

Evaluating the Effectiveness of Art Therapy in Enhancing Quality of Life among Cardiac Patients in an Indian Clinical Setting

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Abstract

Background: Art based interventions have increasingly been recognized for their role in promoting holistic health and well being. In patients with cardiac conditions, unmanaged psychosocial stress can significantly affect prognosis, treatment adherence, and survival rates. Art therapy (AT), a creative and therapeutic modality, has demonstrated effectiveness in reducing psychological distress and enhancing quality of life (QoL) in various Indian clinical populations.

Objective: This study aimed to evaluate the effectiveness of art therapy in reducing psychological distress and improving quality of life among patients with arrhythmia and coronary artery disease.

Methods: A purposive sample of 35 cardiac patients ($N = 35$), identified with moderate to severe psychological distress using the Kessler Psychological Distress Scale (K10), was recruited from a cardiac specialty hospital. Participants were assessed for QoL using the World Health Organization Quality of Life Scale (WHOQOL-BREF). The intervention consisted of a 6-day structured art therapy program, which included three techniques: Scribbling, Know Your Depression, and Gratitude Mandala each administered over a three day period. Pre and post intervention scores were analyzed using a paired t-test to determine the efficacy of the intervention.

Results: The analysis revealed a statistically significant improvement in overall quality of life following the intervention ($p < 0.05$), indicating that art therapy effectively reduced psychological distress and enhanced well being among the participants.

Conclusion: The findings support the integration of art therapy as a complementary approach in cardiac rehabilitation programs to address psychosocial factors and improve quality of life in patients with cardiovascular disease.

Keywords: Art therapy, Psychological distress, Quality of life, Cardiovascular disease, Cardiac patients, India

Introduction

Cardiovascular diseases (CVDs) remain a leading cause of morbidity and mortality globally, with India experiencing a particularly high burden due to rapid urbanization, sedentary lifestyles, poor dietary habits, and rising rates of diabetes and obesity. Beyond physical symptoms, CVDs exert a considerable psychological toll, often manifesting as anxiety, depression, and chronic stress, which in turn adversely impact Indian clinical outcomes, including adherence to treatment, recovery rates, and overall quality of life (QoL) (Vaid et al., 2024). Despite the growing recognition of mental health as a critical component of cardiovascular care, access to psychological interventions remains limited in many parts of India. This gap highlights the need for innovative, accessible, and culturally appropriate therapeutic modalities that address

the psychosocial dimensions of cardiac health. Art therapy (AT) has emerged as a promising integrative intervention that facilitates emotional expression, enhances self-awareness, and promotes psychological well being through creative engagement. Although evidence on AT's effectiveness among cardiac patients in India is limited, international studies have demonstrated its efficacy in alleviating symptoms of anxiety and depression, improving stress management, and enhancing QoL (Chockalingam et al., 2025). Quality of life is a multidimensional construct influenced by individual, social, and Indian clinical factors. Among cardiac patients, QoL is frequently compromised due to physical limitations, chronic symptoms (e.g., fatigue, dyspnea, and chest pain), and psychosocial stressors. Research indicates that QoL outcomes

are significantly affected by disease severity, treatment burden, social support, and coping strategies (Kessler et al., 2002; The WHOQOL Group, 1998). Art therapy, through modalities such as drawing, painting, and guided imagery, offers a non-verbal means of processing emotions, fostering resilience, and improving patient engagement in recovery. Previous studies, have shown that art based interventions contribute to improved emotional regulation, reduced psychological distress, and enhanced QoL in various patient populations, suggesting its relevance in cardiac care settings. The present study aims to evaluate the effectiveness of a structured art therapy intervention in improving quality of life and reducing psychological distress among Indian patients diagnosed with arrhythmia and coronary artery disease. By incorporating culturally relevant and context-sensitive techniques, the study seeks to provide evidence for integrating art therapy into multidisciplinary cardiac rehabilitation programs.

Methodology

This study employed a quasi-experimental pre-test/post-test design to evaluate the effectiveness of art therapy in enhancing the quality of life among cardiac patients. The study was guided by the following hypothesis:

H₀: There is no significant difference in quality of life before and after art therapy intervention.

H₁: There is a significant improvement in quality of life following the art therapy intervention.

Participants and Sampling

The study utilized purposive sampling to recruit participants from a cardiac multi specialty hospital in the Nashik. A total of 130 follow up cardiac patients were screened, out of which 60 individuals consented to participate. Following inclusion and exclusion criteria, only 35 participants met the eligibility requirements and were enrolled in the study.

Inclusion Criteria

- Diagnosed with cardiovascular disease or post-cardiac surgery (any severity)
- Aged between 30 to 85 years
- Both male and female participants
- No prior exposure to art therapy interventions
- Demonstrated moderate to very high psychological distress based on the Kessler Psychological Distress Scale (K10)

Screening Tools

- Kessler Psychological Distress Scale (K10): This 10-item measure was used to screen participants for levels of psychological distress. Only individuals scoring within the moderate to very high distress range were included in the intervention phase (Monti et al., 2006).
- World Health Organization Quality of Life – BREF (WHOQOL-BREF): A validated instrument consisting of 26 items measuring four domains: physical health, psychological health, social relationships, and environmental factors. It was used to assess baseline and post-intervention quality of life (Kaimal et al., 2016).

Intervention Procedure

The intervention spanned a total of five weeks, during which participants attended structured art therapy sessions facilitated by the researcher, who was professionally trained in art therapy as part of their Master’s degree in Clinical Psychology (Integrated).

The intervention comprised three stages, each lasting for three days and focused on a specific therapeutic technique:

1. Scribbling Technique – aimed at free emotional expression and reducing internalized tension.
2. Draw Your Depression – facilitated emotional articulation and cognitive restructuring of distressing experiences.
3. Gratitude Mandala – encouraged reflection on positive experiences and enhanced emotional well-being.

These sessions were designed based on integrative therapeutic principles, incorporating elements from Cognitive Behavioural Therapy (CBT) and existential psychotherapy to promote self-awareness, emotional insight, and personal growth. Each session included guided reflections, verbal feedback, and introspective discussions to deepen engagement with the creative process.

At the end of the three-week intervention, participants were reassessed using the WHOQOL-BREF to determine changes in their perceived quality of life.

Statistical Analysis

Data analysis was conducted using IBM SPSS Statistics Version 26. Descriptive statistics, including means and standard deviations, were computed for continuous variables, while frequencies and percentages were calculated for categorical data obtained during participant screening.

To test the hypothesis, a paired samples t-test was employed to compare pre- and post-intervention quality of life scores. The level of statistical significance was set at $p < 0.05$.

Results

Sample Characteristics

Table 1: Levels of psychological distress in Kessler’s psychological distress scale among the participants.

	Levels	N	Percentage (%)
Psychological distress	Low psychological distress	22	38.35
	Moderate psychological distress	18	28.35
	High psychological distress	12	22.34
	Very high psychological distress	8	12

(Source: Primary Data)

*Note: N= Number of Participants

From the figure and table presented, it can be inferred that among 60 participants, 22 of the participants were likely to have low psychological distress, 18 of the participants showed to have moderate psychological distress, 12 of the participants showed to have high psychological distress and 8 of the participants showed to have very high psychological distress. Therefore, there is a variation in the levels of psychological distress among the participants. Only the participants with moderate to very high psychological distress were further chosen to participate in the study.

Research Question Results

Table 2: Mean, S.D, t-value in the selected participants during pre- and post-intervention in quality of life (N=35).

Quality of Life	Dimensions	Pre/Post Intervention	Mean of QoL	S. D	t- value	p- value
	Physical	Pre-intervention	32.6	9.8	15.85	p<0.001
		Post-intervention	64.8	8.3		(S)
	Psychological	Pre-intervention	30.8	9.4	16.45	p<0.001
		Post-intervention	60.8	5.5		(S)
	Social	Pre-intervention	34.5	11.4	10.85	p<0.001
		Post-intervention	58.3	5.5		(S)
	Environmental	Pre-intervention	48.2	10.5	7.75	p<0.001
		Post-intervention	65.4	7.5		(S)

(Source: Primary data)

*Note: N= Number of participants, SD = Standard Deviation, S=Significant at 0.05 level

Results

The effect of art therapy on the quality of life (QoL) was analyzed across the four domains of the **WHOQOL-BREF**: physical, psychological, social, and environmental. A paired-samples t-test was conducted to compare pre- and post-intervention scores.

Physical Health Domain: The mean pre intervention score was indicating a poor quality of life, while the post-intervention score increased, indicating good quality of life. The calculated t-value was 15.85, with a significance level of $p < 0.001$, confirming a statistically significant improvement.

Psychological Health Domain: The mean pre-intervention score was 30.8, reflecting poor quality of life, and the post-intervention score was 60.8, indicating moderate quality of life. The calculated t-value was 16.45 ($p < 0.001$), showing a significant difference.

Social Relationships Domain: The mean score increased from 34.5 (pre-intervention) to 58.3 (post-intervention), representing a shift from poor to moderate quality of life. The t-value was 10.85 ($p < 0.001$), indicating a statistically significant improvement.

Environmental Domain: The mean pre-intervention score was 48.2 (moderate QoL), which improved to 65.4 (good QoL) post-intervention. The calculated t-value was 7.75, with a significance level of $p < 0.001$. Overall, the analysis supports the alternative hypothesis: art therapy significantly improves quality of life among cardiac patients.

Discussion

The findings of this study indicate that art therapy is effective in significantly improving quality of life across physical, psychological, social, and environmental domains among

cardiac patients. Participants initially presented with moderate to high levels of psychological distress, a common occurrence in individuals diagnosed with cardiovascular disease or those recovering from cardiac surgery. Consistent with previous research, art therapy provided participants with a constructive outlet for emotional expression, thereby reducing psychological burden and enhancing emotional well-being (Uttley et al., 2015). The creative process allowed patients to externalize their experiences, process complex emotions, and foster a sense of personal agency during recovery. Furthermore, the structured use of techniques such as Scribbling, Draw Your Depression, and Gratitude Mandala enabled participants to engage in cognitive and emotional restructuring, resonating with therapeutic principles from Cognitive Behavioural Therapy and existential psychotherapy. This aligns with earlier studies which highlight the role of art therapy in facilitating meaning-making, resilience, and psychological healing in medical populations (Vempati & Telles, 2002). The observed post-intervention improvements in the physical domain may be attributed to reduced psychosomatic symptoms, improved self-care motivation, and enhanced body awareness. Improvements in the psychological and social domains reflect reduced distress and increased interpersonal engagement. Gains in the environmental domain may relate to improved satisfaction with care settings, perceived safety, and access to resources. While the current study supports the growing body of literature on the psychosocial benefits of art therapy (Ponnusamy & Paul, 2020), it also provides context-specific evidence from an Indian clinical setting, particularly the Pollachi division, where structured psychological interventions are often limited.

Limitations

The present study has several limitations

1. Small sample size limited to a single geographical location.
2. Short duration of the intervention and absence of long-term follow-up.

- Generalized grouping of cardiac patients without categorization by specific cardiac condition or surgical status.
- Practical constraints in standardizing and administering sessions in a busy clinical environment.
- Lack of control group, which may limit causal inference.

Implications for Practice

This study highlights the potential of art therapy as a valuable psychosocial intervention in cardiac care. It may serve as a non-invasive, low-cost, and patient-centered tool to support emotional recovery and enhance quality of life among patients undergoing cardiac rehabilitation. Beyond cardiac care, art therapy may be beneficial in palliative care settings, where it can address existential concerns and enhance emotional and spiritual well-being (Rawat & Saini, 2023). By incorporating art therapy into multidisciplinary cardiac programs, healthcare providers can address the often-neglected psychological dimensions of recovery, thus contributing to more holistic and humane patient care.

Recommendations for Future Research

To build upon the current findings, future studies may consider the following

- Employing a larger and more diverse sample to increase generalizability.
- Implementing randomized controlled trials (RCTs) with control groups.
- Categorizing participants based on specific cardiac diagnoses or surgical procedures.
- Exploring long-term effects of art therapy through follow-up assessments.
- Investigating the influence of sociodemographic variables such as socioeconomic status, education, and locality.
- Comparing art therapy with other adjunct interventions, such as music therapy, aromatherapy, or mindfulness-based approaches.
- Expanding research into the effectiveness of art therapy for non-psychotic disorders, including obsessive-compulsive disorder (OCD) and panic disorder.

Conclusion

Art therapy offers a creative, non-verbal, and introspective approach to healing, particularly relevant for cardiac patients coping with psychological distress following diagnosis or surgery. While it does not replace medical treatment, it complements biomedical care by enhancing emotional resilience, self-understanding, and readiness to face future health challenges. This study demonstrates that structured art therapy interventions significantly improved quality of life across multiple domains among cardiac patients. These findings support the integration of art therapy into routine cardiac care, particularly in settings where mental health resources are scarce. As a therapeutic practice, art therapy empowers individuals to reframe their experiences, foster hope, and cultivate a renewed sense of purpose.

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