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Effects of Mandala art Therapy on Subjective Well-Being, Resilience, and Hope in Psychiatric Inpatients

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ABSTRACT

Purpose: This study investigated the effects of Mandala art therapy on subjective well-being, resilience, and hope among psychiatric inpatients. **Methods:** Recruited 36 people who had been treated as inpatients in a psychiatric ward at a university hospital in Seoul, South Korea, and divided them evenly into experimental and control groups. The experimental group was required to attend a total of 8 sessions of Mandala art therapy, twice per week, between August 11 and October 30, 2015; measures of the three main variables were administered at pre-test and post-test in both groups. **Results:** Hope significantly increased in both groups, but the overall increase was greater in the experimental group (mean score of 9.5 and 15.3 at pre- and post-test, respectively) than in the control group (10.9 and 11.9). **Conclusion:** These results suggest that Mandala art therapy can have a positive effect on the hope of psychiatric inpatients. However, further research concerning its effects on subjective well-being and resilience, as well as other psychological constructs, is warranted to better understand the effects of Mandala art therapy on psychiatric inpatients.

The care goal for psychiatric inpatients is not merely to treat a certain disease, but also to encourage the willingness to recover using the internal resources necessary for a meaningful life (Higgins & McBennett, 2007). Therefore, it is important to motivate psychiatric inpatients to accept who they are, maintain positive interpersonal relationships, control their own behavior, and fulfill their potential. Subjective well-being, which includes all these notions, is an essential element for the recovery and rehabilitation of patients with mental illness (Ryff, 1989). For people experiencing mental disorders that are unique and more likely to become chronic, overcoming the difficulties related to the illnesses and adjusting to the situation is a more desirable goal than is curing the condition (Fava & Tomba, 2009; Kessler et al., 2015; McCann, Songprakun, & Stephenson, 2016; Rutter, 1985; Sumskis, Moxham, & Caputi, 2017; Wagnild & Young, 1993). Therefore, resilience is another vital element of the recovery and rehabilitation of psychiatric inpatients since it allows them to reinforce their strengths and serves as a protective factor despite the diseases or disabilities that they suffer from. It also enables them to strive for a better condition, rather than excessively focusing on their problems (Kessler et al., 2015). Additionally, hope is one of the major factors that can contribute to the successful outcome of psychotherapy (Aubuchon-Endsley, Callahan, Gonzalez, Ruggero, & Abramson, 2015). It is driving force that maintains health and facilitates recovery (Choe, Kim, & Noh,

2005), and a mental factor that eliminates fear, hesitation, and doubt, thereby helping people endure difficulties such as incurable disease or failure, and continue living (Littrell, Herth, & Hinte, 1996; Simpson et al., 2014).

Various psychotherapeutic programs have been created to facilitate a positive psychological impact on psychiatric inpatients (Aubuchon-Endsley et al., 2015; Bedi, 2016; Qiu et al., 2017). In particular, Mandala art therapy, which enables people to observe their thoughts and feelings, is being increasingly adopted by the psychiatric sector as a useful activity program for psychiatric inpatients who need to integrate reality and imagination (Babouchkina & Robbins, 2015; Choe, 2014; Wallace, 2014). Mandala, a compound word in Sanskrit (a language in ancient India) that comprises the words “Manda” (meaning center) and “La” (meaning accomplishment), refers to reaching individuals about their center and essence, being sincere with themselves, and achieving a peaceful essence (Quinn, 2014). People’s drawings in the circles represent what they thought at that time of the drawing, allows them to forget the confusion they are experiencing, and helps them withdraw into themselves by making them concentrate on the act of drawing itself (Fincher & Johnson, 1991). Mandala art therapy can thus help psychiatric inpatients integrate the different parts of their selves, understand the essence of life, and lead a life that is more centered on themselves (Jung, 1973).

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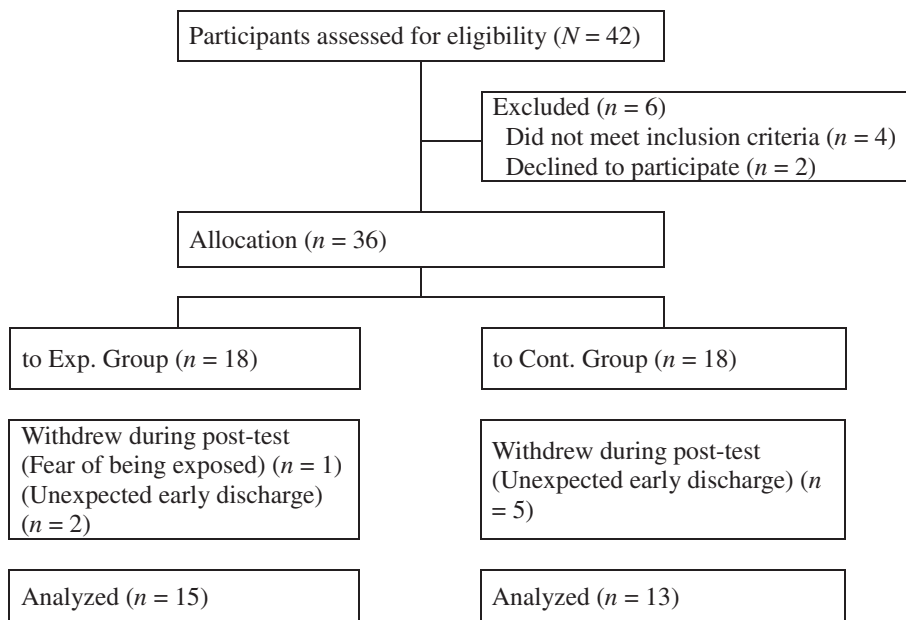


Fig. 1. Flow chart of participant inclusion.

Previous research on Mandala art therapy has demonstrated its positive psychological effects on diverse groups. First, studies that applied Mandala art therapy to the general population found that it increased the subjective well-being of college students (Pisarik & Larson, 2011), enhanced self-awareness of nursing college students (Mahar, Iwasiw, & Evans, 2012), elevated the negative mood of healthy adults (Babouchkina & Robbins, 2015), and improved self-competence and self-awareness among hospice professionals and palliative therapists, ultimately reducing burnout (Potash et al., 2014). Furthermore, research exploring the use of Mandala art therapy for groups with physical or psychological problems has shown that it can alleviate stress among breast cancer survivors while boosting their subjective well-being (Elkis-Abuhoff, Gaydos, Goldblatt, Chen, & Rose, 2009); improve the coping skills and resilience of young adolescents at risk for psychological problems (Sandmire, Gorham, Rankin, & Grimm, 2012); and lessen symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety (Henderson, Rosen, & Mascaro, 2007; Sandmire et al., 2012). It was also found that psychiatric inpatients suffering from multiple personality and dissociative disorders were able to have a better understanding of non-verbal communication through Mandala artwork (Cox & Cohen, 2000).

In summary, previous studies have suggested that Mandala art therapy can have positive psychological effects on diverse groups of subjects. Therefore, the present study attempts to investigate whether Mandala art therapy can improve psychiatric inpatients' subjective well-being, resilience, and hope, which are factors necessary for their rehabilitation.

Methods

Design

This quasi-experimental study attempts to examine the effect of Mandala art therapy on subjective well-being, resilience, and hope in psychiatric inpatients, using a non-equivalent, control-group pre-post design.

Setting and participants

The participants of this study were informed of the purpose of this study. All participants provided their informed consent prior to their inclusion in the study and consent to participate. Details that might

disclose the identity of the participants were omitted. The participants were patients who were receiving treatment in neuropsychiatric wards at a university hospital in Seoul, South Korea. The inclusion criteria were (1) being 18 years or older; (2) being diagnosed with a mental health problem listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5); and (3) have good general function, as indicated by a Global assessment of Functioning (GAF) score of 60 or above (Lee, Cho, & Kwon, 2006). The exclusion criteria included patients who demonstrated severe psychiatric symptoms (e.g., injuring themselves or others) and whose therapists believed that they could not attend an hour-long art therapy session due to a short concentration span.

In August 2015, an advertisement for the Mandala art therapy program was posted on the bulletin boards of neuropsychiatric wards for approximately a week to recruit individuals who were interested in the program. Among a total of 42 inpatients who were willing to participate, four with a GAF score of less than 60 and two who withdrew their participation before the program were excluded. Of the remaining 36 participants, 18 who had been hospitalized in a closed neuropsychiatric ward were assigned to an experimental group, whereas the other 18 who had been treated at an open neuropsychiatric ward were assigned to a control group in order to prevent a possible contamination of the study. Among the final 36 participants, three and five dropped out of the experimental and control groups, respectively, generating a total dropout rate of 22.2%. They left the study because of reason such as "the fear of being exposed to others during the program" (one participant), "unexpected or early discharge" (two participants from the experimental group), and "unexpected or early discharge" (five participants from the control group) (Fig. 1).

Measurements

Subjective well-being was measured using the Concise Measure of Subjective Well-being (COMOSWB), which was developed by Suh and Koo (2011); its validity and reliability for use with the Korean population of all ages have been established. This measure consists of nine questions pertaining to three areas of life, including satisfaction, positive emotion, and negative emotion on a seven-point scale (1 = strongly disagree or never, 7 = strongly agree or always). The score, which is calculated by adding life satisfaction and positive emotion points and subtracting negative emotion points, can range from -15 to 39, and a higher score indicates a higher level of

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