の患者について詳細に考察した。参加者のアートセラピーセッションにおける表現の質的・現象学的評価、ならびに生活史および現病歴に関する精神医学的評価を行った。その結果、PTSD に関する精神科医とアートセラピストの臨床的・方法論的アプローチの効果の違いが対比できた。PTSD は、はっきりと診断された PTSD を持つ患者でさえ、その美的作品に顕在化することはなかったが、アートセラピー介入によって、再び引き起こされる付随現象が明らかになることなく、根底にある原因に取り組むことができた。このようなアートセラピーの方法で、トラウマの様々な問題を、精神症状を悪化させることなく、安全に扱うことができたのである。さらに、セッション後の精神科医へのインタビューでは、2 症例（J2,J11）において、アートセラピーへの参加および作品自体が治療の重要な材料となり、参加者の回復における重要な転機となったことが明らかになった。

キーワード：アートセラピー、精神医学、外傷後ストレス障害（PTSD）、日本、家

1. Introduction

1.1.Overall Clinical Art Therapy Setting Description

To address an increasingly globalized clinical environment, investigating notions of culturally grounded patient selves is crucial as underlying circumstances that are specific to a geographical and cultural context influence the ways in which participants' personalities were shaped, but potentially also the manner in which they might express their suffering. Researching such background-specific idiosyncrasies is especially important in a therapeutic context as absence of culture-specific

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knowledge might lead to erroneous illness- or symptom-related interpretation and treatment. This underlines the importance of investigating whether culturally grounded distinctions would become apparent in patients' ways of being and expression.

This paper is part of a wider research whose goal was the investigation of whether a specific topic, i.e. the house, could be regarded as a means of self-representation based on patients' drawings and paintings. A second question of this broader study was whether this theme is valid across cultures; to provide a range of cultural contexts, fieldworks focused on two venues in Europe and one in Japan. This choice was guided inter alia by the requirement that the art therapy researcher（S.W.）be familiar with both cultures and languages（Japanese, French and Swiss German）in all venues. Lastly, the study's objective was also to investigate whether topic-related patients' aesthetic works and narratives would point to Posttraumatic Stress Disorder（PTSD）phenomena, the topic that this paper focuses on.

Partial results from the two European venues were published in（Wyder, 2019a; Wyder, 2019b）, but without a focus on PTSD. The choice of three clinical venues together with a common thematic approach allows comparative analyses, as in（Wyder, 2025）, which focused on the underlying methodology. Nevertheless, the overlapping and possibly contrasting venues also allow a first investigation of possible cultural influences in a reasonably controlled manner.

To S.W.'s knowledge, a similar cross-cultural study that would have investigated the same topic, i.e. the house as a form of self-representation, and which would have looked into possibly occurring PTSD phenomena does not exist. However, a slightly similar, qualitative psychiatric investigation mixing adults and children, and furthermore limited to Germany, was carried out by two psychiatrists（Edda Klessmann and Hannelore Eibach, 1993）.

The overall study consisted of a cross-cultural qualitative phenomenological study, which also comprised quantitative elements. It incorporated a four-week long fieldwork composed of art therapy outpatients at the Ohmiya Psychiatric Hospital in Japan in late 2018. More specifically, a mixed methods phenomenological qualitative and quantitative focus group approach has been applied incorporating two groups of adult out-patients（26 to 69 years）among whom five are discussed in more detail in this paper based on the emergence of PTSD-related verbal, and the absence of related aesthetic（drawings and paintings）content, including PTSD psychometric test results. The study was phenomenological, in that no specific preconceived hypothesis was investigated; rather, emerging phenomena were searched for and contextualized. Nevertheless, at the moment of the analysis, two questions regarding PTSD were looked at more closely: indications of PTSD in aesthetic works and narratives, and retriggering. Diagnosis of PTSD relies on submitting patients to tests, which brings with it possible issues of retriggering. While such retriggering appears to be moderate in the case of test procedures（Pedersen, 2014）, retriggering during art therapy, i.e. during the creation, and discussion of aesthetic works, might perhaps occur. Thus, this aspect was carefully monitored during the course of the art therapy study. Indeed, additional test-independent

data from patients' aesthetic works, from their narratives, and from the semi-structured interview（Wyder, 2016）became a valuable art therapy-based indicator for the presence, or absence of PTSD. Fieldwork procedures consisted of focus group art therapy workshops in clinical settings. Patients were invited to address the topic of the house. Quantitative measures regarding PTSD included the Impact of Event Revised Scale（IES-R-J[apanese]）test（Weiss & Marmar, 1996, Asukai et al., 2002）allowing for an additional dataset complementing those stemming from patients' aesthetic works and narratives, observational field notes and a semi-structured interview（Wyder, 2016）. The analysis consisted of an overall phenomenological coding strategy（van Manen, 2011）that additionally integrated the aforementioned quantitative test results; thus, the overall final PhD research analysis consisted of phenomenological qualitative and quantitative results（Wyder, 2023, 2025）.

2. Material and Methods

The emphasis of S.W.'s mixed methods research approach was put on individuals' lived experiences and how these are expressed based on their socio-cultural contexts. That is, the corresponding philosophical stance is mostly grounded in phenomenological qualitative approaches and follows Carel's（2016, pp. 1-2）suggestion: 'Studying lived experience is not a variant form of scientific enquiry, but a method for examining pre-reflective, subjective human experience as it is lived prior to its theorization by science'.

2.1. Art Therapy

The utilization of art in a psychotherapeutic, and as present here, clinical context is based on the following rationale going back in time in human's history, and by drawing on philosophical thought, all of which can be regarded as of crucial necessity to human life, or even survival. According to Inwood（2001, p. 65）in reference to Hegel（1770–1831）,

> 'he believed that human beings acquire their grasp of the world and of themselves not only through prosaic cognition but also through art and religion: they are ways of discovering the world and ourselves, not simply ways of beautifying or sanctifying what we have already discovered. He believed too that our ways of making sense of things – art, religion, even our fundamental categories or thoughts – develop over history. Thus Hegel is concerned not only with the formal features of art, but with its content or meaning. [...] He sometimes presents art, religion and philosophy as progressively satisfactory ways of grasping the 'absolute' or the nature of things: art grasps the absolute in sensory intuition, religion in pictorial imagination（Vorstellung）, philosophy in conceptual thought（Hegel 1975: 101ff）.'

It is for these fundamental characteristics that art incorporates that art therapy can claim to be applicable across a broad range of cultures and can be employed in various socio-cultural contexts,

both within clinical, and non-clinical settings, allowing extensive research to be carried out. Specifically, thanks to the potential of symbolic expression via individual forms art therapy can be considered as a form of psychotherapy that considers participants' aesthetic expressions as equally important as the spoken word. Crucially, this approach involves the interaction of three essential elements – the patient, the aesthetic work, and the art therapist – on equal footing. In other words, there exists according to Knill（2007, p. 62）'a form of 'Dreierbeziehung'（three-way relationship）, with the work literally becoming a player in its unpredictable and surprising process of creation'（translation from German, S.W.）. While art therapy ultimately needs to involve and reach the patient's inner self, direct access exclusively via speech is at times not only difficult but may even be counterproductive as it may trigger defense mechanisms. Instead, intercalating an intermediate layer, which can stand in symbolically for the self（i.e. the house）, may allow both art therapists and patients to address the self actively, creatively, and 'indirectly' from the 'outside'.

In this sense, the notion and topic of the house is considered of universal importance given human beings need of shelter and dwelling. How the house is then conceived and materially constructed is culturally dependent. Regarding historic（from Heian to Meiji period）Japanese distinctions Pezeu-Massabuau（2017, pp. 180 - 181）highlights that the Japanese house consists of 'a sort of fragile and temporary shelter, widely open to nature, allowing one to live in intimacy with it and to feel through it the impermanence of all things'. He concludes, in regards to current times（p. 182）: 'Since Meiji（1868）in particular, this image of the Japanese house has been enriched with the profound transformations that society has undergone' [...], 'essentially, the current Japanese house retains forms inspired by pre-contemporary values'（translation from French, S.W.）. Pezeu-Massabuau's reflections seem to be inline with S.W.'s findings in which these notions in regards to traditional and modern ways of living became present in patients' narratives and drawings, even though obvious visual indications of PTSD phenomena were rather absent.

2.2. Psychiatry

While art therapy is still relatively rare within the Japanese psychiatric framework, drawings have however been used in clinical practice e.g. in an occupational context. For example, it is interesting to note that the Japanese psychiatrist Hisao Nakai had 'relied on drawing therapy to treat patients admitted to the psychiatric unit who did not speak much and who had difficulty understanding when they did speak. These patients, who were considered chronically ill, drew paintings rich in variation over time. Nakai noticed that "despite being in the midst of simple and highly repetitive daily life, their conditions continue to change to a great extent every day"（Matsumoto, Shimizu, & Ba, 2023, p. 9）. In that sense, involving art-related strategies in psychiatric treatments is thus not foreign to Japanese psychiatry.

To come back to the present study, one question in S.W.'s research（2023）was whether, or not, PTSD-phenomena would become apparent in participants' house-related aesthetic works and,

or narratives, and how（if so）these were expressed verbally and via their paintings. Regarding the specifics of inner processes of persons having suffered a traumatic event, the explication of psychiatrist and trauma specialist Luise Reddemann is important. She talks about the 'loss of control and of the previously experienced powerlessness', and of the 'significance of restoring trust in one's own competence to act' and to take decisions. In Reddemann's view, the 'externalization of inner processes enables a distance that allows a new way of seeing inner processes. A self-created object is both part of the inner and the outer world, on which influence can be exerted, decisions can be taken, that can be dealt with, which can be transformed with one's own hands, and which can be internalized in its transformed form'（2001, p. 133, translated from German, S.W.）.

Practically, in order to establish the presence or absence of Posttraumatic Stress Disorder phenomena the Impact of Event Scale-Revised by Weiss & Marmar（IES-R, 1997）has been applied. It consists of 22 questions addressing intrusion, avoidance, and hyperarousal. The IES-R Test is a self-rating questionnaire with five answer possibilities resulting in scores ranging from 'not at all'（below 24 points）to 'extremely'（37 points and above）. For this venue, a validated Japanese version of the IES-R-J test was selected（Asukai et al., 2002）. IES-R score ranges are detailed here below（Weiss & Marmar, IES-R, 1997）:

24 or more	PTSD is a clinical concern. Those with scores this high who do not have full PTSD will have partial PTSD or at least some of the symptoms.
33 and above	This represents the best cut-off for a probable diagnosis of PTSD.
37 or more	This is high enough to suppress the immune system's functioning（even 10 years after an impact event）.

2.3. Subjects

Subjects of this research consist of 15 adult out-patients（aged 26-69 years）who participated as two groups in Art therapy at the Ohmiya Kousei Psychiatric Hospital in Japan in late 2018（tables 1 & 2）. The five patients who show the highest PTSD score are discussed in detail.

2.4. Method

Research methods are often split into qualitative and, or quantitative measures. For example, Huss（2015, p. 159）defines 'quantitative methods' [as those which] 'focus on numerical evidence of a predetermined hypothesis concerning a research question, while qualitative methods focus on subjective, interactive, and context-informed methods of gathering data'. As she rightly states, 'both quantitative and qualitative methods can be used with all theories, depending on the research question' and the overall methodological stance. For the overarching study（Wyder, 2023）, and consequently for the present one a mixed methods' approach has been applied in order to carry out an inductive search for possible emerging themes and patterns by investigating independent variables within the patients' aesthetic works and their narratives in relation to their socio-cultural environment, with an additional focus put on PTSD. Specifically, a qualitative phenomenological

and a quantitative approach was applied（see Wyder, 2025）.

As pointed out earlier, quantitative elements consisted of numerical findings stemming from the IES-R-J（1997, 2002）psychometric test and the semi-structured interview（Wyder, 2016, Japanese version）material, analysed quantitatively after coding. This multi-facetted research strategy allowed obtaining a set of data and material that lends itself to examining if（or not）correlations among the independent variables exist and permits important cross-checking of any observed patterns via triangulation among the different analysis approaches（Wyder, 2025）.

After having received ethical approval（see 2.5. and 2.7.）, patient specific psychiatric diagnoses were sought at the end of the art therapy fieldwork period. This allowed, with the caveat that the duration of S.W.'s observations was patient-specific, to compare（to some extent）a formal psychiatric diagnosis that the art therapy researcher was initially unaware of and uninfluenced by, with her own observations and findings.

2.5. Cross-Cultural Research and Culture-Aware Treatment

The influence of culture in psychiatric assessment and treatment should never be underestimated. As Aggarwal and Lewis-Fernàndes rightly point out（2015, p. 426）: 'Culture shapes every aspect of patient care in psychiatry, influencing when, where, how, and to whom patients narrate their experiences of illness and distress, the patterning of symptoms, and the models clinicians use to interpret and understand symptoms in terms of psychiatric diagnoses. Culture also shapes patients' perceptions of care, including what types of treatment are acceptable and for how long. Even when patients and clinicians share similar ethnic or linguistic backgrounds, culture affects care through other influences on identity, such as those attributable to gender, age, class, race, occupation, sexual orientation, and religion/spirituality.' The latter sentence is particularly crucial as identical cultural backgrounds are not automatically a guarantee for more coherent, or valid psychiatric understanding. However, given the venue of this study, cultural idiosyncrasies needed to be considered by S.W., as for example Sezaki Shinya（2012, p. 223）points out: 'Japanese people possess cultural values, social customs, and communicative styles which are different from Western norms.' Hence, a self-reflexive stance regarding Western-based art therapy approaches, and one's own socio-cultural background was embraced. For example, how painful emotions are expressed can be grounded in culture-specific behaviours, and therapists' interpretations might be erroneous if they are culturally unaware.

2.6. Art Therapy Sessions' Protocol

The art therapy workshops were carried out with two adult outpatient groups at the Ohmiya Kousei Byoin（Hospital）, in Saitama, a city close to Tokyo. The sessions lasted for 90' and were carried out by S.W.（without the presence of a Japanese mental health worker or translator）, after having obtained approval to carry out this study by the clinic's directorate. Art materials（acrylic paint,

water colour, and crayons, including Japanese ink, and Western and Japanese brushes）were used for drawing and painting. Paper was used as the material support for patients' aesthetic expressions. The language used during the sessions was mostly Japanese, which was at times supplemented with English, or French terms via patients' portable phones.

Patients were accompanied to the art therapy workshop either by the chief nurse, or a psychologist. The sessions took place in a multi-functional modern space.

The theme of the house was introduced to the patients in Japanese by psychiatrist, K.O., as well by the art therapy researcher. 31 house postcards（paintings, photographs, etchings, video stills stemming from various cultures）were displayed serving as a visual stimulus. It was conveyed to the patients that there was no obligation to focus on this topic. As the invitation was to draw, or paint on paper, the art materials were displayed every time at the same spot and in the same manner, providing a sense of permanence and structure. No art teaching was involved unless if a patient would ask for advice. The aesthetic works were safely stored at the psychiatrist's, or a psychologist's office, and were brought back to the sessions each time. Naturally, all the paintings and drawings remained the property of each patient.

After having received ethical consent from the ethics committee of the University of Derby and informed written consent by the patients, the art therapy researcher carried out photographic documentation of patients' paintings or drawings. Observational field notes were recorded by her retroactively and from memory outside the clinic regarding patients' utterances, creative processes, patient interactions, or how and what kind of art materials they used.

Finally, a version of the semi-structured interview（Wyder, 2016）（shortened upon the clinic's request to 30 minutes per patient consisting of twelve of the originally 27 questions）, was administered individually in presence of patients' aesthetic works, the chief nurse, or the psychologist at the end of the study. Both read the questions to the patients, and provided at times their own interpretation of the questions' meaning. Lastly, the Impact of Event Scale-Revised（IES-R-J）tests were submitted to the patients towards the end of the sessions, which, according to Asukai et al.（2002）'[...] can be used as a validated instrument in future international comparative research.'

2.7. Focus Group

Focus groups are well suited to art therapy research and were thus implemented during S.W.'s art therapy workshops（2018）. According to Plummer-D'Amato（2013, p. 1）, 'focus groups are unique because they combine interviewing, participant observation, and group interaction. Focus groups are therefore particularly useful when the researcher wants to investigate people's thoughts because the interaction between participants can elicit data and ideas that might not be uncovered in one-on-one questioning'. In other words, as this method is inherently multifaceted, it is well suited for art therapy research as, within art therapy, the process and the emerging aesthetic works linked to patients' narratives, the individual as well as the group dynamics that involve the researcher（or not）play a fundamental role for obtaining all-encompassing material.

2.8. Patients and Ethical Aspects

Patients, called "members", were 'pre-selected' by the clinic's psychiatrists based on their psychiatric assessments prior to S.W.'s arrival at the clinic. Retroactively obtained psychiatric diagnoses consisted of, for example, schizophrenia, anxiety disorders, psychosis, and self-harm. The final participation consisted of those 'pre-selected' patients who additionally expressed interest in partaking in the art therapy workshops. The two art therapy focus groups consisted of overall 15 adult patients（aged 26 to 69）of which four were women, and eleven men. Of these, five were selected for this paper based on the level of their IES-R-J PTSD score. As retriggering was considered a possible eventuality in the case of patients with PTSD, the（trained）art therapist S.W. constantly monitored their reactions; furthermore, intervention by the clinic's staff was available at all times in case of discomfort.

2.9. Analysis

The study's overall analytical procedure included a qualitative phenomenological analysis of the produced aesthetic works, of the patients' recorded, transcribed and translated semi-structured interviews（Wyder, 2016）and of S.W.'s field notes（based on participants' narratives concerning their issues and current situations, as well as past life experiences, and on their own meaning-making of their aesthetic works）.

In addition to this qualitative phenomenological strategy, quantitative data were also obtained. These were based on analysing data gained from the Impact of Events Scale-Revised-J（Weiss & Marmar, 1997, Asukai et al., Japanese version 2002）to evaluate possibly existing PTSD. In particular, the carried-out qualitative procedures consisted of phenomenological coding（van Manen, 2011）of S.W.'s phenomenological observational field notes（2018）, of the material from patients' interviews, and of patients' aesthetic works（paintings and drawings）for each patient separately, and scrutinizing these. Specifically, concepts and themes that appeared within the patients' material were grouped into themes and clusters and were eventually quantitatively treated. According to van Manen（2011）phenomenological coding considers that '[...] "analyzing" thematic meanings of a phenomenon (a lived experience) is a complex and creative process of insightful invention, discovery and disclosure. Grasping and formulating a thematic understanding is not a rule-bound process but a free act of "seeing" meaning. In other words, phenomenological themes are not objects or generalizations; metaphorically speaking, they are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes.' Specifically, in S.W.'s overall study（2023）after carrying out a phenomenological coding procedure（2023）, a total of seven clusters were identified, consisting of 'House/Home', 'Human Relationship', 'Inner Life', 'Physical/Mental Health', 'Culture', 'Nature', and 'Aesthetic'. Thus, each participant was assigned several tags（with relative weights）which resulted in high-level patient-specific 'fingerprints' of the importance each patient attributed to the discovered cluster themes（Wyder,

2025）.

For the present analysis, the patient-specific themes were then combined with patients' PTSD status, and the way related issues appeared（or not）in their aesthetic works, and, or narratives in conjunction with their individual PTSD-score. Potential PTSD content in the aesthetic works was searched for, disregarding any related information through interaction with the patients or their PTSD score. That is, only visual evidence of possible trauma or suffering was considered.

3. Results

Given the focus of this paper the five patients presenting with the highest PTSD scores will now be discussed in more detail below. Their selection somewhat arbitrarily required a PTSD score of greater than 40, to ensure the unambiguous presence of PTSD as per the IES-R-J protocol. Furthermore, sufficient creative output and sufficient interaction with the art therapy researcher was required in order to have adequate material to search for potential 'visual PTSD'（Wyder, 2023）presence or evidence of discussing traumatic issues（which eliminated J8 and J9）. The rationale for the exclusion of patients J8 and J9 is thus based on the fact that even though their IES-R-J scores were of 38, respectively 42, no obvious PTSD-based visual content, and rather little but pronounced（"harsh father", J9, 2018）narrative appeared during the art therapy sessions. It could thus be stated that the absence of PTSD-related aesthetic and verbal expressions was rather atypical, in contrast to the other Japanese and the adult European cohort.

The 'low-PTSD score' cohort was also investigated, while the 'no PTSD test score' cohort could not be included for methodological reasons. It is also important to note that we are not reporting here on the results of the art therapy intervention per se（in which case, a temporal evolution would need to be documented）, but are rather highlighting the detectability（or not）of PTSD in patient's works and narratives. The focus on the highest scoring patients here follows the expectation that any sign of PTSD in paintings should be most pronounced in their case.

3.1. Patients' Vignettes

3.1.1. Ms J1, 46 years.

Diagnosis: Borderline personality disorder, recurrent depression. IES-R-J score: 55.

According to her treating psychiatrist’s information Ms J1 had been married before, had a daughter, but was thereafter unable to take care of her due to her on-going mental illness, which included self-harm and persecutory ideation. Consequently, the little girl grew up with the patient’s ex-husband. Ms J1’s self-harming cuts were healed; however, the cigarette butt burnings on her forearms were still fresh and were performed by herself. According to Ms J1 she had been neglected by her mother and “everything had remained locked-up within my own body”（2018）, she said.

Fig. 1, Ms J1, “Maria Kannon”, 2018

The above drawing shows a “Kannon-sama”（Buddhist goddess of compassion and benevolence）in front of a temple with a prominent roof and hall. One of the photos Ms J1 showed S.W. was of a huge Maria-Kannon-statue carrying a baby. She told her that it was possible to “enter these Kannons” and that these were “kowai”（scary）. It seemed as if Ms J1 would have identified with the Maria-Kannon-sama given her history regarding her own difficult childhood and the abandonment of her baby-girl. Ms J1 repeatedly referred to her mother whom she on the one hand idealized, and of whom on the other hand said: “I wish my mother could have been a great person like the Kannon [···]” she is watching me, she was always observing, she was keeping an eye on me [···] コントロール コントロール（control, control）. That’s why she is huge, but she is beautiful, she is scary and beautiful“（2018）.

3.1.2. Ms J2, 55 years.

Diagnosis: schizophrenia with persecution delusion, guilt related delusions and depression. IES-R-J score: 44.

Ms J2 was suffering from depression and delusions consisting of, for example, the conviction that everybody was watching her on TV, according to her treating psychiatrist. She used to work as a nurse for almost seven years and experienced strong feelings of guilt after her colleague had passed away due to breast cancer. Later, Ms J2 had cervical cancer and whilst being hospitalized realized that she “wanted to live”.

Fig. 2, Ms J2, 10.12.18

Fig. 3, Ms J2, 3.12.18

Now having recovered from the cancer she attended the clinic's day care center once or twice a week. For the rest of the week she had no activities and was at home, together with her stepfather, in his individual house（symbolically depicted in fig. 3）which he later gave to his daugher's family. She repeatedly expressed feelings of sadness and loss based on her divorce, and for not having had the chance to have a second child and happy family life（2018）. Beforehand, Ms J2 used to live in an apartment block in the "danchi"-style（団地）（fig. 2）. According to Abe-Kudo（2014, pp. 96-97）'the term danchi evokes the image of a group of apartment buildings, white, cubic, without decoration, with an elevation of about five floors'（translated from French, S.W.）. Psychiatrist K.O observed that Ms J2 has been recovering after the art therapy sessions and sometimes recalls the good old time of her life in the "danchi" where she lived with her family; her mother, the step-father and her sister in law（fig. 2）.

3.1.3. Mr J3, 51 years.

Diagnosis: schizophrenia. IES-R-J score: 64.

Mr J3 had told K.O. and S.W.（independently）that he had had a car accident about 25 years ago during which he had badly injured another person who had to be hospitalized but survived. This incident left him with a permanent feeling of guilt and psychological suffering, which his very high PTSD-score corroborated.

The below postcard-based drawing（fig. 4）by Mr J3 was in stark contrast to his other aquarelle paintings (e.g. fig. 6), which provoked concern in his treating psychiatrist（K.O.）and nurse because of the aesthetic difference with its "hard" forms, and "a lot of white space"（2018）. This interpretation suprised S.W. as the pictorial rendering of the 'police car ' drawing didn't raise her concern.

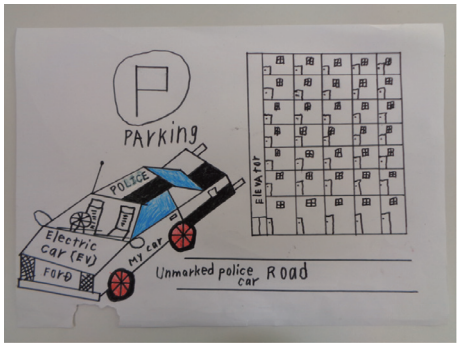

Fig. 4, Mr J3, police car, building, 10.12.18

Fig. 5, Edificio Palmas, Mexico City, 1975, postcard

An observation S.W. made during the years of her art therapy research and practice was that rulers were more often used by male than female patients perhaps for reasons to provide a sense of structure, and indeed, Mr J3's fig. 4 was drawn with a ruler and felt pens.

Fig. 6, Mr J3, house with two cars, 10.12.18

In spite of the formal similarity regarding the windows' number and distribution within fig. 4 and fig. 6 drawings, in contrast to fig. 4, the latter was rather 'freely' drawn and coloured with watercolours and graphite pencil allowing a softer, and perhaps more poetic expression. Each square in the building's windows, as Mr J3 explained（Wyder, 2018）, was for "one person", with one door and one window.

3.1.4. Mr J4, 38 years.

Diagnosis: obsessive-compulsive disorder and depression. IES-R-J score: 51.

Mr J4 didn't talk about any traumatic experiences, which is contrasted by his rather high PTSD-score. The impression S.W. got was a sensation of an embodied, interiorized heaviness, something,

which cannot be expressed, and thus cannot be exteriorized in any way, something of an, literally, unspeakable nature.

Fig. 7, Mr J4's own family house（lives with parents）, 16.11.2018

Regarding Mr J4's drawing（fig. 7）it shows a typical, modern one family house present mostly in suburbs, or rural areas of Japan. According to his narrative the drawing, with its very delicate colour pencil application, is his parents' house where he currently lives（2018）. It is enclosed by a fence, has a car park and a little garden. Mr J4 drew a little plant in the front of the house, which, according to him "is a Bonsai"（2018）. On the first（European way of floor denomination, or second floor in Japan）on the right is his own room, he told S.W.（2018）. Fig. 7 was his first drawing during the workshops; it is interesting to note that it represents his family's house.

3.1.5. Mr J11, 34 years.

Diagnosis: avoidant and narcissistic personality, bipolar disorder. IES-R score: 29, respectively 59.
The patient gave two radically different PTSD-test answers. He commented in Japanese by ticking the highest rate column of the IES-R-J test, writing（2018）: 'Akka（red）, when I am sick: deterioration, growing worse, aggravation'.
One major traumatic issue has been, according to Mr J11, his "brother's suicide"（2018）, which his treating psychiatrist was unaware of because, as he put it（2018）: "You never asked me". Mr J11 seemed very fragile, was trembling, and spoke with a soft voice. He also demonstrated skin problems on his face. He had studied drawing before at an university preparation school, he said during the interview（2018）.
Mr J11 had started to draw his own cat（according to him）, which was sitting on the windowsill（"mado-dai"）, with a pencil and thereafter painted it with watercolours. During the semi-structured interview（Wyder, 2016）he said: "We have a cat at home. We have had a cat at home since when I was child. We have got two cats in our life. The first one lived for 20 years and the cat we have now

is the second one". The background with the little yellow fish became the sea, "umi ni narimashita" （J11, 2018）. He continued working on this painting throughout the four workshops by using brushes and also sponges on the moistened paper. Generally, Mr J11 talked very little, but seemed to relax a bit more in the course of the four art therapy workshops.

Fig. 7, Mr J11, "Neko" (cat), 2018

Interestingly, the cat has its eyes closed, and is turned towards the room's interior having the sea, the outside, behind its back. Yet, the window is wide open and the atmosphere of the paintings seemed rather fine and tranquil. For S.W., this pictorial situation appeared to be related to Mr J11's own life living alone and withdrawn in a room, as he said（2018）. In this sense, the cat drawing and Mr J11 looked as if they would be related; there was an emanation of Mr J11 as if he would be inward looking, like being painfully locked-in within his own world, something that might be densely hidden, constrained, similar to the depicted cat's immobile and 'sealed' body.

Period of fieldwork at the Ohmiya Kousei Byoin (Hospital), Saitama, Japan
Two out-patient adults' focus groups

From 12th November 2018 to 21st December 2018, two art therapy sessions per week, 90 minutes each
Total of four art therapy sessions
15 adults (9 respectively 6 per group) (ages between 24 to 69 years)

Depictions of houses regarding the *inside* (interior) and *outside* (exterior) spaces

Partici-pant	Age	Gender	Number of House drawings/ paintings	"Built body" drawings/ paintings	Other house forms	Culturally specific house forms (T) = traditional (D)= danchi (JOFH)*	Inside (interior)	Exterior (outside)	Abstraction (no house form)	Number of attended sessions per participant
Ms J1	46	F	2	0	1 Temple	1 (T)	0	3	0	4
Ms J2	55	F	5	0	0	2 (D) 2 (JOFH)	1	4	0	4
Mr J3	51	M	4 (1 PC)	0	0	1 (T)	0	4	0	4
Mr J4	38	M	7 (1 OPH)	1 crab-house 1 tree-house	1 Taj Mahal 1 Boat-house	2 (T) 1 (JOFH)	0	7	0	4
Mr J5	44	M	4	0	0	2 (T) 1 with dragon 1 rice field	0	0	0	2
Mr J6	26	M	5	1 animal cage	0	1 (T) 1 (D)	1	5	1	4
Mr J7	38	M	4	0	0	1 (T), (D?)	0	2	0	2
Ms J8	26	F	1, 3 PCs	0	0	1 (JOFH-d)	0	4	0	4
Ms J9	45	F	4 (1 PC)	0	0	1 (D)	3	1	0	4
Mr J10	40	M	2 (PCs)	1 (PH)	1 lighthouse, 1 wall	0	0	2	0	4
Mr J11	34	M	1	1 cat on windowsill	0	0	1	0	0	4
Mr J12	69	M	4	0	0	2 (D) 1 (JOFH)	1	4	0	4
Mr J13	51	M	2	0	0	1 (T)	0	2	0	2
Mr J14	35	M	2	0		1 (D)	0	2	0	2
Mr J15	64	M	4 (3 tree, 1 log houses)	0	0	1 (JOFH)	0	4	0	4

Table 1: Patient house depictions

*PC = postcards, PCs = postcards, painting/drawing mostly 'copied' from postcard
*OPH = participant's own photograph
*DC = double house, joint one to each other
*PH = part house
*****Culturally specific house forms: (T) = traditional, (D) = danchi, JOFH = Japanese style one family house, (JOFH-d) Japanese style one family double house
** 'Danchi' are Japanese apartment blocks (団地), which "is the Japanese word for a large cluster of apartment buildings of a particular style and design, typically built as public housing by government authorities" (Wikipedia, 2019) during the 1950s, 1960s, and 1970s in suburban areas to offset the housing demand of the then-increasing Japanese population.

Partici-pants	Age	Gender	IES-R-J score	Psychiatric Diagnosis*	Drawings/paintings pointing to PTSD	Narrative (AT sessions & interview) pointing to PTSD
J1	46	F	55	Borderline personality disorder, recurrent depression, self-harm (mother schizophrenic), threatened ex-husband with knife	No	neglected by mother, "my mother ideal", "scary Kannon" (huge Buddhist statue), divorce, baby daughter grew up with her sister
J2	55	F	44	Depression, schizophrenia with persecution delusion, guilt delusions, hallucinations	No	difficult marriage, divorce, uterus cancer
J3	51	M	64	Schizophrenia	No	car accident involving heavily hurting a 2nd person
J4	38	M	51	Obsessive compulsive disorder, depression	No	No
J5	44	M	no test	Depression	No	No (no interview data)***
J6	26	M	37	Autodysomophobia, sensitive relationship delusions, other delusions, delirium, hallucinations, depression, sister schizophrenic	No	"wish to live in cage, alone, with no people"
J7	38	M	no test	Adjustment disorder	No	No (no interview data)***
J8	26	F	38	Schizophrenia and anxiety disorder, panic attacks, depression	No	"fear of earthquakes"
J9	45	F	42	Depression, delusions (after earthquake), feelings of persecution	No	"strict, harsh father"
J10	40	M	21	Depression (e.g. insomnia)	No	divorce (child with ex-wife), family issues
J11	34	M	29, 57**	Avoidant and narcissistic personality, bipolar disorder	No	"brother's suicide"
J12	69	M	22	Alcohol dependence, depression, suicide attempt	No	No
J13	51	M	no test	Bipolar disorder	No	No (no interview data)***
J14	35	M	no test	Obsessive compulsive disorder, depression	No	No (no interview data)***
J15	64	M	29	Schizophrenia	No	No

Table 2: Posttraumatic Stress Disorder and Diagnosis

Posttraumatic Stress Disorder test: Impact of Event Scale-revised, IES-R (Weiss & Marmar, 1997). English version. At the Ohmiya clinic, use of the validated Japanese IES-R Version: Asukai et al. (2002) Reliability and Validity of the Japanese-Language Version of the Impact of Event Scale-Revised (IES-R-J): Four Studies of Different Traumatic Events. The Journal of Nervous and Mental Disease. Vol. 190, No. 3

* Psychiatric diagnosis has been obtained by patients' treating psychiatrists.
** Mr J11. wrote this comment in Japanese referring to the most right column (and ticking these) of the IES-R-J test: "akka, when I am sick: deterioration, growing worse, aggravation".
*** These patients did not participate in the recorded semi-structure interview as they dropped out after the first two sessions.

4. Discussion

4.1. Findings

Globally, the topic of the house was addressed by all the patients' even though pictorial interpretations of what a house consists of were rather diverse, ranging from e.g. traditional, and modern to animal, or cage houses. Also, during the art therapy workshops the Japanese participants showed quite strong and explicit references to their own traditional and modern cultural backgrounds, which were more aesthetically expressed than verbalized. In contrast, overall indication of PTSD was rather conveyed via their narratives than becoming visible in their paintings or drawings, but most importantly, during, or after having painted these.

Regarding the art therapy approach, it is noteworthy that all knowledge divulged by the patients to S.W. on traumatic antecedents occurred during discussions between them, in the presence of the patients' aesthetic works and within group situations（with the exception of the semi-structured interviews（Wyder, 2016））. Most importantly regarding patients who have suffered traumatic events, no retriggering, nor PTSD-related flashbacks were observed, neither during the act of painting, nor during patients' narratives during the art therapy sessions.

For most patients, IES-R-J PTSD test results showed rates that pointed to PTSD symptoms. Thus, PTSD testing allowed identification of possible prevalence of PTSD-related issues, which are potentially the cause of further existing comorbidities（e.g. self-harm, or depression）. Interestingly, no 'visual PTSD'（Wyder, 2023）, that is, no obvious pictorial content pointing to PTSD or trauma could be observed in any of the overall study's European and Japanese patients' paintings or drawings; that is, there was no visual indication of PTSD among any of the overall 15 patients（based on S.W.'s interpretation of the images）.

Furthermore, the role and presence of the family within the Japanese cohort in the context of the house topic, and more generally the embedding within a larger socio-cultural context, was rather characteristic of the pictorial representations, which also allowed expressing painful issues such as e.g. divorce, wish for a second child, Ms J2（fig. 3）, or Ms J1's scary Kannon-mother figure（fig. 1）. However, as we have seen earlier regarding the Japanese patients' paintings, it was not possible to conclude that a specific person indeed suffered from PTSD.

Regarding issues of divergent painting-based interpretation, the reasons for e.g. Mr J3's aesthetic choice（third session out of four）for carrying out fig. 4 drawing with a ruler and its style must remain hypothetical. Considering the structural, material and aspects or interpretations of Brutalism（[...] the word is derived from the French phrase, béton brut, meaning 'raw or unfinished concrete''（Architecture&Design, retrieved 2023）, and considering the fact that the postcard chosen by Mr J3（fig. 5）is in black and white, one could hypothesize that his choice of an aesthetic style and art material（felt pens and ruler）instead of the rather airy style of the aquarelle could indeed be read as self-asserting and structuring.

4.2. Discussion

Regarding past experiences of traumatic events, the results stemming from the validated IES-R-J PTSD（1997, 2002）testing indicated that a great majority of the Japan-based study's 15 patients qualify for having PTSD, including the five discussed more in depth in this article. Thus, formal PTSD-test results add important complementary information and allow raising mental health staff's awareness regarding the specifics of patients' mental, and physical health's status, knowledge which is crucial in order to provide the best possible（art）therapy and medical treatment.

One could hypothesize that such posttraumatic rehabilitation can be more constructively and less painfully（relatively speaking）addressed whilst working via a specifically elaborated art therapeutic method as it indirectly allows depicting painful content actively. Practically speaking, it seemed that the topic of the house was, for these Japanese PTSD-sufferers, an adequate road that comprised a specific containing and socio-culturally relevant topic.

Regarding the art therapy approach, patients' idiosyncratic aesthetic expressions allowed participants to 'tell' their stories, and to 'externalise'（Reddemann, 2001）possible traumatic events whilst focusing on imaginary, material, haptic and active creative processes that seem to permit a different inner access to painful experiences than talk therapy. It allowed patients to become active and to give form to inner issues, symbolically and（mostly）unconsciously. This process is initially not cognitive, which would entail actively attempting to retrieve painful material, but rather prioritizes and stimulates the symbolic and creative realm, in conjunction with aspects of becoming more conscious possibly at a later stage during art therapy.

From an art therapy research methodological and analytical point of view, the question whether patients would also have addressed their specific painful events verbally without the topic of the house, and thus without creatively expressing topic-related issues, remains open. It is usually pointed out in art therapy literature that aesthetic works（in the present case paintings）can express inner content, often unconsciously, that cannot be verbalised, or rather is buried so deeply that it cannot be accessed by mentally suffering persons as they may not even be aware of, or remember, past painful occurrences themselves（Levine, 2009）.

Furthermore, regarding the emergence of patients' inner and pictorial material, the focus group format might also have played a role by perhaps considering Markus and Kitayama's concept of interdependent and independent self-conceptualisation based on culturally grounded behavioural patterns（1991）. Yet, similar verbal content was also conveyed during the semi-structured interviews（Wyder, 2018）, which took however place at the end of the art therapy sessions once a certain level of patient-therapist-researcher alliance had been established. Thus, a certain level of trust that could be established between the art therapy researcher and the participants might also have been of importance. Lastly, painful, or traumatic utterances emerged after having experienced a group format with its, as it were, holding function, and after having creatively depicted personal content and in presence of either a clinic's psychologist, or nurse.

Importantly though, paintings' interpretations can possibly also be based on mental health staff's divergent culturally grounded references, and, or are influenced by different art psychotherapeutic, or psychiatric backgrounds. For example, regarding the importance of integrating a culturally aware, and self-reflecting stance Segall, Campbell & Herskovits（1966）explicate their view on 'cultural relativism'. They write（p. 17）: '[...] the ethnographer attempts to describe the behavior of the people he studies without evaluation that his own culture would ethnocentrically dictate. [...] He [she] tries to remain aware of the fact that his judgments are based upon his own experience and reflect his own deep-seated enculturation to a limited and specific culture.' Even though this quote addresses ethnographers, S.W. argues that within social or medical research and practice, researchers' or practitioners' own cultural backgrounds should never be underestimated if it comes to interpreting patients' aesthetic works. In order to test divergence, or similar interpretations, Segall, Campbell & Herskovits（1966）investigated, for example '[t]he perspective drawing illusion'（p. 90）coming to the conclusion that [...] '1. The so-called optical illusions result, at least in part, from learned habits of inference that possess ecological cue validity. 2. In different physical and cultural environments, different habits of inference are likely to be acquired, reflecting the differing ecological validities. [...]'（p. 96）. Even though their findings are rather perception-based they can, according to S.W., nevertheless be related to Mauss' concept of cultural moulding（1934）and to Bourdieu's notion of habitus, proposing that what, and how 'things' are perceived, can be regarded as the antecedents to, once more, how or what is socio-culturally interpreted. It is thus a matter of, if one wishes, socio-culturally grounded visual, experiential, physical and chronological sequence of input and, thereafter, output that can be considered to be at the core of one's own socio-cultural environmental interpretation.

4.3. Posttraumatic Stress Disorder

The PTSD IES-R-J test results should be considered as indicative regarding experienced trauma or on-going PTSD phenomena. Nevertheless, art therapists and mental health staff in general should be aware of these, as they may shed light on further pathologies, and may alert them to subtle changes in patients' well-being. This is important especially since most of S.W.'s overall study's findings based on 30 patients demonstrate that PTSD-phenomena appeared only rarely in patients' aesthetic works, even if they became more prominent in their narratives linked to these. However, the testing procedure allowed to draw attention to, and added further valuable information on, possible underlying and often deeply hidden, painful issues, which may be at the root of more ostensible comorbidities or interpersonal issues.

Fundamentally however, an activity via creative expressions alone does not, from an art-therapeutic perspective, allow a long-lasting transformation, even though it may be regarded as an important initial, and on-going survival strategy. There is an additional need to undergo a process of cognitive awareness and mental restructuration to be implemented outside the safe therapy space. Malchiodi

（2020, p. 33）, a specialist in trauma and expressive arts therapy, referring to Marks-Tarlow（2018）, underscores 'the idea that creativity and imagination promote a necessary sense of safety that sets the stage for engagement in treatment, positive shifts in thoughts and feelings, and ultimately, discovery of novel ways to overcome life's challenges'. Here a strong emphasis is put on 'creativity', 'treatment', transformation, and we would add, the necessity for an on-going increased level of self-reflexivity and self-awareness, which all might, ideally, lead towards improved mental health.

Moreover, the example of Mr J11's twofold test results highlight the need to critically evaluate quantitative PTSD test results. As we have seen in the case of Mr J11's divergent test scores, one indicated absence, the other presence of PTSD; such dual and divergent scores are however rather unusual. Yet, these results permit on the one hand to reconsider the level of PTSD and to investigate further issues that might be linked as e.g. possible comorbidities. On the other hand, such results also call for the need to relativize quantitative test results.

Additionally, in regards to issues of paintings' interpretation, given the, in S.W.'s view, rather beautiful and tranquil atmosphere of Mr J11's cat drawing（fig. 7）, its aesthetic appearance might also be misleading in the sense of a too optimistic evaluation of the patient's mental state. Thus, as pointed out earlier, ideally several psychiatric diagnostic (e.g. observational) and PTSD-related strategies are recommended in order to achieve a better understanding of patients' past and current mental health issues. Naturally, this includes taking their own narratives and self-evaluations into account so as to avoid a top-down and reductionist diagnosis.

4.4. PTSD in Aesthetic Works and Narratives

Based on the analysis of patients' paintings it appeared that PTSD, and, or trauma related content didn't became visible. Hence, one can argue that art therapy should not be considered as being the sole therapeutic proposition or basis of PTSD-based interpretation, or 'diagnosis' as personal sufferings might not become apparent in patients' aesthetic works. To come back to the Japanese patients' specificities, pictorial content alone did not indicate previous or current suffering, which only appeared in the context of some of the patients' narratives directly linked to the production or in presence of their paintings. For example Ms J1's "scary" Buddhist Kannon and mother figure（fig. 1）didn't per se depict suffering, or ill mental health. Indeed, based on such paintings and narratives it would not be possible to conclude that a specific person is indeed suffering from PTSD.

Many of the patients did, however, talk about traumatic life events, and when they did, they did so in a rather direct manner and in presence of their aesthetic works. Regarding psychopathology, Thomas Fuchs writes（2004, p. 158）: 'The trace of the trauma returns within symptoms - in pain, somatisation, eating disorders or depression: symptoms that importantly hint at an unspeakable secret and at the same time distract [oneself] from it. The central affects that keep the secret alive are shame and fear'（S.W.'s translation from German）. Thus, and in partial contradiction to Fuchs' consideration, the present Japanese patient-based findings demonstrate that:

a）traumatic experiences were verbally expressed during the sessions, whilst or after patients created personal paintings. The narratives thus emerged in presence of their aesthetic works,

b）whilst working on the topic of the house and,

c）traumatic issues were aesthetically and symbolically not depicted by the Japanese patients via house, or other forms.

The question thus remains whether the emergence of visual PTSD（Wyder, 2023）, that is, trauma content via house paintings within study's participants, was linked to the level of the IES-R-J PTSD score. This behaviour, or reaction could also have been linked to patients' personality traits, or additionally based on phenomena of 'cultural moulding'（Mauss, 1934）, or notions like Bourdieu's 'habitus'（2005）expressed via socio-cultural conventions in which painful, or disturbing content should not be expressed nor shown publicly.

Ultimately, this finding contrasts with Fuchs' claim, as the 'unspeakable'（2004）did, for a few, find an aesthetic or symbolic（within the overall study, 2023）, and for most, a verbal mode of expression; the patients' silence hence could be broken. Such art therapy-based findings are important for fostering this approach's psycho-traumatological potential in general, and which deserves further research regarding the elaboration of a PTSD house-specific method（Wyder, 2023）.

4.5. Do House Art Therapy Sessions 'Retrigger' Trauma?

Most importantly concerning a PTSD-related art therapy approach, as was pointed out earlier, no retriggering during the creation of house-based paintings was observed, and the same is true with regards to patients' narratives in presence of their aesthetic works. What became apparent in patients' paintings and narratives was that they seemed to be able to address traumatic events or past or on-going sufferings by expressing themselves over weeks（or months in the clinical research situations in Europe）through the topic of the house. Interestingly, they did not manifest any discomfort or distress whilst they addressed difficult experiences in their aesthetic works. In this sense, the topic of the house didn't seem to provoke any flashback. A positive factor was perhaps that patients generally didn't exclusively focus on traumatic experiences but alternated between light and heavy issues in the context of the house topic by also drawing on personal imagination, with a principal（unconscious）attention paid to the creative and haptic act during an extended time. In that sense, the process of, or neurological impact of a creative activity should not be ignored.

5. Conclusion and Outlook

To conclude, the suggestion of the topic of the house to 15 outpatients at the Omiya Psychiatric Hospital in Japan was a culturally and temporally valid proposition for all age groups and genders. The five patients specifically focused on in this article presented with PTSD based on the IES-R-J

（1997, 2002）test results, although other patients' scores were also elevated, indicating possible PTSD. In none of the 55 pictures and drawings was there a clearly identifiable indication of PTSD. However, PTSD-phenomena did appear（if applicable）in patients' narratives after or while expressing themselves aesthetically. Importantly, no retriggering during the art therapy workshops has been observed.

The art therapy research is in the process of continuing research in terms of creating a PTSD-house-based method for treating persons' suffering from PTSD, which is important, as Luzzatto et al.（2021, p. 2）rightly point out, in that 'the effectiveness of art therapy in general, and specifically in trauma treatment, is not yet evidence based, as it [...] is often combined with other therapeutic modalities [...], small group sizes and a lack of control groups'.

Regarding paintings' interpretations, some divergence was observed between the Japanese psychiatry-based evaluation（psychiatrist and chief nurse）and the European art therapy researcher's approach, resulting in divergent interpretation in one case（Mr J3）of a patient's mental state. Origins of such divergence can be grounded in different psychiatric approaches in regards to patients' aesthetic works, and, or different cultural and aesthetic backgrounds. Generally, caution is thus recommended regarding the level of validity of patients' painting-based interpretations carried out by mental health workers, irrespective of the professional and, or similar, or different, cultural backgrounds of the researchers, mental health staff and the patients.

Testing patients for PTSD is important, as a large fraction of the patients in this study scored high on the IES-R-J test, and the risk of not diagnosing this outweighs the possible risk of retriggering by applying the test. The complementary approach of this study's methodology based on patients' aesthetic works in combination with their narratives characterized by an apparent absence of retriggering might thus represent a first step to identify potential PTSD sufferers through an art therapy procedure. These could then undergo a IES-R test, which might add further data and a cross-check of the art therapy-based findings.

Given the limited sample size and duration of the present study, a longer term art-therapy intervention on a larger group with different cultural composition would be warranted to establish several of the findings of this study, specifically those related to the（non-）appearance of PTSD in aesthetic works, the possibility of discussing PTSD-related issues in the framework of art therapy interventions and the absence of concomitant re-triggering. While additional data that bolster these conclusions was obtained in the course of S.W's doctoral research dissertation in clinics in Switzerland and France, a broader and targeted research within a single clinic in the specific Japanese context would be directly comparable to the present study and would help in evaluating potential cultural co-factors in the findings of the present study.

Author's S.W. note

The art therapy findings presented in this article are based on Dr phil. Silvia Wyder's（S.W.）cross-cultural doctoral research dissertation (2023) carried out under the umbrella of the University of Derby, UK with patients followed psychiatrically by Professor Kazunari Oshima（K.O.）, M.D., Ph.D., at the Ohmiya Kousei Hospital, Saitama, Japan.

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<Abstract>

Identifying Posttraumatic Stress Disorder via Art-Therapeutic and Psychiatric Approaches: a Study in a Japanese Psychiatric Clinic

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The focus of this paper is on PTSD phenomena and their possible manifestation in Japanese patients' paintings and narratives.

A study of Japanese adult outpatients was carried out at the N Psychiatric Hospital located in Saitama City, Japan. The overall 15 participants attended two weekly art therapy workshops during four weeks in 2018. They were given a specific topic, the house, to be expressed via painting or drawing. Patients were evaluated both psychiatrically and via phenomenological qualitative and quantitative art therapy methods and additionally through a dedicated Posttraumatic Stress Disorder（PTSD）test（IES-R-J, 1997, 2002）and a semi-structured interview（Wyder, 2016）.

The five patients with the highest PTSD score（IES-R-J score is 44 or higher）are discussed in detail. The participants were subjected to a qualitative and phenomenological evaluation of their expressions in art therapy sessions, as well as to a psychiatric evaluation of their life, and current illness histories. Additionally, this paper contrasts a psychiatrist's and an art therapist's clinical and methodological approaches in regards to PTSD. It is found that while PTSD did not become manifest in patients' aesthetic works, not even for those with pronounced PTSD, the art therapy intervention allowed them to address the underlying sources without any concomitant retriggering becoming apparent. Trauma issues were thus able to be handled safely without worsening psychiatric symptoms. In addition, in interviews with psychiatrists after the sessions, in two cases（J2, J11）, participation in art therapy and the works themselves turned out to be important materials for treatment, marking an important turning point in the participants' recovery.

Key words: Art Therapy Research, Psychiatry, Posttraumatic Stress Disorder, Japan, House