

Brief Report

Art Therapy with a Hemodialysis Patient: A Case Analysis

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Abstract

Art therapy has been used to support the coping skills of patients with various medical illnesses. The purpose of this case study was to examine the usefulness of art therapy in promoting communication and a positive sense of well-being in a hemodialysis patient. The participant was a 57-year-old Caucasian female who had been treated with hemodialysis for the past 3 years. Two art therapy sessions per week were provided for 4 weeks. The participant was able to express enjoyment with her artistic expressions and challenge herself to learn something new. Following completion of art therapy, the participant indicated a feeling of accomplishment and an increased sense of control and self-confidence. Although these results cannot be generalized, they are worthy of further investigation. Thus, application of art therapy with other hemodialysis patients is recommended.

Introduction

In the past decade, the use of art therapy in medical settings has become increasingly popular. Malchiodi (1993) defined the term “medical art therapy” as “use of art expression and imagery with individuals who are physically ill, experiencing trauma to the body, or who are undergoing aggressive medical treatment such as surgery or chemotherapy” (p. 66). Medical art therapy enables clinicians to perceive patients’ personal experiences of their illnesses by focusing on self-expression in art (Appleton, 1993). Understanding patients’ experiences allows clinicians to intervene in order to support patients’ coping. Expressing feelings and desires through art helps patients cope with life changes and empowers them to deal effectively with their illnesses (Doric-Henry, 1997). Additionally, the creative process of making art is itself therapeutic and facilitates growth in individuals (Kramer, as cited in Junge, 1994). In this study, the benefits of art therapy as a communication method and as a facilitator of well-being in a hemodialysis patient were explored.

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Background

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. Furthermore, hemodialysis patients experience depression as a major psychological problem along with other problems such as stress, fear, and anxiety. (National Kidney Foundation, 2001; O’Brien, 1983). These emotional reactions are not surprising because the patient knows that failure to obtain hemodialysis treatments results in death.

Weldt (2003) 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. Weldt also found that her participants reported that art was a helpful tool to communicate their desires. Weldt concluded, “Making art inspired positive attitudes, feelings of power, control, and freedom, and their drawings gave them a sense of achievement” (p. 98).

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 elders (Rubin, 1999).

One essential function of art therapy in medical settings is to provide a sense of control. Raghuraman (2000) points out that art therapy lets patients gain a sense of mastery and control through learning how to manipulate art materials during artmaking, and this sense of control facilitates autonomy in the patient. Because hemodialysis patients often feel as if they have lost their independence and competence due to the illness, gaining autonomy and competence through art therapy could be an advantage for patients when dealing with their dependence on family members and other caregivers. By gaining a sense of con-

Table 1
Overview of Art Therapy Sessions

Session	Media	Method	Therapist's Goals
1	Watercolor	Painting in turns	Build trust with the patient through nonverbal interaction; introduce art to the patient in a nonthreatening way; familiarize the patient with the media.
2	Construction paper	Paper weaving	Allow the patient to gain a sense of achievement and mastery.
3	Magazine cutouts	Collage	Explore the patient's insight through magazine collage.
4	Watercolor	Free painting	Allow the patient to be in charge of own painting and gain more control in manipulating watercolor paints; reveal the psychological status of the patient through examining her choice of subjects, the use of colors, and the patient's interpretation of artworks.
5	Magazine cutouts	Collage	Reveal the significant events and people in the patient's life through selecting and arranging magazine cutouts.
6	Watercolor	Abstract painting	Allow the patient to create a painting in a nontraditional manner; allow her to be less conscious of her poor eyesight and problematic fine-motor skills by avoiding realistic painting; let her gain more confidence through self-direction and increased control over artmaking.
7	Magazine cutouts	Collage	Allow her to gain a feeling of satisfaction and accomplishment; let her gain more confidence through self-direction and increased control over artmaking; let her gain a sense of mastery.
8	Watercolor	Abstract painting	Allow her to be less conscious of her physical limitations by avoiding painting realistically; let her gain more confidence through self-direction and increased control over artmaking; let her gain a sense of mastery.

tol, expressing feelings, and increasing self-confidence, patients may experience a sense of well-being in spite of their illnesses. Art therapy could be a powerful method to support chronically ill patients. Whereas Weldt's (2003) study restricted hemodialysis patients to specific drawing tasks using only colored pencils and a graphite pencil, this case study used a variety of media.

Method

The participant was a 57-year-old female with ESRD who received hemodialysis treatment at a dialysis unit in northeastern Pennsylvania. "M" is originally from what was previously known as Yugoslavia, divorced from her first husband, and has a son from that marriage who is residing in her former homeland. M has been on hemodialysis for 3 years due to the rejection of her transplanted kidney. Her eyesight is limited, and she has poor coordination of fine motor skills (hands). M's sister, who also was a hemodialysis patient, died last year, and within 2 months of her sister's death, her brother died of cancer. Because M's assessment had not indicated any psychiatric problems, the goal of the art therapy sessions was to support her well-being.

The researcher and first author was a master's level intern on the dialysis unit at the time of this study. Due to time constraints, art therapy was provided twice a week for a total of 8 sessions. Each session lasted about an hour. The location of the sessions changed according to the participant's request or space availability.

Summary of Art Therapy Sessions

Table 1 presents the media used, the themes, and the goals for each session. Following is a summary of each art therapy session including the participant's achievements, her difficulties, and her emotional and artistic expressions.

Session 1

M wished to meet after dialysis in the waiting room of the unit. I (the first author) told M that we would paint together by passing a brush back and forth to each other. At the beginning, M was hesitant to paint. However, she eventually started painting objects such as flowers and a house. She was thoughtful about color combinations, asking herself which color goes well with the color she was using. She said that she used to love gardening. She also

mentioned that she wished to do art when she was young; however, she never had a chance to do so because she had to work in a field. She reported that she enjoyed painting during this session.

Session 2

The session was provided while M was on dialysis. Only her nondominant hand was available for artmaking because her access site to the dialysis machine was on her dominant arm. I taught her a paper-weaving technique. For the first three strips, M struggled to weave and was frustrated. However, she soon mastered the technique and wove with only one hand. She explained that she decided to use green as a base color because she knows green goes well with any color. She reported that she learned this from gardening. She mentioned that the artwork symbolized a garden but looked like a skirt as well. When I held the work in front of her, she expressed her satisfaction and said that her work looked very beautiful.

Session 3

The session was again held during dialysis. I brought two boxes filled with magazine cutouts, with pictures chosen based on the guidelines for the Magazine Photo Collage technique by Landgarten (1993). One box contained pictures of people and the other contained nonfigurative pictures such as objects and scenery. I asked M to pick pictures that caught her attention. She sorted the pictures into three groups: scenery, kitchen objects (e.g., food, pans, dining tables), and others. She began by placing pictures of scenery onto a blank paper but expressed her dissatisfaction with how she initially arranged the pictures. Then she changed her mind and decided to create a kitchen with the pictures, stating that she likes cooking even though many people do not. She consciously avoided pictures of negative images. For example, when she picked up a picture of people screaming, she said, "I don't want to have people like that in my house." She was very satisfied with what she created. She even called over a unit nurse to look at her work.

After her first collage piece was complete, I asked her to pick two pictures that caught her attention from the box of people cutouts and tell me what they were thinking. First she picked a picture of a mother and son. M said that the son was trying to convince her to live in a nursing home. M said the mother did not look happy. Second she picked a picture of a mother and two children. M explained that the mother said, "You better learn. Education is important." The daughter said, "Yes, Mama." The son said, "I am trying, Mom." (M had spoken to me previously about the importance of education in Yugoslavia, and it seemed that the artwork reflected her values.) After she finished this piece, she started talking about her family and revealed some personal information about her life, including how poorly her previous husband had treated her physically and emotionally.

Session 4

This session was provided in the waiting room prior to dialysis per M's request. I brought watercolor paints as M had indicated her wish to experiment with them. As a theme, I asked her if she would create an image of her illness. She said, "How do I do that? You do it, not me." I explained that she could make it in an abstract manner, utilizing colors. I said, "Which color in this palette would represent your illness?" M covered her head with her hands, became silent, and said she could not do it. It seemed that she was not ready for this topic. I told her that she had the right to refuse if she did not want to do the project.

Then she started painting something by herself. When I asked her if she had anything in mind, she told me that she was trying to paint a house. She used blue to draw the house and put in two chairs, a table, and a light. I asked her if she was planning to include people. She said her eyesight was too bad and that she could not see what she was painting if it included details. She asked me to paint a person on one of the chairs. She chose black, and I painted a person. She told me that I should have painted a smiling face on the person. Then she asked me if she could have a new piece of paper. When I provided it for her, she said, "Let me try something," and she started painting a blue bird. She added a branch underneath the bird. She said that the painting was not done yet and that she would continue it next time.

Session 5

This session was provided during dialysis. Because M could use only her left hand, I chose a magazine collage format. This time, I prepared a larger piece of paper as the base for the collage, and I asked her to pick pictures of people from the box that caught her attention. According to Landgarten (1993), a patient's choice of pictures reflects his or her psychological status. When making her selections, M was attracted to pictures that depicted more than one person, especially pictures of children (Figure 1). When I asked her if she liked children, she said that she wanted to have more children of her own and that she and her current husband had attempted to adopt two children. How-



Figure 1 Collage with Magazine Pictures



Figure 2 Watercolor Painting of a House

ever, the agency had rejected them because of her kidney transplant history. She expressed her anger by saying, "They even let a single mother adopt a kid! Why not me and my husband?"

Session 6

This session took place in the waiting room before dialysis. Because she wanted to complete a previous painting, I brought back the painting of the house from Session 4. M made the outline of the house bolder with blue and said that the house looked better. She also placed a flower in the garden. Then she asked me to paint a bench. Additionally, she asked me to paint another person and two cups on the table so that the house would look homey (Figure 2).

Because she complained about her difficulty in seeing details, I decided to introduce abstract painting so as to preclude the need to deal with details. I put a lot of water on the paper, and then asked her to load a brush with one color and place it on the paper. The paint bled across the paper. Since the paper was taped to a board, I asked her to move the board in different directions so that the paint spread more. M seemed excited and started adding more colors. I assisted her by adding water to the dry part of the paper. This painting became the first painting that she completed by herself. She placed paints wherever and however she wanted and when finished, M said, "I thought I was making a mess, but actually it is pretty." She expressed her wish to do the same technique again in a future session.

Session 7

This session occurred during dialysis. In the previous session, M had expressed her wish to create a collage with pictures of roses. The paper base for this collage was the largest of all her artworks. M spent considerable time picking pictures of flowers and arranging them on the paper. She also picked a picture of two women working in a field and added it to the collage. When I asked her who they were, she said they were a mother and daughter or grandmother and mother. In earlier sessions, she had refused to

glue pictures to the paper by herself because she could not do it well with her left hand. Despite that initial reluctance, she now glued all pictures with little assistance from me. M was very much satisfied with her work. She said that her collage was very pretty and that it was perfect.

Session 8

This was the final art therapy session and was provided during dialysis. M requested that she paint in watercolor. This was the first time M painted during dialysis. Previously she had refused to paint while undergoing treatment because she could not use her right hand. This time she carefully chose colors and made two abstract paintings. This session was the first one in which she completed two artworks. M said that the first painting was "the sunset in San Francisco," and she told the story of leaving San Francisco to go to Hawaii with her husband. Because M had a clear sense of what to do and how she wanted her painting to be, I provided little assistance in her artmaking.

Interview

After the eighth session, an interview was conducted. Regarding what she enjoyed, M reported that trying something new was an enjoyable accomplishment. She emphasized that she had never had a chance to do art before because she was busy working in a field when she was young. In terms of what she thought she had accomplished during the sessions, M talked about challenging herself to create art regardless of her physical limitations (poor eyesight and use of her nondominant hand). When asked if there was any change in how she thought about herself after the eight art therapy sessions, M said that she now saw herself as having more confidence in making art. M mentioned that she was not sure if she was doing it right, but she gradually gained more confidence in what she was doing.

As to any change in her perception of dialysis, M mentioned that doing art therapy during dialysis helped the time pass more quickly. This point was consistent with Weldt's study (2003) in which patients reported that using the treatment time for a meaningful activity like art helped the time pass more quickly. She stated that art therapy would be good for other patients because time went faster and because it provided excitement and happiness. She said that she would like to do art at home as well.

Discussion

This case study demonstrated that art therapy benefited this hemodialysis patient. Throughout eight therapy sessions and the interview, it was clear that M had used art as a tool for communication. As Doric-Henry (1997) indicated, art therapy for this patient facilitated verbal and non-verbal expressions. M's participation in art therapy provided an opportunity for her to talk about her images and background information relevant to the artworks. For example, the collage piece with pictures of people in Session 5 revealed her wish to have more children. Creating this artwork prompted M to disclose her story of the adoption

agency rejecting her application. Such a disclosure could be used to generate more in-depth discussion about her feelings and issues relative to rejection.

In this study M reported gaining a greater sense of control in manipulating the media, a feeling of accomplishment, and an increased level of self-confidence. In the first session, M had said she was frightened because she had never done art before. However, she gradually adapted to using the materials and eventually gained more control over what she was trying to accomplish. This sense of control may have supported her feelings of accomplishment and self-confidence.

Another element that may have contributed to M's feeling of accomplishment was using a variety of media. M was able to use different media as she desired, including watercolor. This medium is usually considered more sophisticated than collage, for example, and thus could have added to M's sense of accomplishment.

In addition to these feelings of accomplishment, M expressed much enjoyment and satisfaction in completing the artworks. Edith Kramer, who believed in art as therapy, stated, "The basic aim of the art therapist is to make available to disturbed persons the pleasures and satisfaction which creative work can give" (Junge, 1994, p. 33). This case study exhibits an example of how the act of creating art can positively impact one's life. M worked with the creative process to gain pleasure and enrich her life. Not only did M articulate her satisfaction and pleasure with her artwork during the art therapy sessions, she also planned on continuing to do artwork at home. This plan implies that art therapy was productive and meaningful to her. By reviewing events in her past and indicating her preferences, M successfully used art as a way to express herself. Given her expressions of accomplishment and satisfaction, M's sense of well-being was enhanced.

Previous research suggested that creating an image of one's illness is effective in eliciting feelings about illness (Heiman, Strnad, Weiland, & Wise, 1994). Although this method was attempted, it was not successful because M refused to participate. The thought of paying attention to her illness might have been too threatening to her at the time. Instead, M had decided to express the positive sides of her life through artworks. This may be related to what Weldt (2003) perceived in her participants, namely the denial of the psychological impact of the illness. Denial can be an effective coping skill for some patients. Completing a graphic representation of one's illness may be recommended for those patients who accept their condition fully and are willing to explore their psychological relationship with the illness.

One challenge of providing art therapy with this hemodialysis patient was her physical limitations. M's poor eyesight due to diabetes and the access site for the dialysis machine being on her dominant arm limited the options regarding art media. Despite these limitations, M was able to create art. Selecting the appropriate media for patients can reduce such physical challenges. Collage with magazine cutouts was effective with this patient when only one arm was available and assistance was provided to paste the pic-

tures. Watercolor painting was useful when M could sit up for a period of time. Although not used with this patient, modeling compounds could be provided for a patient with poor eyesight. However, modeling materials that do not flake or crumble are preferable as they are easy to clean up. Some messy media, such as paper mâché and finger painting, were not used with M because she could not clean her hands while on dialysis.

In addition to concerns about the physical environment, hemodialysis patients can be challenged by the psychological environment of art therapy sessions in terms of maintaining privacy. Nurses and other medical staff were around M during treatment and often stopped by to ask her what she was doing. This environment may have discouraged her from talking in depth or disclosing some feelings. In the future, making an announcement regarding the impending art therapy session and the need for privacy is recommended so that interruptions by medical staff are minimal. However, there is a positive aspect to the participant interacting with other staff. When M was participating in art therapy, medical staff members including doctors and nurses provided positive comments for M and had more interaction with her. Participants can gain social support from interacting with others through art therapy. As hemodialysis patients have a long-term relationship with their renal team, facilitating interaction is important so that the team can become a part of patients' lives and thereby engage them in the healing process. It is recommended that an art therapist be employed as part of the renal team.

Given the results of this case study, future research should engage a larger number of hemodialysis patients in art therapy to further document its usefulness. Using art therapy with hemodialysis patients makes their treatment time more meaningful in terms of their psychological health and provides an opportunity for them to communicate their feelings and desires. It would also be interesting to examine the use of art therapy in relation to the overall quality of life among hemodialysis patients. In this study, the participant indicated enjoyment and a feeling of accomplishment through the use of various art media. Exploring the impact of various media on participants' satisfaction and general quality of life would be valuable to investigate. Although these results cannot be generalized, they are worthy of further investigation. Thus, application of this intervention with similar patients is recommended.

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