

The relationship between art as a therapeutic resource and the quality of life in patients with schizophrenia

Abstract

The general aim of this study was to check the relationship between an Artistic Ceramics Workshop (ACW) and Quality of Life (QOL) of people with clinical diagnosis of schizophrenia of both genders and check if the obtained results were stable in time. Therefore was constituted a convenience sample (n=9) in Socio-Occupational Centers and the participants were medicated and in a stabilized phase of the disease. The ACW was implemented over five months, with a weekly frequency of two sessions of 90 minutes each and the evaluation instrument (WHOQOL-BREF) administered at three different observation moments (before, after the intervention and 27 days after the intervention). Considering the obtained results, the ACW produced significant improvement in the QOL of participants and it was also verified that the obtained results were not stable in time, and with the female gender the intervention was more efficient in terms of the general perception of QOL and general perception of health. We can also conclude that the lack of motivation of the participants regarding interventions that use art as a therapeutic resource can influence its effectiveness.

Keywords: schizophrenia, artistic ceramics, workshop, quality of life

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Introduction

Schizophrenia is one of the most serious and disabling mental illness that affects about 1% of the Portuguese population^{1,2} being its central feature the loss of contact with reality.^{1,3} This mental illness can install itself in an insidious or acute form^{1,4} the period of greatest risk lies between late adolescence and early adulthood^{1,3,4} in females can occur later^{1,4} however even if the age factor cannot be regarded as decisive in the exclusion of the diagnosis^{1,3} it rarely occurs before the age of ten or after 50 years of age.³

At present it is consensual that psychosocial interventions should be included to increase the effectiveness of the treatment of people with schizophrenia.^{1,3,5} The activities developed in the Therapeutic Workshop (TW) is one of those cases, and can contribute to the change of the routines of the person with mental illness⁶ remove them from a passive role to an active one⁷ and give them the opportunity to see that they too, have the capacity to perform tasks with success.⁸ The TW also perform an integrative function as they are developed in group^{2,6} which may contribute to establish bonds beyond the nuclear family.⁶ The TW also provide people with schizophrenia access to the community culture, and, as relations with the environment are rebuilt^{6,9} it can act to prevent the social exclusion, that the vast majority of them is subject to.⁶ Clay modeling is an activity used with regularity in TW¹⁰ since it does not require very elaborate skills, its independent of the degree of schooling¹¹ also, the great plasticity of this material, facilitates manipulation^{11,12} and, being the sensorial experiences of extreme importance for the human being¹³ this is a means par excellence to provide that experience.¹¹ In addition, the benefits to motor skills, as both hands are used¹⁴ the three-dimensionality of the pieces produced^{11,12} the possibility to create utilitarian objects with an aesthetic component¹⁵ and the fact that the pieces in clay modeling

allow a direct contact with the material with which we work^{11,12} are factors that enhance this activity when compared to others.¹⁵

Method

The general aim of the present study was to analyze the relationship between the ACW and the QOL of people with clinical diagnosis of schizophrenia of both genders and if the data obtained remained stable in time.

Participants

This study used a convenience sample, composed of nine subjects, male (n=6; 66.7%) and female (n=3; 33.3%), aged between 19 and 60 years (Mean=34.11; SD=13.07) with a clinical diagnosis of schizophrenia. These patients were given support in a Socio-Occupational Center were accompanied in ambulatory regimen by their psychiatrists, medicated and in a stabilized phase of the disease

Material

The instrument used to assess the QOL was the World Health Organization Quality of Life-BREF (WHOQOL-BREF), adapted to Portugal by.¹⁵ This instrument consists of 26 items, two of which related to a general factor (General Facet of QOL) composed of two items that assess the general perception of QOL and the general perception of health and the remaining 24 items assess QDV from four domains: Physical, Psychological, Social relationships and environmental. This is a Likert type scale with five response alternatives, where the participant must indicate the option that best corresponds to his situation, over the last two weeks. The high scores represent better QOL.¹⁵ The analysis of the obtained data was made using the program IBM SPSS Statistics 20 for Windows.

Results

The sample was initially composed of 12 people with schizophrenia,

although three of them only attended ACW two sessions (n=1) and four sessions (n=2). Thus, there was an “experimental mortality” (n=3) (Table 1).

Table 1 Friedman test for all scales and subscales under study

	1°Moment		2°Moment		3°Moment		X ²	df	p
	Mean	SD	Mean	SD	Mean	SD			
WHOQOL-bref	75,625	15,136	98,777	12,346	90,444	11,023	16,000	2	0,000
Domain 1	18,625	4,983	24,444	3,609	22,777	3,734	12,286	2	0,002
Domain 2	16,888	3,257	21,777	2,587	19,000	2,291	17,543	2	0,000
Domain 3	7,555	2,403	10,222	2,333	9,222	1,986	9,290	2	0,010
Domain 4	22,888	4,512	27,000	3,278	25,222	3,767	9,484	2	0,009
Overall	10,666	3,605	15,333	2,828	14,222	2,333	16,710	2	0,000

SD, standard deviation; X², Chi-square; df, degree of freedom; p, significance level for $\alpha \leq 0,05$.

Discussion

The results obtained refer to participants whose attendance was high (more than 75% of ACW sessions) and were present at the three moments of observation and, therefore, it can be assumed that they were motivated for this type of intervention, also taking into account the verbalizations produced (eg, “I can also do it”, “I thought it was more difficult”, “I like it a lot”, “I can do things that are the same as stores”). Considering the early abandonment of the three participants and their verbalizations to justify it (eg, “I don’t like this”, “I prefer the other activities”), it can be explained by the lack of motivation regarding this type of activity,^{16,17} when they report that not all patients are motivated for interventions that use creative activities as a therapeutic resource. Regarding the data obtained, referring to the literary qualifications of the participants, it was verified that they are in agreement with the literature review, which states that most of these patients have a low level of schooling,¹⁸ low percentages of marriages^{18,19} low rates of employment¹⁸ and non-recognition of the disease itself, which occurs in a large number of cases.^{1,3,19}

In the WHOQOL-Brief scale, the values obtained showed a rise in the first (Mean=75.6250; SD=15.1388) for the second observation time (Mean=98.7778; SD=12.34684) and a decrease in second for the third observation time (Mean=90.4444; SD=11.02396), but it should be noted that the values of the latter remained higher when compared to the first moment of observation. The results suggest that the intervention produced improvements in the QOL of the participants, but they were not stable over time, and this may be in agreement with¹ the report that schizophrenia is in most cases a chronic disease, therefore, psychosocial interventions must accompany its evolution with the appropriate adaptations to the moment, since skills develop but also undergo transformations over time.

The fact that the intervention in question has produced benefits in the QOL of the participants is in accordance with² and that, through the work developed in TWs and the yours valorization, people with mental illness can improve their QOL. Considering the four domains of the “WHOQOL-BREF” and the improvements produced by the intervention in all of them, corroborating the one mentioned by the consulted authors, we emphasize that clay modeling is a means par excellence for experiencing diverse sensorial experiences¹¹ may contribute to the development of motor skills¹⁴ may promote the

reduction of anxiety and aggressiveness^{7,11} the art used as a therapeutic resource can provide people with mental illness with the expression of thinking and emotions, through non-verbal communication^{7,11,14} the activities developed in TWs may have an integrative function, contributing to stimulate interpersonal relationships^{2,14} and allow a reunion between the person with mental illness and a community culture, which may contribute to the reconstruction of relations with the environment.^{6,9}

Conclusion

We conclude that the ACW produced improvements on the global QOL level, although the results obtained were not stable over time, however, it should be noted that the benefits extended beyond the end of the intervention, the results obtained in the third moment of observation, although lower than the second, remained higher when compared to those recorded before the intervention. We also concluded that the intervention was more effective in the female gender, regarding the general perception of QOL and the general perception of health. We also conclude that the lack of motivation of the participants, regarding interventions that use art as a therapeutic resource, can influence its effectiveness.

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Conflict of interest

The author declares no conflict of interest.

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