

# ART THERAPY WITH ADULT BONE MARROW TRANSPLANT PATIENTS IN ISOLATION: A PILOT STUDY

BONNIE GABRIEL, ELISSA BROMBERG, JACKIE VANDENBOVENKAMP, PATRICIA WALKA, ALICE

B. KORNBLITH and PAOLA LUZZATTO\*

*Memorial Sloan-Kettering Cancer Center, New York, NY, USA*

## SUMMARY

Psycho-social interventions for cancer patients in isolation for bone marrow transplant (BMT) have been advocated in the recent literature. It is not clear what type of interventions would be most appropriate. This study was conducted at Memorial Sloan-Kettering Cancer Center (MSKCC), with three aims. (1) *To test the feasibility of introducing art therapy as a supportive intervention for adult BMT patients in isolation.* Nine patients were seen in art therapy sessions twice a week while in isolation, and were helped to develop free personal images. The three art therapists used the same art therapy program as a model. (2) *To assess how patients would use the program.* Forty-two images were made by the nine patients during the art therapy sessions. A thematic analysis of the images showed that the patients used art therapy effectively in three ways: (a) to strengthen their positive feelings, (b) to alleviate their distress, and (c) to clarify their existential/spiritual issues. (3) The third aim was *to identify which patients would most benefit from art therapy.* Our results suggest that the non-verbal metaphorical modality of art therapy may be especially beneficial for patients who need to deal with emotional conflicts, and with feelings about life and death, in a safe setting. Copyright © 2001 John Wiley & Sons, Ltd.

## INTRODUCTION

Patients undergoing bone marrow transplant (BMT) have to be in isolation for several weeks, with typically severe side-effects of nausea, vomiting, and pain as a result of mucositis. Some patients are particularly vulnerable to an intensification of negative feelings, such as depression, anger and frustration, as well as a weakening of positive feelings, such as self-esteem and hope. The need to bridge the barrier of emotional isolation and the potential role of art therapy in this task has been stressed for all cancer patients (Kornblith, 1998). It has been suggested that, before admission for BMT, an assessment should be made to develop psychosocial interventions appropriate to each patient (Andrykowski and McQuellon, 1998). Through this study we hope to clarify whether art therapy would be an appropriate intervention in this setting.

Art therapy is a form of psychotherapy combining verbal and non-verbal communication; it started in psychiatric institutions, and is recently developing in medical settings. The clinical efficacy of art therapy remains largely unevaluated, and there is no literature so far about the use of art therapy interventions with adult cancer patients in isolation for BMT. There are writings on the use of art therapy with medically ill patients in isolation suffering from tuberculosis (Hill, 1945; Rosner-David and Illusorio, 1995), with patients in a burn trauma unit (Appleton, 1993), and with hospitalized cancer patients (Connell, 1992, 1998; Councill, 1993; Prager, 1995; Malchiodi, 1998, 1999; Pratt and Wood, 1998). An art program was offered in Florida for BMT patients (Rockwood-Lane and Graham-Pole, 1994). A paper about the use of art therapy to stabilize defenses for children undergoing BMT has recently been published by Gunter (2000). These reports strongly suggest that adult cancer patients in isolation may benefit from art therapy.

For this study, we have selected a structured art therapy program called *The Creative Journey*, which we devised at Memorial Sloan-Kettering Cancer Center (MSKCC) as a supportive

\* Correspondence to: Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, Box 421, New York, NY 10021, USA. E-mail: luzzattp@mskcc.org

intervention for post-treatment cancer patients (Luzzatto, 1998; Luzzatto and Gabriel, 2000). The Creative Journey is based on ten weekly workshops (see Table 1). Starting in the autumn of 1995, it has been offered twice a year, and has been attended by 75 cancer patients. The content analysis of the questionnaire patients completed at the end of the program suggests the patients experienced a therapeutic benefit from being able to express, contain, and transform their personal experience (Luzzatto and Gabriel, 1998, pp. 750–756).

The Creative Journey was specifically devised for cancer patients, and is somehow different from many other art therapy interventions, which are often based on 'free artistic expression', or 'themes' to be explored (feelings, behaviors or life situations), or 'interactions' with the therapist or among group members. In working with cancer patients undergoing treatment in isolation, we have found that all these approaches (the free artistic expression, the focus on reality, and the high level of interaction), may be too threatening. The Creative Journey instead offers a special framework based on the concept of blending 'structure and chance' (McNiff, 1998), within which patients feel safe to explore and develop their own imagery, which may or may not be about cancer. The Creative Journey's emphasis on inner work and inner strength suits the needs of patients in isolation.

The ultimate goal of this research will be to test the effectiveness of art therapy to counteract the psychological negative side-effects for patients in isolation. The aims of this initial phase are: (1) to explore the feasibility of including art therapy as an integral part of the psychosocial interventions for BMT patients in isolation, using an individu-

alized version of The Creative Journey, (2) to examine how patients would use this intervention, and (3) to suggest which patients would most benefit from it.

## MATERIALS AND METHODS

### *The Creative Journey: the manual and the art material kit*

BMT patients were offered the option of participating in the structured art therapy intervention called The Creative Journey. A special booklet describing the ten projects had been printed by MSKCC, to be used as a manual (Luzzatto, 1997). The booklet includes, for each project, the aim, the instruction, an image made by a previous cancer patient, some words of reflections, a page for the art work, and a page for creative writing. Art material kits were prepared for each patient, containing a black pencil, a set of markers, oil pastels, water colors, colored paper and glue. The art therapist would bring to the sessions some magazines and scissors for collage.

### *The staff*

The clinical work with the patients was carried out by three persons: one qualified art therapist (BG) and two graduate art therapy students (EB, JV), supervised weekly by the registered and board-certified art therapist (PL). They were able to visit the BMT unit twice a week, between January and May 1999. The psychologist (ABK) provided guidance on research and

Table 1. The ten projects and therapeutic aims of The Creative Journey

<b>1. Colors and shapes</b>	To become more aware of your choices, and identify your visual style
<b>2. The blind drawing</b>	To allow a less rational and playful side of you to emerge and take shape
<b>3. Playing with art material</b>	Let things happen, trusting the art process and your free associations
<b>4. Self-introduction</b>	To express something about yourself that may be difficult to say with words
<b>5. Still life and transformation</b>	The external image may be transformed into a meaningful personal image
<b>6. The visual poem</b>	About chance and meaninglessness, and your capacity to give meaning
<b>7. From chaos to order</b>	To freely visualize chaos and follow the process towards order and clarity
<b>8. The hidden seed</b>	The image of a landscape without life may start a positive creative process
<b>9. Stress and its opposite</b>	Image-making may be used to symbolize the negative, to reach the positive, and to find an integration between the two
<b>10. My creative journey</b>	Giving a visual form to the creative part of you and to your personal journey

methodological issues. All art therapists, including the psychologist, had previously participated in The Creative Journey, in its original form of 10 weekly workshops for out-patients (led by PL).

#### *The time sequence*

1. Prior to admission, the art therapy program was presented to the BMT patients during the monthly orientation meeting. The concept of The Creative Journey was conveyed with the following words: 'The Creative Journey is a free therapeutic intervention offered by the Hospital. It may help you express yourself, visualize what may be difficult to put into words, and access a new source of strength inside yourself. Previous art experience is absolutely not relevant'.
2. At the time of admission, all patients were given one of the booklets by the BMT Patient Coordinator (PW), to help them decide whether they wanted to participate in the program. If a patient was interested, the Patient Coordinator informed the Art Therapy Director (PL). At our weekly art therapy meetings, new patients were assigned to an art therapist and current cases were discussed.
3. After admission, the art therapist would establish contact with the patient, always respecting the patient's physical state, and emotional needs. When it was appropriate, they would start to work on the art therapy projects. Patients were asked to sign a form giving permission to use their work for educational purposes. The art therapist would confirm her commitment to support the patient throughout the entire period of isolation. Upon discharge, the patients could take home the booklet and the art material kit.

## RESULTS

#### *The patients' group*

Between January and April 1999, 12 patients asked to see the art therapist, approximately half of the total number of 25 adult patients admitted to the 11th floor for BMT during that time. Three patients soon became very ill, and a group of nine

patients engaged in the art therapy sessions. The group was composed of four women and five men; from a variety of ethnic origin (four Caucasians, four Hispanic, and one from the Middle East), with ages ranging from 30 to 61 years of age. The length of stay ranged from 34 to 91 days, with an average of 58 days.

#### *The patients' response to the art therapy program*

- (a) *Sessions with the art therapist.* A total of 91 visits were made by the art therapists to the nine patients, with an average of ten visits for each patient, from a minimum of three to a maximum of 19. The frequency of the visits was mostly determined by the physical condition of the patient: more than half of the total number of visits consisted of short verbal encounters, owing to patients feeling too ill, or being occupied by visits from relatives. Nevertheless, it was clear that the patients wanted to continue. Usually the visits lasted about 1 h, when the patient engaged in image-making, with patients often making more than one image during that visit.
- (b) *Image-making with the art therapist.* A total of 42 images were made by the nine patients during the sessions with the art therapist, with an average of 4.6 for each patient, and a range from 2 to 20. The median was also 4 (with equal number of patients making less than four pictures, and more than four pictures). By visiting the patients twice a week, the art therapists were able to use about half of the projects of the art therapy booklet during the time of their admission. They all took the booklet home and said they intended to continue to use it by themselves.
- (c) *Pictures made the patients while alone.* Three of the nine patients used the art material kit to make images also while alone in the room. This group of 15 images were either inspired by The Creative Journey booklet, or by recent events (like a relative's birthday) or by objects and photographs in their room.
- (d) *Pictures made by visitors.* The presence of the art material kit in the room triggered the interest of some of the visitors (children and adults), who used the art materials while in the same room with the patients. Their

images were usually placed on the wall in the patient's room. This happened in the room of three patients. Often the content indicated a wish for good health and peace of mind for the patient.

*Thematic analysis of the images made during the art therapy sessions*

The analysis of the 42 images made by BMT patients during their art therapy sessions was conducted in order to identify the main feelings or situations the patients chose to express, in the presence of the art therapist, through this modality. The thematic analysis was not based on subjective interpretations made by the therapists: it was based on clinical observations on the content of the images, validated by the explanations provided by the patients themselves. In order to limit the subjective element of the therapist, the analysis was made through a double process: by the supervisor (PL) who looked at the images, and read and listened to the transcripts of the sessions, and by the three art therapists as a group (BG, EB and JB). When we compared the results, we agreed that three major themes could be identified: (a) images of positive feelings, (b) images of distressed moods, and (c) images of existential/spiritual issues (Table 2).

The three themes were not correlated to the style of the art therapist, nor to the type of workshop (the same workshop could trigger very different content in different patients, as in case illustrations # 1 and # 2). There was a fluidity from one theme to another, in the same patient, and even in the same session (especially from 'distressed to positive', or from 'distressed to existential'), which is relevant in view of the capacity of image-making to reflect and/or transform a state of mind.

Table 2. Thematic analysis of the 42 images made by the adult BMT patients in isolation during art therapy sessions

Type of image	Number of images (patients number)
Positive feelings	13 (7)
Distressed moods	10 (3)
Existential/spiritual issues	19 (6)
Total	42 (9)

A comparison between the group of 42 images made in the presence of the art therapist and the 15 images made by the patients while alone showed different outcomes: when patients were alone, they seemed to focus on positive imagery; when patients were with the art therapist, they seemed to express a much wider range of emotions and issues, and allowed themselves to communicate also difficult and distressing states of mind (e.g. abandonment, loneliness, rage and confusion), and existential and spiritual issues (e.g. vulnerability, uncertainty and death). This outcome, which could provide an important difference between art as self-therapy and art therapy in the presence of the therapist, would need to be tested with more data. In fact, the images made by the patients while alone were often presented to the art therapist without much commentary, and their meaning for the patient is, therefore, less clear (i.e. an apparently happy landscape made by a patient while alone may refer to a sad feeling, but we had no way of knowing this).

*Images of positive feelings (Table 3).* This group of 13 pictures was made by seven patients, and includes three types of images: (a) images of positive aspects of nature, (b) images of positive family relationships, and (c) images reflecting feeling relaxed with art materials.

Making a positive picture seemed to intensify the positive feeling, and made it available to the patient in the future. In some cases, though, the positive image was used as an introduction into more troubled areas. In other cases, the positive image followed the image of distress. The 15 positive images made by the patients while alone are also based on nature and on family relationships; however, the positive feeling emerging out of the playful use of art material seems to be missing in that group.

*Images of distressed state of mind (Table 4).* The ten pictures in this group were made by three patients. These images are based on feelings experienced by the patient as quite painful and distressing, and difficult to communicate to the family: feeling mad and fragmented, unloved, resentful, or feeling like a failure. Three patients reported a similar situation: a mixture of sadness, anger, and shame, connected to a relationship of perceived abuse, abandonment, or rejection by a

Table 3. The 13 images of positive feelings

List of the pictures, with a comment, or title given by the patient

---

Positive aspects of nature	
1	A tropical forest . . . with a strong and beautiful tropical bird
2	A branch of a fruit tree, with green leaves and yellow flowers
3	This is a garden to organize in my church: we take the fruits and give them to the needy
4	I love the moon . . . beauty and the moon . . .
5	This is an image of a forest, with the light shining through the trees: I like these colors!
6	The sun shines and the trees grow: this is how things should be
7	Mountains, pyramids and volcanoes: this is my country!
Positive family relationships	
8	The triangle represents my grand-daughter. S is for my last name. I have placed two S on the two sides of the triangle, to show my connection with her
9	This landscape represents my plans after the BMT: going to the park with my family, and playing with my children
Feeling relaxed or having fun with art materials	
10	I just clean my brushes, and play with watercolors!
11	I like these colors and these shapes: yellow, blue and red
12	I close my eyes and draw: it is relaxing. I open my eyes and I look at the drawing: it looks like a hand-mirror. Now I draw two eyes in it, and it becomes a face . . .
13	A series of circles: this looks like an animal . . . and this one looks like a bird

---

significant member of the family, in either the distant or recent past. The close relative perceived as 'unloving' was also, paradoxically, very present in a specific positive role through the BMT. For one patient, the abusive mother was the actual donor for the transplant; in the second case, the ex-husband was coming regularly to visit, and for the third patient, the parents were often in the room to visit and help the patient.

*Images of existential/spiritual issues (Table 5).* These 19 pictures were made by six patients, and expressed a state of mind which we have called 'existential/spiritual'. It may be described as a state of intensified self-awareness, combining different dimensions, such as past and present;

Table 4. The 10 images of distressed mood

List of the pictures, with a comment, or title given by the patient

---

Patient #1 (physically abused by mother)	
1	I chose the color red: I look at it and I think of madness
2	This is the garden in my old house: it brings memories of pain and sadness
Patient #2 (abandoned by husband)	
3	I see a face: it is from a dream I had last night, a dream of fear and persecution
4	I just see a face . . . it is a sad face
5	Emptiness and fragmentation
6	History of women . . . my husband left me
7	Anxious about going home
8	My mind is so confused
Patient #3 (felt unloved by parents/relatives)	
9	This is my heart, bleeding in darkness and anger: I feel abandoned by my family
10	The glass is shattered; the tires and wheels have come off the vehicle; I am the sheep that is left behind . . .

---

strength and vulnerability; life and death. This type of existential communication was often metaphorical, and the verbal comments by the patients helped to understand the meaning of the metaphors. The effectiveness of symbolic expression was particularly relevant in this group of images. The patients often communicated to the art therapist the difficulty in sharing this type of complex feeling with their families. The specific content, in this group of pictures, could be summarized into three areas: (a) need for safety, protection, and survival, (b) expressions of solitude, uncertainty and mystery, and (c) symbols of life and death.

#### *Analysis of the art therapy process: three case illustrations*

While the thematic analysis identifies which feelings have emerged into a picture, the process analysis tries to understand the change in the attitude of the patient towards the self and towards others, during a session, or within a number of sessions. In this study, the following main types of changes have been observed: from a passive to an active mood, from a state of distress to a calm state of mind, from a feeling of fragmentation to a sense of unity, and from psychological isolation to a relatedness to others. The

Table 5. The 19 images of existential/spiritual issues

List of the pictures, with a comment, or title given by the patient	
Need for safety, protection, survival	
1	I drew the safe place from childhood: the river by my house. I used to go there, after being beaten up. There is also a fish . . . symbol of Christ . . .
2	This is a simple drawing: little dots on one side, a bigger dot on the other side: that is kind of looking over, protecting . . .
3	Buffaloes grazing in the field, and somebody who is looking after them . . . Somebody is watching over me
4	These boats are fishing for survival, they fish together and watch out for each other
5	I want . . . to be a good father, to be a good husband, to treat others with respect, I want my life to have meaning, I want, I want, I want . . .
6	What is maturity? It is a point on a line, between past and future
Expressions of solitude, uncertainty and mystery	
7	My life story: it is difficult to share my vulnerability with my family
8	A girl or a doll? . . . Surrounded by flowers and fish and birds . . .
9	The desert: the cactus survives in the desert
10	Here is a woman riding a horse in the desert
11	The Chinese fortune cookie . . . present and future: who knows?
12	A lot of colors: this image is strong, it is like entering a cave
13	The image of a cross . . . My title is: Soul Searching
Symbols of life and death	
14	These are two opposites: rushing water . . . still water . . .
15	A hand dropping the flower: being dropped . . . or letting go?
16	Blue clouds . . . three blue clouds over three green trees
17	A cross on the earth, a light in the sky and the three blue clouds
18	Reaching out to Him. Traveling with Him. Protected by Him
19	This woman is facing a huge wave . . . The wave is pure . . . the wave is life . . . the wave is all. I think the woman has to take the plunge . . . I want to be relaxed . . . I want it to be easier to let go . . .

relationship with the art therapist facilitated the patients' ability to cope with their disease and treatment, by (a) strengthening their positive feel-

ings, (b) reducing their distress, and (c) clarifying existential and spiritual issues.

The following excerpts from the cases studies illustrate those three themes. The first case shows how the simple use of colors and shapes helped a patient to connect emotionally to his home country, and how this healthy connection lasted during the period of isolation. The second case shows how a patient was helped to share a deep distress that had its origin in early abusive relationships, and was helped to reach a calm state of mind. The third case illustrates the difficulties a patient had in sharing with the husband feelings and thoughts about the end of life, and how the symbolic image-making was helpful for this patient.

*Case illustration # 1: strengthening positive feelings.*

Patient: M, 32 year old man  
Date of session: 5 March 1999  
Art therapist: EB

*M was resting in bed when I arrived. I asked if this was a good time for a session and he invited me to come in. We agreed that we should start with the first project of The Creative Journey. I explained the first step of selecting three colors, and he chose green, yellow and red. I explained the word association, and M made free associations to objects, not to feelings. We then moved to the next step, and he cut the red, green and yellow paper he had selected into shapes, and glued them on the page. He said that the red, round shapes were mountains; the green triangles were pyramids; the yellow triangles were volcanoes. I asked whether the composition had a title, and immediately he said: 'it is my country!'. We talked about his country, where his parents and his siblings reside.*

*On the following visit, he showed the drawings he had made by himself: two birds. He told me they were birds common in his country: one looked like an eagle, the other one was a little bird like a sparrow. I asked which bird he most felt like, and he smiled and indicated the little one.*

*On another visit, we looked together at other pictures of his country, and he especially liked the volcano. Then he showed me another picture he had made, while alone in his room: a thatched hut. I had brought a map of his country: he showed me where he grew up, and he talked about that time.*

*Comments:* This patient used art therapy to keep alive the images and the feelings about his home country in his mind. It looked as if this was exactly what he wanted, and it looked as if it

helped him to cope with the treatment in isolation. He did not take the opportunities he was offered to talk about the pain and discomfort of the treatment, and the art therapist rightly respected his needs. The art therapy session facilitated both his image-making while alone, and the verbal communication with the art therapist, with whom he felt supported and understood.

*Case illustration # 2: transforming distress.*

Patient: L, 49 year old woman

Date of session: 4 May 1999

Art therapist: BG

*When I came to L's room, she appeared to be motivated to sit up and do some art. The colored shapes she had originally made for project # 1 of The Creative Journey had got lost, but she had made new ones from the remaining colored paper. She arranged them on the white paper and I glued them down for her, as the patient was too weak. She took the markers and completed her image, saying it was her home in Columbia when she was growing up. She said that the pink shapes were the windows of her house. After completing the image, L was silent for a long time.*

*I wondered whether she had happy memories about living in that house. She remembered being sad inside the house, looking out from the window to the garden. Then she began to cry, spilling out her life as an adolescent girl. Her mother—she said—was jealous of the attention her father gave her, and found fault in most things she did. She was beaten many times by her mother, especially on her legs and arms, which was obvious to her peers at school, as her school uniform exposed the lashings. She was humiliated and scorned. At age 16, L became pregnant with her daughter, much to her mother's embarrassment and rage, and L said that her mother had kicked her in the stomach several times. However, L's mother, who is still alive, was the only person in the family that qualified as her bone marrow donor. Though she eventually agreed to do it, she demanded to be paid for it.*

*L was able to compose herself and we talked a bit more. She wanted to make another image. The nurse came in and needed to do a procedure, so we took a half-hour break, after which time I returned to find L ready to continue. She already had an image in her mind. She drew round circles that appeared to be a wall of stones, with a stick figure in front of it. She colored over the circles, which she said were rocks, using a blue transparent shade, which she said was water: the rocks were under the water. She gave a title to this work: 'The river by my house', and added that there was a symbol there: a fish in the river, a symbol*

*of Christ. She said she would walk by this river when she was upset and find peace and solace there. L became calm and looked peaceful and serene as she lay back in her bed. L wanted the picture of the house put away, but she wanted the little drawing of the river to be cut out, and placed in her pocketbook, along side a religious card she kept there.*

*Comments:* The imagery and free associations to her image allowed L to express and then let go of feelings of sadness, humiliation, anger and loss. This process was followed by a more integrated state of mind, as indicated by the second image of an image of a river with blue transparent water: a place where she could feel safe and peaceful as a child. This image seemed to become very meaningful to her and it was treated almost as a talisman.

*Case illustration # 3: Sharing of existential/spiritual issues.*

Patient: E, 49 year old woman

Date of session: 16 February 1999

Art therapist: JV

*When I came in, E said she was glad I was there. During the course of the session, which lasted 45 min, she said how wonderful this work was in obtaining clarity about her feelings. Before starting the # 3 image, we discussed the # 2 exercise, which she had done on her own, following the instructions in the booklet. She had made three separate 'cloud-like' shapes, outlined one in blue, two in black, and all filled inside with yellow. One of the clouds had two lines extended horizontally. She had chosen a title 'Being with Him'. 'Yes, reaching out to Him', she said loudly. She told me she had also written a story, about traveling with God, and being protected by Him. She said that the drawing helped calm her and confirmed her belief.*

*She wanted to move to project # 3, and select images for a collage. At one of the first pages of the National Geographic, she stopped at a fold-out page of waves with people surfing. She said she wanted 'that'. I asked whether she meant 'the surfer' or 'the wave'. She said what was important was the wave. The wave—she said—is 'pure'. She said the wave is 'all'. I asked her whether she wanted to add some words to the picture. She looked at me and said 'The wave has said it'.*

*I said maybe she could add another image—of something important to her. She said her husband and children were important, but she did not want to add a picture of them, because—she said—'the wave stands alone'. The symbolism of the wave was obviously very*

*intense within our dialogue, and I was trying to follow what she wanted to tell me. She decided to give it a title, and called it 'Take the plunge'. In order to explain it to me, she said the water was life, and she wanted to plunge in it.*

*In that moment, her husband had come in, then she looked at me, and said 'I mean, never giving up' (it sounded like that sentence was directed to the husband). We stayed in silence for some time. Then the husband left, and she told me she was in so much pain that she really needed to take 'the plunge'; she just wanted it to be over, to feel relaxed, to let go. She added she had always been afraid of water in her life, and it was strange that now through *The Creative Journey* she had realized that she loved water, and the clouds which hold water, and how important they both were for her'.*

*Comments:* This patient communicated to the art therapist, through the visual symbols of the clouds and the wave, a deep religious feeling, and a thought that she could not share with anybody: a wish for letting go and for a peaceful death. She still wanted to convey to her husband the message that she did not want to give up. However, she was able to clarify her thought to herself through the metaphor of the wave and the wish to plunge into it. She felt more clear in her mind and more at peace after having done this work.

## DISCUSSION

### *Feasibility*

This study demonstrated the feasibility of including art therapy as a psychosocial intervention for BMT patients in isolation. Half of the patients admitted for BMT between January and May 1999 asked to participate in the art therapy program. Out of these 12 patients who said they were interested, nine patients were able to effectively use the time with the art therapist. On average, each patient was visited ten times, and made 4.5 pictures with the art therapist. Some of the patients continued to make art work while alone.

### *How the patients used art therapy*

The art therapy program facilitated a wide range of responses from the BMT patients in

isolation, with each patient responding in a very personal way, reflecting their actual mental state and psychological needs. Images were classified according to three major themes: (a) positive feelings, (b) distressed moods, and (c) existential/spiritual issues.

Positive feelings were usually expressed and strengthened through the use of images from nature, and representations of positive relationships. Some patients also learned a third way of activating a positive mood, through a relaxed and playful use of the art material.

Distress was communicated either by images of people or places, or by visual metaphors of something 'broken', 'bleeding', 'missing', or 'abandoned'. The distress was linked by the patient to some painful experience of abuse, rejection or abandonment in the patient's past relationships, more than to the present discomfort of the treatment. Nevertheless, present and past seemed to be deeply linked, and in need of some form of resolution.

Existential/spiritual issues were often expressed with evocative symbols from nature (such as a cave, a cloud, a dropped flower, calm water, a plant in the desert, a big wave). The symbolic level allowed these patients to express thoughts about vulnerability and death that they did not want to discuss with their families, but that they actually wished to reflect upon.

### *Which patients might benefit most*

According to the results of this preliminary study, patients who have difficult family relationships prior to admission, and those who wish to explore existential/spiritual issues, might benefit the most from art therapy.

Patients who expressed a distressed state of mind were able to share with the art therapist a past situation of emotional abuse or abandonment or rejection. In all three cases, the art therapy process helped the patient to move from a distressed mood to a more quiet and reassured state of mind. In the first case, the patient rediscovered a coping technique she used as a child: to withdraw to a special, safe space. The second patient combined images of pain with images of hope. The third patient, after visualizing being a failure, felt understood by the art therapist and moved to a positive state of mind.



For patients who visualized existential/spiritual concerns, the use of a non-verbal modality seemed particularly appropriate. Through the visual metaphors, the patients were able to address something difficult to say in words, and difficult to say to their friends and relatives. In this way, they seemed to clarify an awareness that was important to them. Art therapy seems to be particularly appropriate to deal with feelings about vulnerability and death in a non-negative way, because the symbolic level of communication is non-threatening, and combined with creativity.

### CONCLUSIONS

The results of this pilot study support the inclusion of art therapy within the psychosocial support for BMT patients in isolation. The program of The Creative Journey, used within the relationship with the art therapist, appears particularly valuable, as it is stimulating, flexible and non-threatening.

This pilot study suggests that adult BMT patients in isolation may use art therapy to fulfill a variety of emotional needs: (a) to strengthen positive thoughts, (b) to resolve distressing emotional conflicts, (c) to deepen the awareness of existential and spiritual issues, and (d) to facilitate communication with relatives and friends.

In particular, this study provides preliminary findings on which patients might benefit in a special way from art therapy. Two specific groups emerged: (a) patients who needed to resolve difficult relationships, particularly with members of their family who came to visit them, and (b) patients who found themselves in a life threatening situation, and wished to explore their vulnerability and their spirituality. Both groups were able to make use of the metaphoric quality of art therapy, in a safe and confidential setting.

These findings point to a number of future research directions. It seems particularly appropriate to continue to document more cases, to focus on the kinds of patients who appeared to benefit most, and to implement a follow-up art therapy program after discharge.

### ACKNOWLEDGEMENTS

We are very grateful to Dr Jimmie C Holland for her constant encouragement, and to Dr Richard O'Reilly for his support for this project. This work was made possible by the generous contributions of the Kohlberg Foundation and the Ittleson Foundation.

### REFERENCES

- Andrykowski MA, McQuellon RP. 1998. Bone marrow transplantation. In *Psycho-Oncology*, Holland JC *et al.* (eds). Oxford University Press: New York; 289–299.
- Appleton V. 1993. An art therapy protocol for the medical trauma setting. *Art Ther* **10**(2): 71–77.
- Connell C. 1992. Art therapy as palliative care program. *Palliat Med* **6**: 18–25.
- Connell C. 1998. *Something Understood: Art Therapy in Cancer Care*. Wrexam: London.
- Council T. 1993. Art Therapy with pediatric cancer patients: helping normal children cope with abnormal circumstances. *Art Ther* **10**(2): 78–80.
- Gunter M. 2000. Art therapy as an intervention to stabilize the defenses of children undergoing bone marrow transplantation. *Psychotherapy* **27**(1): 3–14.
- Hill A. 1945. *Art versus Illness*. George Allen & Unwin: London.
- Kornblith AB. 1998. Psychosocial adaptation of cancer survivors. In *Psycho-Oncology*, Holland JC *et al.* (eds). Oxford University Press: New York; 223–241.
- Luzzatto P. 1997. *The Creative Journey* (booklet for cancer patients). Memorial Sloan-Kettering Cancer Center: New York.
- Luzzatto P. 1998. From psychiatry to psycho-oncology. In *Art Therapy in Palliative Care: The Creative Response*, Pratt M, Wood M (eds). Routledge: London.
- Luzzatto P, Gabriel B. 1998. Art psychotherapy. In *Psycho-Oncology*, Holland JC *et al.* (eds). Oxford University Press: New York; 743–757.
- Luzzatto P, Gabriel B. 2000. The Creative Journey: a model for short-term group art therapy with post-treatment cancer patients. *Art Ther* **17**: 265–269.
- Malchiodi C (ed.). 1998. *Medical Art Therapy with Children*. Jessica Kingsley: London.
- Malchiodi C (ed.). 1999. *Medical Art Therapy with Adults*. Jessica Kingsley: London.
- McNiff S. 1998. *Trust the Process*. Shambala: Boston and New York; 13.

- Pratt M, Wood M (eds). 1998. *Art Therapy in Palliative Care: The Creative Response*. Routledge: London.
- Prager A. 1995. Pediatric art therapy. *Art Ther* **12**(1): 14–20.
- Rockwood-Lane M, Graham-Pole J. 1994. Development of an art program on a bone marrow transplant unit. *Cancer Nurs* **17**(3): 185–192.
- Rosner-David I, Illusorio S. 1995. Tuberculosis: art therapy with patients in isolation. *Art Ther* **12**(1): 24–31.