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# Art Therapy and Sport Activities Enhance Psychosocial Rehabilitation

The Tajikistan Mine Action Centre has worked to improve the physical and psychological health of landmine survivors through its summer camps in Dushanbe, Tajikistan. Using sport activities, survivors improve their ability to function physically and learn to adjust to life with their disability, while art therapy helps them overcome fears of self-expression, enabling them to form healthy relationships with others.

by Reykhan Muminova, M.D., Ph.D. [ Tajikistan Mine Action Centre ]



Preparation for swimming training under the supervision of Khujamkulova Aydulan, multi-winner of the Asian para-Olympic arm-wrestling championships.  
All photos courtesy of the author.

Tajikistan joined the *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and their Destruction* (also known as the Anti-personnel Mine Ban Convention or APMBC) on 1 April 2000 and is one of the 26 States Parties with a significant number of landmine victims. The Victim Assistance Program of the Tajikistan Mine Action Centre has recorded approximately 828 landmine/unexploded-ordnance victims since 1992, with 466 injured and 362 killed by landmines. However, the total number of Tajikistan's landmine victims is still not known because accidents sometimes go unreported.

Survivors are often left with permanent physical disabilities, which can affect their ability to work and can lead to workplace discrimination and loss of employment. As a rule, most landmine survivors show symptoms of chronic post-

traumatic stress disorder, and survivors often have reduced emotional well-being due to depression, anxiety, fear, anger, dependence on others and isolation due to feelings of shame and discrimination.

For mine victims to become "survivors," in addition to needing medical care and prosthetic devices, they generally need psychological rehabilitation. TMAC has found that survivors benefit from peer-to-peer support (which allows them to share their experience and pain with someone who has experienced a similar trauma) to learning that they are not alone, overcome isolation, and ultimately become contributing members of society. However, in Tajikistan, like in many other post-conflict countries, the hospitals and clinics have no specialists in psychological support who can treat landmine survivors and no no existing peer-to-peer support groups.

## TMAC Summer Camps

TMAC, in cooperation with Tajikistan's Ministry of Labor and Social Protection as well as a number of International Organizations such as the United Nations Development Programme, Red Crescent Society of Tajikistan, Canadian Centre for Mine Action Technologies, and other partners, conducts summer camps in order to provide psychological and physiological rehabilitation to landmine survivors. Since 2005, a total of 160 landmine/explosive remnants of war survivors have enjoyed two weeks at TMAC summer rehabilitation camps. Each year one group of up to 25 survivors of different ages has the opportunity to enjoy the camps which are located in hospitals and resorts in the picturesque Romit and Varzob valleys in the Dushanbe vicinity. The summer camps have positively affected survivors' general health by bringing together physiotherapy and adaptive sport in a friendly atmosphere to enhance the participants' communication and social-integration abilities. The summer camps have also provided psycho-





Morning physical exercises under the observation of a doctor and a professional coach.

logical rehabilitation through art therapy and individual and group psychological discussions, which improve self-confidence and self-esteem among survivors.

### Sport Activities

Throughout the summer camps, TMAC uses adaptive sport activities supervised by a professional trainer and doctor. Sport activities consist of morning exercises, walking, games and competitions. Morning exercises occur every day before breakfast with time allotted to walk around the resort afterward if weather conditions allow.

Group games include football, volleyball, basketball, tug-of-war games, and other recreational activities. These games help with team building and play an important role in improving the survivors' communication skills. In the afternoon, survivors participate in 100-meter races, arm wrestling, chess, table tennis, swimming, and other competitions. The hottest time of the day is designated primarily for restful recreation—lying in a hammock or on couches or playing table games. In the evening survivors enjoy dancing, singing and watching movies in the front yard.

Sport activities have improved survivors' physical and emotional stability. Staying active strengthens the will of survivors and gives them confidence in their abilities while helping them adapt to the physical stress encountered in their everyday life. Combining physical activity with exposure to nature makes rehabilitation even more effective.

During exercise metabolic processes and blood circulation increase, which improves body regulation. At the same time, physical exercise and conditioning improve efficiency of rehabilitation and resistance to changing temperatures and weather conditions. Physical exercise contributes to functional and morphological recovery of the affected organs and systems, strengthening weak muscles. The medical team uses therapeutic exercises to stimulate the physiological processes and to counteract muscle stagnation.

### Art Activities

At the beginning of art therapy, the team provided cultural stimulation through excursions to the ancient Hisor Fort and to the museums in the capital city, Dushanbe, where the participants were introduced to various art forms. Most of the survivors had not had the opportunity to attend museums or had not thought much about art. The art therapist explained to them that art has an important role in our spiritual lives, which has a direct influence on our minds. As the art therapy began, the participants were told that the goal of the art sessions was to express themselves, not to become professional painters.



Excursion to the art museum in the ancient fort at Hisor.

The therapist conducted the art therapy outdoors in the morning. However, for the survivors who needed more psychotherapy sessions, additional individual art therapy and psychology sessions were held in the afternoons.

The art therapy session usually started with 10 minutes of meditation, during which the therapist asked survivors to relax and think of an image that would loosen them up and help them express themselves through painting. The



Group work in art therapy. The art-therapy process brings pleasure to participants.

art therapist taught them how to open their senses to the world and meditate on their inner power, letting it flourish and not seeing their limitations as barriers but as unique qualities to embrace.

The art therapist continued the session teaching basic artistic techniques using pencils and water colors. During the first art-therapy sessions when survivors began to draw, they feared they could not draw good pictures or that their works of art would not be perfect. However, when the session discussed how life is full of imperfections and that those imperfections must be accepted and not eluded, the participants found the courage and started to draw.

A discussion of artwork was conducted directly after the art session. The therapist asked each participant to interpret the meaning of their drawing, hoping to stimulate discussion that could provide them with insights for future psychological rehabilitation with the survivors.

Group work in art therapy is important because it allows patients to adapt to social situations. The collaborative work helps them understand their role in society and cope with difficulties of self-expression. It is also an additional form of communication between survivors. When working in a group, sev-

eral survivors painted one picture. They had to decide on the subject of the painting and who would start. The goal of the session was to help build respect for one another, to facilitate personal conversations, to allow them to work through arguments and to support each other's ideas.

They were able to finish the painting, and in the process, they discussed and agreed on a subject to draw (both genders respected the other's ideas). They did not use negative elements, and they shared the tasks of drawing and painting.

On the last day of the program, the art therapist asked survivors to paint a picture for a person they love or respect that they could later show to that person. The goal of this session was to teach survivors to express their feelings toward others instead of repressing feelings. This session allowed them to give and receive love and attention.

### Building on Success

TMAC's successful use of art therapy at rehabilitation camps suggests that hospitals and clinics could also benefit from this program. Survivors who attended the camps were pleasantly surprised by the effectiveness of the art therapy, which helped to reduce their aggression, anxiety, and fatigue and gave them a positive outlet for negative emotions. Survivors found that the therapy improved their creativity, self-expression, overall mood and communication skills.

Team-building skills were also improved through the sport activities. As survivors saw themselves growing stronger physically, the psychological effect of that improvement increased self-confidence and motivation to help them become even more self-reliant.

The results of this art therapy and sport rehabilitation show that recov-

ery is not just about regaining physical functions; it is also about recovering from trauma emotionally and spiritually. With this holistic approach to rehabilitation, survivors can better understand who they are and how they fit in with society. They become contributing members and no longer allow feelings of self-pity and loneliness to dictate their self-image.

TMAC will be very glad to share its experience with colleagues from other victim-assistance programs. The Centre plans to continue its projects using art therapy and adaptive sport for many years to come. ♠



Dr. Reykhan Muminova, M.D., Ph.D., joined the Tajikistan Mine Action Centre in 2006 as the Victim Assistance Officer to coordinate the VA Program and ensure that VA initiatives were well integrated into national disability planning and frameworks. She has worked on projects related to victim and survivor assistance, and has significantly contributed to TMAC's surveys and VA activities. She graduated from Tajik State Medical University and holds a doctorate in psychiatry and medical-social expertise and rehabilitation of persons with disabilities. She served at Tajikistan's National Research Institute for Rehabilitation of Persons with Disabilities, where she started her research devoted to landmine survivors and their quality of life. She has authored more than 20 scientific articles in different medical journals and research papers published in Tajikistan and abroad.

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