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Textile Art as an Effective Vocation for Rehabilitating Discharged Mental Patients

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Abstract:

The study was an action research to assist discharged mental patients who were once inmates of the Kumasi rehabilitation centre, Cheshire Home Edwenase, to acquire skills in the textile art making before being discharged to their communities. This was as a result of their inability to make a living while integrated into the main life mainstream. They have been affected by stigmatization and so textile art was used as an intervention to address their problems. Using art creative design, five purposively selected mental patients at the centre were taken through the production of making tie and dye which also served as therapy for them. The main findings of the research which have been expounded by photographs of selected works of the discharged mental patients show that the environment, their state and their intensity of illness did not affect their creativity. Then the government can make a policy that all mentally challenged patients should be given a vocational training at the various psychiatric hospitals and units. This will reduce the stress that they go through at their boring moments that make them end up in the psychiatric hospital again. It is envisaged that these patients will serve as a useful source of information for the psychiatric hospitals, rehabilitation centers and occupational therapist in the country and the general public at large.

Keywords: Textile art, rehabilitation, mental patients, psychiatric

1. Introduction

It is generally known in Ghana that there is a strong stigma and family shame attached to having a mental ill patient or a discharged mental patient. As a result of this, most discharged mental patients are neglected in the society. This may be attributed to misunderstanding of mental health matters among the populace because in most cultural settings in Ghana, mental illness is attributed to spiritual or demonic causes and therefore the families of such discharged patients are not readily able to take them back. This is why they are left to suffer relapses and end up in the streets. As postulated by Obu (2010), a discharged mental patient is a mentally ill person, treated in a hospital or clinic, released and referred by a medical doctor to a rehabilitation centre, prior to re-integration into society or return to the family. The question arises, how are they treated in the rehabilitation centres and empowered so that they don't become a burden to the community when they finally find themselves in the integrated society? Indeed, the application of new techniques in brain imaging has expanded the understanding of the different functions and structures of the brain involved in information processing (Lusebrink, 2004). The fundamental level of intervening to make the patients at the rehabilitation centre with textile art is through sensory stimulation. This is because mental patients appear disheveled as patients tend to neglect themselves as shown in careless dressing. They are untidy and unclean as a result of failure to take care or their personal hygiene like bathing and washing clothes. Some of them tend to talk more than usual, faster and louder and about things that do not concern them; they are also inscrutable, diffident and importunate. The relationship between the processes of art expressions and brain functions is approached from the viewpoint of the different levels of the Expressive Therapies Continuum (Anderson, 2018; Hinz, 2018) with examples from art therapy interventions. Using action research design, the paper presents how textile art can be an intervention to empower five purposively selected discharged patients in a rehabilitation centre.

2. Review of Related Literature

Psychiatric hospitalization was, for a longtime, considered a less therapeutic and more 'prison' connotation. In reality, mental health care was based on the social intolerance to the 'different' behaviour of mentally ill persons, while its therapeutic purpose was not much explored (Slade, 2009). After the changes made to the paradigms, as proposed in the movement that led to the Psychiatric reform, there was a development of new and more effective psychiatric drugs, in addition to multidisciplinary programmes aiming at improving treatment management. The referred health care then started to value psychosocial rehabilitation of individuals with mental illnesses as a form of therapy. Psychiatric hospitalization would only be indicated for severe cases in which ambulatory and extra-hospital care would not suffice to contain the frequent episodes. Today, professional mental health care is the result of many discussions and changes that led to the process of deinstitutionalizing patient.

Indeed, the outward signs of a mental illness are often behavioral. A person may be extremely quiet or withdrawn. Conversely, they may burst into tears, have great anxiety or have outbursts of anger. Even after treatment has started, they can exhibit anti-social behaviours. When in public, these behaviours can be disruptive and difficult to accept. The next time you and your family member visit your doctor or mental health professional, discuss these behaviours and develop a strategy for coping. Your family member's behaviour may be as dismaying to them as it is to you. Ask questions, listen with an open mind and be there to support them (Osei, 2013). Similarly, facial expressions of these patients may suggest anxiety, depression or lack of interest in the surroundings, they are sometimes fixed and unchanging unnecessarily violent and some have a sense of persecution and suicidal tendencies. Most of them sleep very little or not at all and wake up early to start working, talking or moving about (Osei, 2013).

3. Methodology

3.1. Design

The study was an action research to use textile art as an intervention to resource and empower rehabilitating discharged mental patients. Action Research is a method of systematic enquiry that teachers undertake as researchers of their own practice (Mertler, 2009). One draws on the findings of other researchers to help develop actions and interpret the consequences. The design involved art creative process design. The creative process is defined as a succession of thoughts and actions leading to original and appropriate productions (Botella et al., 2011). Five patients at the rehabilitating centre were purposively selected while the readiness of each of them was assessed and rapport created. Like Tongco (2007) postulated, purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a certain cultural domain with knowledgeable experts within. In this regard, five selected patients who had already acquired some skills in tie and dye production and needed other new techniques of polishing up and becoming empowered. The textile art process involved production of tie and dye. In the process, each of the discharged mental patients was taught new techniques in tie and dye to add to the existing techniques they had acquired at the rehabilitation centre. Each of the participants was assigned a separate day for the implementation and I dealt with its case by case (case 1 to case 5). Appropriate tools and for the production were acquired. These tools and materials included Mercerized Cotton, Vat Dyes (red, yellow and blue), twine, scissors, plastic bowl (container), plastic spoons, Sodium Hydroxide (Caustic Soda), Sodium Hydrosulphite (Hydros), plastic cups and water. In all, one month was used for the implementation.

3.2. Intervention Implementation Procedure

3.2.1. Case One

In the first case, I allowed the patient to work on his own after I had introduced the process to him. In the process, mercerized cotton fabrics were cut to the required size, 36 inches each, by the discharged mental patient to be used for the tie and dye work. Mercerized cotton is used for the production of batik and tie and dye works for this purpose because the fabric has gone through mercerization which is a continuous chemical process used for cotton and cotton /polyester goods to increase dye ability, lustre, and appearance. This process, which is carried out at room temperature, causes the flat, twisted ribbon-like cotton fibre to swell into a round shape and to contract in length. This causes the fibre to become more lustrous than the original fibre, increase in strength by as much as 20 percent and increase its affinity for dyes. These fabrics were folded into the various techniques. These techniques were marbling, folding and twisting. In the marbling technique the discharged mental patient placed the wet fabric on a plain rubber which had been spread on the ground. He then crumpled the fabric from one edge till the whole fabric was crumpled to one whole small size.

Figure 1: Discharged Mental Patient with His Marbled Fabric

This reduced the size of the fabric to a compact form. In the folding technique, the fabric was folded into equal sizes in a rectangular shape. This was done after he had folded it into a triangular shape to achieve a diamond shape when the fabric at the end of the production. Furthermore, the twisting technique was also used for his tie and dye fabric.

This was done by holding the middle of the fabric and twisting it one end of the fabric to the other till all the entire fabric was exhausted. The participant then prepared his dye solution. Vat dyes are insoluble in water, they can be reduced to a leuco form which is soluble in dilute alkaline solution. When treated with a reducing agent Sodium Hydrosulphite (Hydros), vat dyes are changed into a reduced form (converted into 'leuco compound') which is soluble in water in the presence of an alkali example Sodium Hydroxide (Caustic Soda). The dye in this solution has an affinity for the fibre. Vat dyes have good affinity for cotton fabrics. Warm water was measured and poured into the plastic cup. Then two spoons of Sodium Hydroxide (Caustic Soda) were added to the water and stirred using the plastic spoon. Plastic spoon is used because it does not react with the caustic soda which contains acid and the vat dye which can change the colour of the dye in case a metal spoon was used. Three spoons of red vat dye were added to the caustic soda solution and stirred continuously to achieve a uniform mixture. Three spoons of Sodium Hydrosulphite (Hydros) was added to the solution and stirred to achieve an aqueous solution. The same process was used to produce a dye solution for yellow and blue vat dye solution which was used to dye the other fabrics.

The dye solution was used to dye folded fabric. He poured the red vat dye solution into a big bowl. He then added a measured quantity of water to the dye in the bowl and stirred with the plastic spoon to maintain a uniform solution. He then immersed half of the fabric into the dye while wearing his rubber gloves to prevent the dye from coming into contact with his fingers which can peel off his skin or irritate the body when it comes into contact with the solution which contains acid which is found in the caustic soda. He immersed the fabric well to achieve an even dyeing. With the aid of the plastic spoon, he made sure the fabric has absorbed the dye without any white places to prevent patches in dyeing. He left the dyed fabric to oxidize for five to ten minutes. He then immersed the other half of the fabric into the second dye solution which was blue and dyed the other half of the fabric with the same method. He then removed the fabric and oxidized it. After oxidation, the fabric was washed in clean water and dried under a shade.

In the twisting technique, the discharged mental patient placed the fabric on a plain rubber which had been laid on the floor. He used his plastic spoon as an aid in dye application to different areas of the fabric. He then oxidized the fabric for the true colour and the design to come out. He then washed the fabric in a clean water to remove excess dyes from the fabric and dried it under a shade. He removed the fabric and ironed it. In the marbled fabric, he used the plastic spoon as an aid in the dye application to the fabric. He used red, yellow, blue and green to dye the fabric. This is shown in figure 5. The fabric was left for five to ten minutes for further absorption of dye solution.

He then spread out the fabric for oxidation to take place. The fabric was washed in clean water to remove excess dye. After dyeing, the dyes are oxidized with an oxidizing agent example Hydrogen Peroxide, Sodium bichromate or they are exposed to the air (30-45 minutes) to restore the vat to its original insoluble state and develop the true colour of the dye. He dried the fabric under a shade. Below is the discharged mental patient using the marbling technique for his tie and dye fabric.

Figure 2: Participant Using Marbling Technique

Figure 3: Participant Dyeing Fabric

Figure 4: Produced Tie and Dye Fabric by the Discharged Mental Patient

3.2.2. Case Two

3.2.2.1. Processes Involved

The second participant was also taken through the process with the same tools and materials. I introduced him to the process and allowed him to continue. He started by cutting his mercerized cotton fabric to the required size 36 inches each to be used for the tie and dye work. These fabrics were then folded into the various techniques. The techniques he used were marbling, folding and spiral.

In the folding technique, he folded a piece of fabric into equal sizes in a rectangular shape. He again, folded it into a triangular shape in order to achieve a diamond shape when the fabric is produced. The spiral technique was the second technique he used for his tie and dye fabric. This was done by holding the middle of the fabric with his fingers and twisting it or coiling around the finger as the central point till all the fabric was exhausted. The marbling technique was used. In this process, the fabric was wet and laid on a plain rubber. The discharged mental patient then crumpled the fabric together to one whole piece. This reduced the size of the fabric to a compact form.

Figure 5: Participant Applying Folding Technique

Figure 6: Participant Applying Folding Technique

Figure 7: Participant Applying Marbled Technique

Figure 8: Participant Applying Spiral Technique

The discharged mental patient then prepared his dye solution. Warm water was measured and poured into the plastic cup. Then two spoons of Sodium Hydroxide (Caustic Soda) were added to the water and stirred using the plastic spoon. Plastic spoon is used because it does not react with the caustic soda which contains acid, which can change the colour of the dye in case a metal spoon was used. Three spoons of red vat dye were added to the caustic soda solution and stirred continuously to achieve a uniform mixture. Three spoons of Sodium Hydrosulphite (Hydros) was added to the solution and stirred to achieve an aqueous solution. The same process was used to produce a dye solution for yellow, blue and green vat dye solution which was used to dye the fabrics.

The dye solution was used to dye the folded fabric. He poured the red vat dye solution into a big bowl. He then added a measured quantity of water to the dye in the bowl and stirred with the plastic spoon to maintain a uniform solution. He then immersed half of the fabric into the dye while wearing his rubber gloves to prevent the dye from coming into contact with his fingers which can peel off his skin or irritate the body when it comes into contact with the solution which contains acid which is found in the caustic soda. He immersed the fabric well to achieve an even dyeing. He then left the dyed fabric for five to ten minutes and dyed the other half of the fabric in blue vat dye using the same method. He unfolded the fabric and oxidized it. The fabric was washed in clean water to remove excess dyes from the fabric. It was dried under a shade for ironing.

In the marbling technique the fabric was then dyed as he applied different colours of vat dyes to the fabric, oxidized the fabric and washed it in clean water. He then dried it under a shade. For the spiral technique, he applied his red, yellow and blue dyes to the fabric with the plastic spoon as his medium of dye application. The fabric was left for five to ten minutes for further absorption of the dye and oxidized. The fabric was then washed and dried under a shade.

Figure 9: Participant Preparing Vat Dyes

Figure 10: Discharged Mental Patient Checking Absorption

Figure 11: Participant Oxidizing Dyed Fabric

Figure 12: Complete Dyed Fabric

Figure 13: Participant with Dyed Marbled Fabric

Figure 14: Participant Rinsing Marbled Fabric

3.2.3. Case Three

3.2.3.1. Processes Involved

The third participant was a female patient. I introduced the third participant, who was a female to the process and allowed her to continue with the production activities. She cut her mercerized cotton fabrics to the required size 36 inches each to be used for the tie and dye work. The techniques she used were marbling, folding and spiral. The first technique was the folding method in tie and dye. She folded the fabric into equal sizes in a rectangular shape. She tied the folded fabric with a twine to create a resist method where dyes will not penetrate when the fabric is dyed. She prepared her dye solution. Warm water was measured and poured into the plastic cup. Then two spoons of Sodium Hydroxide (Caustic Soda) were added to the water and stirred using the plastic spoon. Plastic spoon is used because it does not react with the caustic soda which contains acid and the vat dye which can change the colour of the dye in case a metal spoon was used. Three spoons of red vat dye were added to the caustic soda solution and stirred continuously to achieve a uniform mixture. Three spoons of Sodium Hydrosulphite (Hydros) were added to the solution and stirred to achieve an aqueous solution. The same process was used to produce a dye solution for blue vat dye solution which was used to dye the fabric. The dye solution was used to dye folded fabric. She applied the red and blue dyes to the fabric with the aid of the plastic spoon and she made sure the fabric has absorbed the dye without any white places to prevent patches in dyeing. She then left the dyed fabric for five to ten minutes to oxidize and removed the twine with a scissors as she exposed it to air. She washed the fabric in clean water and dried the fabric under a shade.

Figure 15: Participant Using Folding Technique

Figure 16: Folding Fabric

Figure 17: Finished Folding Fabric

Figure 18: Participant Dyeing Folded Fabric with Vat Dye

Figure 18: Dyeing Folded Fabric with Vat Dye

Figure 19: Finished Product

3.2.4. Case Four

3.2.4.1. Processes Involved

The fourth participant was also a female patient. As I always did, I introduced her to the process and allowed her to continue with the production activities. In the first process, she cut her mercerized fabrics to the required size 36 inches each to be used for the tie and dye work. These fabrics were then folded into the various techniques by the discharged mental patient. She also used marbling, folding and spiral techniques.

The first technique was the folding method in tie and dye. She folded the fabric into equal sizes in a rectangular shape. After she then folded it into a triangular shape in order to achieve a diamond shape when the fabric is produced. She used a twine to tie the fabric and divide it into two as a guide. The spiral technique was the second technique she used for her tie and dye fabric. This was done by holding the middle of the fabric with her fingers and twisting it and coiling around the finger as the central point till all the fabric is exhausted. The marbling technique was the third technique used. In this process, the fabric was wet and laid on a plain rubber. The discharged mental patient then crumpled the fabric together to one whole piece. This reduced the size of the fabric to a compact form.

The participant then prepared her dye solution. Warm water was measured and poured into the plastic cup. Then two spoons of Sodium Hydroxide (Caustic Soda) were added to the water and stirred using the plastic spoon. Plastic spoon is used because it does not react with the caustic soda which contains acid and the vat dye which can change the colour of the dye in case a metal spoon was used. Three spoons of red vat dye were added to the caustic soda solution and stirred continuously to achieve a uniform mixture. Three spoons of Sodium Hydrosulphite (Hydros) was added to the

solution and stirred to achieve an aqueous solution. The same process was used to produce a dye solution for yellow, blue, green and violet vat dye solution which was used to dye the fabrics.

The dye solution was used to dye folded fabric. She used the plastic spoon in aid of dye application and dyed the half of the fabric with blue vat dye in a big bowl she had placed the fabric in. With the aid of the plastic spoon, she made sure the fabric has absorbed the dye without any white places to prevent patches in dyeing. She then left the dyed fabric for five to ten minutes for further absorption of the dye liquor. She then dyed the other half of the fabric with the green vat dye using the same method. She removed the twine with a scissors and oxidized it. She then washed the fabric in clean water. She dried the fabric under a shade for use. In the marbling technique, the vat dye solution blue, yellow and violet dyes were used to dye the fabric with the medium of a spoon which was used to sprinkle on the fabric. The fabric was then oxidized for the true colours to show. The fabric was washed to remove excess dyes from it and dried under a shade.

Figure 20: 4th Participant Using the Folding Technique

Figure 21: Dyeing of Fabric

Figure 22: Finished Product by Spiral Technique

3.2.5. Case Five

3.2.5.1. Processes Involved

The fifth participant was also a female patient. I introduced her to the process and allowed her to continue with the production activities. She firstly cut her mercerized cotton fabrics to the required size 36 inches each to be used for the tie and dye work. These fabrics were then folded into the various techniques by the discharged mental patient. These techniques were marbling, folding and spiral.

The first technique was the folding method in tie and dye. She folded the fabric into equal sizes in a rectangular shape. After she then folded it into a triangular shape in order to achieve a diamond shape when the fabric is produced. The discharged mental patient then prepared her dye solution. Warm water was measured and poured into the plastic cup. Then two spoons of Sodium Hydroxide (Caustic Soda) were added to the water and stirred using the plastic spoon. Plastic spoon is used because it does not react with the caustic soda which contains acid and the vat dye which can change the colour of the dye in case a metal spoon was used. Three spoons of yellow vat dye were added to the caustic soda solution and stirred continuously to achieve a uniform mixture. Three spoons of Sodium Hydrosulphite (Hydros) was added to the solution and stirred to achieve an aqueous solution. The same process was used to produce a dye solution for blue vat dye solution which was used to dye the fabric.

The dye solution was used to dye folded fabric. She applied the yellow dye to the fabric with the aid of the plastic spoon. She made sure the fabric has absorbed the dye without any white places to prevent patches in dyeing. She then left the dyed fabric for five to ten minutes for further absorption of the dye solution. She then dyed the other half of the fabric using the same method. The fabric was then oxidized for true colours to show. She unfolded the fabric and washed the fabric in clean water to remove excess dye from the fabric and dried the fabric under a shade to remove excess water from it.

Figure 23: Fifth Participant Using Folding Technique

Figure 24: Fifth Participant with Her Folded Fabric

Figure 25: Fifth Participant Using Vat Dye Application

Figure 26: Participant Dyeing Fabric

Figure 27: Complete Fabric Produced

4. Discussion of Findings

This section provides a discussion and analysis of the results of textile art as an effective vocation for rehabilitating discharged mental patients. It describes the results of how textile art is effective to prevent the discharged mental from returning back or relapsing to the psychiatric hospital, the street or the rehabilitation centre.

Discharged mental patients when left alone after being discharged from the rehabilitation centre relapse back and return back to the street. When they are given vocational skill and they practice which engage them they become occupied and relieve them of their state. Textiles can be used in rehabilitating discharged mental patients, because when discharged mental patients are not taught any vocational skills and they are discharged from the rehabilitation centre they become lonely, bored and restless and may return back to the psychiatric hospitals. Textiles as a form of art and vocational skills is used in rehabilitating the discharged mental patients for them to acquire skills and as a form of rehabilitation. When these discharged mental patients are taught these skills and are released from the rehabilitation centres, they should be guided to continue the production of these vocational skills given them. Textile work involves thinking, calculation during production, and sense of creativity which attract people to the designs being produced by the designer. The observers tend to ask questions and appreciate the work aesthetically. During this process, the designer tends to be engaged in a conversation which helps these discharged mental patients to express themselves, discuss their creativity, and colour psychology with them and these helps to relieve them of being lonely and a sense of socialization and social belongingness. If a discharged mental patient is able to remember the processes in tie and dye and batik production, which involves the correct calculation in mixing the chemicals, the correct amount of Caustic Soda (Sodium Hydroxide) and Hydros (Sodium hydrosulphite) depending on the fabric being used, and the ability of the discharged mental patient to produce intricate designs which are aesthetically good for assessment, then the discharged mental patient is relieved of their boredom.

Textiles are used as a form of employment for these discharged mental patients when they are discharged from these rehabilitation centres. Because of the stigma attached to mental patients, companies and institutions are not willing to employ them, and this makes them unemployed and dependent on the family. When the discharged mental patients are not employed by these companies and institutions, they become idle because they have nothing doing or no activities to occupy them to make them busy, they may become lonely and may end up back in the psychiatric hospitals. These discharged patients remain stigmatized and discriminated against while living with their families. This social condition tends to cause relapse as reported in the works of Rankanen (2014), Eaton et al. (2007), Jones et al. (2006), Reynolds and Prior (2006/2003) and Reynolds et al. (2000). Textile art promoting well-being in long-term illness; qualitative accounts of the creative process suggest that textile art-making is a multi-dimensional experience. Some practitioners regard textile artwork as a means of coping with discomfort and other symptoms. For a minority, it enables expressions of anxiety and feelings about loss. Nevertheless, participants place more emphasis on the role of textile art-making in rebuilding a satisfactory identity, and restoring autonomy and quality to life. It fills occupational voids following early retirement and enables social contacts. Textile artwork also stimulates learning and personal development. It remains possible that any creative occupational delivers such benefits.

It accepts the use of assistive technology, thereby enabling people with a variety of physical impairment to produce 'mainstream' art. It draws upon rich social traditions, facilitating social contact. Many forms of textile art-making

art highly time-consuming, fostering a future orientation and the creative process is often socially visible within the home, with positive consequences for self-image.

From the works produced, there is evidence that tie and dye works prevent the patients from relapsing back to the street or the psychiatric hospital because once they did the work, they socialize with the family and people from the society which kept them from being idle and lonely. The researcher deduced from the analysis of the transcription that, textile art is an effective vocational for rehabilitating discharged mental patients that prevent them from relapse or returning back to the street. This is supported by Fredman and Kaplan (1972), observed that mental patients become restless when they are alone or had nothing doing. This therefore suggests that when various vocations were introducing to mental institutions, it would occupy them.

The vocational rehabilitation is based on the premise that work is good for mental health. For many patients who have never learnt vocational skill, the feeling of competence and productivity resulting from a trade produces positive psychological reinforcement. The importance of vocational rehabilitation has been emphasized by Kissim and Begleiter (1984) (as cited in Obu 2010 p.3 'it has become evident that emotional or social rehabilitation is often ineffective without major attention to vocational rehabilitation'. During rehabilitation, the disabled are treated medically and provided an agreeable craft for an idle moment while in the Centre. Deegan (1993) considers rehabilitation as re-integration and post treatment efforts. This includes all measures which serve the medical restoration, vocational requalification and the social re-integration of the ex-patients. Also, art making is a form of healing and again is a form of healing within a psychotherapeutic relationship.

Theorizing about the relationships between health and creative occupation is still at an early-stage and there is a continuing need to examine the subjective effect of meaningful occupations on well-being. From art therapy literature, we can infer that art making may benefit patients with physical illness through offering a means of self-expression particularly about feelings that are too overwhelming to describe in words (Reynolds et al., 2004). If we are to appreciate how art-making may make a difference to quality of life during long-term illness, we need to acknowledge the impact of illness not only upon physical but also psychological and social well-being looking beyond the obvious discomfort and functional limitations that illness brings about, many studies have shown that people experience with chronic health problems after experience shrinkage of social roles, withdrawal from valued occupations, loss of choice and control over lifestyle, and threats to self and identity. Illness can become a 'master status' in person's life, penetrating every aspect of personal experience as well as influencing the reactions of others according to Reynolds (2004). Art filled occupational voids, distracted thoughts away from illness, promoted the experience of flow and spontaneity, enabled the expression of grief, maintained a positive identity, and extended social networks. Its value was conceptualized by one participant as a 'lifestyle Coat-hanger' organizing numerous further roles and activities that gave purpose to life.

5. Conclusion

When mental patients are accepted by their family and they are taken care of, shown love and people have good perception towards them, it improves their health condition and helps them in early recovery. For instance, since the family cared for them, took care of their needs for example, their dressing, hygiene, food, clothing and continued their medication, there was massive improvement in the health of these discharged mental patients the researcher visited. The families have been educated on how to care and relate with these discharged mental patients before they are discharged from the rehabilitation centre, so that they will be able to help them in fast recovery. Furthermore, through communicating with these discharged mental patients, it improved their communication skills; it prevented them from being lonely, idle and depressed which could have led them back to the rehabilitation centre. Textile art produced by discharged mental patients are effective vocations that prevent them from returning to the psychiatric hospitals, because the textile art prevents them from being idle in the house. It serves as a source of self-employment to the discharged mental patients because as they do these fabrics and sell them it serves as a source of income and financial support to them. It prevents them from being a burden to their families.

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