

An innovative art therapy program for cancer patients

By Karen Deane, Margaret Fitch, and Marianne Carman

Abstract

Art therapy is a healing art intended to integrate physical, emotional, and spiritual care by facilitating creative ways for patients to respond to their cancer experience. A new art therapy program was designed to provide cancer patients with opportunities to learn about the McMichael Canadian Art Collection and to explore personal feelings about their cancer experience through combined gallery and studio components. The role of the facilitator was to assist in the interpretation of a participant's drawing in order to reveal meaning in the art.

This paper presents patients' perspectives about the new art therapy program. Content analysis of participant feedback provided information about the structure, process, and outcomes of the program. Evaluation of the art therapy/museum education program demonstrated many benefits for cancer patients including support, psychological strength, and new insights about their cancer experience.

Art therapy for patients with cancer aims to provide support during times of stress related to the physical, psychological, and spiritual aspects of the cancer journey. Creative skills used in art therapy help patients explore feelings, find meaning, and improve coping with their cancer experience (Bailey, 1997). Because the field of art therapy is relatively new, there is little information available in the literature. The evaluation of a new art therapy program that was designed to provide cancer patients with opportunities to learn about the McMichael Canadian Art Collection and to explore personal feelings about their cancer experience through combined gallery and studio components is reported in this paper.

Literature review

The field of art therapy was defined by Kramer in 1977 (cited in Sourkes, 1991) with the intention of increasing awareness of unconscious material and promoting problem solving. Therapeutic arts and humanistic environments for art therapy educational programs have been shown to promote aspects of healing related to a patient's sensibilities and reveal insights about health and illness (Breslow, 1993; Radziewicz & Schneider, 1992). Art therapy has been directed at cancer care, with various programs designed for breast cancer patients (Predeger, 1996), bone marrow transplant patients (Rockwood & Graham-Pole, 1994), and pediatric oncology patients and their siblings (Sourkes, 1991).

Benefits from participating in an art therapy program have been realized by patients with cancer. These benefits include enhanced self-esteem, improved sense of control, increased number of coping mechanisms, and emotional growth (Breslow, 1993). Participants in institution-based art therapy programs reported achieving a sense of accomplishment, mastery, and self-validation during lonely and anxious times in hospital (Rockwood & Graham-Pole, 1994). Additional benefits of art therapy programs offered in hospital included cooperation among staff, patients, families, and artists by diminishing barriers and improving morale on the bone marrow transplant unit (Rockwood & Graham-Pole).

Further information about patients' responses to a cancer diagnosis and the history and genesis of art therapy programs can be found in a previous article by the authors (Deane, Carman, & Fitch, 2000). Readers should also refer to this prior article for an extensive dialogue about the setting, objectives, and components of this new art therapy program in Kleinburg, Ontario. Art therapy programs are relatively new endeavours and as such few reports exist that evaluate the participants' experience in the art therapy/museum education program. The purpose of this paper is to describe the subjective experiences of participants with cancer who attended an innovative art therapy/museum education program.

Method

An evaluation of the art therapy program was conducted at the end of each of the three rounds offered during this evaluation. Ethical approval for the evaluation was obtained through the Toronto-Sunnybrook Hospital Ethics Committee. The authors developed an interview schedule composed of questions related to the structure, process, and outcomes of the program. Some questions allowed for open-ended comments, while others provided a Likert scale for response choice. Data were collected in either of two ways: through telephone interview or completion of a survey.

At the end of the program, the facilitator requested participants' permission to give their names and phone numbers to the research nurse for rounds one and three. The facilitator provided round two participants with a survey to complete. This survey was based on the interview schedule. One week after the program ended, the nurse researcher contacted participants by telephone to explain the study purpose and ethical considerations, obtain verbal consent, and schedule a convenient time for a telephone interview. Each telephone interview lasted approximately 40 minutes and was audio-tape recorded for ease of conversation and transcription purposes. Telephone interviews for rounds one and three and survey data for round two explored participants' experiences and insights, and obtained information about the attributes of the program, participants' goals, and benefits gained from participating in the program.

Content analysis of the interview transcripts and survey data identified common categories and key phrases that described the participants' experiences. The interview transcripts were read in totality by two of the authors (M.F. & K.D.) who then developed coding categories. In the next step, one author (K.D.) coded each interview transcript on the basis of these categories. Commonalities among the different interviews were summarized under the major sections of structure, process, and outcomes.

Findings

Evaluation findings about the structure of the program described participants' perceptions about attendance, duration, and supplies. Process findings related to the organization, strengths, and

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weaknesses of the art therapy program. Participants also shared their perceptions of the outcomes of the program in terms of their ability to achieve their goals, personal growth, satisfaction, and recommendations for the art therapy program.

Sample

The sample was comprised of two males and 19 females ranging from 30s to 70s in age. Five participants attended the first art therapy program and eight participated in each of the last two rounds. Nine of the participants were under the age of 50. Approximately half (n=10) of the sample had breast cancer; three were diagnosed with colon cancer, two with stomach cancer, one with ovarian cancer, and one with throat cancer. The disease site for four participants was unknown (see Table One).

Program structure

Participants anticipated each week to be a special time to explore feelings and develop friendships with those who understood the cancer experience. Attendance at all 16 of the sessions for each round of the program was sometimes impeded by health, vacation, job commitments, and travel concerns. However, the program design allowed participants to continue on even if they missed a session.

Each session of the 16-week program was two hours in length. Some participants worried about how treatment side effects, such as fatigue and memory problems, would affect their participation. Initial concerns about the duration of the program dissipated as participants began to appreciate the joys and benefits derived from each session's work. Some participants wanted the program to be extended in length or desired another set of sessions to be offered, while others were content with the duration:

...initially I thought it was going to be far too long, 16 weeks!

But it really went so fast and I feel we really just scratched the surface and would have liked it to continue....

It (duration) was great – we got to know our group quite well, it got us out over the hump of the winter and it became part of my weekly routine, I truly looked forward to attending the sessions.

Participants were asked about the quality and variety of art supplies provided during the sessions. Available art supplies included coloured pencils, coloured chalk, charcoal, watercolours, and clay. These were sufficient for most of the novice artists, but experienced artists desired more and different products for drawings. Most participants recognized their temporary, amateur status at the gallery and were generally satisfied with the supplies provided. Requests for different supplies were granted whenever possible:

These (supplies) were adequate for most attendees, but as an artist I was frustrated.

We knew that if we wanted other media or other types of supplies they would have been provided.

Program process

The art therapy program was organized into gallery and studio components. Comments were elicited about the organization of sessions and the enjoyment and satisfaction derived from the art therapy program in relation to its strengths and weaknesses. Participants stated that the gallery component provided diverse learning opportunities and interesting outings for them. Learning about the history of different artists through gallery visits, videos, and movies allowed participants to increase their awareness of art and its impact on the human spirit. This art education provided a basis for appreciating different artists' approaches and the value of expression through art:

Well, the lecture (gallery) put us through periods of art. Then it was followed by slides or discussion (of) certain pictures. One time the group went downtown to see sculptures.

It (gallery component) gives people ideas of what they might

not have thought of before... artists that play with those limits and boundaries make people think in different ways.

Many participants found that studio work provided a means for reflecting on their feelings and expressing them on paper. The facilitator assisted each participant in interpretation of their drawings and encouraged expression of their feelings and thoughts. Sometimes, the discussion about participants' drawings took more than the allotted time because of the number in attendance or the depth of exploration of each piece of artwork. An extended session suited participants who did not have pending commitments and obligations. However, late arrivals and people having to leave on schedule did create interruptions in the flow of the session work at times:

I enjoyed the days when we shared our time between the gallery and the art studio; some days we did not visit the gallery and spent the whole period in the studio which I found long if I wasn't feeling well that particular day.

Unfortunately, you know, if there's a lot of discussion you don't want to stop it. And a lot of times we went over the time, but that was okay, for me anyway.

Participants rated how much they liked the gallery and the studio components of the program, based on a five-point Likert-type scale (not at all, very little, somewhat, moderate amount, and a great deal). The majority liked the gallery component a great deal (n=17), while four liked it a moderate amount. Similarly, most participants liked the studio component a great deal (n=16), four liked it a moderate amount, and one person liked it somewhat.

Facilitation of the program received high praise from participants in all three sessions. A knowledgeable, compassionate, flexible, and thoughtful facilitator created an atmosphere of respect and openness. The interactive style of the format allowed for caring responsiveness to the needs and concerns of the group members. Participants rated the facilitation based on a four-point Likert scale with choices of poor, average, good, or excellent. Sixteen participants rated the facilitation of the sessions as excellent, one between good and excellent, three as good, and one as average:

I liked her (facilitator) forthrightness... she was really able to draw us out. ...she's very perceptive I think about... what's being said in the painting or in the drawing or whatever.

I think (facilitator) has a wonderful knack of kind of making you realize that, you know, there's something good happening here.

Overall satisfaction with the program was assessed using a four-point Likert scale (not satisfied, a little satisfied, satisfied, and very satisfied). Most participants rated their overall satisfaction with the art therapy/museum education program as very satisfied (n=17). Three

Table One: Demographic information

Demographic variable	Number (n=21)
Gender:	
Female	19
Male	2
Age:	
<50	9
50+	12
Cancer site:	
Breast	10
Colon	3
Stomach	2
Ovarian	1
Throat	1
Unknown	4

others were satisfied, and one fell between these two categories.

Participants enjoyed all aspects of the art therapy/museum education program. The variety and sequencing of the education, art, and discussion aspects of the program worked well for them all. The environment was perceived as supportive, nurturing, and conducive to stimulating untapped creativity or regaining artistry that had been stolen by the cancer experience:

Being able to talk openly in a nonjudgmental and safe environment. And the feeling of bonding and friendship with the other participants, you know, who are going through, not the same, but I mean the illness is certainly similar, the fears and struggles.

... it was a smaller group and there were no egos or problems like that. So everybody shared really well. And then at the end I got to know them really well and love them. You know, they were really good people and that to me was just fantastic.

Participants reported few weaknesses in the art therapy/museum education program. Generally, weaknesses were related to individual preferences for different art supplies, more or less focus on the artists, or a desire for art lessons to be incorporated in the sessions. Although most participants found the gallery segment informative and useful in preparing them to look inward, one participant was disconcerted when it did not always fit with the studio component. Other issues with the program reflected personal perspectives:

I know sometimes, it was depending on the day, sometimes it was a bit difficult to do the art. You know, the self expression part of things. ... some days ... things just didn't flow as well but that was, you know where we were at.

...I would have loved to have had maybe some notes... cause I've forgotten a lot of things already and I was, you know really interested in some of the areas.

Program outcomes

At the beginning of the program, participants wrote down their goals for attending the art therapy/museum education program and placed them in a sealed envelope for review during the last session. Initial goals were generally broad or vague and related to learning about art, seeking support beyond their families, or exploring the emotional aspects of their lives:

I guess, mostly, I was looking for a group that would help me. Since I had no real definite goals, (I was) just open and willing to learn and achieve.

Goals evolved and changed throughout the program as participants better understood and courageously embraced the process of expressing feelings through art work. Reflection on their anticipated and realized goals demonstrated personal growth and artistic appreciation:

I thought it was just an art setting, you know. And then we got to deal with our more personal issues which... it was pretty

good because... I needed to figure out a lot of the things that were going on in me....

I learned about art history and styles; it was a fun experience and it became easier as the weeks passed to express myself on paper in the form of art.

The art therapy/education museum program brought cancer patients together each week in what one participant described as a "free exchange of feelings which is generally impossible in our everyday lives." Although the participants came from divergent walks of life, a trusting atmosphere developed from genuine respect and open sharing among all the participants. Initial shyness, difficulty in expressing feelings, and health effects of the disease were temporary impediments to participants fully engaging in the art therapy process. Sharing emotions and feelings at a "gutsy level" led to progressive and introspective growth.

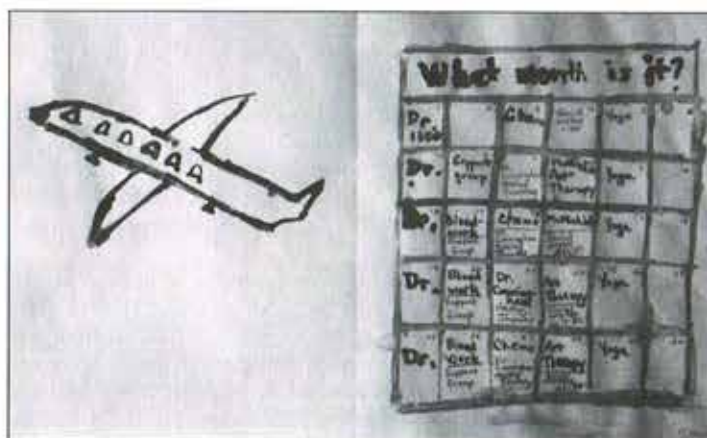
The honest sharing of similar and different experiences helped participants to identify and express difficult feelings. It became possible to unveil deep emotions and gain valuable insights about the cancer journey. Participants felt understood by each other and became comfortable divulging their fears, concerns, and issues. Encouraged by the genuine caring and mindfulness of the facilitator, participants gained insights and learned coping mechanisms within a safe environment. "(I found) a better way of coping and understanding through creativity and dialogue."

While the cancer experience continued to change their lives in many ways, the benefits from involvement in the art therapy/museum education program were portrayed as numerous. Although each person's diagnosis and personal circumstances differed, many described a common bond that developed from the mutual understanding and empathy evolving throughout the sessions. Participants found their confidence was reaffirmed as positive feelings about themselves increased through awareness and expression. "... (I gained) increased awareness, revelation of some unconscious feelings and issues... getting in touch with certain things brought out more positive aspects of oneself. Even a sense of strength."

Participants felt that the program fostered personal growth. Art therapy helped them both to reflect on difficult or negative thoughts and to nurture positive feelings about themselves. The art therapy program facilitated their identification and exploration of deeper feelings and strengthened their ability to balance their cancer experience with other aspects of their lives:

I think art... it's a very subtle process. It's a combination but I think the art for me personally was very, very important. It made me see things that I didn't realize and couldn't talk about. You know, when you put it on paper, you're confronted with it and have to get it out.

Sometimes, participants found they had difficulty at the beginning of the program in accessing feelings that they felt were locked inside. The program afforded them the first opportunity to freely express



difficult feelings that had previously been suppressed. They felt that the program ensured a safe, caring, and supportive environment in which they could share their emotions with others. Understanding and acceptance from the facilitator and fellow participants shielded the difficult process of confronting emotions:

...it (art therapy) helped me to express some of the things that I was keeping kind of suppressed. And there I got to release some of the anger. And I got to release some of it whether it was happiness or sadness or... just being in that environment with other people, you know it made it better.

Participants gained a deeper awareness of their difficult emotions and knowledge of how to cope more effectively with emotional and physical aspects of the cancer experience. The program helped them sort out and work through some of their personal issues. They felt supported by their involvement with other cancer patients in the art therapy program and recognized the "value in seeing survivors." There was also merit in seeing that others experienced similar issues in their cancer experience and were able to successfully transcend common challenges:

I was able to make some great contact with others that have gone through or are still grappling with issues, medical as well as emotional, of cancer. Now there are people I have come to know and appreciate with similar sentiments towards myself that I can call upon in times of duress and joy. It's a good thing!

One participant cautioned that the work done in the art therapy sessions needed to be at a time when the patient could cope with it. "I don't think I could have done that last year, the art therapy session, because it would have been too emotional..."

Sensitivity to others was enhanced as participants watched others struggle with the details and issues related to their diagnosis and treatment. They achieved a clearer understanding of their own issues through the stories shared during each session. Some participants felt encouraged to translate the problems and burdens of their disease into challenges. This allowed participants to feel more optimistic, gain confidence, and acquire a new perspective. The new attitudes provided the basis for developing new approaches to family and personal problems. "...by looking at other people, how they carry on. It gives me an encouragement, hope you know, that I can do it too."

The art therapy program facilitated participants' personal interest in art and enhanced their confidence to explore and discover more about art. One participant started "drawing and painting at home as a relaxation technique," while another gained "an entirely different outlook on art." Others planned to carry on with the art as a tool for healing and giving meaning to their life:

...now, if the group is finished I have to learn to fly on my own. So at least once or in two weeks I want to go somewhere even to a private gallery and just strike a conversation. Or when there are private showings or something even to speak to an artist.

The art therapy program helped to foster budding interests in art, rekindle former art activities, and promote other aesthetic endeavours such as theatre. Art helped participants to keep their minds off uncontrollable issues related to their personal lives and their cancer experience. Art therapy was considered to be "a healing process" by most participants. One participant also found meaning in the art beyond "a pretty picture" and continues to nurture this skill. "It helped me organize my thoughts and concerns and it helped me address difficult issues; it also helped me to hear experiences from other cancer patients in a totally risk-free environment; I gained reassurance and new insights."

In one round of the program, participants experienced the unexpected death of a young member. All the participants were ardently touched and moved by this sudden loss. A special time was set aside in one session for the group to mourn their friend's death and deal with difficult emotions related to cancer. The facilitator arranged to have a memorial session where the participants planted a tree on

the gallery site in memory of their friend. The session time was spent reflecting and sharing their thoughts about the person, their feelings, and concerns about death:

But here was this spirit that was living and would live, you know. In my view... it would never die... that's what was the most moving.

And that (her death) was really hard. ...it was like facing it for everyone. And that's something, um, that you know... it was difficult. But you know that's part of it and I think we all became very realistic about, you know... you sort of learn to face... it helps you to face things more.

In summary the most beneficial outcome of the program from the participants' perspectives was generally described as achieving a new level of self-actualization. Participants felt more able to get in touch with their feelings and express them in a positive manner. This personal growth allowed participants to communicate better with people close to them.

Participants understood and valued art therapy as a vehicle for expressing feelings and learning new coping skills. Although the work was not perceived to be easy, participants appreciated that art therapy process was a cathartic and worthwhile endeavour geared towards personal growth and healing. One participant felt that "the experience during the sessions provided a buffer between the worry of cancer and the joy of living." Thus, the process provided a means to discern important aspects of the cancer experience and sort out how best to approach their life's issues.

Involvement with the art therapy program left participants feeling motivated and encouraged. Some used the weekly sessions to regain discipline in their lives, to keep going and remain focused. Others relied on the group participation to promote a positive healthy attitude about their disease:

... we tend to despair... people in our situation... And the (questions) are never answered. I mean nobody can answer why, you know, it happened to you. And by being with a group like that it certainly is something I wouldn't want to be without right now.

Recommendations for future programs

The main recommendations for future art therapy programs related to funding requirements and the need for increased advertising and awareness about the program. Most participants noted the need for stable funding to ensure viability of future programs. Participants also felt that other cancer patients would benefit from this form of therapy:

I'm very concerned. We all are. And I certainly hope that there is going to be funding for it (program) because it, you know if it helps anything... In my case it eliminated the need for, you know an expensive individual therapist.



Respondents also made recommendations about the size and frequency of future programs. They reported that a group of about 10 participants was desirable to ensure that enough people were present each session for a meaningful and diverse discussion. However, they also recognized that increasing the number of participants would require each session to be longer. Some participants suggested that a three-hour session would better support the components of the art therapy/museum education program.

Discussion

The arts reflect the surrounding environment, thereby stimulating creative expressions of life events and nurturing coping of difficult situations (Bailey, 1997). They have been used for a long time in caring for cancer patients. However, their use has changed through the years. Art has taken various forms, including music and art therapy, and has evolved to become an integral part of holistic care in many hospice programs (Bailey, 1997). As with any new program, it is important to determine its impact on participants. Eliciting participant perceptions of the art therapy program provided valuable insights about the various impacts of art therapy and its benefit in cancer care, and contributed to the growing literature.

The evaluation of this particular program was based on the first three rounds that were offered from 1996 to 1998. Three salient observations about the program arose from the evaluation. First, comments from participants demonstrated that the program was a success and that the program design allowed patients to accomplish the program objectives. The gallery component provided a learning environment in which participants increased their knowledge about and appreciation of different types of art. It afforded a diversion from the cancer experience and helped participants to engage in the art therapy. The studio component focused on creative play and allowed participants with varying artistic skill levels to feel comfortable and open to exploring their emotions through drawing. The art work itself was a cathartic activity. Participants learned to focus less on their artistic abilities and, instead, to delve deeper into their feelings through the work. The gallery component became a stepping stone for the studio work. It provided intellectual stimulation that ignited the desire to draw in response to an emotion.

Secondly, the art therapy program helped participants examine their feelings about their cancer experience and develop new ways to think and feel about their respective issues. Coping is defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141). In this way, the program facilitated coping with the cancer experience.

The third observation concerned the role of the facilitator and how critical that person is to the success of the art therapy. The art therapist requires well-developed skills to support patients with cancer as they

probe deep and troubling emotions. Breslow (1993) demonstrated the importance of adequate preparation and ongoing support for the facilitator role to ensure that therapeutic interactions continue for all participants during each of the art therapy program sessions. Participants in this evaluation also recognized the value of a qualified and sensitive facilitator. The findings emphasize the importance of the facilitator knowing each participant and appreciating their art work within the context of their personal experience.

The arts provide many fundamental supports to improved health. They may produce order that leads to truth; promote creativity and giving to others; regenerate mind, body, and soul; allow one to regain a sense of joy; and bridge different cultures (Bailey, 1997). Evaluation of this art therapy program demonstrated the value of an activity-based process for exploring feelings related to cancer. Participants in this study found joy and safety in dealing with their cancer diagnosis within the bounds of the art therapy group. One participant remarked that "although we were from different walks of life, the interest was there. So you can't say that art is only for the rich..."

Implications for practice

Art therapy is one of many healing arts that are being used to provide support to cancer patients. This study demonstrated, from the patients' perspectives, the value of art therapy for dealing with a cancer diagnosis and treatment. Oncology nurses often become familiar with the individual personalities and patient issues as they care for these persons. They can help identify patients who may be interested in expressing their feelings about cancer in a creative way. The nurses can inform patients about opportunities to participate in an art therapy program in their area. They could also encourage patients to explore art therapy as a means of coping with difficult emotions throughout the cancer experience. Art therapy may be a useful adjunct or an alternative option to support groups for patients with cancer.

Further research about the benefits of art therapy may be directed at determining the most appropriate or beneficial time for patients to engage in an art therapy program. The demands of different stages of cancer care may affect a patient's readiness and the amount of emotional energy that is available to commit to and benefit from an art therapy program. Continuation of the art therapy program could provide ongoing support for patients throughout their cancer experience. Examination of a larger sample could strengthen the findings of this program evaluation and quantify the psychosocial benefits of participating in an art therapy program for patients with cancer. ♦

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