



## Effect on scores of depression and anxiety in psychiatric patients after clay work in a day hospital



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### ABSTRACT

Art therapies are considered important interventions and a more humane approach to mental illness. Clay work is one such therapy. The objective of this study was to evaluate the effect of clay work on depression and anxiety in patients in a day hospital compared with patients who did not undergo therapy. This quantitative and qualitative study was conducted at Maxwell Day Hospital of Londrina, Paraná, Brazil. The survey was conducted with 24 patients, 12 of whom did not participate in clay work therapy (control group), and 12 of whom completed eight sessions of clay work (clay work group). Validated questionnaires for depression (Beck Depression Inventory) and anxiety (Spielberger's State-Trait Anxiety Inventory) were administered to patients in both groups. Depression and anxiety scores differed between the control and clay work groups. The score for the clay work group indicated mild depression ( $13 \pm 0.97$ ,  $p = 0.0039$ ) while the score for the control group indicated moderate depression ( $23.1 \pm 2.9$ ). The clay work group tended to be less anxious than the control group, but this difference was not significant. This suggests that therapy with clay improves depression compared to no therapy.

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### Introduction

Mental health is defined as the ability to live a balanced life. Throughout life, mental changes may occur as a result of climatic adaptation to the environment, or because of environmental, physical, biological, hereditary, prenatal, organic, neuroendocrine, social, cultural, and/or economic factors. These factors can lead to

mental disorders, identified by disruption to clarity, humor, emotion, affect, psychomotor behavior, speech, memory, attention, and sleep. These mental disorders include depression, anxiety, psychosis, and schizophrenia (Sadock & Sadock, 2007).

Psychiatric reform in Brazil and around the world changes the perception of mental illness and intervention by health professionals. Reform is based on psychosocial rehabilitation of people with mental distress, and proposes more humane practices aimed at reintegrating these individuals into society. Art therapy and other expressive techniques are considered important and more humane interventions (Saraiva, Ferreira Filha, & Dias, 2008; Sotto, 2008). These therapies include occupational, sports, psychodrama, animal, play, story, and art (theater, dance, music, drawing, painting, and modeling) therapies.

Clay therapy stands out as a form of art therapy. The use of clay therapy in the psychotherapeutic process as a way of discharging

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emotions can lead the patient to take pleasure in the act itself; moreover, having manual control of such feelings allows communication about conscious or unconscious content, and facilitates expression of feelings. Therefore, this activity can provide a release of tension, pleasure, and relaxation, since subjects construct something that expresses their truth (Bozza, 2001; Sotto, 2008; Jang & Chol, 2012).

Many studies have shown positive effects of several art therapies, including clay work, in patients with mental disorders. Coqueiro, Vieira, and Freitas (2010) conducted a study with patients of the Psychosocial Care Center of Fortaleza in partnership with the University of Ceará, Brazil, where the Art and Health Project included the implementation of various arts, including clay work. They found that artistic techniques allowed users to experience their difficulties, conflicts, fears, and, to a lesser extent, anxieties. Art therapy proved to be an effective way of channeling positive thinking, the variables of mental illness itself, as well as personal and family conflicts. Note that there is a minimization of the negative affective and emotional factors that naturally arise with disease, such as anxiety, fear, aggression, social withdrawal, and apathy.

Thus, the objective of the present study was to evaluate the effect of clay work on depression and anxiety in patients in a day hospital compared with patients who did not undergo therapy.

## Method

This quantitative and qualitative study was conducted at Maxwell Day Hospital of Londrina, Londrina, Paraná, Brazil. The Day Hospital, established in 1994, is a unit that aims to serve the mental health needs of the community of Londrina and the surrounding region through intensive care programs led by multidisciplinary teams that replace a full hospital stay, allowing patients to have a social and family life. The Day Hospital treats people 18–65 years of age who are in need of intensive care due to mental suffering characterized by severe neurosis and psychosis, for the purpose of psychic reorganization and return to their social lives.

The Day Hospital serves an average of 35 patients per day and runs from 8:00 am to 6:00 pm. When patients arrive, an interview is conducted and vital signs are checked. Patients are served breakfast; they then perform physical activity (elongation); participate in artistic activities and therapeutic meetings with doctors, nurses, occupational therapists, and psychologists; and receive medication. Members have weekly responsibilities that they have to fulfill when they are not in therapy sessions, such as organizing activities in the community, dishwashing, collecting garbage, and caring for plants.

After authorization from the institution, participants were selected based on the following inclusion criteria: regular attendance at the institution, participation in at least eight sessions of clay work, diagnosis conducive to this therapy (e.g., depression, schizophrenia, bipolar disorder, anxiety disorder, mild mental retardation, dementia, and psychosis), voluntary participation in the activity, no difficulty speaking, and not taking any drugs that could hinder the understanding of the issues discussed in the interview.

Participants were excluded if they had a diagnosis other than those mentioned above, were younger than 18 years old, were impaired due to the influence of drugs, or were experiencing a crisis.

Before patients participated in any workshop or interview, the study objective was explained, details of the research were presented, and an informed consent form was signed. The first meeting was for presentation and discussion of the expectations of the group, to integrate and simultaneously break resistance. In this initial meeting, sound equipment with relaxing music and a unique rectangular table with chairs were used to increase group integration.

The survey was conducted with 24 patients. The 12 participants in the control group did not complete any clay work (i.e., they agreed to participate, but had no affinity for art), and the 12 participants in the clay work group completed eight sessions of clay work.

The clay work group was divided into two groups of six who completed eight sessions of therapy for eight weeks on Tuesdays (Group 1) or Thursdays (Group 2), from 2:00 p.m. to 5:00 p.m., from January to July of 2012. In each session, the patients reported their feelings and described the meaning of their elaborate sculptures.

The activities were held in a place designed specifically for this purpose: a pleasant open room, where many materials such as paint, paper, colored pencils, crayons, clay, brushes, and clay modeling kits were made available. The work created by the participants in each session was exposed to dry, giving the space an element of visual outpouring of feelings and colors. Once dry, the creators took their work home.

At the end of the eight sessions, validated measures (attached) of depression (Beck Depression Inventory) and anxiety (Spielberger's State-Trait Anxiety Inventory) were administered to participants in the control and clay work groups. The day hospital psychologist administered, tabulated, and interpreted the questionnaires. The Mann–Whitney test was used to compare the scores between the two groups, with a significance threshold of 0.05.

The study was approved by the Ethics in Research Involving Humans of The Catholic University, Curitiba, Paraná, Brazil (PUC/PR), 16/11/2011 under Protocol number 6325 and Opinion 5517/11, following the National Health Council's criteria for Resolution 196/96. This study followed all ethical guidelines for human research.

Through the adopted procedures was possible to verify the effect of clay work in depression and anxiety scores, but there were limitations such as small number of individuals studied, the difficulty of adherence and frequency of therapy to terminate. Therefore, this research should also be exploited in different ways, places and with different profiles of patients to confirm these results.

## Results

The 24 participants were between 18 and 65 years old, and had attended the day hospital for more than one year. There were seven women and five men in the control group, and five women and seven men in the clay work group.

In terms of diagnoses, in the control group ( $n = 12$ ), one patient was diagnosed with depression, one with bipolar disorder, two with anxiety disorder, three with psychotic disorder, four with schizophrenic disorder, and one with mental retardation. The diagnoses are similar (Fig. 1) for the patients in the clay work group ( $n = 12$ ), except that in the clay work group, one patient was diagnosed with anxiety disorder, one with mental retardation, and one with dementia.

We conducted clay work with patients with mental disorders. Patients in the clay work group met in groups of six either Tuesdays (Group 1) or Thursdays (Group 2). Patients were already familiar with the therapy, so when the therapist and researcher arrived, patients helped organize the table with newspapers, clay, water, and tools for modeling clay. There was soft music playing in the background, and the therapist instructed the patients to fashion whatever arose in their minds. The therapy lasted approximately three hours, followed by photos of the work, and interviews about feelings and the meanings attributed to the modeled pieces. There was a lot of interaction between group members. They helped each other, and often sang while working with clay. The control group performed other therapeutic activities, such as reading, crochet, day of beauty, discussing articles in local newspapers, psychotherapy (individual and group). There was less interaction

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