

Occupational Therapy Projective Techniques on Anger and Occupational Performance of Person with Acute Psychosis

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Abstract: **Background:** Acute psychosis is the presence of a mental state where appreciation of reality is impaired, as evidenced by the presence of psychotic symptoms such as delusions, hallucinations, mood disturbance, and bizarre behaviour. [1] According to ICD 10, Sections F20 and F21 are devoted to 'Schizophrenia, schizotypal and delusional disorders'. The majority were married, unemployed, educated up to middle school, living in a nuclear family, and had a rural background. Age ($p = 0.05$) and marital status ($p = 0.03$) significantly affected the outcome. **Aim:** To find out the effect of projective techniques on anger and Occupational performance of person with acute psychosis. **Methodes:** A total 16 patients were selected based on inclusion and exclusion criteria. This study conducted on Inpatient, Arisjuvady mental health centre in Pondicherry. They were divided into Group A (Experimental Group (N=8)) and Group B (Control Group (N=8)). The experimental group received conventional Occupational Therapy program and projective techniques and control group received conventional Occupational therapy intervention for 45 min/day, 12 days in a month for 12 month. The outcome values (Pretest and post-test) were measured by Canadian Occupational Performance Measure (COPM) and Novaca Anger scale (NAC). Then the gathered data values were interpreted by SPSS Version 28.0.0.1 respectively. **Result:** The study concluded that the Projective techniques were more effective in improving anger and occupational performance of person with acute psychosis.

Keywords: Acute Psychosis, Anger management, Occupational Performance, Occupational therapy

1. Introduction

Acute psychosis is the presence of a mental state where appreciation of reality is impaired, as evidenced by the presence of psychotic symptoms such as delusions, hallucinations, mood disturbance, and bizarre behaviour. [1] According to ICD 10, Sections F20 and F21 are devoted to 'Schizophrenia, schizotypal and delusional disorders'. A specific diagnostic category named 'Acute and transient psychotic disorders' is included, distinct from Schizophrenia (F20), Schizotypal disorder (F21), Persistent delusional disorder (F22), Induced delusional disorder (F24), and Schizoaffective disorder (F25). In India, 49% of the patients were males and 51% were females. In most cases (60%) were aged between 20 and 39 years. The majority were married, unemployed, educated up to middle school, living in a nuclear family, and had a rural background. Age ($p = 0.05$) and marital status ($p = 0.03$) significantly affected the outcome. Overall, 46% of the patients had stress as a precipitating factor, 27% reported substance use, and 23% had a family history of psychiatric illness before the onset of their illness. The onset of illness was from May to October in 54% of the patients, with the duration of untreated illness ranging from 7 to 15 days in 38% of the patients. The clinical outcome was significantly affected by the duration of untreated illness ($p = 0.05$). [2] [3] Symptoms of psychosis · Positive symptoms – It includes delusions and hallucinations, formal thought disorder · Negative symptoms - It includes flat affect, poverty of thought, lack of motivation and social withdrawal · Cognitive symptoms- It includes distractibility, impaired working memory, impaired executive function · Mood symptoms – depression and elevation (mania)· Anxiety/panic/perplexity. Aggression/hostility/suicidal

behaviour This symptom occurs in Persons with acute psychosis and that symptoms were treated by psychosocial treatments and pharmacotherapy. Treatment procedures essential to maintain or restore interpersonal or informational activities, biological, behavioural, cognitive, emotional, interpersonal, social, or environmental factors to improve health functioning and well-being. Otherwise, some of the psychosocial interventions often involve altering the environment to minimise undue stress (which increases vulnerability to psychotic episodes) and matching the level of stimulation to the patient's level of alertness and overall functioning. Identifying those factors that precipitate the patient's clinical deterioration assists in determining the appropriate expectations in the home and classroom. Cognitive-behavioural techniques that evaluate evidence for beliefs or thinking through explanations surrounding a patient's perceptions can help to alter dysfunctional behaviours. A consistent framework with similar words/techniques used at home, at school, and with friends may allow the patient to employ a standardised 10 approach to events across settings and to diminish misperceptions of daily events and interactions. The pharmacotherapy aimed to minimise stress on the patient and provide support to minimise the likelihood of relapse, enhance the patient's adaptation to life in the community, facilitate continued reduction in symptoms and consolidation of remission and promote the process of recovery. Anger can be defined as an affective state experienced as the motivation to act in ways that warn, intimidate attack those who are perceived as challenging or threatening. Anger is associated with sensitivity to the perception of challenges or heightens awareness of threats. Anger is likely to be closely associated with fear. Although anger is common in mental illnesses, it is

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largely neglected, perhaps because of the social stigma attached to its expression. [4]

The ability to perceive, desire, recall, plan and carry out roles, routines, tasks and sub-tasks for self-maintenance, productivity, leisure and rest in response to demands of the internal and/or external environment is called Occupational performance. Role of occupational therapist: Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to support their occupational engagement better. Occupational therapists have used projective techniques since the beginning of the profession. However, during the shift to the mechanistic paradigm, 11 health professionals took on a biomedical rather than a biopsychosocial view of their clientele, and projective techniques lost favor as an option for assessment and intervention in occupational therapy. New evidence showed that these techniques can be beneficial approaches.[5] Projective techniques, also known as creative therapy when used within an occupational therapy setting, can be defined as "...an approach which helps the individual to explore and express conscious and unconscious feelings. Through this, the individual works towards the resolution of interpersonal and intrapersonal conflict, thus effecting change. The process involves self-exploration, self-discovery, self-determination and self-help".[6] These techniques have been used in occupational therapy intervention and assessment since the early in the profession. [7, 8] The study aims to determine the effects of occupational therapy projective technique on anger and occupational performance of a person with acute psychosis. [9, 10]

2. Aim of the Study

To find out the effect of projective techniques on anger and occupational performance of person with acute psychosis.

3. Objective of the Study

To assess the anger level of person with acute psychosis by using Novaco Anger Scale. To assess occupational performance of acute psychosis by using Canadian Occupational Performance Measure. To determine the effect of projective technique on anger and occupational performance of person with acute psychosis.

4. Methodology

A total 16 patients were selected based on inclusion and exclusion criteria. They divided into Group A and Group B. Then the Group-A (Experimental Group (N=8)) were given projective techniques, and Group-B (Control Group (N=8)) were received conventional Occupational Therapy.

4.1 Study Design

Quasi experimental study and non-probability sampling (convenient sampling) method.

4.2 Study Duration

1 year

4.3 Study Setting

Patients (Subjects) were selected from Inpatient from Arijuvadi Mental Health Centre, Pondicherry

4.4 Inclusion Criteria

Patient diagnosed as acute psychosis by a psychiatrist, Patient with acute psychosis between age 20 to 45 years, Participants with onset of illness from 0 to 2 years, both males and females, Participants with insight grade 3 to 5, Participants should be able to read and write understand Tamil and Basic English language.

4.5 Exclusion Criteria

Age should not be more than 45 years and less than 20 years
Participants with chronic mental illness.
Participants with insight grade less than 3,
Illiterate people,
People with other associated medical conditions

4.6 Outcome Measures:

- 1) Canadian occupational performance measure (COPM)
- 2) Novaco Anger Scale (NAC)

4.7 Procedure

The sample size of 16 patients with the diagnosis of Acute psychosis has been taken through a simple random sampling method. Samples were taken from Arisjuvady mental health centre in Pondicherry based on selection Criteria. Pre-test data and post-test data values (Outcome data) were measured by using the Novaco Anger scale (NAS) to assess the Anger level of Acute Psychosis. Occupational performance was assessed by using the Canadian Occupational Performance Measure (COPM). The samples were divided into two groups (Control group (N=8) and experimental group (N=8). The occupational therapy projective technique has been planned for 13 sessions (45 minutes per day, monthly 12days) for a 12-months duration. During the intervention phase, the experimental group received conventional and occupational therapy projective activities for 45 minutes, and the control group received only conventional occupational therapy activities. In the experimental group, an activity was repeated continuously for 13 sessions, and then this activity changed to another projective activity. Six projective technique activities were given to participants in this study. Finally, the collected data values were interpreted and analysed by SPSS version 28.0.0.1.

Group - A (Experimental Group)

Occupational Therapy Projective techniques-based Intervention Structure [11, 12, 13]

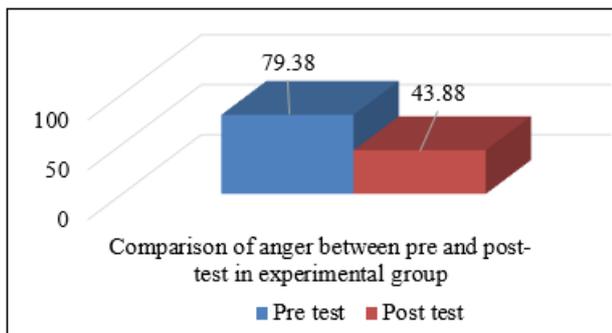
5. Intervention

Sessions 1(6 days)	Duration of the session: 45 minutes, 3 sessions/ week for 2 weeks Introduce the patient to one another; the session was started with an introduction and pretest done by therapist.
Sessions 2 (12days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: Basic free pencil drawing
Sessions 3 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: free pencil drawing, finger painting
Sessions 4 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: drawing a person and a tree(semi-structured)
Sessions 5 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: drawing a person and a tree(structure)
Sessions 6 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: colouring a person and a tree
Sessions 7 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: finger painting
Sessions 8 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: finger painting with colleagues (group activity)
Sessions 9 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: complete the incomplete sentence
Sessions 10 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: story telling
Sessions 11 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective technique used: picture showed and write story about the picture
Sessions 12 (12 days)	Duration of the session: 3 sessions/week for 1 month (45 minutes for a session) Projective techniques used: acting out and expression of feeling
Sessions 13 (6 days)	Duration of the session: 45 minutes, 3 sessions/ week for 2 weeks Post-test assessment was done by the researcher. Discussion about home program to caregivers and family members.

6. Result

Table 1: Comparison of anger between pre and post-test in experimental group

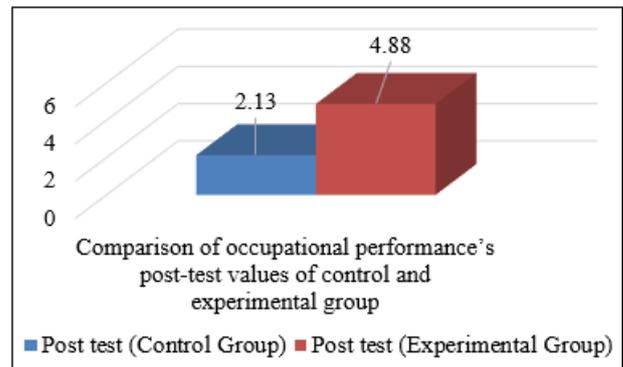
Anger level of Acute Psychosis - NAS	Mean	Standard Deviation	t Value	P Value
Post-test (Experimental Group (N=8))	79.38	7.27	13.7002	0.0001
Post-test (Experimental Group (N=8))	43.88	10.48		



Graph 1

Table 2: Comparison of occupational performance's post-test values of control and experimental group

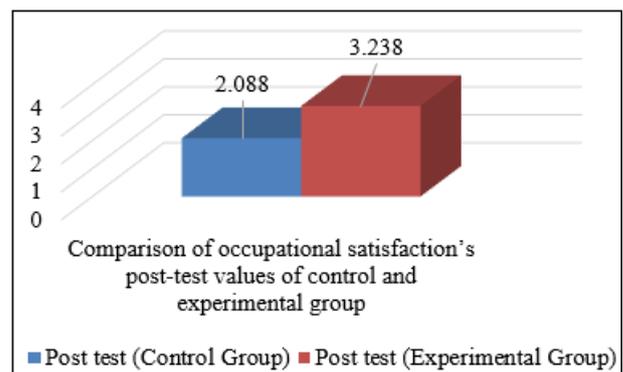
Occupational Performance	Mean	Standard Deviation	t Value	P Value
Post-test (Control Group (N=8))	2.13	1.13	3.7730	0.0021
Post-test (Experimental Group (N=8))	4.88	1.73		



Graph 2

Table 3: Comparison of occupational satisfaction's post-test values of control and experimental group

Occupational satisfaction	Mean	Standard Deviation	t Value	P Value
Post-test (Control Group (N=8))	2.088	0.762	3.4709	0.0037
Post-test (Experimental Group (N=8))	3.238	0.545		



Graph 3

7. Discussion

The purpose of this study was to find out the occupational therapy projective techniques in Anger and the Occupational performance of a person with acute psychosis. In this study, occupational therapy projective techniques were administered for the experimental group. The samples received a 45-minutes program per session, a total of 14 sessions (72 days for 52 weeks) for 12-months duration. The pre-test and post-test were conducted by using the Canadian Occupational Performance Measure (COPM) and the Novaco Anger Scale (NAS).

Table 1 and Graph 1 showed the comparison of anger between pre and post-test in experimental group. The paired t-test showed that mean values were 79.88 and 43.88, respectively. The “t” value was 13.7002, and the “p” value was $P < 0.05$. It was significant improvement in the experimental group.

In table 2 and graph 2 showed comparison of occupational performance’s post-test values of control and experimental group. The independent sample t test showed these mean values were 2.13 and 4.88 respectively the “t” value was 3.7730 and “p” value was $P < 0.05$. It was significant difference in two groups.

In table 3 and graph 3 showed comparison of occupational satisfaction post-test between control and experimental group. The independent sample t test showed that mean values were 2.08 and 3.235 respectively the “t” value was 3.4709 and “p” value was $P < 0.05$. It was indicated improvement in two groups.

Finally I found Occupational Therapy projective techniques (activities such as free pencil drawing (drawing a person and a tree (semi-structured and structured)), finger painting activities (basis of individuals and group), story-telling, write story about the picture, acting out and expression of feeling)) made more positive impact to enhance active participation to occupational performance in daily routine activities and to increase the satisfaction towards daily routine task among people with acute psychosis especially in experimental group compare than control group.

8. Conclusion

The study results were concluded that Occupational projective techniques are an effective method of treatment for Occupational performance in persons with acute psychosis. occupational therapy projective activities are a factor in the reduction of anger and increasing performance, satisfaction in acute psychosis, which is increased occupational performance. Based on the result, occupational therapy projective activities can be used as a therapeutic modality for symptoms of acute psychosis.

9. Limitation and Future Recommendations

Study was done on small sample size and longer duration; study was done on confined age group between 20 to 45 years

Recommendation

The study can be done on larger sample size, can be done on different age group, can be done for shorter duration.

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