

The effectiveness of painting treatment on quality of life, hopefulness and happiness of hospitalized veterans

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Abstract

Given the importance of veterans' psychological issues and the need to apply interventions that are effective in this field, this research is aimed at determination of the efficacy of a group painting therapy on the veterans' quality of life, hopefulness and happiness. The current study is a quasi-experimental research with pre-test, post-test, along with a control group. The statistical society of this study included all the hospitalized veterans in the Bonyad Shahid and Eisargaran Rehabilitation Center of Ahvaz (Foundation of Martyrs and Veterans Affairs). From the society people, 24 subjects were classified into two groups of painting treatment and control via the available method. To collect data, the questionnaires of quality of life, Miller's hope questionnaire, and Oxford's happiness questionnaire were used. The results of the data analysis showed painting therapy has a positive effect on the veterans' quality of life, hopefulness, and happiness. Considering the results, it is recommended that health care centers and the centers that are associated with veterans use this intervention method in relation to veterans.

Key words: Painting therapy, quality of life, hopefulness, happiness, veterans

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Introduction

Veterans are one of the segments of society who need social support the most due to their position. These people have trauma as a results of war and endured their injuries in defending their honour and country during war and it is not only the people themselves, but also their families who are still fighting the consequences (Nabataian, Ghamarani, Zakerian, Mehdizade, 2014). Normally, physical problems lead to disability. But, psychological trauma will remain with the victims a long time after the war. Not only can the injured person be mentally impaired, but the family environment also is at risk (Anisi, 1998). Therefore, especial attention should be given to improve these people's mental characteristics. One way to improve their mental characteristics is to use interventional approaches. Among the treatment methods that are discussed in psychology, art therapy is an approach that has been of interest to psychologists and various studies have shown its effectiveness, (Esmaili, Purabaeian Esfahani and Dabashi (2014), Costello, Perez-Gomez, Perez, Velasco, Perez, Capos, Mayoral, (2010), Lim Lee Man, Jeong, Chonan, Daejeon, (2014)). Art therapy is defined as healing mental disorders through art mediums through which clients can reveal their inner sides to help the therapist to analyze what he has to offer and to take steps to other treatment methods. Art therapy should enable authorities to obtain an adequate understanding of the individual capacities and capabilities (Landgarten 1996, Hashemian and Buhamze, 2005). One of the methods of art therapy is painting therapy. Painting therapy is to provide individuals with opportunities to freely express themselves through colors and lines, feelings, emotions and needs and even their knowledge in a way that they are willing to divulge (Fisher 2003, translated by Hashemian and Buhamza, 2006). Painting therapy causes a better understanding of self, reduces stresses that are caused by contacts between people, increases their self-confidence and improves social capacities and competencies (Ahmadi,

Sam, Hosseini, Sefidchian, 2015). Painting is an artistic experience that is essentially a sort of training and creativity development. As a result of the abstract quality and strong properties of the painting process in the technique of drawing with a pencil in hand, in addition to creating an opportunity for the patients' expressing their temperament, practicing various social roles and creating an opportunity to express their inner conflicts, it helps mental balance and facilitates the interaction between people and comfortable expression of mentality (Ghanbari Hashemabadi, Ebrahimi Nejad, 2011).

Quality of life is one of the most important overall components of health (Mirzamani, 2001). According to the World Health Organization definition of quality of life, is the people's perception of their position in life in terms of culture, value system where they live, goals, expectations, standards and priorities; so it is quite individualistic and is not visible to others and is based on the individuals' understanding of their different aspects of life (Bonomi, Patrick, Bush Nald, 2000). Quality of life is known as an important component of health; so that the results of health services should not only increase life expectancy, but also to improve the quality of life (Kaplan, 2003). Initially, better quality of life was defined as prosperity and life longevity, but now, the quality of life is put against the quantity and it is defined according to broad aspects of health. That is why today's treatments should be focused on modification and changing the quality of life and expanding capabilities and creating life satisfaction for individuals (Ghasemi, Kajbaf, Rabiei, 2011).

Another important component in working with veterans is happiness. Happiness consists of three basic components of positive emotions, life satisfaction and the absence of negative emotions such as depression and anxiety. Moreover, positive relations with others, purposefulness of life and growth of personality, love of others and positive recognition, social commitment, positive mood, sense of control over life, physical health, satisfaction of self and psychological consciousness are key components of happiness. Happiness is one of the most important human needs that majorly influences the formation of personality and mental health (Veengoven, 2008). It is a positive concept for health so that it is vital and important to maintain it (Chohen, 2002). Since the amount of the veterans' happiness may be negatively affected by their condition, it was considered as one of the dependent variables.

Hopefulness may also be negatively affected as a result of veterans' injuries. Hope is one of the substantial foundations of balance and mental strength that characterizes life achievements. Hope is the ability to design paths to desired goals despite obstacles and it is the necessary motivation to pass these paths (Schneider, 2002). One of the effective factors on the rate of life expectancy is the amount of individualistic and social happiness. Hope as a coping strategy is created in various fields of education, sport, mental health, occupation and job and is among the positive structures that are highly effective on mental

and physical health (i.e. optimism and hope); the hope structure has been given increasing interest. Hope is strong when it involves valuable targets that while having challenging obstacles, it is possible to achieve them in a medium term (Kar, 2015).

According to the description above and considering that no studies have been conducted on the effect of painting therapy on veterans, the purpose of this study was to examine the matter of whether painting therapy can contribute to the quality of life, hopefulness and happiness in veterans in a positive way.

Research method

The research methodology is a testing and field method in which the effectiveness of the independent variable (painting therapy) on dependent variables (quality of life, happiness and life expectancy) is studied. Accordingly, 24 people were selected using available method from the hospitalized veterans in the Rehabilitation Center of the Ahvaz Foundation of Martyrs and Affairs of Veterans and they were placed in two groups of control and painting therapy experiment group. First, ten persons were given a pre-test. Subsequently, the independent variable, the painting therapy was applied to the participants in the study for 10 one hour sessions and then, the changes of dependent variable were measured. The present research is experimental research with pre-test, post-test and control group and the random selection was also used. For statistical analysis, the methods of descriptive statistics and repeated analysis of covariance were used with the software SPSS Ver.18. In this study, the following tools were used to measure the given variables.

The World Health Organization Quality of Life Questionnaire: This instrument evaluates four areas of physical health, mental health, social relations and environmental health (each area respectively involves 7, 6, 3, 8 items) with 24 questions and two first questions are not related to any of the areas and generally study the health and quality of life status. Therefore, the questionnaire has a total of 26 questions (Khoushemehri et al., 2012). The validity of this scale is reported as adequate in two methods of convergent validity and on the reliability of the scale, the developers of the WHO scale of quality of life, in their results in 15 international centers of this organization reported Cronbach's alpha coefficient to be between 0.83 – 0.73 for four subscales and the total scale (Nassiri et al., 2006). In the present study, the questionnaire reliability coefficients were obtained in accordance to the method of Cronbach's alpha as 0.78.

Oxford Happiness Questionnaire: The Oxford Happiness Questionnaire was developed by Argyle, Martin and Crossland in 1989 to provide a total measure of happiness. The questionnaire was revised by Argyle in 2001. There are several sets of sentences in this questionnaire. The examinee reads each group of sentences. Then, he or she selects the alternative that expresses their feelings during the last week and days that were the best. Each of the

Description of painting therapy sessions	
First, with the explanation that there is no good bad painting as far as art work is concerned and any activity that is done in any way is worthwhile, we began to warm up the group together so that their trust was built for the people to freely express their thoughts, feelings for each other and problems in the group. Then, all kinds of painting tools such as coloring pencils, markers, watercolor and pastel colors were put on the table and the subjects were asked to choose any tool they wishes and to select a topic of interest or importance to draw.	First Session
When beginning the painting and observing the use dark colors, subjects were asked to use the colors such as yellow that affect their minds, cause their psychological relief and reduction of nervous exhaustion and increased their positivism. Orange can be soothing and gives psychological strength to humans and green, in addition to its relieving effect, can cause a balance in emotions and purple reduces the sensitivity to pain in the body. Most of the group members used these colors and it evoked their childhood interests.	Second Session
It was discussed with the group members to be conscious of their different emotions and to express them in their proper time, and they were asked to paint their current feelings using colors and appropriate designs; different feelings and emotions like anger and hatred were observed in the paintings that caused the group to laugh and finally, the skill of anger management was taught.	Third Session
The paintings from one or two members who were relatively less active and painted very simply, with the help of group members and examiners, turned into beautiful paintings and it encouraged them to speak about the paintings.	Fourth Session
Starting with family members, one of subjects drew a black wall between three family members and himself and he was asked to explain about it if he wished; following that, all but one person talked about their relations and aspirations that they had about their family and about their relations with nurses, psychologists and psychiatrists as well.	Fifth Session
Writing a couplet of poetry by one of the members, the group along with painting, began to compose verses and the session environment became poetic.	Sixth Session
To increase the people's focus and attention as issues were raised by the members, painting on glass and pottery was done. It was as the design was selected by the people and stuck behind a glass with their help, its lines were by black marker and colored in carefully, a design was drawn on the pottery and afterwards, members colored its various parts with colors of their interest and created beautiful works.	Seventh, Eighth, Ninth Sessions
The last session began with group work as a large piece of cardboard was given to the members as they were asked to paint on any parts of it that they like, and helping each other to complete paintings created a passion for the members. Taking part in artistic group activities helps people to overcome their fear of direct confrontation with their feelings and to develop trust, mutual respect, and more communication among the group members.	Tenth Session

alternatives on this questionnaire is given a score of 0, 1, 2, 3 respectively. The final score of happiness is achieved via summarizing the 29 scores. Scores range from 0 to 87. The higher the score, the more the happiness is and the lower the score, the lower the happiness is y. In this study, the Oxford Happiness Questionnaire was used to measure happiness. Several studies validated the content validity of the structure of the scale at the same time (Kamari and Sheykholeslami, 2015). In the present study, the questionnaire reliability coefficients were obtained in accord with the method of Cronbach's alpha as 0.75.

Miller Hopefulness Questionnaire: The Miller Hopefulness Questionnaire which was developed by Miller and Powers in 1988, is one of the most known and promising tools to measure hope. The initial questionnaire of 40 questions later on raised to 48 questions in subsequent versions. This questionnaire in Likert Scale form is scored from "Strongly disagree" (score 1) to "Strongly agree" (score 5). Each person is given a minimum score of 48 and maximum of 240 and the more the person's score is, the more hopeful they are. The reliability and validity of this instrument has been proved in several studies (Darvishi, 2009). In the present study, the questionnaire reliability coefficients were obtained in accordance with the method of Cronbach's alpha as 0.69.

Findings

The mean and standard deviation of the participants' age in this study were 49.01 and 3.01 respectively. Also, the youngest participant was 44 years old and the oldest participant was 55. In terms of education, five people were below high school diploma and 19 people had a high school diploma or higher.

Table 2: Summary results of multivariate analysis of covariance on the mean post-test scores

Amount of Effect	Level of Meaningfulness	Error degree of freedom	Hypothesis degree of freedom	F	Value	Test
0.83	0.001	17	3	27.69	0.83	Pilaei effect
0.83	0.001	17	3	27.69	0.17	Wilks Lambda
0.83	0.001	17	3	27.69	4.88	Hotling effect
0.83	0.001	17	3	27.69	4.88	Roy's largest root

Contents of Table 2 shows that there is at least one significant difference between the two groups in terms of dependent variables of quality of life, hopefulness, and happiness. To investigate the difference, the one way covariance analysis was conducted on the MANCOVA context of the dependent variables.

Table 3: ANCOVA test results on mean scores of the post-test research variables

Eta coefficient	Level of Meaningfulness	F	Mean squares	Degree of freedom	Sum of squares	Dependent variable
0.66	0.001	38.31	1727.37	1	1727.37	Quality of life
0.55	0.001	23.32	5987.47	1	5987.47	Hopefulness
0.69	0.001	43.95	2566.04	1	2566.04	Happiness

The results in Table 3 show that the dependent variable of quality of life is the significant difference between two groups (38.31 =F and 0.001 = P). Similarly, the differences between two groups in variables of hopefulness (23.32=F and 0.001=P) and happiness (43.95=F and 0.001= P) were significant. To evaluate the effect of intervention in the follow up stage, a covariance analysis was used and its results are reflected below in Tables 4 and 5.

Table 4: Summary results of multivariate analysis of covariance on the follow-up mean scores of the dependent variables.

Amount of Effect	Level of Meaningfulness	Error degree of freedom	Hypothesis degree of freedom	F	Value	Test
0.52	0.005	17	3	6.17	0.52	Pilaei effect
0.52	0.005	17	3	6.17	0.47	Wilks Lambda
0.52	0.005	17	3	6.17	1.09	Hotling effect
0.52	0.005	17	3	6.17	1.09	Roy's largest root

Table 4 shows that in the follow-up stage, there is at least a significant difference between the two groups in the dependent variables which include quality of life, hopefulness, and happiness. To investigate the difference, a one way covariance analysis was conducted on the MANCOVA context of the dependent variables. The results of the analysis are presented in Table 5.

Table 5. ANCOVA test results on mean scores of the follow-up research variables

Eta coefficient	Level of Meaningfulness	F	Mean squares	Degree of freedom	Sum of squares	Dependent variable
0.40	0.002	13.13	778.42	1	778.42	Quality of life
0.02	0.524	0.42	57.30	1	57.30	Hopefulness
0.46	0.001	16.36	855.05	1	855.05	Happiness

Results of Table 5 show that the difference between groups in terms of quality of life and happiness in the follow-up stage, was significant. However, there was no significant difference observed between the experiment group of painting therapy and the control group in terms of the dependent variable in the follow-up stage.

Conclusion

This study aimed to examine the effectiveness of painting therapy on the veterans' quality of life, hopefulness, and happiness. The results showed that painting therapy caused improvement in all the dependent variables which is consistent with research from Esmaili, Pourabasian Esfahani and Dabashi (1393), and Costello et al (2010). In explaining this hypothesis, it can be stated that painting therapy causes a better understanding of self, reduction of stress that is caused by contacts between people, increase in self-confidence, and finally the improvement of social capabilities and capacities (Ahmadi et al., 2015). The purpose of painting therapy is to provide the individuals with an opportunity to express their feelings, emotions, needs and even their knowledge freely and wishfully through colors and lines (Landgarten, 1981). Painting is an artistic experience that was originally a sort of training and creativity development. As a result, the abstract quality and robust nature of the process of painting is revealed through drawing techniques with a pencil in hand and group painting. In addition to providing an opportunity for the patients to express their creativity, this method helps them to practice different social roles and creates an opportunity for them to express their inner conflicts to reach the principle of mental balance and facilitates the interaction between people and exposing and expressing of their mentalities (Ghanbari Hashemabadi et al., 2011). These are all positive effects of painting therapy in the current research which positively influenced the dependent variables in veterans. Although, it is worth noting that the therapist rather used painting as a "tool" not a "cure" A tool that facilitates the therapeutic relationship, allows a more accurate assessment of resources, and is used typically as an adjunct to other therapies such as family therapy (Joharifard, 2011). Thus, maybe this is the reason why the painting therapy could have significant positive influence over the dependent variables (quality of life, hopefulness, and happiness) which have strong emotional components. On the other hand, the positive effects of the applied intervention itself, might have happened due to its group nature. Psychological research always shows that a group itself has positive therapeutic impacts on people's health. In the case of veterans regarding their limitations, perhaps this group intervention provided them with an opportunity to benefit from the positive effects of being with others and to enjoy their social support. Sometimes, amputation, body deformation and lack of hope and control, and long-term pain, collapses the patients' mental system. Meanwhile, the art therapy reduces these patients' frustration and with making them hopeful, enhances their expression of integrity and helps patients express their feelings and emotions using non-verbal methods. While doing art work, an internal dialogue takes place in which the difficulties and how they are formed, is represented for the individual. Art therapy is confined to no age and the best result can be achieved through art in any age and gender (Mohammadi, 2010). Paintings are able to provide you with new ways of looking at your own world and position, as well as helping you with problems, the solving of which needs flexible thoughts and innovative solutions and also

serving a relief from a period of oppressive issues (Brown, 1992). According to the above mentioned matters, it can be said that painting therapy is a beautiful and effective way to enhance the clients' emotional, communicative, and verbal skills and to discharge and express their failures and worries and to learn constructive ways to strengthen themselves when facing problems. Painting therapy in a group manner, allows people to view their feelings and emotions and reconstruct their problems with a new understanding and also, provides an environment for expressing one's feelings and emotional discharging, and with enhancing adaptability and creating group discussions it blocks increased depression through expanding the group support, and increasing the people's outflow and level of happiness. Ultimately it should be noted that these emotions can bring back the individuals' confidence and hope. According to the results of this study that show the positive effect of painting therapy on the veterans' quality of life, hopefulness, and happiness, using painting therapy as a complementary therapy is recommended for improving the veterans' quality of life, hopefulness and happiness in the centers that involve serving veterans. It is also noteworthy that one of the limitations of the present study was the impossibility of random sampling.

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