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The Use of Art in the Care and Treatment of Chronic Diseases

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Abstract

Regardless of an individual's physical, psychological and social profile, being diagnosed with a disease is a difficult life event, a threat to the individual's equilibrium and an experience can cause emotional crisis and prevention. The patient who is traumatic cannot do many daily activities which normally can be performed and has the difficulty of doing verbal communication. Non-verbal communication can only be come out with a principle like art. Art is the usage of information and skill in order to arrive a result which is desired. Art in the nursing understands the needs of patients and fears, improving the sufficiency of patients and developing principles are used in order to do good for the patients. The literature states that the art therapy uses art to help patients to cope with disease, trauma and various life crises. It also uses art as a healing tool for personal improvement. Studies have shown that being engaged in creative activities gives patients a sense of hope, self-confidence and control. It reduces patients' anxiety, depression and stress and increase their social skills and life quality. In this literature review was to point out the positive effect of using artistic activities in the treatment and care of chronic diseases.

Keywords: *Chronic disease, adapt, care, art, treatment*

1. Introduction

Regardless of their physical, mental and social profile, getting diagnosed with a disease is a challenging life event for individuals and an experience that could cause threat, frustration, and an emotional crisis for their life balance. With the process of disease, individuals may develop different reactions ranging from simple (natural) distress to the loss-bereavement reaction and the affect where narcissistic integrity is threatened. Even though post-diagnosis adaptation and disease acceptance, mental reactions to disease and their severity develop depending on disease characteristics and individuals' mental and social profile, getting diagnosed with a

serious disease increases existential concerns. One of the methods used in supporting individuals to cope with these emotions and enabling to express their emotions in the process of disease is the use of art. The purpose of this review was to point out the positive effect of using artistic activities in the treatment and care of chronic diseases.

2. Difficulty in Adaptation to the Process of Disease

Having a chronic disease is a crisis both patients and their families need to cope with. The studies report that getting diagnosed with a disease constrains individuals and causes them to experience problems in different areas in adaptation to chronic diseases (Adams, Glenn, & Byatt 2001; Akin&Durna, 2006). It is emphasized that the most affected areas are psychosocial pressure, professional life and social environment (Adaylar 1995; Akin&Durna, 2006) Psychosocial adaptation to disease covers a wide area including adaptation to healthcare, occupational environment, home-family relations, sexual relations, family relation, social environment and psychosocial pressure (Akin&Durna, 2006) The risk of development of chronic or acute complications and the presence of numerous factors in disease control such as diet, exercise, drug use cause psychosocial adaptation problems in individuals (Bar-Sela, Atid, Danos, Gabay & Epelbaum, 2007; Akman, Ünalın&Kalaça, 2009).

3. Emotions Experienced in the Process of Disease

Process of disease is a complex process where a number of emotions are experienced together. Reactions of individuals like separation anxiety, future anxiety, fear of death, anxiety for the damage of body and organs, regret-guilt emotions affect patients' mood, mental functions, balance, physical-emotional autonomy, body image, and social area. Their former conflict and unsolved foci become distinct (Collie, Bottorff&Long, 2006). In this process, emotions become complex and past problem-solving skills become ineffective; in other words, neither emotions nor mind are able to generate necessary solutions to overcome problems and dilemmas. The studies report that individuals who get traumatized in the process of disease are frequently unable to express their intense emotions verbally, make use of necessary words and concepts, and have remarkably limited words to describe those special emotions (Deane, Fitch&Carman, 2000.)

4. The Use of Art in the Care and Treatment

Having had an important function as a mean of communication throughout the history of humanity from primitive communities until today, art provides various benefits through both examining the product generation processes and bringing an overview to these products. While sometimes words remain incapable of expressing the difficulties, art provides alternative and non-threatening solutions to express emotions. Patients develop their problem-solving skills and creativity with the help of materials like paints, ribbons and colorful papers. They feel that they have the right to control and choose. They not only have a good time, but also get the opportunity of considering their situation from different perspectives. Art therapy helps

individuals cope with traumatic emotions experienced during the diagnosis and treatment process of disease (Kocaman, Kutlu, Ozkan & Ozkan, 2007; Malchiodi, 2003).

Art materials are an important way for patients to repair their emotional conflicts, increase personal development and express their anxieties about disease that cannot be expressed verbally. In literature, it is stated that sometimes words remain incapable of expressing the difficulties experienced by individuals and the use of art is a facilitating alternative way of expressing emotions. It is also reported that various branches of art like painting, sculpture, drama, dance, music and story are used as a means of coping with disease, trauma, and various life crises or enhancing the personal development. It is emphasized that art is used as a catalyst for understanding and expressing emotions. Materials like paints, ribbons and colorful papers enable individuals to develop their problem-solving skills and creativity. It is stated that they also make individuals feel that they have the right to control and choose and allow them to not only have a good time in this process, but also consider their situation from different perspectives. It is emphasized that dealing with artistic activities helps patients cope with traumatic emotions experienced during the diagnosis and treatment process of disease. The studies reveal that dealing with creative activities gives hope, self-confidence and sense of control to patients, decreases their feelings such as anxiety, depression and stress, and enhances their social skills and life quality (Malchiodi, 2003/a; Malchiodi 2003/b; Meijer-Degen&Lansen 2006; Monti et.all.2006; Oster et.all 2006; Oster et.all 2007).

It is indicated that patients question themselves without feeling threatened and face their physical changes and sense of loss experienced as a result of treatment with the help of artistic expression. In this respect, numerous studies determine that dealing with artistic activities will enable patients with chronic diseases like cancer, diabetes, heart diseases, disabilities, and psychiatric disorders and pediatric patients, in short, all patient groups, who have a difficulty in communicating and expressing their emotions, to understand and accept their condition (Özkan, 1999; Öz, 2001; Zeigler, Smith, Fawcett, 2004; Toksöz E, 2011; Ocakçı 2011).

Consequently, the results of the study reveal that the use of artistic activities in treatment and care supports individuals' adaptation to the process of chronic disease and processes of coping with disease and positively affects the recovery process. Thus, it is thought that it is required to increase the frequency of using artistic activities in the treatment and care of chronic diseases and implement artistic activities in addition to the medical treatment.

Reference

1. Adams T, Glenn S, Byatt K.(2001) The psychosocial adjustment of people with chronic plaque psoriasis.Clinical Effectiveness in Nursing 2001;5:129–32.
2. Adaylar M. (1995)Kronik hastalığı olan bireylerin hastalığıtaki tutum, adaptasyon, algı ve öz-bakım yönelimleri. [Yayınlanmamış doktora tezi] İstanbul: İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı; 1995

3. Akça Talaz A, Çınar S. Comparison of psychosocial adjustment in people with and without diabetic foot ulceration. *Aust J Adv Nurs* 2008;25:87–96.
4. Akın S, Durna Z.(2006) Kalp yetersizliği hastalarının psikososyal uyumu. *Cumhuriyet Hem De* 2006;10:1–8.
5. Akman M, Ünalın P, Kalaça S. (2009). Tıp Eğitiminde Sanatın Yeri. *Hacettepe Tıp Dergisi*, 40:1-5.
6. Bar-Sela G, Atid L, Danos S, Gabay N, Epelbaum R. (2007)Art therapy improved depression and Influenced fatigue levels in cancer patients on chemotherapy. *Psychooncology* 2007; 16:980-984.
7. Collie K, Bottorff JL, Long BC. (2006) A narrative view of art therapy and art making by women with breast cancer. *J Health Psychol* 2006; 11:761-775.
8. Deane K, Fitch M, Carman M.(2000) An innovative art therapy program for cancer patients. *Can Oncol Nurs J*2000; 10:147-157.
9. Kocaman N, Kutlu Y, Ozkan M, Ozkan S. (2007)Predictors of psychosocial adjustment in people with physical disease. *J Clin Nurs* 2007;16:6–16.
10. Malchiodi CA.(2003/a) Expressive arts therapy and multimodal approaches. In *Handbook of Art Therapy*, 1sted. (Ed CA Malchiodi):106-117. New York, Guilford Press, 2003.
11. Malchiodi CA.(2003/b) Using art therapy with medical support groups. In *Handbook of Art Therapy*, 1st ed. (EdCA Malchiodi):351-361. New York, Guilford Press, 2003.
12. Meijer-Degen F, Lansen J. (2006)Alexithymia- a challenge to art therapy: the story of Rita. *The Arts in Psychotherapy* 2006; 33:167-179.
13. Monti AD, Peterson C, Kunkel SJE, Hauck WW, Pequignot E, Rhodes L et al.(2006) A randomized, controlled mindfulness based art therapy (MBAT) for women with cancer. *Psychooncology* 2006; 15:363-373.
14. Oster I, Magnusson E, Thyme KE, Lindh J, Aström S. (2007/a)Art therapy for women with breast cancer:thetherapeutic consequences of boundary strengthening. *The Arts in Psychotherapy* 2007; 34:277-288.
15. Oster I, Svensk A, Magnusson E, Thyme K, Sjodin M, Aström S et al(2006). Art therapy improves copingresources: a randomized, controlled study among women with breast cancer. *Palliat Support Care* 2006; 4:57-64.
16. Öz F.(2001) Uncertainty in Illness Experience. *Türk Psikiyatri Derg* 2001;12:61–8.
17. Özkan S.(1999) Hastalıklara psikolojik tepkiler. In *Konsültasyon Liyezon Psikiyatrisi 1998-1999* (Ed S Özkan):27-30. İstanbul, İstanbul Üniversitesi Basımevi, 1999.
18. Teksöz E, Ocağcı AF. (2011). Improving Toys with Drama Method in Children’s Health Nursing. *Acta Paediatrica Nurturing The Child*, 100:463, 96-136.
19. Zeigler L, Smith PA, Fawcett J.(2004) Breast cancer: evaluation of the Common Journey Breast Cancer Support Group. *J Clin Nurs* 2004; 13:467-478