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Art rehabilitation in amputee women with Pandora's myth as a self-esteem and quality of life facilitator resource

Arte reabilitação em mulheres amputadas utilizando o mito de Pandora como recurso facilitador de autoestima e qualidade de vida

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ABSTRACT

Amputation is a traumatic event that has serious repercussions on the amputee's life. The difficulty in dealing with the new reality can contribute negatively to self-esteem and rehabilitation, affecting the patient's quality of life. The Art therapy, through its expressive resources, can be a facilitator and provide resilience to overcoming the trauma. **Objective:** The objective of this study is to investigate the influence of art therapy in self-esteem and quality of life in amputee women. **Methods:** A group of 8 amputees, aged 35-65 years were divided into 2 groups (4 in the experimental group and 4 in the control group). They were evaluated with the WHOQoL-Bref (World Health Organization Quality of Life), Rosenberg Self-Esteem Scale (RSE), Human Figure Drawing test and the participants' own Reports. The activities, based on the Pandora myth, were developed in 11 art therapy workshops sessions of one hour that were carried out once a week in the Art-Rehabilitation sector off AACD – Ibirapuera, São Paulo. **Results:** There was no statistically significant differences observed between the initial and final assessments of quality of life (WHOQoL-Bref) and RSE domains of both groups, however, the experimental group evidenced a tendency towards the improvement of self-esteem, especially in regards of self-depreciation. Qualitatively, improvements of self-esteem and the possibility of improving the participants' quality of life were also observed. **Conclusion:** Art Therapy, combined with interdisciplinary care, can contribute positively to the rehabilitation process of amputee women, by helping to promote better self-esteem and quality of life.

Keywords: Amputation, Women, Art Therapy, Rehabilitation, Quality of Life

RESUMO

A amputação é um evento traumático que repercute intensamente na vida da pessoa acometida. A dificuldade em lidar com a nova realidade pode contribuir negativamente para a autoestima e reabilitação do indivíduo, afetando a sua qualidade de vida. A Arteterapia por meio dos recursos expressivos pode ser um canal facilitador e promotor de aspectos resilientes para a superação do trauma. **Objetivo:** Averiguar a influência da Arteterapia na autoestima e qualidade de vida em mulheres amputadas. Grupo formado por 8 mulheres amputadas, entre 35 a 65 anos. **Método:** Divididos em 2 grupos (4 indivíduos no grupo de intervenção e 4 indivíduos no grupo controle). Instrumentos de avaliação: WHOQOL- Bref (World Health Organization Quality of Life), Escala de Autoestima Rosemberg (EAR), o Desenho da Figura Humana e Relatos das Participantes. As atividades foram desenvolvidas com base no mito de Pandora, em 11 oficinas arteterapêuticas com 1 hora de duração, uma vez por semana no setor de Arte-Reabilitação, AACD – Ibirapuera, São Paulo. **Resultados:** Estatisticamente não foram observadas diferenças significantes entre os momentos inicial e final para os domínios de Whoqol Bref e EAR, em ambos os grupos; porém, o grupo intervenção apresenta um movimento de melhora na autoestima, especialmente no quesito autodepreciação. Qualitativamente foram observadas através do discurso das participantes melhorias de autoestima e possibilidade de melhoria na qualidade de vida das participantes. **Conclusão:** A arteterapia, junto com a equipe interdisciplinar, pode contribuir positivamente para o processo de reabilitação em mulheres amputadas ajudando a promover a autoestima e qualidade de vida.

Palavras-chave: Amputação, Mulheres, Terapia pela Arte, Reabilitação, Qualidade de Vida

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INTRODUCTION

Amputation is the total or partial absence of a limb due to congenital or acquired reasons. Studies show that accidents, vascular diseases and diabetes mellitus are the most frequent causes of lower limb amputation. According to Ramos et al.[1] non-traumatic etiology account for around 75% of amputations. Peripheral vascular disease is the leading cause of amputations in non-diabetic patients and it accounts for about 50% of amputations in diabetic patients. Secondly, there are traumatic etiologies due to traffic or work accidents, and, to a lesser extent, tumors and infections.[1]

The amputation of a limb is a very difficult, delicate, and often unpredictable event. The loss of a limb has a major impact on life with a series of biopsychosocial changes that interfere with the roles played by the individual in the personal, social, family and professional areas. Feelings become ambiguous and confusing, as reason understands surgery as necessary for avoiding greater consequences, whereas emotion resists the loss, what makes it difficult for the individual to recover from such a substantial change. The most frequent emotions that arise after amputations are: feelings of helplessness, self-strangeness, low self-esteem, loss of identity, anguish, lack of meaning and motivation, uncertainty about the future, about capabilities and about limitations that the amputee experiences. [2,3,4]

An individual's self-image is affected and the way he perceives and addresses his/her body is changed; It is necessary to reshape the experience and to reformulate the identity so that the person, thus rehabilitated, satisfactorily and integratedly proceeds with his life. In this context, Galvan & Amiralian[4] point out that "the difficulty in performing the imaginative elaboration of this loss can make amputation an event not integrated into a person's life, with consequences that are detrimental to their health and development."

According to Silva[5], body image is the mental representation of the existential body that is transformed along the individual's experiences, what makes it more organized and conscious. For this author, "the change in body image is strongly linked to personal self-esteem, and there is a positive correlation between body image and self-image, and between body satisfaction and overall self-esteem"[5]. Therefore, body image is intrinsically associated with development and quality of life, and it bears the representation of desires, emotions and interpersonal relationships.[6]

The World Health Organization (WHO) understands quality of life (QoL) not only as the absence of disease or illness, but also as an individual's perception of his or her position in life in the context of the culture and value system in which he or she lives and in relation to his or her goals, expectations, principles and concerns.[7]

Milioli et al.[8] rate psychosocial issues as relevant factors for the QoL of amputees, as functional limitation interferes with their autonomy and independence, once they change their activities and relationships towards themselves and the environment they dwell.

According to these authors, the physical factors coupled with QoL are: stump and general clinic conditions (comorbidities), prosthesis characteristics, time since amputation, mobility capacity with the prosthesis. On the other hand, the psychological factors valued and monitored for QoL are: resilience (personal mobilization to adapt to the new reality), acceptance of amputation, depression (frequent in younger patients or those who do not see control / management over their disability) and optimism. In its turn, psychosocial factors predisposing to QoL include: participation in social activities, working, studying, socializing with friends, associations, among others.[8]

Publications relating amputation and quality of life and self-esteem are still scarce. Regarding quality of life, we emphasize the article by Milioli et al.8, which evaluated 11 subjects who underwent amputation, with the WHOQOL-Bref (World Health Organization Quality of Life). In this study, 36.4% of the subjects rated their quality of life as neither bad nor good and 27.3% reported it as bad and very bad.

Moro et al.[9] conducted a study with 166 patients who underwent amputation due to vascular etiology, who also answered the WHOQOL-Bref questionnaire. These authors found that these patients were in an intermediate QoL range and the physical domain presented the highest percentage of failure and lower success.

Regarding self-esteem and amputation, most studies refer to personal and body identity and image. Reis et al.[10] proposed an intervention in cognitive behavioral therapy with 12 patients, trying to rehabilitate and improve their quality of life. 16 weekly meetings were held in which they addressed issues such as self-image, problem solving training, phantom limb pain, and others. The authors concluded that individuals have become more participative and more aware of the difficulties and proactive for wearing the prosthesis.

Silva[5] conducted a qualitative and quantitative experimental study with 46 participants to understand the impact of amputation on body image. The evaluating tools used were: BIS (Body Image Scale), BSI (Brief Symptom Inventory), SSSS (Satisfaction with Social Support Scale), GSEQ (Global Self-Esteem Questionnaire), as well as a sociodemographic, clinical and psychosocial questionnaire. There were significant associations between body image, global self-esteem, social support, depression, anxiety and age.

Among the interventions for improving quality of life, we understand that Art Therapy enables the patient to express him/herself spontaneously and to bring new meaning to life by applying expressive resources and focusing on the individual and their needs.[11] Thus, associated with rehabilitation, it may favor the understanding of emerging content arising from amputation. And according to Francisquetti[12] "Art Rehabilitation favors awareness of a new body scheme, promoting a new structure, helping the individual to endure and overcome suffering".

Publications on Art Therapy and amputation are still scarce in Brazil, however we highlight two case studies by Montessanti & Freire[13] and Alves.[14] These authors show the use of artistic resources, such as photography and painting as facilitating means to restructure the self-image and to allow the recovery of social life. They also emphasized the importance of an integrated multidisciplinary and interdisciplinary team in the rehabilitation of amputees.

Art Rehabilitation is an important ally for helping to restructure the image of a body that has been abruptly modified, as well as for improving the prospect of a possible prosthesis process, the motivation, self-esteem and other feelings that emerge from the injury.[13]

Tales and myths are resources that favor the development of art therapy. Bernardo[15] reports that "A tale or myth, narrated or used as a guide for art therapy at the right time with the right person, has the power respond to the call of soul and its present needs." Campbell[16] teaches that myths can help us in the process of self-knowledge and personal evolution by providing "the symbols that drive the human spirit forward, by opposing those other constant human fantasies that tend to take us backwards."

Biopsycho-emotional reactions due to amputation contribute to behavioral disorders and low self-esteem. They interfere with rehabilitation and quality of life. Art therapy uses expressive resources that focuses on the individual and their needs to promote self-knowledge, well-being and a better quality of life. We must be receptive to all resources that can promote the well-being and better quality of life of amputees.

The hypothesis of this study is that art therapy care with history-telling can assist in the rehabilitation process over quality of life and self-esteem in amputee women.

OBJECTIVE

The aim of this study was to evaluate the influence of art therapy intervention over self--esteem and quality of life of amputee women.

METHODS

Twenty women who met the eligibility criteria were contacted and 8 agreed to participate. Those who were not included were due to unavailability and lack of interest.

Thus, 8 clinically stable women from the Amputee Clinic of the Association for Disabled Child Care (AACD), diagnosed with traumatic and vascular amputation, aged 35 to 65 years old, with primary educational background, during prosthetic or pre-prosthetic phases, were included in this study. Patients with severe visual impairment, cognitive impairment, upper limb amputation and diagnosis of depression were excluded.

All participants signed the Informed Consent Form, allowed the publication of images, and this research was approved by an Independent Review Board and was registered as CAAE 69612117.9.0000.0085.

The following evaluation tools were applied in all participants:

WHOQOL - BREF (World Health Organization Quality of Life) – It consists of 26 questions, two of which general questions and the others are 24 parts of four domains: physical, psychological, social relations and environment. The answers form a Likert scale (from 1 to 5, the higher the score the better the quality of life).

Rosenberg Self-Esteem Scale (RSE) – This is a one-dimensional instrument for classifying the level of self-esteem as low, medium and high. It has ten items, six of which refer to a positive view of and four to a self-depreciating view. The response options are "strongly disagree", "disagree" "agree", and "strongly agree". Regarding the score, the higher the score obtained on the scale, the higher the individual's self-esteem level.

Human Figure Drawing: Each participant was asked to "Draw Yourself!" on a white A4 sheet of paper with a black pen. Formal aspects of the drawing were qualitatively analyzed: aspects of size and space occupied on the A4, Gestalt, and use of details. According to Francisquetti[17] the drawing of the human figure is the reflection of individual development, whereas for phenomenology the body scheme expresses one's place in the world.

The participants (Control and Intervention) were evaluated by psychologists of the institution. The results were not known to the researchers in order to avoid bias in the intervention.

Participants were divided into intervention group (4 participants) and Control Group (4 participants) in a convenience sample (availability of participation and frequency in the institution).

Thematic workshops were organized based on the "Pandora's Box" myth. Pandora's box is a Greek myth of Hesiod, associated with the myth of Prometheus (one who thinks first and then acts), who together with his brother Epimetheus (one who acts first and then thinks) created men. At a certain time, Prometheus gives men divine fire. As punishment, Zeus asks his son Hephaestus to raise a beautiful woman, and she is named Pandora (the one who possesses the divine gifts). With a mysterious box that should under no circumstances be opened, Pandora is then given to Epimetheus. In some versions of the myth, Pandora opens the box from which all the evils of the world come out, leaving only hope inside; in other versions, Epimetheus himself opens the box.[18,19]

The intervention group joined in 11 thematic art therapy workshops (Table 1), that were designed as awareness, then expressive activity and finally closing remarks. They were held once a week in the institution's Art Rehabilitation sector.

Data collection was done by the researchers with the recording of images, recording of reports and daily reports.

Whoqol-Bref and RSE results were corrected and tabulated. Data analysis were correlation between control and intervention groups and correlation analysis of intervention group before and after activities. The results of the data were analyzed with the SPSS V20 (Statistical Package for Social Sciences), Minitab 16 and Excel Office 2010 software. Significance level was set at $p < 0.05$.

The Human Figure Drawing was qualitatively analyzed according to the size, placement on the paper, Gestalt, and details. The interview was analyzed accordingly.

Table 1. Workshop description

OF	THEME	ACTIVITY	OBJECTIVES
1	Presentation	Collective canvas	Bond formation
2	The news	Wet fabric painting	Reflect about the new possibility of life with acceptance and warmth of the new body.
3	The feelings	Clay modeling	Notice the emotional reactions
4	The talent and gifts	Mandala of Gifts	Discover the potentials and seize them.
5	Future projects	Magic Bottle	Plan future goals.
6	Uncertainties of life	Box making	Wonder about the certainties and uncertainties of life and curiosity.
7	Me in the world	Making of a picture frame	Work self-awareness, self-acceptance and face the world.
8	Relationships	Fois Mandala	Wonder about the differences, the interference of others, the giving, receiving, and accepting help.
9	The Evils of the World and Hope	Box transformation	Meditate on resilience and hope.
10	The Hope	Mandala of candles	Keep hope alive. Recover the interior shine.
11	Closing	Bridge Construction	Wonder about the art therapy process

RESULTS

The groups were statistically homogeneous in relation to the participants' age, with a mean age of 46 years for the control group and 51 years for intervention.

Regarding the pre-intervention evaluation, a significant difference was found in the RSE between the treatment groups (Table 2), in the self-depreciation domain and in total score they presented a tendency towards significance and did not show significant differences when compared to the pre-intervention Whoqol-Bref (Table 3).

Regarding the results after the intervention, no significant differences were found between both groups by RSE (Table 4) nor by Whoqol-BREF (Table 5).

Table 2. Group comparison before intervention by RSE

Initial RSE		Mean	Median	Standard Deviation	N	CI	*P*-value
Self-confidence	Control	12.25	12.5	0.96	4	0.94	0.765
	Intervention	12.50	12.5	1.73	4	1.70	
Self-depreciation	Control	13.25	13.5	0.96	4	0.94	0.027
	Intervention	11.00	11.0	0.82	4	0.80	
Total	Control	25.50	25.5	0.58	4	0.57	0.063
	Intervention	23.50	24.0	1.91	4	1.88	

Table 3. Group comparison before intervention by WHOQOL-Bref

WHOQOL-Bref domains	Intervention group	Mean	Median	Standard Deviation	N	CI	*P*-value
Physical	Control	69.64	69.6	8.50	4	8.33	0.297
	Intervention	63.39	62.5	3.42	4	3.35	
Psychological	Control	81.25	81.3	12.95	4	12.70	0.191
	Intervention	67.71	64.6	14.97	4	14.68	
Social	Control	68.75	70.8	20.83	4	20.42	0.462
	Intervention	60.42	62.5	14.23	4	13.95	
Environmental	Control	62.50	56.3	14.66	4	14.36	0.561
	Intervention	57.03	54.7	11.23	4	11.01	
Quality of Life	Control	70.54	68.5	12.49	4	12.24	0.248
	Intervention	62.14	62.6	7.86	4	7.70	

Table 4. Group comparison after intervention by RSE

Rosenberg Final		Mean	Median	Standard Deviation	N	CI	*P*-value
Self-confidence	Control	11.25	11.5	1.71	4	1.67	0.765
	Intervention	11.75	11.5	0.96	4	0.94	
Self-depreciation	Control	13.25	13.5	1.71	4	1.67	0.554
	Intervention	12.50	13.0	1.91	4	1.88	
Total	Control	24.50	24.5	1.73	4	1.70	1.000
	Intervention	24.25	24.5	2.50	4	2.45	

Table 5. Group comparison after intervention by WHOQOL-Bref

WHOQOL-Bref. domains		Mean	Median	Standard Deviation	N	CI	*P*-value
Physical	Control	72.32	71.4	13.16	4	12.90	1.000
	Intervention	69.64	73.2	11.10	4	10.88	
Psychological	Control	78.13	72.9	14.97	4	14.68	1.000
	Intervention	70.83	75.0	11.28	4	11.06	
Social	Control	68.75	62.5	21.92	4	21.48	0.309
	Intervention	54.17	50.0	22.05	4	21.61	
Environmental	Control	65.63	60.9	18.58	4	18.20	1.000
	Intervention	63.28	68.8	13.10	4	12.84	
Quality of Life	Control	71.21	64.8	16.26	4	15.93	0.663
	Intervention	64.48	64.5	11.09	4	10.86	

Regarding the comparison of RSE at baseline and at the end of the treatment, no significant differences were found between both groups (Tables 6 and 7). However, there is a tendency of significant difference in the elf-depreciation domain in the intervention group ($p = 0.141$)

The findings regarding WHOQoL-Bref were also compared between both groups at baseline and after the interventions. No statistically significant differences were found.

Regarding the Human Figure Drawing, the control group had similar space coverage, did not vary the Gestalt and the details, and a participant drew the smallest figure (Figure 1), whereas in the intervention group an increase in the details, size and improvement in Gestalt and space was observed (Figure 2).

DISCUSSION

This study was designed to evaluate the influence of Art Therapy on self-esteem and quality of life in amputated women.

We found that, compared to the control group, the intervention group presented a tendency towards lower self-esteem at the beginning of the research ($p = 0.063$) and a significant difference in self-depreciation measured by the RSE ($p = 0.027$) evidencing patients who tended to depreciate themselves in their speech. This data could be observed in the participants' discourse at the beginning of the process, as stated by of participant B. when she reported that the activity was difficult and said: "I cannot unfold myself. What I imagine of myself, I can't bring it (to paper)". At the end of the interventions there was no difference between the groups, but the patient's speech changed when she reported "I really enjoyed the therapy, I felt that it helped me a lot in my self-esteem, I felt that I am capable, I learned that I have to have perseverance and that everything in life is a surprise. Surprise is sometimes good, for the better. I enjoyed all the steps of working together. They were all important to me."

This discourse agrees with Andrade et al.[20] speech about the concept of self-esteem, when they reported that it is part of self-concept, and that the individual expresses feelings or attitude of approval and disgust for himself. The subject is able to consider himself or herself capable, successful and valuable.

The quantitative data regarding quality of life (WHOQoL-Bref) and Self-esteem (RSE) did not present statistically significant differences. We hypothesized that the number of participants was not enough to indicate

Table 6. Baseline and final results for RSE – Control group

RSE control		Mean	Median	Standard Deviation	N	CI	*P*-value
Self-confidence	Inicial	12.25	12.5	0.96	4	0.94	0.285
	Final	11.25	11.5	1.71	4	1.67	
Self-depreciation	Inicial	13.25	13.5	0.96	4	0.94	1.000
	Final	13.25	13.5	1.71	4	1.67	
Total	Inicial	25.50	25.5	0.58	4	0.57	0.285
		24.50	24.5	1.73	4	1.70	

Table 7. Baseline and final results for RSE – Intervention group

RSE Intervention		Mean	Median	Standard Deviation	N	CI	*P*-value
Autoconfiança	Inicial	12.50	12.5	1.73	4	1.70	0.461
	Final	11.75	11.5	0.96	4	0.94	
Autodepreciação	Inicial	11.00	11.0	0.82	4	0.80	0.141
	Final	12.50	13.0	1.91	4	1.88	
Total	Inicial	23.50	24.0	1.91	4	1.88	0.785
		24.25	24.5	2.50	4	2.45	

Table 8. Comparison of WHOQoL-Bref results at baseline and after the treatment – Control group

WHOQOL-Bref. domains		Mean	Median	Standard Deviation	N	CI	*P*-value
Physical	Inicial	69.64	69.6	8.50	4	8.33	0.715
	Final	72.32	71.4	13.16	4	12.90	
Psychological	Inicial	81.25	81.3	12.95	4	12.70	0.655
	Final	78.13	72.9	14.97	4	14.68	
Social	Inicial	68.75	70.8	20.83	4	20.42	0.854
	Final	68.75	62.5	21.92	4	21.48	
Environmental	Inicial	62.50	56.3	14.66	4	14.36	0.465
	Final	65.63	60.9	18.58	4	18.20	
Quality of Life	Inicial	70.54	68.5	12.49	4	12.24	1.000
	Final	71.21	64.8	16.26	4	15.93	

Table 9. Comparison of WHOQoL- Bref results at baseline and after the treatment – Intervention group

WHOQOL-Bref. domains		Mean	Median	Standard Deviation	N	CI	P-value
Physical	Inicial	63.39	62.5	3.42	4	3.35	0.197
	Final	69.64	73.2	11.10	4	10.88	
Psychological	Inicial	67.71	64.6	14.97	4	14.68	0.593
	Final	70.83	75.0	11.28	4	11.06	
Social	Inicial	60.42	62.5	14.23	4	13.95	0.285
	Final	54.17	50.0	22.05	4	21.61	
Environmental	Inicial	57.03	54.7	11.23	4	11.01	0.465
	Final	63.28	68.8	13.10	4	12.84	
Quality of Life	Inicial	62.14	62.6	7.86	4	7.70	0.465
	Final	64.48	64.5	11.09	4	10.86	

improvements of any aspects evaluated by the assessments.

The qualitative approach of the participants' drawing and discourse analysis allowed a more sensitive and broader look at the question of self-esteem and quality of life, changes that were not identified by the quantitative evaluations.

Machover apud Silva et al.[21] emphasizes that "When a subject draws a picture, he/she is referring to his internalized images of himself and others. Therefore, drawing represents the expression of oneself in the environment." These authors conclude that: (1) Graphic language is closest to the unconscious and the body ego; (2) its content is less influenced by the conscious mind; (3) for patients who face difficulty for verbally expressing themselves, it is an excellent tool to promote communication.[21]

Regarding the analysis of the drawing, we found that at the end of the study, the intervention group tended to present a more detailed picture of themselves. The lack of details may indicate a tendency towards introspection and withdrawal[22,23]. Regarding their speech, it was possible to observe that the participants' discourse emphasized the perception of their qualities and possibilities as: "I realized that I have to do my best"; "We are capable", "strength, brilliance, faith and hope are always present. To 'shine' you have to be yourself".

It was also possible to observe an increase in the size of the human figure and an increase in the use of space, which according to Francisquetti[22] evidence a more outgoing and self-praising behavior and to Levy[24] who points out that space can present a relationship between the subject and the environment they live in. Big drawings denote how the subject is reacting to environmental pressures and small figures can be seen as the subject feeling of smallness (inferior) or lost (rejected). In accordance to the participants' discourse, we notice this expansion in speeches such as: "I have more courage in my life"; "I need to experience my limits"; "I want to find a person to love"; "The capacity I have is very wide, but sometimes I forget it."

The Gestalt, according to Francisquetti[22] denotes the expansion of the perception of oneself and the environment, and its improvement can be observed in the final drawings of the participants of the intervention group. In their speeches, they report situations such as: "It brought me an awakening"; "I used to wear black before, now I wear red and red looks good on me"; "I opened my mind to my future projects"; "I'm fine in the world"; "I'm all colorful and full of flowers."

The change in the participants' drawing agrees with Silva[5] as the author reports that the change in body image is strongly correlated to personal self-esteem, with a positive correlation between body image and self-image, and between body satisfaction and overall self-esteem. This fact can be observed at the drawing because it is a graphic language closer to the unconscious, as pointed out by Silva et al.[21] This attitude of design modification contributes to the statement of Montessanti and Freire[13] who reporting that Art Rehabilitation may be an ally in the work of restructuring body image and also in the

expectation of the process of prosthetization, moreover it stimulates self-esteem and other positive feelings after the injury.

According to the therapeutic process, we can observe that the participants show themselves with more interesting identity and completeness. They also accept themselves and feel more able to be inserted in other contexts of their lives, for instance a participant reported that "I am intelligent, I will fix my professional and handicapped life" (Figure 3).

There are still few studies that use the combination of instruments used in our study (WHOQoL-Bref and RSE) combined with an intervention process. We emphasize the research by Andrade et al.[22] who conducted an intervention with these tools for self-esteem and quality of life of the civil police of Rio de Janeiro, which resulted in statistically significant increases in the quality of life and cognition in the domains "recreation", "intimacy" and "immediate memory". Based on the significant gains, the authors suggest that such a practice may be valid to improve the health conditions of hospitalized elderly.

No research associating art therapy and amputation was found in the literature, with patients assessed with tools for evaluating quality of life and self-esteem.

Hence, we point out the relevance of our study to rate Art Therapy an important role in the rehabilitation process. We suggest, therefore, the continuity and expansion of this study, meeting the needs of sensitivity to the test so that the results can also be proven quantitatively. Considering the statistics, especially the standard deviation and a nominal difference of 1.17 (95% CI) of RSE at baseline, we estimate a sample of 17 subjects to reach a power of 80%.

The art therapy workshops allowed participants to "pause" the daily routine of rehabilitation so that they could look at, reflect and perceive themselves (Figure 4).

Art therapy can, combined with an interdisciplinary approach, contribute to the patient's rehabilitation process, once rehabilitating is not only returning the necessary physical conditions to the patient so that they are socially reintroduced. Rehabilitation must grant the patient the possibility to experience a modified existence, with new perspectives and new life possibilities, even with new routes or directions. For Art Therapy considers that all experiences lived by patients are valuable for awareness control of their uniqueness and potentials, broadening the way the individual sees themselves, diminishing the disabilities caused by amputation, and allowing

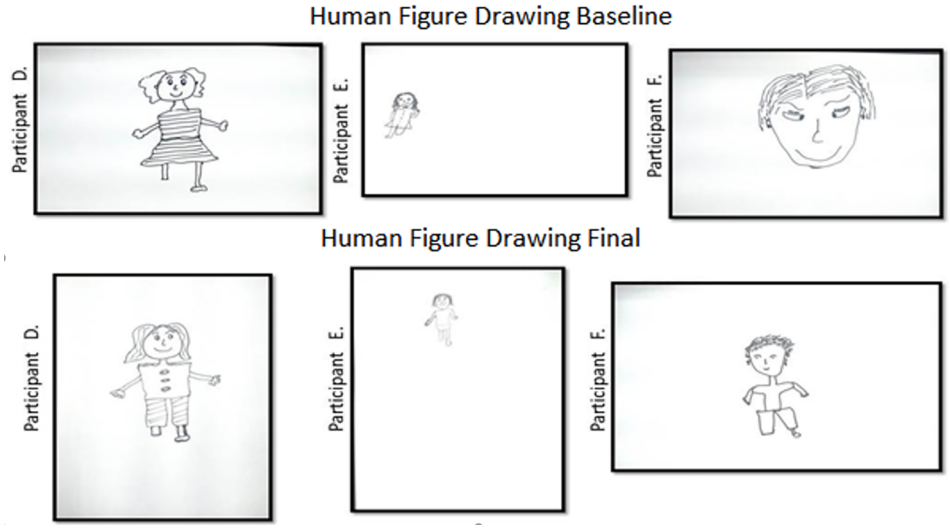

Figure 1. Human Figure Drawing at baseline and after the intervention – Control group

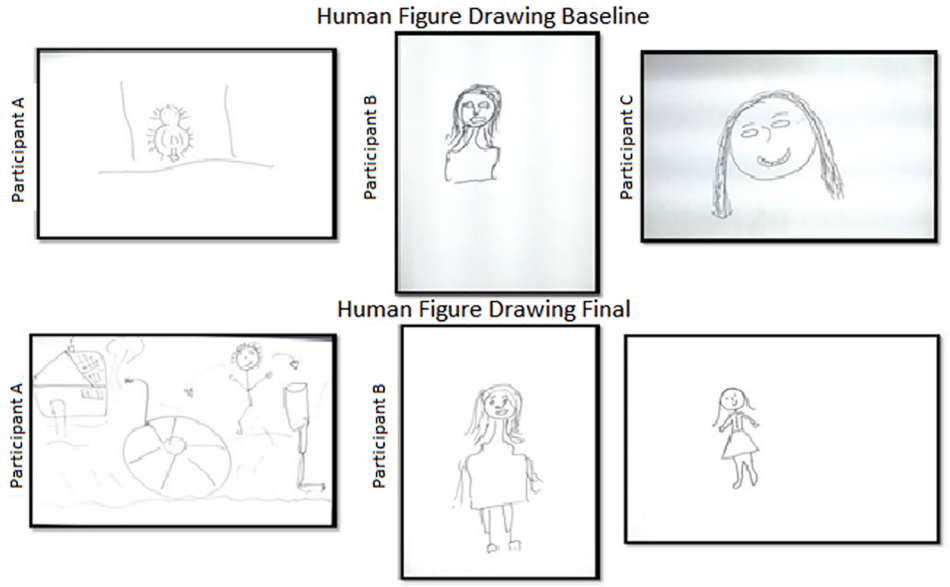

Figure 2. Human Figure Drawing at baseline and after the intervention – Intervention group

Figure 3. Wet fabric painting

Figure 4. Box transformation

Figure 5. Bridge Construction

a complete treatment. Consequently, Art Therapy contributes to the promotion of self-esteem and the quality of life of these people.

The art rehabilitator must be sensitive to the impact of physical commitment on emotional and self-esteem aspects of patients, and they should also try to establish a loving and welcoming bond with these individuals and to encourage them to perceive, express and elaborate their emotions. Especially because we understand that rehabilitation works at its best when the patient is confident and getting along with life. In particular, it is up to the rehabilitation art therapist to help the patient realize that despite his or her commitments, he or she remains a person who can produce and create. This is extremely valuable at times when the patient, by his condition, feels depressed or depressed.[22]

Hence, Art Therapy allows the person to go one step further towards the frontier where their growth needs to take place, expanding creativity and freedom to act more consciously and efficiently, thereby increasing their repertoire of behaviors to face different situations in life. (Figure 5).

CONCLUSION

The process experienced by these participants was deep and full of symbols, not only regarding the rehabilitation process, but the continuity of life after the amputation. The process carried out along the 11 meetings demonstrated the importance of the art therapy process, with the activities performed, the speeches recorded. It also allowed discussing the emotional issues arising from the amputation process, and enlightening the importance of carrying inside our "box of evils of the world" the hope that remains in each person to carry on, despite the adversities.

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