Art therapy: Reflections on how it can reduce stress and anxiety for relatives of critically ill patients in Vietnam.

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A collaborative study of the Hospital for Tropical Diseases (HTD) together with the Oxford Clinical Research Unit (OUCRU) conducted on two inpatient wards (Adult Intensive Care Unit and Viet Anh Ward) has explored the challenges facing carers of long-term patients admitted to critical care wards. The study surveyed the progress of the patient’s treatment, their chances of recovery and their ongoing survival challenges. In addition, it explored worries about psychosocial problems such as financial capacity for patient treatment, no direct care from family members due to patients being treated in the Intensive Care Units wards, as well as unanswered questions about the status of the patient’s disease and prognosis.

The research team chose art therapy as one of the intervention approaches of the study to assist carers to help reduce anxiety and stress. The number of sessions attended by each carer varied, however, the average duration of each session is not more than 60 minutes.

Art therapy is used as a creative process to improve and enhance the physical and emotional well-being of an individual. The purpose of the art therapy sessions within the study was to assist the carers of seriously ill patients be aware of their current emotions, and the stress they are experiencing, and to direct them to focus on a number of artistic processes to relieve the intensity of their emotions and anxiety during their time in the hospital.

Following is a reflection of the art therapy conducted with the carers of longer-term critically ill patients; the process and activities provided, and the impacts on the participants.

Engaging the participation of carers

The facilitator assisted participants get acquainted with one another, to share confidentially within the group meetings, and to support them to identify their current emotions through a variety of introductory activities. The facilitator put numerous items on the table, such as eggs, glass jars, watches, and Rubik cubes, and invited the group to choose whatever item they felt drawn to choose. Initially, everyone was shy and unfamiliar with this activity; however, their courage to participate openly and comfortably with one another increased as time went by. Group members chose an item and started sharing the meaning of why they chose that particular item. Some participants chose the egg with the hope that everything would be wholesome again, wishing their relatives to have a smooth and full recovery. One participant chose a small glass lid hoping that her mother’s future would be as bright as the glass material.

The facilitator also placed on the table pictures related to different topics and events, and encouraged participants to choose any that closely expressed how they felt at that moment. The selected pictures reflected their emotions and helped them to “detach” or “get rid of” any negative emotions they felt, and to transfer the emotions into the photos and to share with others in the group. This process helped
participants of the small group to feel more comfortable with each other, to be more engaged with the process, and to understand and sympathize with each other.

**Connecting Emotions**

Participants were instructed to draw multiple lines continuously and randomly on a piece of white paper based on how they felt at the time. They were also encouraged to pick the colour they liked. These lines are then connected and grouped together as a random shape, and in the final step, these shapes are coloured. This activity aims to stimulate thoughts and creativity in the participants. The focus on a specific task aims to eliminate negative thoughts and anxiety during this activity. The research group and facilitator observed and documented the emotions they witnessed in the carers, or which the carers vocalized. For instance, some participants were still in a negative mood, while others had difficulty focusing on engaging in this task fully.

**Being in the moment**

Stress and anxiety occurs when there are intense triggers, and the body will respond by activating an alarm through the brainstem to stimulate the individual in various ways: through the pace of the heartbeat, developing a headache, or the quickening or slowing of the breath. It also brings awareness of the body and how it responds to stressful situations.

Caregivers of severely and chronically ill patients are in constant fear when taking care of patients with chronic medical conditions. The carers often lose sleep and focus constantly on the ill patient’s condition. Anxiety might be due to:

- Being unable to directly take care of the patient
- No knowing fully or understanding clearly about the patient’s illness.
- The uncertainty of a cure for the illness.
- Limited time to discuss with the doctor about the patient’s health status.
- No space at the hospital for interactive activities to reduce stress and anxiety.
- Being distracted by the patient’s care and other family issues: financial work commitments and caring for other family members.

When in a state of high anxiety or stress, the brainstem area is constantly activated causing other brain areas such as the cerebral cortex to control their thought processes, and the mind and limbic system to regulate emotions less effectively.

With this knowledge of the impact of extended levels of stress on an individual, the research team conducted a tactile art therapy session. They introduced the art activity of creating a God’s eye to help carers relax their body and to stimulate the sense of touch. They found that the softness of the wool and the motion of the continuous wrapping of the wool repeatedly also helped bring calm and relaxation, and balancing the emotions.

In addition, the repetition of this activity built on the fundamentals of mindfulness, i.e. assisting the carers to be aware of and acknowledge their present emotions, and to focus their minds on the process of
making their product with wool, and not on their worry about their sick family member or the other challenges that they are facing. To simply focus on the current activity of winding the wool around the icy pole sticks.

**The outcomes of applying art therapy**

1. **Awareness and self-awareness**

Carers shared that the activity of drawing lines and pictures helped them to focus on how they felt at that moment, and identified the connection between their emotions and the body. There were times they felt worse, however, by recognizing how they felt after the activity, they could then explore and accept the emotion, as well as the situation of the patient. For instance, an individual drew two leaves and shared that "withered leaves make flowers wither". She confirmed that her mood had deteriorated when she heard news that some patients in the emergency room had died. The other participant painted a chicken because it was her grandchild's nickname and she cried when she shared about the picture that her grandchild was expecting her grandfather to be discharged from the hospital.

In observing the group interaction process, the facilitator noted that there were angry participants who were verbally expressive and cried before and after the drawing activity. Anger and the blaming of others when under pressure may be a way of coping with feelings of anxiety, sadness and fear about the patient's condition. There were times when the group was affected by hearing about the health progress of other patients. It was noted that through participation in the art activities, negative emotions were somewhat reduced and individuals were able to recognize and express their feelings.

Ms M.T.X whose mother was being treated in the Adult Intensive Care Unit shared:

"I feel obsessed with the image of my mother having an incision and it becoming infected. At the same time, I am scared when her condition is not progressing. Yesterday a new patient was admitted and died the same evening. Both the group members and other relatives helped the family members arrange a car to take the patient's body back home. I am more stressed and scared when I see others die."

Mr N.V.S also shared:

"I have an obsession about seeing an ambulance parked next to the emergency area because an ambulance relates to the image of someone dying. I am worried about my father because he is old and weak, and he could get progressively weaker."
2. How to make deeper connections

Many participants in the group felt that they had the opportunity to express their feelings in a positive manner through the experience of art therapy. Furthermore, these emotions could be seen by other participants and enabled them to reflect on their own thoughts.

It was evident in the drawing activities, and what was shared openly with the group, that the carers gravitated towards themes and feelings of happiness, hope, expectations, reunion, and the interests of the patients.

Mrs. N.T.Th, whose daughter was being treated in the intensive care unit, participated in the activities. From the first meeting, it was noted that she cried often particularly while drawing, and also recorded many messages to her daughter.

“I am continuing to foster the idea of hope, get better H, I love and miss you. Please get better and come back to me.

Me nuôi hy vọng, cố lên H ơi, mẹ yêu con, mẹ nhớ con. H ơi cố lên con, về với mẹ, về với be Th. Cố lên con ơi” (Sharing of Mrs Th in the first meeting)

Individuals have access to a wide variety of art therapy processes. They learn how to control their emotional responses, to be prepared for further emotional challenges with their ill relatives, and increase their sense of self-confidence and efficiency.

In engaging in detailed activities, carers can fully focus on performing a specific action, "putting aside" their worries for a period of time, and instead send positive emotions and expectations to their loved one.

The facilitator used the God’s Eyes activity to help the carers forget the negative emotions in the present time, and to focus on the activity. The products that were created were the integration of positive thoughts and emotions. Participants were very interested in this activity because they were deeply focused to see their level of stress and anxiety reduce after each session.

Mrs M.T.X shared:

“Drawing and using wool to make God’s Eyes made me feel much lighter and when I am doing it with everyone, I feel that I can share a lot.”

Applying art therapy helps carers to build rapport, connect, share and support each other when participating in meetings. Participants shared that they felt safe in the group, and could feel the warmth and friendliness of other participants who were in the same situation in the hospital caring for sick family members. As the activity occurred within a small group, participants felt more comfortable sharing openly, could learn together how to recognize emotions, and to understand anxiety and individual stress.
Expressing themselves through the creative process promoted more positive emotions, and assisted them to fully appreciate and understand their own emotions.

They became aware of the sources of negative emotions, such as hearing about the death of patients or hearing the sound of an ambulance. These were their everyday thoughts and anxieties however; through the activities, they felt they had a better emotional experience.

Mr. L.M.T shared:

“The first time I went to join a drawing group at the hospital, this activity surprised me. It was an opportunity for everyone to know and understand each other better.”

Applying art therapy to a small group of carers who are under extreme stress and anxiety, has shown that such interventions can have a positive impact and provide needed psychological support for them. Medical facilities, researchers, psychologists, or hospital social workers are therefore encouraged to consider the application of this type of art therapy in the psychological support activities for patients or their carers to bring benefits and improve their mental health.