The Effect of Clay Art Therapy on Quality of Life and Symptoms of Depression in Patients with Chronic Neurologic Disorders

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Introduction

Recreational therapy is a treatment that utilizes recreation and other activity-based interventions to restore, remediate, and rehabilitate a person's level of functioning and independence in life activities as a means to psychological and physical health, recovery and well-being (1).

Ceramic art is art made from ceramic materials, including clay. Clay art therapy is one of the recreational therapy methods. Use of clay requires three dimensional thinking, creativity, provides sensorial stimulus and gives satisfaction after finishing a work. There are few studies about effectiveness of this therapy. A couple of studies showed that clay art therapy provides some improvements among psychiatry patients. However very limited studies conducted with chronic neurologic disorder patients.

Purpose

The aim of this study was to determine the effects of short term clay art therapy on quality of life and symptoms of depression in patients with chronic neurologic disorders.

Method

Clay art therapy was performed with ten patients who hospitalised for rehabilitation for four weeks in August 2017. 5 patients had paraplegia, 3 had hemiplegia and 2 had cerebral palsy. Their mean age was 41,5 +/- 8,9 years (Table 1). Therapy continued for four weeks with two sessions a week. Each session lasted for three hours. Beck depression scale and 36-item short form survey (SF-36) were used to evaluate patients in week 1 and week 4. Initial and final mean values were compared with the Wilcoxon signed rank test. P value < 0,05 was considered statistically significant difference.

References

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Results

There was statistically significant improvement for SF-36 energy/vitality subscale after clay art therapy. Other parameters didn't show any statistically significant difference for initial and final scores (Table 2).

Patients	Age	Diagnosis
YK	41	Paraplegia
AŞ	53	Paraplegia
KA	24	Paraplegia
AB	13	Cerebral palsy
EG	79	Hemiplegia
SS	14	Cerebral palsy
HS	19	Paraplegia
ÇA	78	Hemiplegia
NK	77	Hemiplegia
RS	17	Paraplegia

Table 1. Age and diagnosis of the patients

	1. week scores (mean +/- standard deviation)	4. week scores (mean +/- standard deviation)	P value*
Beck depression scale	8,60 +/- 6,132	12,40 +/- 8,884	0,065
Sf-36 Physical functioning	6,00 +/- 12,867	12,50 +/- 13,385	0,206
Social functioning	47,60 +/- 39,483	60,10 +/- 32,133	0,368
Role limitations due to physical health	12,50 +/- 31,732	30,00 +/- 40,483	0,223
Role limitations due to emotional problems	40,00 +/- 35,746	35,00 +/- 31,623	0,317
Emotional well-being	65,20 +/- 20,746	67,20 +/- 19,395	0,622
Energy/fatigue	51,00 +/- 27,669	61,00 +/- 21,705	0,040
Pain	67,00 +/- 40,014	70,60 +/- 34,471	0,344
General health	39,00 +/- 11,972	49,50 +/- 15,890	0,085

Table 2. Beck depression scale and 36-item short form survey mean values

Discussion: Small sample size, short follow-up duration and lacking of a control group are major limitations of this study. Nevertheless we observed improvement in treatment compliance among participants. This may be related to the improvement in energy scores. According to a literature review, there are clear indications that artistic engagement has significantly positive effects on health (2). A study from Turkey also suggest that art therapy with clay may be used for rehabilitation purposes in neurology patients (3). Also some studies showed that this method may be beneficial for psychiatric patients (4,5). Further studies are needed for investigating efficacy in rehabilitation settings.

Conclusions

Clay art therapy might provide some benefits in terms of quality of life among chronic neurologic patients, so might be added to standart rehabilitation care.