Research Article

# The Effect of Visual Arts Educative Practices on Social Functionality in Patients With Schizophrenia

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**The purpose of this research is to examine the effectsof visual arts educative practices on social functionality of patients with schizophrenia. The study population of the research consisted of 196 schizophrenia patients who were registered in Erzurum Regional Training and Research Hospital Community Mental Health Center diagnosed with schizophrenia and still continuing their treatment. The study sample consisted 30 patients in total and 15 of which were experimental and 15 were control groups who read the informed consent form and accepted the information statement voluntarily. The criteria for inclusion in the study were to be between the ages of 18-68 to participate in the research voluntarily to answer the tests and to take part in educative visual arts practices. Social functionality scale was applied to the experimental and control groups as a pre-test and post-test. Visual arts applications were made to the experimental group, but no application was made to the control group. According to the findings it was concluded that the visual arts educative practices applied to the experimental group had a positive effect on the development of socialfunctionality of patients with schizophrenia.**

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## Introduction

Schizophrenia is a disease that brings serious psycho-social limitations and patients with schizophrenia often encounter many difficulties in their professional lives. Because they have difficulties in adapting to their social roles. The reason for these difficulties is the low ability of individuals to realize their

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responsibilities to fulfill their duties to use their personal hygiene and leisure time. It is observed that this disease presents a very complex situation and patients frequently experience; hallucinations, delusions, behavioral problems and disinformation in social functions. Therefore it is a very common psychotic condition (Köroğlu, 2016, p.263). Visual arts educative practices aim to reveal individuals who are self-confident, productive and help them develop their aesthetic senses enabling individuals to highlight their talents and develop their creativity (Özgenel, 2016, p.263). Visual fine arts are some kinds of arts that arouse more excitement in the human soul and emotions (Bingöl, 2006, p.514). Visual arts are some branches of arts that cover many special areas from painting, graphic design, sculpture art to ceramic art; from architecture to textile art, tile, mosaic, stained glass, fashion, ceramic illumination, calligraphy, miniature, with the uniqueness of each individual, with its originality, with the sublimity of being an individual with personality (Özsoy, 2003).

p.41). Studying on visual arts with a method that includes aesthetics and application areas enables individuals to understand and value art as well as practicing it. Because it is an understanding of art that feeds on other branches of art (Peşkersoy, 1021, p.7). Thus, it is thought that visual art works have an impact on the social functionality of patients with schizophrenia, thanks to the ability to develop creativity, evaluation and interpretation of art and the ability to produce different ideas and products with syntheses as well as personal satisfaction of individuals. Generally It is very effective in the fields of painting, sculpture, architecture, ceramics, graphics, applied arts, textiles, fashion design, film, photography and industrial design, and in a sense it controls those fields (Yılmaz, 2005, p.16). Schizophrenia is a devastating disease with its consequences. This disease can only be diagnosed thanks to the attitudes and behavioral patterns (Yüksel, 2006, p.221). Thoughts on this topic emerged in the 15th century, Belgian psychiatrist Morel used the term "Demetia Praecox". In 1960, he wrote his studies and observations about a child in his book "Mental Patients". “Heberfrenia” was added by Hacker in 1871, Kahlbaum “Catatony” in 1874, and Krapelin added “Paranoid” and “Simple types” to these two clinical pictures. In 1911, Blueler published his work "Dementia Praecox and the Group of Schizophrenia" and stated that this disease can not always be said to progress with destruction as a result. In the late 1960s while Schneider's "First-Order Symptoms" were in widespread used in Europe, Americans were diagnosing according to Bleuler's definition of schizophrenia (Güleç & Yüksel, 1997, p.321). The thought and emotion disorder was named “Demansprecos” for the first time in the language of science. The equivalent of this idiom in our mother tongue is “Early Dementia”. In 1991, Swiss Doctor Eugen Bleuler used the term "schizophrenia" for this disease (Işık, 2001, p.32). The main factor in determining

schizophrenic thought is a number of fears and worries. As the pressures and fears from the outside get heavier they disrupt the thought balance of the people (Coşturoğlu, 2005, p. 142). Indifference and indifference to the consequences of behavioral actions draw attention (Güleç, 2009, p.43).

In here the negative symptoms related to the disease includes narrowing of the range of emotional expression and a decrease in its intensity, a decrease in the fluency of thinking and speaking and not initiating a goal-directed behavior (Jacabson, 2006, p. 51). In this process hallucinations, verbal over-productivity, thought disorder, disintegration of thought, adding something on their own, exuberant and over-aroused, reference ideas and other delusions can be expressed as symptoms in acute distress (Yalom, 2014, p.165). Besides genetic factors' changes in brain structure, neuro-chemical changes, neuro-physiological changes, endocrine factors, viral and immune factors can be mentioned (Öztürk, 2002, p.219).

In this study it was tought to answer whether educative visual arts practices made by schizophrenic patients had a positive or negative effect on the social functionality of these patients. Social functionality is the behavior patterns that the individual puts forward based on the activities in which he or she enjoys the natural environment (Can, 2012, pp.107-108).

## Schizophrenia Treatment

In general if a problem has emerged with post natal learning it can be treated with appropriate methods and techniques. The fact that mental illnesses are seen as stress-related bio-medical disorders have been influential in more researches on the causes and treatments of these diseases and in the need for more cooperation between patients, patient relatives and professional area experts in their treatment and recovery (Robert & Liberman, 2011, pp. 305-306). For this purpose the use of drugs can also be somewhat counterbalanced (Mete, 2014, p.123). Hospitalization and psychosocial efforts can also be considered as healing methods. In addition oral rehabilitation can be understood as a significant experience (Kaplan & Sandock, 2004, p.147). Henry Ey defined these problems similar psychiatric disorders as "Pathologie De La Liberte" (pathologies of freedom). Art and especially visual arts education are generally considered in the same category. Of course there will be some fundamental differences as well. It is natural that there are some fundamental differences between arts and visual arts in terms of educational sciences. Students are expected to be able to create their own forms to express their ideas and feelings through visual arts education (Aydın, 2009, p. 64).

Besides fine arts educative applications are very important and meaningful for the participants:

- To enrich the world of feelings and thoughts,
- To show the ways and methods in which he can express himself, his feelings, thoughts and dreams, beings,
- To introduce the historical and natural environment, nature with all its living and non-living
- To understand and perceive the society in which they live,
- It aims to discover the ore in its essence and thus to make it a balanced individual (Peşkersoy & Yıldırım, 2012, p.7).

## Art Education

Art is a description of expression and self-expression. The message to be conveyed reveals itself with the materials used in this framework. This also impresses with the skills of competent educators in using modern technologies (Akçadoğan, 2006, p. 11). Art education is also very important for some psychological treatment. Because art is a vital part of modern science and technology. It may be thought that it is the only way to develop people to see clearly, practice reality more clearly, think analytically, question, break free from oppressive contracts, create novel patterns geard towards development, and significantly contribute to the advancement of societies (Yeniasır and Gökbulut, 2018). In other words the success of an instructional institution is also dependent on student motivation, educational success and joy at their education system and application (Yafi et all, 2021).

Additionally ıt is possible that variables such as encountering some different environments than the student expected, to make the program harder than expected. In other words it may not be suitable for their effectiveness in return for their burnout, vitality, and education satisfaction (Demirbatir, 2020). Despite the effective gains of aesthetic education to knowledge in China, the subjects of visual arts is also not understandable in society (Yue, 2022). As it is known that self efficiency is not a purpose, a demand for control, s psychological feature. And also it is not a result expectation (Ran et all., 2022). It is the capacity to integrate the desired goals with somebody's potential, abilities, and skills in special situations. It has a major part in a factor of common psychological disorders. Poor self efficiency is directly correlated with avoidant behavior, sadness, and dysfunctional anxiety (Kausar and Ahmad, 2021). Self efficiency is associated with a variety of psychological difficulties. If people have depressive mood tendencies they believe that they are completely incapable and a failure. It is known well that performing arts is an extracurricular activity that contributes to the psychological wellbeing students (Kausar and Ahmad, 2021).

**A quality arts education:**

- A perspective that is aware of the existence and importance of art education,
- A curriculum (teaching) program that renews itself according to the changing and developing conditions of the age,
- Qualified art educator,
- Sufficient course hours,
- It is realized with physical equipment and tools suitable for the purpose (Buyurgan & Buyurgan, 2007, pp. 16-17).

In this study; The effect of educative visual arts practices made by schizophrenic patients on the social functionality levels of the patients were evaluated.

## Research Problem

- What is the effect of educative visual arts practices on the social functionality in patients with schizophrenia?

### *Sub Problems*

- What is the level of distribution of the patients' functionality skills according to the results obtained after the visual arts applications given in the Community Mental Health Center and the social functionality test applied to schizophrenia patients as a pre-test?
- What is the level of the distribution of the visual arts practices given in the Community Mental Health Center to the functional skills of the patients according to the scores obtained after the social functionality test applied to schizophrenia patients as a post-test?
- Is there a significant difference between the social functioning test averages administered to the patients before and after the experiment?
- Do visual arts lessons and educative visual arts practices given to schizophrenic patients have an effect on their social functionality and skills?

In the study answers to the above-mentioned questions were tried to sought. The effect of visual arts educative practices on the social functionality of patients were studied on and contributed to the examination of many features of the patients such as creativity, expressing themselves through art, using

fine motor skills, recognizing colors, using materials, comprehending techniques, reflecting their originality in their studies, helping in groups, and the importance of unity can be considered.

It was thought that this study had an important place in terms of the effect of visual arts lessons given to schizophrenic patients who were treated at Atatürk University Research Hospital, Regional Training Hospital and Community Mental Health Center in Erzurum city center on their social functionality.

In this study it was tried to be studied on to understand the effect of visual arts practices for patients with schizophrenia change their social functionality. In this study it was tried to be studied on to understand the effect of visual arts practices for patients with schizophrenia change their social functionality.

## Method

The population of this study consisted of 196 schizophrenia patients registered in Erzurum Regional Training and Research Hospital, Community Mental Health Center and continuing their treatment. The sample of the study were 30 schizophrenic patients; 15 of whom were experimental and

15 were control groups who had the informed consent form read and voluntarily accepted the information statement. The inclusion criteria were to be between the ages of 18-68, to voluntarily agree to participate, and to be able to answer the tests. It could be stated that the study consisted of control and experimental groups and was a semi-structured experimental study with pre-test post-test applications.

### *Population and Sample/Study Group/Participants*

The population of the study consisted of schizophrenic patients registered in Erzurum Numune Hospital, Community Mental Health Center (TRSM). The sample group consisted of 30-35 patients with schizophrenia who voluntarily agreed to participate in the study.

Criteria to be considered while determining the study groups;

- The patient's openness to communication,
- The patient's diagnosis of schizophrenia at least one year ago,
- The patient's willingness to participate in the research.

Since the experimental design was used in the research the study group was schizophrenia patients enrolled in Erzurum Regional Training and Research Hospital Community Mental Health Center (TRSM) and taking visual arts practices were formed in the 2017-2018 spring semester. The experimental study with the research group was carried out in 4 weeks.

In balancing the working groups; two groups were formed taking into account the group environments. As a result the educational income and age averages of the experimental group and the control group were close or the same. Group matching method was administratively feasible but two problems would be encountered. First the variables may be unknown. Second individual differences may be masked by group means. In experimental studies subjects are assigned impartially in the unbiased assignment method. In this sense there are experimental and control groups in the assignment process to be made and the large number of subjects in the research increases the probability of forming appropriate groups with unbiased assignment. Advantages of the study does not form the theory of the variables and prevents bias in the subjects during assignment (Büyüköztürk, 2014, p.22).

### *Data Collection Tools*

Socio-demographic data form and social functionality scale were used in the study.

### *Socio-Demographic Data Form*

After the study form was read to the patients and the purpose of our study was explained their consent and it will be obtained and the Social Functioning Scale (SSS) will be administered in approximately 30-35 minutes for their level of functionality. These applications were made by the researcher in classrooms where the patients could express themselves comfortably and through face-to- face interviews. The form consisted of 22 questions including personal information such as the age of the patient whether he or she was married or single.

### *Social Functioning Form*

It was created in 1990 by Maxbirchwood et al. Its reliability and validity were made by Yaprak Erakay in 2001 in our country. The important thing in the functionality scale is to evaluate the roles performed in accordance with the social role of the person. Thus, it evaluates the basic abilities and social behaviors of the person in terms of quantity. It was divided into seven parts as social withdrawal, interpersonal functionality, primary social activities, leisure time, independence-competence, independence-performance and job/occupation. When we examine other scopes there are 4 items with a minimum score of 0 and a maximum score of 15. A minimum of 0 and a maximum of 9 points are determined by summing 1 and 2 in these 4 items. While a minimum score of 0 and a maximum of 39 is obtained in independence competence a minimum of 0 and a maximum of 39 in independence performance; minimum 0, maximum 45 in evaluating leisure time while taking points, a minimum of 0 and a

maximum of 66 points can be given in the antecedent social activities. If it is found suitable for the person two items are filled in the field of profession. In this case the other factor that is important is that if the person has not been looking for a job or not working for 6 months it is given up. The sum of the minimum and maximum scores that can be obtained from the social functionality scale is 0-223. Thus the high total scores of all subscales indicate that social functionality is appropriate (Maxbirchwood'tanakt. Ersöğütçü, 2015, pp. 63-64).

### *Social Functioning Scale*

One of the sub-dimensions of the Social Functioning Scale which consists of seven sub- dimensions is the Independence-performance sub-dimension (Birchwood et al (1990). The validity and reliability of the scale was performed by Yaprak Erakay in Turkey (2001). In the reliability analysis of the scale, the Cronbach Alpha internal consistency coefficient was 0.807. The reliability coefficient between the evaluations was obtained as 0.95 between the patient and the patient's relatives. Considering the compatibility of the items in the sub-dimensions of the scale with our culture, it was decided to use only the independence-performance sub-dimension. The independence-performance sub-dimension consists of 13 questions and the items are evaluated on a 4-point Likert scale as "never", "rarely", "sometimes", "often". A minimum of 0 and a maximum of 39 points can be obtained from the items. The higher the score, the higher the level of functionality.

### *Process and Application*

Socio-demographic data form and social functionality form were filled in the experimental and control group of 30 people in the Community Mental Health Center of the Regional Training and Research Hospital where the research was carried out and the pilot application was made. At the stages of the data collection process course hours and the subjects of the method and techniques in visual arts unit were determined and the practices and the way the subjects were handled in the process which was done for four weeks. The subject contents and target acquisitions in this program were planned to be taught for a total of 20 hours in four weeks 5 hours a week as visual arts course, visual arts practices and the course hours allocated for the subject of methods and techniques in visual arts were taken into account in the research and so the planning and the process were made accordingly. The number of patients in the classroom environment, the Ministry of National Education Visual Arts Practices subjects and materials were taken as basis in the process of creating the materials. The use of materials in order to avoid any disruptions helped the patients' motivation in the classroom using time correctly and establishing multi-

faceted communication and it was aimed to prevent disruptions within the four-week plan. In the selection of the materials the participants were free to make the applications they wanted so it was prepared by taking into account the applications that the patients wanted to do. In this process all patients consisting of an experimental group of 15 people of visual arts practices chose the material and method they wanted and participated in the learning-teaching process and carried out the visual arts practices activity comfortably. As a result of the process the work schedule created for four weeks and followed. The data and the visual arts practices commissioned were exhibited for a week as patient practices in the corridors of the Erzurum Regional Training and Research Hospital, Community Mental Health Center during the 2017-2018 academic years. Social functionality test was applied to the experimental and control groups as a post-test as a result of the visual arts practices made in order to compare the control group of 15 people with the experiment group where the applications were made and the process was completed.

### *Data Analysis*

In the analysis of the data collected in the research 5 different statistical analyzes were applied and these analyzes were made on the computer with the SPSS for Windows 22.00 statistical package program.

1. Frequency
2. Percentage
3. Paired sample t-test
4. Mann Whitney U test
5. Kruskal Wallis H test

In order to measure the social functionality skills of schizophrenia patients in visual arts educative practices the data obtained from the Social Functioning Test were coded and entered into the statistical package program and the analyzes were made through this program. The distribution characteristics of the Social Functioning Test scores were examined in terms of normality. Calculation of values such as percentage, frequency, arithmetic mean and standard deviation of the data obtained during the research process is important in terms of using the analyzes in the research. According to the data handed it was tried to find out if there was a meaningful development and there was a state of recovery about the participants' situations in the process of educative visual arts activities. In other words whether there was a difference between social functionality skills in Visual Arts practices and frequency distribution was

used in the research to examine the responses of schizophrenic patients to Social Functioning Test items in Visual Arts practices.

Social functionality scale was applied to the experimental and control groups as a pre-test and post-test. Visual arts applications were made and applied to the experimental group but no application was made to the control group to find out what the difference between the experimental group and control group soon after the applications. It was tried to understand if the visual arts practices applied to the experimental group had a positive effect on the development of social functionality of patients with schizophrenia. Experimental and control groups were 30 participant people fifteen of which were experimental and fifteen of which were control group. Painting techniques in the subject of "Methods and Techniques in Visual Arts" in the teacher's guide book of the General Directorate of the Ministry of National Education visual arts course consisted of pastel paint, dry paint, water color, gouache paint, acrylic, finger paint, felt-tip pen techniques, ceramics, sculpture, collage and wood painting were taught to the patients in the classroom environment.

The subject content and target acquisitions in this program were planned to be taught for a total of 20 hours in four weeks, 5 hours a week as visual arts course, visual arts practices and the course hours allocated for the subject of methods and techniques in visual arts were taken into consideration in the research a The topics and allocated hours of the relevant unit in the MEB textbook are given in Table 1.

| **Unit: Methods and Techniques in Visual Artsrsel** | | | |
|---|---|---|---|
| **Sequence No** | **Subjects Subject Number** | **Duration** | **Applying Week** |
| **1** | Crayon, dry colour, water colour, gouache. 4 | 5 lesson hours | 1.week |
| **2** | Acrylic, finger paint, felt tip pen techniques. 3 | 5 lesson hours | 2.week |
| **3** | Ceramics, sculpture, collage, wood painting. 4 | 5 lesson hours | 3.week |
| **4** | Visual arts practices 11 | 5 lesson hours | 4.week |

**Table 1.** *Subjects in Visual Arts Practices and Allocated Class Hours*

Socio-demographic data form and social functionality form were filled with voluntary participant

statement for both groups one month before the application. In the next stage participants were informed about the subjects of the unit hours and methods and techniques in visual arts by explaining the subjects of pastel paint, dry paint, watercolor, gouache paint, acrylic, finger paint, felt- tip pen techniques, ceramics, sculpture, collage, wood painting, all patients consisting of an experimental group of 15 people wanted the materials and methods of visual arts practices. By choosing and participating in the learning-teaching process the visual arts practices activity was carried out.

The methods and techniques used in visual arts applications and in this field were explained and the choice of techniques and materials were defined according to the preference of the experimental group. In addition to the general materials of each technique the materials were diversified to the extent of the possibilities they could apply. Patients were not compelled to perform a particular technique. Thus they applied the features of each technique with their own talents and wishes. In addition to the richness of expression of visual arts practices it was necessary to be careful to make group work as much as possible in terms of practice. The visuals obtained in the applications were effective in the patients' realization of their unique designs and creativity and their ability to produce original products. The work schedule created for four weeks was a very important step in terms of learning to use the time correctly as well as completing the applications. Thus they completed the practices and they had done on time during the course hour. Various practices in a group classroom environment helped the patients to communicate in harmony with each other and in a multi-faceted manner. In this process the teacher examined their practices and did not intervene.

The schizophrenic patients in the experimental group were asked to complete the painting, ceramic and sculpture applications they made according to their own creativity. Thus it was observed that the applications they completed expressed themselves in terms of visuality and produced original products. The teacher remained passive and listener in the visual arts practices made in order to compare the experimental group in which the applications were made and the control group of 15 people who were not. It was observed that creativity, originality, and self-confidence emerged in the studies carried out by the experimental group using the methods and techniques in visual arts practices. These practices were exhibited as patient practices in the corridors of Erzurum Regional Training and Research Hospital Community Mental Health Center.

As a result of the visual arts practices that lasted for four weeks the social functionality test was applied to the experimental and control groups as a post-test and the process was completed.

Table 1. Subjects in Visual Arts Practices and Allocated Class Hours. Unit: Methods and Techniques in Visual Arts.

Sequence No Subjects Role of the Investigator.

**In order for this research to be carried out in Erzurum Regional Training and Research Hospital, Community Mental Health Center the necessary legal permissions were obtained from the Erzurum Ministry of Health and the research was started.**

As a data collection tool in the research the Social Functioning Scale (SIS) is a tool that evaluates the judgment made on all social roles and role functions of the person. SCQ evaluates basic skills and social behavior in terms of quantity. The scale was developed by Birchwood et al. in 1990 and its validity and reliability study was performed by Erakay in 2001. The necessary permission to use the scale was obtained from Yaprak Erkay. Since the experimental and control group of 30 people consisted of schizophrenia patients and informed consent form was read and signed by the patients as a result of which the researcher "Visual Arts Teacher" gave the socio-demographic data form to be filled by them such as social functionality pre-test. The patients did not affect in the process of the pre- and post-tests, no bias was made so that the patients would not respond to the tests during the application phase and under any influence of the next post-test phase.

After the pre-test applications the subjects included in the visual arts applications curriculum were taught in the classroom environment to the experimental group of 15 people and no intervention was made while the patients were given the freedom to choose and apply in the selection of materials and applications. The researcher did not intervene or practice in the control group of 15 people and it was aimed to investigate the effect of visual arts practices on schizophrenia patients on the social functionality. In order to use the time off for the applications efficiently the visual arts teacher explained the subjects in the classroom environment and introduced the materials and showed how the applications would be made for a period of four weeks. After the application the researcher applied a post-test to the experimental and control groups and at the end of the application the researcher complated the research. The statistical findings of the data compiled according to the post-test results of visual arts practices were arranged and it was concluded whether there was a significant difference between the control and experimental groups.

## Validity and Reliability

In the study, “The Effect of Visual Arts Practices on Social Functioning in Patients with Schizophrenia” was investigated. Social Functioning Scale (SIS) was used as data collection tool. In order to increase the quality of the data collected in the research 5 different statistical analyzes were applied and these analyzes were made on the computer with the SPSS for Windows 22.00 statistical package program. In case of any problems in the pre-test, post-test and visual arts applications of the research or inability to respond to the tests, a spare patient was kept and the research was continued with a certain number of patients who participated voluntarily. Applications and tests were carried out under the supervision of a visual arts teacher consultant and psychologist. No intervention is made to the patients in the tests and applications. Statistical data were made by the expert, data and results were explained.

## Limitations of this research

- It was limited to patients with schizophrenia who were enrolled in the Community Mental Health Center in the 2017-2018 academic year of Atatürk University Regional Training Hospital in Erzurum city center and who received visual arts practices in the visual arts class.
- It was limited to the social, economic and cultural conditions of the schizophrenic patients participating in the research.
- It was limited to the data contained in the data collection tool.

In examining the effects of visual arts educative practices on the social functionality of patients with schizophrenia, attention was paid to the incompleteness of the number of patients in the "Experimental Group and Control Group" in terms of validity and reliability. In the "Pre-Test and Post-Test" practices, care was taken not to influence the patients in terms of both the environment and the teacher. During the 4-week training period the patients were informed about the purpose of the research, the course was taught, the applications were shown, and the choice of application was left to the patients. Precautions have been taken to avoid any time problems. In line with the permission obtained from the Ministry of Health for one month, after the 4-week application program was over, the post-tests were carried out in appropriate environments, the results of the pre-test and post-test were turned into statistics by tabulating the data with an expert in the field in terms of validity and reliability.

## Results

The distribution of schizophrenia patients included in the study according to their descriptive characteristics is given in Table 2.


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| | | S | % |
|---|---|---|---|
| Gender | Male | 25 | 83.3 |
| | Woman | 5 | 16.7 |
| Marital Status | Married | 5 | 16.7 |
| | Sigle | 23 | 76.7 |
| | Divorsed | 1 | 3.3 |
| | Lives apart from his wife | 1 | 3.3 |
| Who do you live with in your höse? | Alone | 3 | 10.0 |
| | Only with your partner | 1 | 3.3 |
| | Spous and children | 4 | 13.3 |
| | Mother and mother | 14 | 46.7 |
| | Other | 1 | 3.3 |
| | Pasinler nursing home | 1 | 3.3 |
| | Mother | 4 | 13.3 |
| | Brother | 1 | 3.3 |
| | In the nursing home | 1 | 3.3 |
| Can you live alone? | Yes | 10 | 33.3 |
| | No | 20 | 66.7 |
| Education Status | Primary education | 18 | 60.0 |
| | High school | 10 | 33.3 |
| | college or university | 1 | 3.3 |
| | Literate (incomplete education) | 1 | 3.3 |
| How many children do you have? | No child | 14 | 48.3 |
| | 1 | 3 | 10.3 |
| | 2 | 10 | 34.5 |


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| | | S | % |
|---|---|---|---|
| | 3 | 2 | 6.9 |
| Where she/he currently lives | Town | 1 | 3.3 |
| | City | 29 | 96.7 |
| Where you live as a child | Willage | 6 | 20.0 |
| | City | 24 | 80.0 |
| Do you have a job that you work know? | Yes | 0 | 0 |
| | No | 30 | 100.0 |
| How long do you work in your job? | 1-5 years | 20 | 66.7 |
| | 5-10 years | 3 | 10.0 |
| | 11 years and over | 4 | 13.3 |
| If you work how many hours doyu work in a week? | An average of 40 hours | 6 | 27.3 |
| | An average of 45 hours and over | 16 | 72.7 |
| Apart from the family you live with, do you have relatives or friends whose social support you feel? | Yes | 20 | 66.7 |
| | No | 10 | 33.3 |
| Who were you raised by in your childhood (0-1 years old)? | Mother | 23 | 76.7 |
| | Father | 1 | 3.3 |
| | Father-mother | 4 | 13.3 |
| | Grandfather on mother's side | 1 | 3.3 |
| | Grandmother on mother's side | 1 | 3.3 |
| What kind of interest did you encounter in your childhood? | With extreme interest | 16 | 53.3 |
| | With enough interest | 11 | 36.7 |


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| | | S | % |
|---|---|---|---|
| | Irrelevent | 3 | 10.0 |
| What kind of discipline were you brought up in your childhood? | Extreme control | 11 | 37.9 |
| | Enough control | 15 | 51.7 |
| | Little control | 3 | 10.3 |
| Do you think that your upbringing has contributed to your coping with life's problems? | Yes | 11 | 37.9 |
| | No | | |
| | | 18 | 62.1 |
| How was your family situation when you were a child? | Complate | 23 | 76.7 |
| | Divorced | 3 | 10.0 |
| | Broken | 4 | 13.3 |
| Did your mother live in your childhood? | Yes | 28 | 93.3 |
| | No | 2 | 6.7 |
| Did your father live in your childhood? | Yes | 25 | 83.3 |
| | No | 5 | 16.7 |
| Age | Mean=43.20 ss=13.071 | | |
| | Minimum= 22 Maximum=67 | | |

**Table 2.** *Findings Related to Descriptive Characteristics of Schizophrenia Patients Included in the Study (n=30)*

When the table was examined the mean age of the schizophrenia patients included in the study was 43.20 and the age range was between 22 and 67, 83.3% male, 16.7% female, 16.7% married, 76.7% single, 6.6% divorced or living apart from their spouses, 10% lived alone, 16.6% live with their spouse and children, 46.7% lived with their parents, 60% were primary school graduates, 33.3% were high school graduates, 48.3% had no children, % 96.7% currently lived in the city, 100% didn't have a job at the moment, 66.7% worked in their profession between 1-5 years, 27.3% worked an average of 40 hours a week when


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working, 72.7% worked weekly on average of 45 hours or more, 66.7% had relatives or friends who felt social support apart from the family they live with, 76.7% were raised by their mothers in childhood (0-1 years), 53.3% were raised with extreme care in their childhood, 36.7% were raised with enough attention in their childhood, 10% were raised without interest in childhood, 3% 7.9 of them were brought up with excessive control in their childhood, 37.9% of them think that their upbringing contributes to coping with the problems in life, 62.1% of them thought that the way of upbringing does not contributed to coping with the problems in life, 76.7% of them had their family together in their childhood, 93.3% it was seen that their mother was alive in their childhood, and 83.3% of them had their fathers in their childhood.

In order to understand whether there is a difference between the Social Functioning Scale (SIS) scores of schizophrenic patients before and after the experiment, the t-test was applied for paired samples and the findings are given in Table 3.


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| | | N | $\bar{X}$ | S.s. | t | p |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Pretest | 30 | 8.83 | 2.198 | **-2.116** | **.043** |
| | posttest | 30 | 11.13 | 5.764 | | |
| 2. Interpersonal functionality | Pretest | 30 | 5.77 | 2.079 | **-3.949** | **.000** |
| | posttest | 30 | 7.07 | 1.893 | | |
| 3. Early social events | Pretest | 30 | 23.23 | 9.416 | **-4.907** | **.000** |
| | posttest | 30 | 33.90 | 11.109 | | |
| 4. Making use of your free time | Pretest | 30 | 14.20 | 6.620 | **-5.613** | **.000** |
| | posttest | 30 | 19.87 | 7.001 | | |
| 5. Independence-competence | Pretest | 30 | 32.17 | 5.344 | **-3.084** | **.004** |
| | posttest | 30 | 34.10 | 3.745 | | |
| 6. Independence-performance | Pretest | 30 | 20.00 | 9.266 | **-3.167** | **.004** |
| | posttest | 30 | 23.97 | 8.806 | | |
| 7. Job/occupation | Pretest | 30 | 2.07 | 1.911 | -1.235 | .227 |
| | posttest | 30 | 2.27 | 1.856 | | |
| Social Functioning Scale (SIS) | Pretest | 30 | 106.27 | 28.947 | **-5.100** | **.000** |
| | posttest | 30 | 132.30 | 29.140 | | |

**Table 3.** Differences Between Pre-Experimental and Post-Experimental Social Functioning Scale (SIS) Scores of Schizophrenia Patients

The difference between the pre-experimental and post-experimental mean scores of the "Social withdrawal" dimension of the Social Functioning Scale was found to be significant in favor of the posttest at the $p<0.05$ significance level. As a result, it can be said that schizophrenia patients' "Social withdrawal" status increased after the experiment.

The difference between the pre-experimental and post-experimental mean scores of the "Interpersonal Functioning" dimension of the Social Functioning Scale was found to be significant in favor of the posttest at the p<0.05 significance level. As a result, it can be said that the "Interpersonal Functioning" status of schizophrenia patients increased after the experiment.

The difference between the pre-experimental and post-experimental mean scores of the "Anti- social activities" dimension of the Social Functioning Scale was found to be significant in favor of the posttest at the p<0.05 significance level. As a result, it can be said that schizophrenia patients' "Preliminary Social Activities" status increased after the experiment.

The difference between the pre-experimental and post-experimental mean scores of the "Evaluating Leisure Time" dimension of the Social Functioning Scale was found to be significant in favor of the posttest at the p<0.05 significance level. As a result, it can be said that schizophrenia patients' "evaluation of their free time" status increased after the experiment.

The difference between the pre-experimental and post-experimental mean scores of the "Independence-competence" dimension of the Social Functioning Scale was found to be significant in favor of the posttest at the p<0.05 significance level. As a result, it can be said that the "independence- competence" status of schizophrenia patients increased after the experiment.

The difference between the pre-experimental and post-experimental mean scores of the "Independence-performance" dimension of the Social Functioning Scale was found to be significant in favor of the posttest at the p<0.05 significance level. As a result, it can be said that the "independence- performance" status of schizophrenia patients increased after the experiment.

The difference between the pre-experimental and post-experimental mean scores of the "Work/occupation" dimension of the Social Functioning Scale was found to be insignificant at the p>0.05 significance level. As a result, it can be said that there is no significant change in the "work/occupation" status of schizophrenia patients after the experiment.

In terms of the total score of the Social Functioning Scale, the difference between the mean scores before and after the experiment was found to be significant in favor of the posttest at the p<0.05 significance level. As a result, it can be said that the Social Functioning status of schizophrenia patients increased after the experiment.

As a result, it can be said that the visual arts practices applied to schizophrenia patients improve the Social Functioning status of the patients positively such as defined below:

| | Before | Later |
|---|---|---|
| 1. Social withdrawal | 8.83 | 11.13 |
| 2. Interpersonal functionality | 5.77 | 7.07 |
| 3. Early social events | 23.23 | 33.9 |
| 4. Making use of your free time | 14.2 | 10.97 |
| 5. Independence-competence | 32.17 | 34.1 |
| 6. Independence-performance | 20 | 23.97 |
| 7. Job/occupation | 2.072 | 27 |
| Social Functioning Scale (SIS) | 106.27 | 132.3 |

**Figure 1.** *Social functioning scale (SIS) scores of schizophrenic patients before and after the experiment.*

Mann Whitney U test was applied for independent groups in order to understand whether there was a difference in terms of Social Functioning Scale (SIS) scores after visual arts practices according to the gender of schizophrenic patients and the findings are given in Table 4.

| | | N | $\bar{X}$ | S.s. | U | p |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Male | 25 | 11.20 | 6.305 | 50.000 | .516 |
| | Female | 5 | 10.80 | 1.483 | | |
| 2. Interpersonal functionality | Male | 25 | 6.92 | 1.977 | 47.000 | .416 |
| | Female | 5 | 7.80 | 1.304 | | |
| 3. Early social events | Male | 25 | 32.64 | 10.396 | 39.500 | .208 |
| | Female | 5 | 40.20 | 13.664 | | |
| 4. Making use of your free time | Male | 25 | 19.12 | 7.190 | 41.500 | .251 |
| | Female | 5 | 23.60 | 4.930 | | |
| 5. Independence-competence | Male | 25 | 34.28 | 3.623 | 54.500 | .666 |
| | Female | 5 | 33.20 | 4.658 | | |
| 6. Independence-performance | Male | 25 | 23.16 | 9.236 | 43.000 | .300 |
| | Female | 5 | 28.00 | 5.099 | | |
| 7. Job/occupation | Male | 25 | 2.48 | 1.960 | 40.000 | .229 |
| | Female | 5 | 1.20 | .447 | | |
| Social Functioning Scale (SIS) | Male | 25 | 129.80 | 29.997 | 40.500 | .229 |
| | Female | 5 | 144.80 | 22.862 | | |

**Table 4.** *Differences in Social Functioning Scale (SIS) Scores of Schizophrenia Patients After Visual Arts Practices by Gender*

According to the gender of schizophrenic patients, after visual arts educative practices 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/occupational dimensions and Social In terms of the Functioning Scale total score averages, all the differences were found to be insignificant at


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the p>0.05 significance level. This finding indicates that after visual arts practices, male and female schizophrenia patients 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4. Leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/occupation dimensions and Social Functioning Scale total scores. As a result, the effect of visual arts practices did not change according to gender.

The Kruskal Wallis H test was applied to independent groups in order to understand whether there was a difference in terms of Social Functioning Scale (SIS) scores after visual arts practices according to the marital status of schizophrenic patients, and the findings are given in Table 5.

| | | N | $\bar{X}$ | S.s. | Ki-kare | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal<br>2. Interpersonal functionality | Married | 5 | 11.00 | 2.121 | 1.144 | .564 |
| | Single | 23 | 11.30 | 6.533 | | |
| | Divorced | 2 | 9.50 | .707 | | |
| 3. Early social events | Married | 5 | 7.40 | 1.517 | 1.869 | .393 |
| | Single | 23 | 7.09 | 2.043 | | |
| | Divorced | 2 | 6.00 | .000 | | |
| 4. Making use of your free time<br>5. Independence-competence | Married | 5 | 31.00 | 8.515 | 1.503 | .472 |
| | Single | 23 | 34.70 | 11.971 | | |
| | Divorced | 2 | 32.00 | 8.485 | | |
| 6. Independence-performance | Married | 5 | 20.20 | 9.094 | .412 | .814 |
| | Single | 23 | 19.65 | 6.939 | | |
| | Divorced | 2 | 21.50 | 4.950 | | |
| 7. Job/occupation | Married | 5 | 34.20 | 3.564 | 2.811 | .245 |
| | Single | 23 | 33.74 | 3.816 | | |
| | Divorced | 2 | 38.00 | 1.414 | | |
| 1. Social withdrawal<br>2. Interpersonal functionality | Married | 5 | 27.00 | 5.612 | 2.197 | .333 |
| | Single | 23 | 22.70 | 9.315 | | |
| | Divorced | 2 | 31.00 | 5.657 | | |
| 3. Early social events | Married | 5 | 1.00 | .000 | 5.564 | .062 |
| | Single | 23 | 2.39 | 1.877 | | |
| | Divorced | 2 | 4.00 | 2.828 | | |
| 4. Making use of your free time | Married | 5 | 131.80 | 29.021 | .120 | .942 |
| | Single | 23 | 131.57 | 30.508 | | |
| | Divorced | 2 | 142.00 | 24.042 | | |


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**Table 5.** *Differences in Social Functioning Scale (SIS) Scores of Schizophrenia Patients After Visual Arts Practices According to Marital Status*

According to the marital status of patients with schizophrenia, after visual arts educative practices; 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/occupational dimensions and In terms of the total mean score of the Social Functioning Scale, all the differences were found to be insignificant at the p>0.05 significance level. This finding is based on the marital status of schizophrenia patients after visual arts practices1. It shows that there was no difference between social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/occupation dimensions and Social Functioning Scale total scores. As a result, the effect of visual arts practices did not change according to marital status.

The Mann Whitney U test was applied to independent groups in order to understand whether there was a difference in terms of Social Functioning Scale (SIS) scores after visual arts practices according to the ability of schizophrenic patients to live alone, and the findings were given in Table 6.

| | | N | $\bar{X}$ | S.s. | U | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Yes | 10 | 10.30 | 1.636 | 99.000 | .964 |
| | No | 20 | 11.55 | 6.992 | | |
| 2. Interpersonal functionality | Yes | 10 | 7.20 | 1.398 | 96.000 | .857 |
| | No | 20 | 7.00 | 2.128 | | |
| 3. Early social events | Yes | 10 | 39.30 | 10.100 | 60.500 | .082 |
| | No | 20 | 31.20 | 10.817 | | |
| 4. Making use of your free time | Yes | 10 | 22.70 | 5.100 | 72.500 | .226 |
| | No | 20 | 18.45 | 7.494 | | |
| 5. Independence-competence | Yes | 10 | 33.70 | 3.889 | 92.000 | .723 |
| | No | 20 | 34.30 | 3.757 | | |
| 6. Independence-performance | Yes | 10 | 27.80 | 5.412 | 66.000 | .134 |
| | No | 20 | 22.05 | 9.638 | | |
| 7. Job/occupation | Yes | 10 | 2.20 | 1.687 | 96.000 | .845 |
| | No | 20 | 2.30 | 1.976 | | |
| Social Functioning Scale (SIS) | Yes | 10 | 143.20 | 18.402 | 68.000 | .159 |
| | No | 20 | 126.85 | 32.277 | | |

**Table 6.** *Differences in Social Functioning Scale (SIS) Scores after Visual Arts Practices According to the Situation of Living Alone in Patients with Schizophrenia*

According to the gender of schizophrenic patients, after visual arts educative practices 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/occupational dimensions and Social In terms of the Functioning Scale total score averages all the differences were found to be insignificant at

the p>0.05 significance level. According to the visual schizophrenia patients' ability to live alone, 1. Social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 4. In terms of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Job/occupation dimensions and Social Functioning Scale total score averages, all the differences were found to be insignificant at the p>0.05 significance level. This finding indicated that after visual arts practices, male and female schizophrenia patients' 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4.

Leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work occupation dimensions and Social Functioning Scale total scores were similar. As a result, the effect of visual arts practices did not change according to the state of being able to live alone.

The Kruskal Wallis H test was applied to independent groups in order to understand whether there was a difference in terms of Social Functioning Scale (SIS) scores after visual arts practices according to the educational status of schizophrenic patients and the findings were given in Table 7.

| | | N | $\bar{X}$ | S.s. | Ki-kare | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Primary Education | 18 | 9.61 | 1.819 | 5.426 | .143 |
| | Highschool | 10 | 13.70 | 9.405 | | |
| | Collage/University | 1 | 13.00 | 0.0 | | |
| | Literate | 1 | 11.00 | 0.0 | | |
| 2. Interpersonal functionality | Primary Education | 18 | 6.72 | 2.052 | 3.893 | .273 |
| | Highschool | 10 | 7.30 | 1.567 | | |
| | Collage/University | 1 | 9.00 | 0.00 | | |
| | Literate | 1 | 9.00 | 0.00 | | |
| 3. Early social events | Primary Education | 18 | 34.72 | 12.203 | 2.995 | 392 |
| | Highschool | 10 | 32.70 | 9.405 | | |
| | Collage/University | 1 | 22.00 | 0.00 | | |
| | Literate | 1 | 43.00 | 0.00 | | |
| 4. Making use of your free time | Primary Education | 18 | 19.06 | 7.588 | 2.075 | .557 |
| | Highschool | 10 | 21.80 | 6.512 | | |
| | Collage/University | 1 | 17.00 | 0.00 | | |
| | Literate | 1 | 18.00 | 0.00 | | |
| 5. Independence-competence | Primary Education | 18 | 33.39 | 4.146 | 3.379 | .337 |
| | Highschool | 10 | 35.10 | 2.726 | | |
| | Collage/University | 1 | 39.00 | 0.00 | | |
| | Literate | 1 | 32.00 | 0.00 | | |
| 6. Independence-performance | Primary Education | 18 | 23.94 | 9.390 | 1.663 | .645 |
| | Highschool | 10 | 22.90 | 8.647 | | |
| | Collage/University | 1 | 31.00 | 0.00 | | |
| | Literate | 1 | 28.00 | 0.00 | | |


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| | | N | $\bar{X}$ | S.s. | Ki-kare | P |
|---|---|---|---|---|---|---|
| 7. Job/occupation | Primary Education | 18 | 2.50 | 2.007 | 4.454 | .216 |
| | Highschool | 10 | 1.60 | 1.075 | | |
| | Collage/University | 1 | 6.00 | 0.00 | | |
| | Literate | 1 | 1.00 | 0.00 | | |
| Social Functioning Scale (SIS) | Primary Education | 18 | 129.94 | 33.455 | .351 | .950 |
| | Highschool | 10 | 135.10 | 24.274 | | |
| | Collage/University | 1 | 137.00 | 0.00 | | |
| | Literate | 1 | 142.00 | 0.00 | | |

**Table 7.** *Differences in Social Functioning Scale (SIS) Scores of Schizophrenia Patients After Visual Arts Practices According to Educational Levels*

According to the educational status of schizophrenic patients, after visual arts practices 1. Social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/profession dimensions and In terms of the total mean score of the Social Functioning Scale all the differences were found to be insignificant at the p>0.05 significance level. This finding was according to the educational status of schizophrenia patients after visual arts practices 1. It shows that there was no difference between social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/occupation dimensions and Social Functioning Scale total scores. As a result, the effect of visual arts practices did not change according to education level.

The Mann Whitney U test was applied to independent groups in order to understand whether there was a difference in terms of Social Functioning Scale (SIS) scores after visual arts practices, according to the status of having a person other than the family they live with, and the results were given in Table 8.


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| | | N | $\bar{X}$ | S.s. | U | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Yes | 20 | 11.45 | 6.894 | 79.000 | .349 |
| | No | 10 | 10.50 | 2.461 | | |
| 2. Interpersonal functionality | Yes | 20 | 7.55 | 1.317 | 64.500 | .111 |
| | No | 10 | 6.10 | 2.514 | | |
| 3. Early social events | Yes | 20 | 34.85 | 9.201 | 79.500 | .367 |
| | No | 10 | 32.00 | 14.591 | | |
| 4. Making use of your free time | Yes | 20 | 20.45 | 6.245 | 95.500 | .843 |
| | No | 10 | 18.70 | 8.564 | | |
| 5. Independence-competence | Yes | 20 | 34.45 | 3.410 | 86.000 | .535 |
| | No | 10 | 33.40 | 4.452 | | |
| 6. Independence-performance | Yes | 20 | 25.00 | 6.448 | 93.000 | .758 |
| | No | 10 | 21.90 | 12.449 | | |
| 7. Job/occupation | Yes | 20 | 2.05 | 1.761 | 83.500 | .421 |
| | No | 10 | 2.70 | 2.058 | | |
| Social Functioning Scale (SIS) | Yes | 20 | 135.80 | 22.961 | 88.500 | .613 |
| | No | 10 | 125.30 | 39.260 | | |

**Table 8.** *Differences in Social Functioning Scale (SIS) Scores of Schizophrenia Patients After Visual Arts Practices According to the Status of Having No One Other than the Family They Live With*

After visual arts educative practices according to the status of being a person with whom schizophrenia patients feel social support other than their family they live with. 1. Social withdrawal after visual arts practices, 2. Interpersonal functionality, 3. Preliminary social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. All the differences in terms of

job/occupation dimensions and Social Functioning Scale total score averages were found to be insignificant at the p>0.05 significance level. This finding showed that after visual arts practices, schizophrenia patients have 1. Social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 4. Making use of their spare time, 5. Independence-competence, 6. Independence - performance, 7. It shows that there was no difference between the job/occupation dimensions and the Social Functioning Scale total scores. As a result, the effect of visual arts practices did not change according to the status of being someone who felt social support apart from the family with whom he lived.

The Mann Whitney U test was applied to independent groups in order to understand whether there was a difference in terms of Social Functioning Scale (SIS) scores after visual arts practices according to the effect of the upbringing of schizophrenic patients on coping with the problems in life, and the findings were given in Table 9.

| | | N | $\bar{X}$ | S.s. | U | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Yes | 11 | 10.73 | 1.794 | 82.500 | .337 |
| | No | 19 | 11.37 | 7.182 | | |
| 2. Interpersonal functionality | Yes | 11 | 7.36 | 1.748 | 89.500 | .510 |
| | No | 19 | 6.89 | 1.997 | | |
| 3. Early social events | Yes | 11 | 38.55 | 9.158 | 70.000 | .137 |
| | No | 19 | 31.21 | 11.463 | | |
| 4. Making use of your free time | Yes | 11 | 22.00 | 4.147 | 83.500 | .365 |
| | No | 19 | 18.63 | 8.064 | | |
| 5. Independence-competence | Yes | 11 | 34.36 | 3.529 | 97.500 | .761 |
| | No | 19 | 33.95 | 3.951 | | |
| 6. Independence-performance | Yes | 11 | 27.09 | 6.188 | 65.500 | .093 |
| | No | 19 | 22.16 | 9,708 | | |
| 7. Job/occupation | Yes | 11 | 2.09 | 2.212 | 83.000 | .305 |
| | No | 19 | 2.37 | 1.674 | | |
| Social Functioning Scale (SIS) | Yes | 11 | 142.18 | 14.972 | 82.500 | .344 |
| | No | 19 | 126.58 | 33.901 | | |

**Table 9.** *Differences in Social Functioning Scale (SIS) Scores after Visual Arts Practices According to the Effect of the Upbringing of Schizophrenic Patients on Coping with Life's Problems*

After visual arts educative practices, according to the effect of schizophrenia patients' upbringing on coping with problems in life 1.Social withdrawal after visual arts practices, 2. Interpersonal functionality, 3. Prior social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. All the differences in terms of job/occupation dimensions and Social Functioning Scale

total score averages were found to be insignificant at the p>0.05 significance level. This finding shows that the schizophrenic patients' 1. Social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence- performance, 7. Work/occupation dimensions and Social Functioning Scale total scores. As a result, the effect of visual arts practices did not change according to the effect of the upbringing on coping with the problems in life.

The Mann Whitney U test was applied to independent groups in order to understand whether there was a difference in the Social Functioning Scale (SIS) scores of schizophrenic patients after visual arts practices according to their mother's living situation in childhood, and the findings were given in Table 10.


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| | | N | $\bar{X}$ | S.s. | U | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Yes | 28 | 11.36 | 5.908 | 5.000 | .053 |
| | No | 2 | 8.00 | .000 | | |
| 2. Interpersonal functionality | Yes | 28 | 7.07 | 1.961 | 23.000 | .671 |
| | No | 2 | 7.00 | .000 | | |
| 3. Early social events | Yes | 28 | 33.82 | 11.457 | 26.500 | .901 |
| | No | 2 | 35.00 | 5.657 | | |
| 4. Making use of your free time | Yes | 28 | 19.68 | 6.998 | 24.500 | .771 |
| | No | 2 | 22.50 | 9.192 | | |
| 5. Independence-competence | Yes | 28 | 34.14 | 3.759 | 25.000 | .801 |
| | No | 2 | 33.50 | 4.950 | | |
| 6. Independence-performance | Yes | 28 | 23.93 | 9.076 | 27.500 | .967 |
| | No | 2 | 24.50 | 4.950 | | |
| 7. Job/occupation | Yes | 28 | 2.32 | 1.906 | 25.000 | .782 |
| | No | 2 | 1.50 | .707 | | |
| Social Functioning Scale (SIS) | Yes | 28 | 132.32 | 30.100 | 23.000 | .677 |
| | No | 2 | 132.00 | 12.728 | | |

**Table 10.** *Differences in Social Functioning Scale (SIS) Scores of Schizophrenic Patients After Visual Arts Practices According to Their Mother's Living Status in Childhood*

After the visual arts practices of schizophrenic patients according to their mother's living situation in childhood 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work/profession All the differences were found to be insignificant at p>0.05 significance level in terms of dimensions and Social


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Functioning Scale total score averages. This finding showed that patients with schizophrenia according to their mother's living status in childhood after visual arts practices of 1. Social withdrawal, 2. Interpersonal functionality, 3. Prior social activities, 4. Making use of leisure time, 5. Independence-competence, 6. Independence-performance, 7. Work It shows that there was no difference between the /occupation dimensions and the Social Functioning Scale total scores. As a result, the effect of visual arts practices did not change according to the living situation of his mother in childhood.

The Mann Whitney U test was applied to independent groups in order to understand whether there was a difference in the Social Functioning Scale (SIS) scores of schizophrenic patients after visual arts practices according to their father's living status in childhood, and the findings were given in Table 11.

| | | N | $\bar{X}$ | S.s. | U | P |
|---|---|---|---|---|---|---|
| 1. Social withdrawal | Yes | 25 | 11.48 | 6.252 | 41.000 | .225 |
| | No | 5 | 9.40 | 1.342 | | |
| 2. Interpersonal functionality | Yes | 25 | 7.12 | 1.965 | 52.500 | .570 |
| | No | 5 | 6.80 | 1.643 | | |
| 3. Early social events | Yes | 25 | 33.04 | 11.781 | 47.000 | .388 |
| | No | 5 | 38.20 | 5.848 | | |
| 4. Making use of your free time | Yes | 25 | 18.64 | 6.963 | **15.500** | **.009** |
| | No | 5 | 26.00 | 2.828 | | |
| 5. Independence-competence | Yes | 25 | 33.40 | 3.663 | **18.500** | **.014** |
| | No | 5 | 37.60 | 1.673 | | |
| 6. Independence-performance | Yes | 25 | 23.40 | 8.968 | 44.500 | .315 |
| | No | 5 | 26.80 | 8.228 | | |
| 7. Job/occupation | Yes | 25 | 2.16 | 1.700 | 57.500 | .758 |
| | No | 5 | 2.80 | 2.683 | | |
| Social Functioning Scale (SIS) | Yes | 25 | 129.24 | 30.284 | 38.500 | .181 |
| | No | 5 | 147.60 | 17.387 | | |

**Table 11.** *Differences in Social Functioning Scale (SIS) Scores of Schizophrenic Patients After Visual Arts Practices According to Their Father's Living Status in Childhood*

According to the living situation of the father in the childhood of schizophrenic patients, after the visual arts practices 4. The differences in terms of leisure time and 5. Independence-competence mean scores were significant at the $p<0.05$ importance level 1. Social withdrawal, 2. Interpersonal functionality, 3. Preliminary social activities, 6 All differences in terms of independence-performance, 7. Job/occupation


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dimensions, and Social Functioning Scale total score averages were found to be insignificant at the p>0.05 significance level. This finding showed that after visual arts practices, there was a difference between schizophrenia patients' 4th leisure time evaluation and 5th independence- competence scores according to their father's living status in childhood. When the table was examined, it was seen that the patients who did not have a father in their childhood had a higher mean score of 4. Making use of their spare time and 5. Independence-competence.

As a result, the effect of visual arts practices varied according to the father's living situation in his childhood 4. In terms of leisure time, and 5. In terms of independence-competence, according to the father's living situation in childhood.

## Discussion and Conclusion

The aim of the study was to examine and reveal the effects of visual arts educative studies on the social functionality of patients with schizophrenia. For this purpose the effect of visual art activities applied to the experimental and control group consisting of 30 people about their social functionality (SIO) skills in the form of pretest, posttest and application was examined. Statistical evaluations were made about the data obtained as a result of the application. It was understood from the table data above that visual arts studies with patients had a positive effect on their social functionality and that art in general and visual arts in particular motivated patients, created positive effects in their social lives, developed psychomotor skills, and visual arts applications increased the motivation, thinking skills and social functionality of patients. It was realized that visual arts practices were effective for patients to express themselves through art and it was thought that it could be a data source for different researches to be made in this field and a data source for the literature.

Discussions based on the results of the findings reached within the scope of the research were included. In the study it was observed that the Visual Arts lessons given to schizophrenia patients in Community Mental Health Centers and the applications made for the social functionality and social skills of the patients had positive effects on schizophrenia patients and positive effects on their social functionality in relation to statistical data. In this context it could be said that the patients' ability to express themselves through art and educative visual arts practices contribute to their social lives and that the social functionality positions of schizophrenia patients developed positively after the experiment.

## Suggestions

The suggestions that could be reached as a result of the methods and applications used in the research are as follows:

- It is thought that visual arts teachers should be given to individuals and patients in different institutions and organizations with different methods and techniques, apart from traditional school education methods.
- In the undergraduate program the effect of art on patients can be given in lessons regarding the positive contribution of visual arts practices to patients with schizophrenia and individuals with mental illnesses.
- Encouraging visual arts practices and artistic practices that are deemed appropriate to increase the social functionality of schizophrenic patients.
- The research may be important in terms of shedding light on future research studies of visual arts practices in patients with schizophrenia.
- It can be reached that visual arts practices can be a comprehensive course not only for the artistic development of students but also for individuals in terms of the scope of visual arts courses.
- Informing schizophrenic patients about the application process and visual arts practices should be given by the researcher.
- Visual arts lessons can be given in Community Mental Health Centers in a more equipped way so that schizophrenic patients can express themselves through art.
- In the processing and application of visual arts lessons, the patients in the study group can reveal their creativity by freely choosing the applications they want with their own choice.
- Giving visual arts lessons to different individuals and schizophrenic patients outside of school may enable cooperation with institutions and organizations.
- Visual arts practices can be given to other patients with mental health disorders, apart from schizophrenia patients.
- Practices and studies on visual arts practices can be increased in terms of quality and quantity.
- Visual arts practices can be compared with schizophrenia patients in areas such as academic achievement, demographic attitude, social skills, self-confidence, motivation, and communication skills with many different practices and different studies.

- In this study, it was concluded that visual arts practices have positive effects on social functionality of patients with schizophrenia. In order to develop and generalize the result of this research, the effect of visual arts on patients can be studied comparatively with different studies.
- The positive effects of visual arts practices on the social functionality of patients with schizophrenia can be conveyed to educators through seminars and conferences organized with the Ministry of Health, Ministry of National Education and Universities.
- An artistic workshop related to visual arts practices can be established and the positive effects of the patients on their original works, their ability to express their inner world, their relaxation with art and their social functionality during their illness can be evaluated.

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