

# **Benefits Of Therapeutic Art On Children Undergoing Dialysis In Kenya**

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## **I. Introduction**

### **Background of the Study**

The fundamental qualities that make the creative process empowering to children in general can be profoundly normalizing agents for those undergoing dialysis. When the ill child engages in art making, he or she oversees the work; the materials to be used; the scope, intent, and imagery; when the piece is finished; and whether it will be retained or discarded. All these factors are under the child artist's control. Participating in creative work within the medical setting can help rebuild the young patient's sense of hope, self-esteem, autonomy, and competence while offering opportunities for safe and contained expression of feelings.

Therapeutic art has been used with a variety of children medical populations, including those with kidney, kidney disease, juvenile rheumatoid arthritis, chronic pain, and severe burns (Malchiodi, 2016). When medical therapeutic art is included as part of team treatment, art expression is used by young patients to communicate perceptions, needs, and wishes to the professionals who take care of them. The medical art therapist is skilled at assessing each young patient's strengths, coping styles, and cognitive development. Information gathered through artworks can be invaluable to the medical team as it seeks to treat the whole person, not just the disease or diagnosis.

Children who experience traumatic injury, a chronic medical condition, or the onset of a life-threatening illness share a need to understand the treatment they receive, tell their stories, and rebuild their sense of self. One of the great values of therapeutic art is its capacity to call attention to the patient's strengths. Understood as a way of discovering strengths, therapeutic art can be a bridge from the sad and lonely places of illness to the joy of human connection and understanding.

Medical therapeutic art can be used to help young patients gain a sense of mastery over troubling events. As treatments for many life-threatening diseases become more effective, the medical community is learning more about the impact of illness and treatment on those who are cured of their disease. According to the National Child Traumatic Stress Network (2016), children illness and injury experiences are potentially traumatic. Children and parents may feel frightened, helpless, and vulnerable, both in the face of a troubling diagnosis and the treatment that follows. Medical therapeutic art can create an oasis of safety and creativity to help patients heal within the medical environment.

Children coping with medical conditions face many physical and emotional challenges. They must at times relax developmentally appropriate defenses to allow medical intervention and endure long periods of isolation from peers, school, and home. Simultaneously, they must somehow accept the idea that treatments that are at least unpleasant and often painful are working for their benefit. Therapeutic art brings familiar materials and the universal language of visual expression to the foreign land of medicine. Through artwork with a sensitive therapist, ill children can respond to their situation with meaning and purpose. Rubin (2014) conveys a profound trust in the ability of children to find ways to use the creative process to heal themselves. When therapeutic art is available to ill children, many pathways can be found to offer emotional support and connection in very stressful circumstances.

Therapeutic art in the medical setting offers the potential for humanizing the healthcare experience and empowering patients to engage their intuitive, creative wisdom in the work of getting well. Listening to patients and helping them find ways to tap their inner resources through art expression is the cornerstone of therapeutic art. Medical therapeutic art offers a modality that is at once comforting, challenging, and enjoyable, giving children hope and a voice in expressing their experience of serious and life-threatening illness.

### **Problem Statement**

Hemodialysis patients suffer from End Stage Renal Disease (ESRD), a life-threatening illness due to kidney failure, and require treatment three times per week to sustain their lives. Each treatment session lasts 3 to 5 hours, and many patients experience fatigue after the dialysis session is completed. Additionally, patients require various medications and have diet and fluid restrictions. Weldt (2013) discussed the benefits of art, specifically drawing, for hemodialysis patients during treatment. Patients reported that they felt relaxed and enjoyed concentrating on meaningful tasks such as drawing during hemodialysis, as opposed to passive activities such as watching television. Making art inspired positive attitudes, feelings of power, control, and

freedom, and their drawings gave them a sense of achievement. Art therapy has several advantages for patients with chronic illnesses, especially hemodialysis patients, because the art therapy session can occur while the 3- to 4-hour treatment is taking place. Instead of arranging sessions apart from their medical treatment, patients can engage in art therapy during their treatment. Also, art therapy can be effective for patients of all ages from children to the old.

### **Justification**

Art therapy can enrich the overall clinical treatment of children kidney patients by providing a unique form of communication and expression that allows for a symbolic representation of children's subjective experiences of being ill. Art therapy is an effective means of attending to the social, emotional and psychological needs of children with kidney, contributing to their overall quality of life. It is a non-threatening way of providing the child with an opportunity to interact with staff and others on the child's terms. It provides opportunities for the child to address specific areas of difficulty such as adjustment to hospitalization, anxiety and fear surrounding medical treatment and the psychological impact of and adjustment to the illness. Participation in art therapy is a way of giving children a voice, in that they are assisted to explore and express their experiences and related emotions. This in turn enables the child to gain a sense of containment and control by understanding and assimilating what is happening to him or her. The art therapy process is designed to provide support and comfort through the exploration of thoughts and feelings in visual form.

## **II. Literature Review**

### **The role of art therapy in addressing the psychosocial needs of patients**

Art therapy in the medical setting addresses the psychosocial needs of physically ill patients on several levels. According to art therapist Camilla Connell (2012), art therapy encourages the release of powerful feelings in relation to serious illness; provides a diversion and enhances coping; allows for a reassessment of priorities and goals; and provides a means of gaining support and communicating with others in using art therapy to help seriously or terminally ill patients to face issues surrounding their own death, art therapists consistently observe the power and potential of art to help identify, cope with and heal the pain associated with inevitable loss of life (Malchiodi, 2012). The process of creating images in art therapy offers a means of exploring and questioning what is happening at all levels - physically, emotionally and spiritually (Connell, 2012). Art therapy by-passes verbal defenses and enables a more direct connection with feelings about being ill. Issues are made conscious and external rather than remaining suppressed (Wood, 2010). The discharge of powerful feelings which often occurs in art therapy is, according to Szepanski (2015), essential to the patient's general well-being.

Art can serve as an outlet for energies that might otherwise find expression in more negative ways and provides a safe environment which allows for the expression of strong feeling (Szepanski, 2015). Art making can be diversional, providing an alternative focus which is actively pursued by the patient. In creating art, the patient moves from a passive role to an active, productive one (Rosner David & Sageman, 2014; Kern-Pilch, 2010).

Involvement in art making reinforces the patient's ability to act for himself (Wood, 2010). Making art involves making decisions, asserting oneself and maintaining control (Kern-Pilch, 2010). Through the production of personally expressive art works the patient can experience a level of satisfaction and accomplishment which leads to increased self-esteem. In the process of creating images the patient is provided with opportunities to reassess priorities and goals.

Artwork can help the patient to resolve feelings about illness and death, it can prompt a life review and it can be used to settle unfinished business (Kern-Pilch, 2010). As a means of gaining support, or in communicating with others, artwork can provide a point of contact with other patients, family and staff, helping the patient to feel less isolated and more confident in his or her ability to cope with the illness (Rosner David & Sageman, 2014). For the family and staff, art offers a new perspective from which to see and understand the patient. Drawings reveal facets of the patient's personality which might never have surfaced otherwise (Shapiro, 2015). When the patient's concerns are revealed in art and shared with others, the patient's situation is greatly enlightened (Connell, 2012). The image itself may have special significance for the surviving family and friends of a terminally ill patient, who lives on through the artwork, helping to counter the despair of the separation of death" (Wood, 2010).

### **The place of art therapy in the medical setting**

Art therapy in the medical setting is fundamentally different from the more traditional practice of art therapy, in that art interventions need to be designed with the overall medical treatment of the patient in mind and with a knowledge of the illness, medications or procedures involved in each individual case (Malchiodi, 2013). Many art therapists working in the hospital setting, according to art therapist Paula Jeppson (2012), have

been able to demonstrate that art therapy can help meet the psychosocial needs of patients and families going through a medical crisis. Many patients want and need these services and many health professionals find art therapy services invaluable, seeing them as an attempt to humanize the institution.

Art therapy in the medical setting has a valuable and irreplaceable part to play in meeting the needs of patients through different stages of their illness (Cotmell, 2012). The use of art expression within a total medical treatment programme may be one of the most viable avenues for enabling patients to find emotional and spiritual healing in their lives (Malchiodi, 2013).

### **Art therapy with physically ill children**

Art therapy with physically ill children in the medical setting provides the child with a means for relating concerns about the illness, the experience of hospitalization and separation from home (Landgarten, 2011). Children use art as a way of expressing their feelings about themselves and their world (Rae, 2011). Any physical harm or injury affects the way children understand themselves, creating anxiety and uncertainty (Schwarz, 1978). Children who suffer from either temporary physical disturbance or chronic illness, according to Schwarz, readily involve themselves in art-making as a means of expressing their predicaments. The difficulty which children experience in expressing their feelings verbally may be even greater when they are ill and in an unfamiliar environment such as hospital (Rae, 2011).

Children's artwork communicates their affective state far better than words, according to Rae, who suggests that hospitalized children may be more comfortable talking about their feelings in relation to the artwork. This notion is supported by Rollins (2010) in a statement about the artwork of hospitalized children providing a much more accurate description of how the child really feels, what he or she is concerned about and why. Common themes which appear in the artwork of physically ill and hospitalized children are: fear of separation and hospitalization; anxiety over medical procedures; generalized anxiety, sadness and withdrawal; and developmental regression (Rae, 2011). Themes relating to the child's self-image or body-image are also frequently present in the artwork (Oppenheim Cameron, Juszczak & Wallace, 2014; Schwarz, 1978).

The use of art with hospitalized children is recommended by many health care professionals (Parish, 2016; Radziewicz & Schneider, 2012; Rollins, 2010; Romero, 2016). The use of non-verbal methods of expression are encouraged as a way of enhancing the child's active participation and the playing out of his or her experience (Romero, 2016).

Art materials present optimum opportunities for the expression and communication of feelings about illness and hospitalization, according to Rollins (2010). Rollins describes several ways in which involvement in art is beneficial for the child: providing opportunities for making choices, feeling in control and to do something normal and familiar; as a means of communication; offering a non-threatening outlet for venting feelings; increasing self-esteem and a sense of mastery; developing creative potential; and stimulation of imagination. Art can play a substantial role in minimizing or eliminating the negative effects of hospitalization, helping the child to cope with the stress of illness and hospitalization (Rollins, 2010; Romero, 1986).

School-age children, according to Romero, rely on fantasy as a way of dealing with anxiety, resolving conflict and completing their understanding of reality. The projection of the child's thoughts, feelings, conflicts and needs through art can help the child to gain control, achieve mastery and reduce anxiety and stress. Children's expressions in play, fantasy and art can help others understand how they are interpreting the experience of illness and hospitalization. These expressions give clues to the child's personality and coping skills (Romero, 2016), providing insight into the child's unique needs and perception of events (Parish, 2016).

Health care professionals will often learn more about a child's or adolescent's feelings, thoughts and coping skills, according to Parish, by using less conventional, non-verbal communication methods. Art therapists working with physically ill and hospitalized children have used art to facilitate the expression of feelings, providing opportunities to master anxiety, stress and fear in response to experiences such as hospitalization, surgical procedures, medical treatment and changes in physical appearance (Crowl, 2010; DiCowden, 2017; Epping & Willmuth, 2014; Geraghty, 2015).

Art allowed for the expression of feelings about a forthcoming operation when it was evident that [the child] needed to express his inner anxiety but could not do so in words. The expression of the child's feelings, together with the therapist's encouraging response, helped to allay the child's fears and the threat of the unknown, enabling the child to master his feelings of anxiety. Art therapy in children rehabilitation addresses the emotional and rehabilitation needs of patients hospitalized for brief periods as well as for long-term management of disability or physical illness (DiCowden, 2017).

Art therapy provides opportunities to deal with issues such as changes in appearance and the impact of body-image and self-esteem, helping patients to adjust to permanent disability and to achieve mastery of normal developmental tasks. The child's heightened sense of vulnerability and powerlessness which is experienced because of illness and hospitalization, is often revealed in drawings (Cameron *et al.*, 2014). The expression of concerns in the artwork can provide a basis for discussion with the child about such fears as mutilation and body

change, or areas of difficulty such as feeling overwhelmed, frightened and helpless. Once the frightening image or thought is drawn, according to DiCowden (2017), it can be viewed, discussed and dealt with at a more comfortable and safe distance.

Art therapy is an effective alternative means of self-expression that serves as a catalyst for adjustment, enabling an indirect exploration of issues relating to self-concept, body-image and relationship to others. Adolescent patients frequently exhibit denial and are typically difficult to engage in verbal psychotherapy, according to these authors. The use of art therapy provides adolescents with a means to distance themselves from potentially difficult feelings while allowing for an exploration of their unspoken concerns.

### **III. Research Methodology**

The research will be designed as a descriptive, exploratory study to assess the potential role of art therapy in children. A qualitative methodology framework will be used to investigate the research questions.

Since the purpose of this study will be to address an area which is relatively new and understudied, namely, art therapy in the medical setting, an exploratory approach will be warranted. In deciding what kind of sample to use in the research, it will seem appropriate to include staff from all areas working in the dialysis unit.

To investigate the research questions, a survey approach will be chosen, using interviews and memos as the tools for the collection and recording of data. Prior to the commencement of interviews, arrangements will be made with individual informants regarding the conduct of interviews. Informants will be notified that the interview would take approximately one and a half hours and if an informant needed to leave during the interview session, the interview would be rescheduled for another time. Given the exploratory nature of the research, a semi-structured interview design will be chosen which would cover the same basic areas for all informants (providing consistency of data) while allowing for variability in responses and the expression of individual perspectives.

The data analysis process that will be used in the research will be concerned with both the compilation of factual data and the identification of themes and trends as emerging from informants' perceptions. Significant comments will be noted as indications of an emergent trend or which identified deviations to these trends.

The process of data analysis will involve ordering of sections, labelling of responses, and the identification of categories, allowing thematic connections to be made both within and among interviews. Memos will be used to define the concept which the code represented, indicating its significance to the research. A filing system will be employed using location indicators for the retrieval of data.

Each interview will be typed verbatim in three separate sections, reflecting the three sections of the interview schedule (professional background, patient background and art and art therapy).

Data will be further categorized into descriptive (factual information) and evaluative (informants' perceptions) data. On completion of this process, (data categorized and areas of interest to the research identified) a detailed description of the data and its emergent themes will be made.

### **Ethical Considerations**

The idea of the research will be discussed initially with each informant. Informants in the study will be given written documentation with details of the nature and purpose of the study. When a decision will be made to modify the research process, informants will be notified in writing of the changes to be made, namely, that the amount of time required for participation will be shortened. Informants who will agree to participate in the research will sign a written consent form. Participation will be purely voluntary, and informants will have the right to withdraw from the study at any time. Informants will be assured that the researcher will employ every possible effort to ensure confidentiality. Codes will be used instead of names on the transcribed data and in the final report, every effort will be made to avoid identification of individuals where identification will be considered inappropriate. A copy of the final research report will be made available to all informants.

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