

## **Psychopathology Reflection Paper**

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CN AT 581-5: Psychopathology: Diagnosis and Treatment of Mental and Emotional Disorders

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March 16, 2024

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In 2019, I was diagnosed with post-traumatic stress disorder (PTSD), major depressive disorder (MDD), and occasional acute anxiety attacks. While it was difficult to accept that I was living with multiple diagnoses, being able to put a name to my symptoms gave me the psycho-educational tools I needed to self-empower my healing journey. In addition to reading several psychology books, one thing that helped me to find acceptance was the way my cognitive behavioral therapist framed my diagnoses as “a normal response to an extraordinary situation”. She also reminded me that I was not defective, which allowed me to develop self-compassion around my sense of failure that had arisen from feeling hopeless. In cognitive behavioral therapy, thoughts, feelings, and behaviors are analyzed in order to locate and reframe cognitive distortions. It was explained to me that my cognitive distortions were self-limiting thoughts that led to maladaptive behavior and prevented me from achieving post-traumatic growth. Until recently, I have always thought of PTSD, MDD, and anxiety as limiting diagnoses that prevented me from living a healthy life.

Over the course of our Psychopathology class, I have learned that while diagnoses are indeed distressing and cause functional impairments, they can also allow us to survive intolerable traumas. Additionally, some diagnoses might even provide unexpected strengths in certain situations. For example, a classmate shared a story about a therapist diagnosed with sociopathy who was able to tolerate emotionally challenging clientele by maintaining a detached approach and focusing on pragmatic solutions. In reflecting on the strengths of my own diagnoses, I have determined that they provide four unique abilities: 1) being able to relate to other trauma survivors, 2) an increased ability to spend long periods of time in isolation, 3) being able to see

the world with a deepened sense of existential insight, and 4) the ability to find creative outlets for healing. Being a trauma survivor and having reached post-traumatic growth after going through the dark night of the soul, I believe I can authentically shepherd others through similar journeys. Additionally, while my PTSD and depression can sometimes cause me to isolate in harmful ways, this isolation has also taught me how to spend time healing without addictive distractions. In turn, this has given me great insight into the nature of my consciousness and I hope to help others expand their consciousness for healing. When I think of all the times I have made my best artwork, it was usually amidst a trauma trigger or depressive episode. Therefore, it would seem that my art is an adaptive response that transforms suffering into opportunities for integrating self-discovery. In fact, it is this very artistic process of moving through my mental illness that led me to discover my new life path as an art therapist!

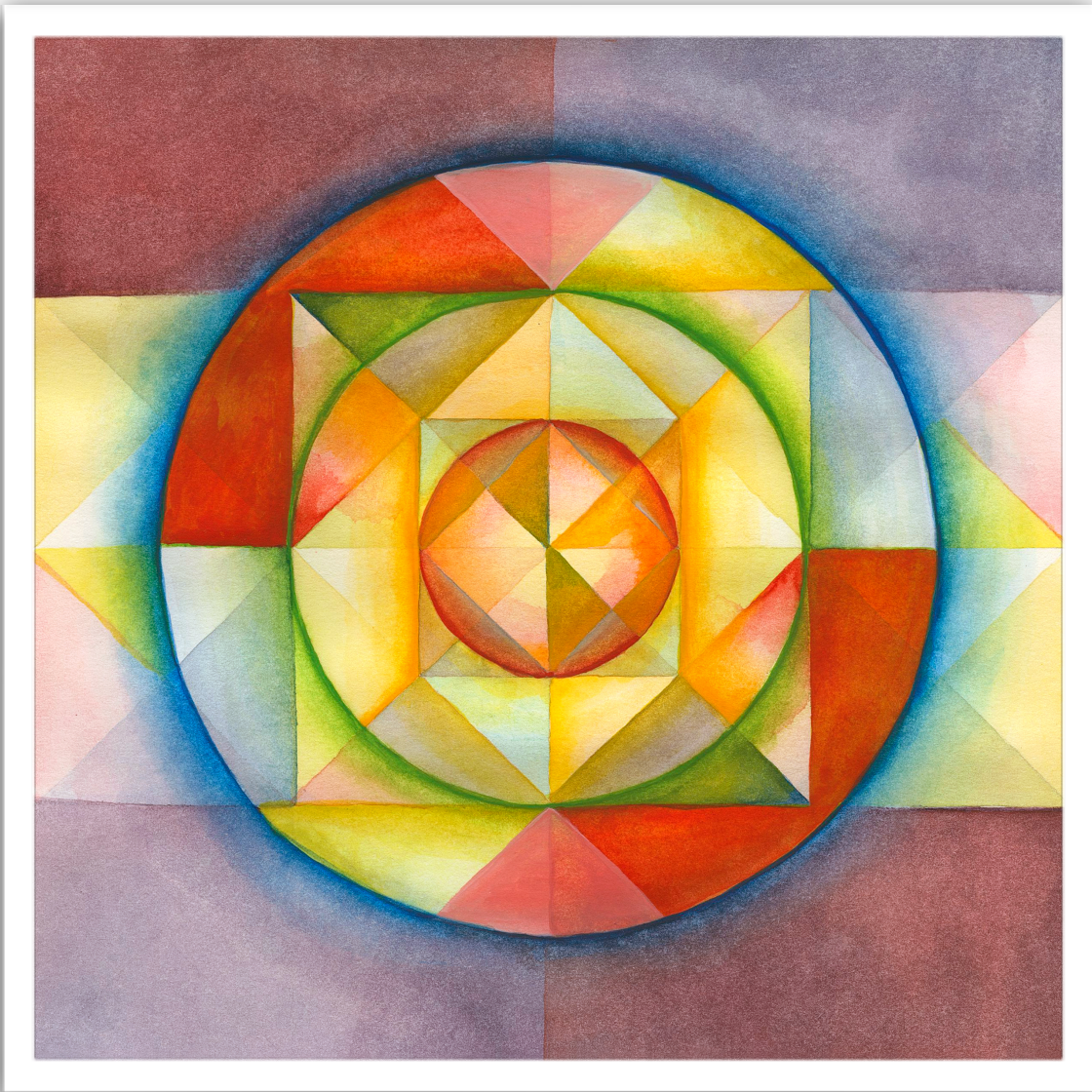
This balance of documenting clients' distressing symptoms and identifying personal strengths is a big part of the diagnostic process. When I began my final project with Marilyn, we decided to work with our real diagnoses in order to take an embodied approach to the biopsychosocial, treatment plan, and DAP note. Knowing that we were working with one another's real lived experiences of mental health challenges pushed us to be especially considerate, thorough, and accurate. Regularly checking in to make sure we were hearing and understanding one another was key to co-creating relevant goals for our treatment plans. In coming up with Marilyn's plan, I drew on her creative and social strengths in order to draft specific, achievable, and relevant (SMART) goals.

This co-creative diagnostic process is what inspired my reflection artwork, which is a watercolor painting of a geometric mandala composed of three concentric circles (see Figure 1).

First, the red innermost circle represents the heart-centered core, because my priority as an art therapist is to work compassionately from my heart. Second, the green middle circle represents the intent to heal, because the ultimate purpose of the diagnostic process is to heal. Last, the blue outermost circle represents insight, because I want my rational understanding of psychopathology to be guided by insight into the human condition.

**Figure 1**

*“Heart, Healing, & Insight”, watercolor on hot press paper, 8 in. X 8 in., 2024*



Running throughout these circles are the moving parts of diagnosis, which is ever-changing, multi-dimensional, and holistic. In the process of reading more about depressive disorders in the DSM-V, I realized that my MDD symptoms have changed since the initial diagnosis five years ago. Currently, my MDD is more consistent with persistent depressive disorder (PDD) with the “in partial remission” and “atypical features” specifiers. There are many new life factors influencing this diagnosis, ranging from interpersonal relationships to spirituality. By looking at my own diagnoses through a formal lens, my understanding of psychopathology has expanded to include the whole person existing within a timeframe of evolving circumstances and resultant symptoms. Ultimately, I will take this new understanding with me into my art therapy practice and make sure that I am regularly tracking clients’ life changes and symptoms in order to continue meeting their needs.