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# A Narrative View of Art Therapy and Art Making by Women with Breast Cancer

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## Abstract

Art therapy (with an art therapist) and art making (without an art therapist) show promise as avenues for psychosocial support for women with breast cancer. The purpose of this study was to gain an in-depth understanding of how 17 women with breast cancer in Canada and the USA used art therapy and their own art making to address their psychosocial needs, focusing particularly on meaning making. Narrative analysis of interviews yielded four storylines: Art and Art Therapy as a Haven; Getting a Clearer View; Clearing the Way Emotionally; and Enhancing and Enlivening the Self. The storylines show existence being affirmed, confirmed and proclaimed through visual artistic expression and meaning making being achieved through physical acts of making.

## Keywords

- *art therapy*
- *breast cancer*
- *Canada*
- *meaning making*
- *narrative analysis*

## Introduction

BREAST CANCER is a highly stressful disease that can pose a wide range of psychosocial challenges, including lifestyle changes, strains on interpersonal relationships, existential crises and social isolation (Amir & Ramati, 2002; Gore-Felton & Spiegel, 1999; Koopman et al., 2002). These challenges are amplified by cultural discourses surrounding breast cancer that are disempowering to women and that can severely hamper meaning making and therefore decision making in the wake of breast cancer (Collie & Long, 2005). For example, breast cancer can be inappropriately sexualized (Saywell, Beattie, & Henderson, 2000) and it is subject to a conflicting array of historical understandings that persist into the present (Thorne & Murray, 2000).

Meaning making has been described as an ongoing process of storying to create and maintain a coherent life story that casts the self as valuable, unique and permanent (Arciero & Guidano, 2000; Bruner, 1987; Thompson & Janigian, 1988). It may also be a quest for meaningfulness and sense of purpose (Frankl, 1966) or an effort to maintain a sense of temporal and causal coherence (Crossley, 2003; Fife, 1994). It is an interactive process (requiring symbolic mediation) that occurs in relation to cultural discourses that both shape and constrain available meanings (Frank, 2002; Mishler, 1986). Typically, the need for meaning making intensifies when a challenging life event such as cancer disrupts one's life story and sense of self (Arciero & Guidano, 2000).

Group psychosocial interventions (e.g. support groups) have come to be a common way to address psychosocial challenges posed by breast cancer (Leszcz & Goodwin, 1998; Meyer & Mark, 1995; Trijsburg, van Knippenberg, & Rijpma, 1992) and have proven to be useful for reducing distress and improving coping abilities (Baider, Peretz, Hadani, & Koch, 2001; Classen et al., 2001; Levine, Eckhardt, & Targ, 2006; Sheard & Maguire, 1999; Spiegel et al., 1999; Vos, Visser, Garssen, Duivenvoorden, & de Haes, in press). Although it would be wrong to assume that every woman with breast cancer needs to be in a support group (e.g. Helgeson & Cohen, 1996), it is important to make benefits of structured psychosocial support available to as

many women as possible and to remove barriers that impede participation—some of which may be cultural. Support groups based on sharing personal feelings through talking with strangers may not be culturally appropriate for some women, and this kind of group is highly susceptible to language barriers. Moreover, participation in a support group may be equated with needing therapy or with being incapable of managing alone, which may feel counterproductive, especially to women who are routinely belittled through social prejudice. Alternative formats for psychosocial support need to be considered in order to widen access, particularly formats that feel less like therapy, do not depend on verbal skills and allow personalized expression and individualized meaning making.

Visual artistic expression—in the form of art therapy or art making—shows promise as an avenue for psychosocial support for women with breast cancer. Art therapy and other interventions that engage patients in visual artistic expression are widely used in cancer care (Malchiodi, 1993) for such purposes as facilitating emotional expression (Borgman, 2002), increasing sense of control (Hiltebrand, 1999), promoting inner strength and sense of purpose (Malchiodi, 2003; Minar, 1999), reducing stress and isolation (Breslow, 1993; Gabriel et al., 2001; Long, 1998; Malchiodi, 2003), enhancing mind–body communication (Baron, 1989; Long, 1998; Lusebrink, 1999), strengthening identity (Luzzatto & Gabriel, 2000), bolstering immunity (Baron, 1989; Hiltebrand, 1999) and facilitating meaning making (Lynn, 1994; Predeger, 1996). Artistic expression (through arts and crafts) lends itself to personalized meaning making and is a natural arena for group activities and social encounters. It appears to have special relevance for women with breast cancer, who may experience their illness as inescapably visual (Malchiodi, 1997) or who may wish to tell their breast cancer stories in ways that feel public as they challenge dominant discourses (Murray, 2000).

Although there is wide clinical acceptance of the value of art therapy and therapeutic art making in cancer care, there has been very little systematic research on the topic and virtually none about breast cancer. Therefore, little is known about how art therapy and art making can be helpful to women with breast cancer or

which, if any, of the many proposed therapeutic mechanisms may be important. There is a dire lack of patient-centered knowledge. Most of what is known is derived from case studies (e.g. Long, 1998) and essays in which clinicians' views are highlighted and patients' views are absent (e.g. Hildebrand, 1999; Minar, 1999). A notable exception is a qualitative feminist study in which 18 women with breast cancer met as co-researchers to make art and to reflect on the experience together over a period of 6 months (Predeger, 1996). The findings of this study revealed an empowering healing process that facilitated meaning making, stimulated creativity, actualized a need to push forward, increased feelings of control and provided social support. Although the benefits of group involvement and art making were not distinguished in this study, the study points to a multi-faceted positive role for visual artistic expression for women with breast cancer and to a need for research that illuminates this role more specifically.

The purpose of the present study was to gain an in-depth understanding of how women with breast cancer used art therapy (with a therapist) and art making (without a therapist) to address their psychosocial needs. Given the unique meaning-making challenges posed by breast cancer, meaning making was the focus of the study. The purpose was not to determine *if* art therapy and art making were valuable avenues for meaning making for the women in the study, but to illuminate *how* they were valuable when the women said they were, with the goal of identifying specific therapeutic mechanisms.

## Method

Narrative research methods were used in this study because of the focus on meaning making through storying (Bruner, 1987; Lieblich, Tuval-Mashiach, & Zilber, 1998). These methods are useful for investigating experiences that involve transition and renegotiation of identities and are often used to give voice to people whose voices have been absent from mainstream discourse. They fall into the category of what Wilkinson has called 'experiential' feminist research methods and are considered useful for offering unexpected insights into individual experience (Wilkinson, 2000). In the present study, a narrative method was used to reveal

how women with breast cancer understood their experiences of art making and art therapy.

The word *story* is used here to refer to the process of storying and to stories or story fragments that make up narratives. *Narrative* is used to refer to a set of stories told by one person that are thematically related. *Storyline* is used to refer to a group of narratives with the same theme.

## Participants

The participants in this study were women with breast cancer who had turned to art therapy, art making or both after being diagnosed. They were recruited in two metropolitan areas—the greater Vancouver area in Canada and the San Francisco Bay Area in the USA—by placing announcements in newsletters and on listserves and by distributing flyers through breast cancer organizations and art therapy programs. Potential participants responded by email or telephone to learn more about the study, establish eligibility and to schedule a time to be interviewed. Women were eligible to participate regardless of time since diagnosis, stage of disease or type of treatment. No differentiation was made between the use of art and craft or between amateur and professional artist. There was no payment for participating in the study.

Of the 25 women who responded, 17 were included in the study. One woman dropped out due to feelings of vulnerability. Seven were not included because by the time they responded, saturation had been reached. The participants' ages ranged from 37 to 82, with an average of 56.5. Nine presented themselves as survivors, four had persistent or recurrent breast cancer and one was not expecting to live much longer. Ten had children; eight were living on their own. At least four had serious financial difficulties as a result of breast cancer. Eleven were from Canada (three had emigrated from other countries) and six were from the USA.

Seven of the women had participated only in art therapy, seven had turned only to their own art making after being diagnosed and three had done both. Nine had little or no experience with art making or art therapy prior to breast cancer. Five were amateur or professional artists before their diagnoses. Although eight of the women reported some negative experiences with art therapy, mainly having to do with premature

termination or inadequate follow-up, the women's reports of art therapy and art making were generally positive. They all said they volunteered to participate in the study so others could know how art therapy and art making can be helpful to women with breast cancer.

### *Data collection*

Data were collected through in-depth interviews conducted by the first author, who has a background in visual art, art therapy and health psychology. The interviews were held at a location of the participant's choice ( $n = 14$ ) or by telephone ( $n = 3$ ). Informed consent was obtained in advance or at the time of the interview. The interviews were 1 to 2 hours long and were audiotaped. Twelve of the women showed artwork during the interview and used it to trigger memories of how art making and/or art therapy were meaningful to them at the time.

The interviews were based on an invitation to each woman to tell her story of art therapy and/or art making in her own words within her own framework of meaning. This was followed by questions for elaboration or clarification. To facilitate narratives that would not automatically conform to dominant narrative patterns of linear coherence and unitary subjectivity, the women were encouraged to tell their stories from multiple emotional angles and to tell partial or conflictual stories if necessary (Bloom, 1996; Gergen & Gergen, 1993; Mishler, 1986).

After each interview, a narrative description was prepared by the first author that included things said before and after the interviews, information about the social context of the interview, and aspects of the encounter that were surprising or otherwise noteworthy. The audiotapes were transcribed verbatim by professional transcriptionists using guidelines described by Morse and Field (1995) and were kept in full verbatim form throughout the analysis.

### *Data analysis*

The goals of the analysis were to create a synthesis of what all the women said and to create meaningful representations of what they meant by what they said. The first goal was achieved with analyses of holistic content (overall meaning) and categorical content (specific topics mentioned) for each interview (Lieblich et al., 1998). Holistic content was derived by

creating synopses and central metaphors for each interview. The analysis of categorical content began with preliminary codes that were gradually refined as coded segments were categorized into storylines. The second goal was achieved with an analysis of 10 exemplar narratives for their narrative structure and meaning in relation to the women's expressed beliefs about themselves, breast cancer, breast cancer treatment and healing (Frank, 2002; Mishler, 1986; Riessman, 1993).

A process of verification was built into the study to ensure validity and reliability: (a) the analysis was driven by theoretical thinking such that ideas emerging from the data were confirmed with new data which in turn yielded new ideas that were confirmed against the data already considered; (b) the procedures were methodologically coherent with the research question; (c) the analysis was iterative; and (d) the fit between the data and the emerging understandings was repeatedly checked by all three authors and the categorization schemes were revised accordingly, moving toward a more robust interpretation and a more complete representation of the data with each revision. Negative cases were identified and examined (Morse, Barrett, Mayan, Olson, & Spiers, 2002). The women's own voices were accentuated and the transcripts were kept intact during the analysis. Correspondence was augmented with a member check with all the participants when the analysis was complete to confirm with them that they and their stories were well represented (Riessman, 1993). The member check was conducted as follows: each participant was sent a synopsis of the findings, accompanied by quotations from her interview that would be used in reporting the study, and was asked for her comments. Sixteen of the seventeen women responded, either by email or during telephone conversations initiated by the first author. One could not be reached. Five said they were satisfied; the others offered minor factual corrections and conceptual clarifications or requested different pseudonyms. All the requested changes were made. Seven women objected to the use of verbatim quotations and asked for words such as 'um' and 'you know' to be removed, arguing that these words are not usually seen in print and therefore give the impression that the speaker is less articulate

than s/he probably is. All such words that could be removed without affecting the meaning of what was said, as well as some repeated words, were removed whether the particular woman had requested it or not. Transferability was enhanced by interpreting the results in terms of abstract concepts (Morse, 1997). Finally, the primary data are available for others to examine.

## Results

Analysis of the women's narratives resulted in four main storylines: (a) Art and Art Therapy as a Haven; (b) Getting a Clearer View; (c) Clearing the Way Emotionally; and (d) Enhancing and Enlivening the Self. The storylines were represented equally in narratives about art therapy and about art making, with the exception of Getting a Clearer View, which appeared more in narratives about art therapy. Stories about maintaining a sense of a unique, valuable and stable self wound through the women's narratives and there was a strong undercurrent of concern about annihilation of the self—for example, by being reduced to only a cancer patient. Art therapy and art making were presented as ways to counteract this annihilation by: (a) reducing feelings of threat to existence; (b) affirming and proclaiming present existence; and (c) enhancing the possibility of ongoing physical and psychological existence.

The following section contains descriptions of the four storylines, illustrated with quotations from the interviews. In addition, an exemplar narrative that brings forward the voice of one of the participants is included to demonstrate the way the storylines were inter-connected (see Appendix A). At her request, one of the participants was not given a pseudonym.

### *Art and Art Therapy as a Haven*

In this storyline, art making and art therapy were presented as a haven where the women took refuge from the cancer storm. The narratives that comprised this storyline appeared in 10 of the interviews. They showed a need for a haven away from the rest of life, where the women could be accepted for who they were, cancer, fear and all, and where they could soothe themselves, give themselves pleasure and attend to their emotional needs. Donna, who was new

to art making, spoke of group art therapy this way:

It was the first time in two months that I didn't think of the cancer. It was the first time that the nightmare had stopped. When I was in there, it just seemed to be like a gentle rain falling on me.

In a similar vein, Serena, a professional artist, explained that art experiences provided a much-needed respite from her 'hurts' and the difficult biographical work of constructing a future as a 56-year-old woman with breast cancer and no health insurance.

The women's moving accounts of the weight of their experiences of breast cancer and the oppression they felt from their treatments reinforced the need for a refuge. By focusing on their pain and overwhelming emotion, they accentuated the comfort, pleasure and relief they experienced in the haven. As they put together their narratives, they described a quality of the haven that touched on a core dimension of meaning making: re-establishing a satisfactory sense of a valuable, unique and permanent self. Whether it was art therapy or their own art making, there was a new-found freedom to let down their guard and show parts of themselves they might otherwise conceal. Even when they expressed terror, shame or anger, they were seen and heard.

A Haven narrative wound through Bonnie's interview. She told and retold stories of finding emotional support through art therapy, making many mentions of losing her identity after her diagnosis and of being dismissed by medical people. The persuasiveness of her narrative was supported by her repetitions and by descriptions of hypothetical dire consequences that would have occurred if she had not had art therapy, for example, 'There was a certain point when it was so bad I thought if it hadn't been for the art therapy I would have stopped the treatment.' She made her case almost as a child would, underscoring her argument that she needed emotional support after her diagnosis because she felt like 'a frightened little child'. In addition to providing emotional support, the individual art therapy program at the cancer hospital let her re-establish a sense of self, using an avenue that kept her from being 'too logical'.

So, it was a way, as I say, of expressing how I was feeling in a very safe environment with an opportunity to be creative. And there was . . . how can I say . . . self exploration? 'Cause I found I didn't know who I was anymore. It was like the person I was before the cancer was gone, and I thought, 'What is my life going to be?' I didn't see a life. I didn't see a future. A lot of the time I just felt I was drowning and the art helped me to stay, you know, not totally submerged.

Bonnie's narrative showed that art therapy gave her more than distraction and comfort. It helped her believe that cancer would not take away her sense of self and her feeling of existence.

### *Getting a Clearer View and Clearing the Way Emotionally*

The two interrelated storylines, Getting a Clearer View and Clearing the Way Emotionally, came from stories the women told about gaining insight and/or resolving emotional pain. These storylines showed the women deliberately *making* clear views of their situations and clear emotional paths for themselves.

### *Getting a Clearer View*

All but one of the ten women who had received art therapy and one woman who used her own art making told stories about making art to see more clearly what they were experiencing. Bessie said art therapy will 'point out to you exactly how you are feeling'. Laura said something similar about her own art making: 'When you start analyzing your painting, you can figure out all kinds of things'.

In some narratives, art was portrayed as a mirror that reflected the women's experience back to them. More often, it was like a lens that could magnify, or a probe that could see past the surface. Sometimes art therapy and art making provided a vantage point for getting a better perspective. When Annie talked about whether art therapy helped her make sense of breast cancer, she said, 'The art puts me in a space where I can start thinking about those things'. When Serena was describing why it was important to keep her own art practice going after being diagnosed, she said art making is 'a way of gathering your feelings', as if the unwieldy array of emotions that come with breast cancer

needed to be corralled to be managed. Serena said she needed to make art to keep track of who she was.

'Seeing' was equated with understanding in this storyline. It sometimes was an end in itself and sometimes led to other things, such as acceptance, resolution, empowerment, healing, decision and reduced fear. Ursula said, 'Once you understand something you lose the fear'. For Hilda, the 'undeniable' truth of her images gave her a shortcut to acceptance: 'It's looking you in the face, so you can't deny that what you have created is what's happening for you, and so you're forced to accept it almost'.

A striking feature of this storyline was the women's absolute trust in what their art revealed to them. To illustrate why she trusted images more than words, Bessie held up a painting she had done in art therapy and said:

I trust this. (R: And why would you trust this?) 'Cause I know it's true! Because it's totally true. It's *there*, you know, like, how can you deny it? It's just *there!* . . . People don't mean what they're saying. You can't always trust verbal cues. (R: But they mean what they paint?) Yes. They do. Yes, they do.

Patricia's 'Clearer View' narrative about two art therapy sessions was particularly poignant. Implicit trust in art was central to the narrative, which Patricia introduced by saying she chose to have individual art therapy because she felt overwhelmed and had a 'strong feeling' she needed to do something creative. She felt she had been 'beaten up' by disease and treatment and betrayed by a body she had been taking care of very carefully since her first breast cancer diagnosis 17 years previously. She was surprised by what her drawings revealed:

It was totally amazing what came out. I had basically drawn almost like I was in a mine shaft or a tunnel. I was like a shaft of light that was not able to get its way out . . . like I really did feel trapped by my health and the problems that I had. It was a revelation to me.

As soon as she saw herself as trapped light, she knew what she had to do—accept chemotherapy even though she had promised herself she would never do that again. She said, 'I was able to make up my mind exactly what I was going to do' and went on to explain that she decided she

should explore ‘every avenue’ for getting better—for the sake of her family’s peace of mind.

Patricia’s narrative cast her as a person who takes care of herself and who considers what is best for her family. Her sharp focus on the key elements of her story echoed the swift and focused effect she said she had from art therapy. She positioned herself as an eye-witness in her narrative and used the words ‘amazed’ and ‘amazing’ again and again, giving the feeling of a power beyond herself that could not be denied:

I never thought, I never presumed, I never imagined that that amount of information would come out of a small drawing that’s on paper. It was amazing how much did come out of that. I was surprised. I was given insight that I wasn’t aware of, which gave me a sense of empowerment, and then I was able to make the decision that I wanted to from that.

### *Clearing the Way Emotionally*

This storyline, which appeared in 12 of the interviews, was derived from narratives about using art making and art therapy to process feelings and release emotional pain. The women demonstrated the importance of this storyline by punctuating their stories with descriptions of ‘too much’ emotion, and of the intensity of their feelings of grief and loss. Several of the women expressed the view that negative emotions could be physically toxic. Galen said, ‘It just sucks up all this energy that could be used for a more wholesome lifestyle. Hey, just the more congested it all gets, it gets more toxic.’ Hilda focused on the importance of freeing herself of old pain about an adopted daughter so she would not be carrying that emotional load while going through treatment.

Some suggested that art making and art therapy helped them work through their feelings by focusing their attention. For others, physical movement was the key. As Meredith showed a mask she had made in a workshop, she said:

You close your eyes, you work with the clay and you make the mask really from the inside out. And then you work with it in terms of directions, you work with it in terms of color, so there’s a lot of movement and this was critical.

The women described ‘expressing’ themselves as a way to ‘release’ or ‘get rid of’ feelings—that were not necessarily about breast cancer—and about forging clear emotional paths for themselves this way.

In narratives about art therapy, expressing emotions led to ‘seeing’ which led to resolving and releasing. But in narratives about art making, releasing came directly from expressing, without the intermediate step of ‘seeing’. Sarah resolved her feelings through quilting without using the quilts to show her what she was feeling, and Laura released feelings physically by pounding clay and crumpling paper, not by creating images of the feelings she wanted to release.

The importance of action and physicality for releasing and moving through feelings was stated most strongly by Laura, a professional artist who grew up around art therapy and who was very ill with metastatic cancer at the time of the interview. Laura used the word ‘satisfying’ frequently as she talked about being physical, rough and destructive with her art. She described herself as someone who does not let her aggression out and thinks she should:

I enjoy doing the kind of *crumpling* and getting out the aggression of crumpling paper or things like that. The hands-on, messy, crumpling, physical part, I really enjoy that. I feel like that’s very healing for me, because it’s like massage, or pounding, or re-shaping. That kind of activity feels very satisfying, like it’s really doing something.

According to Laura, her art accurately mirrored her self, and when the reflection was changed, the self changed, including the bodily self. Her stories about releasing emotions intermingled with stories about seeing more clearly.

The final result mightn’t always be what you wanted or desired, but it tells you different things about what’s going on inside. Even when I was little, or in high school, I’d call my drawings ‘messages from the interior’, you know, and then kind of find out what’s going on with me. I think it’s a good way to get in touch with one’s feelings. Certainly, going through this process, everyone is going to have a lot of feelings. I think, expressing them, and letting them out, and getting to know



what they are, and allowing oneself to go through all the stages, you know, shock and horror, and grieving . . . I mean, you need some way to deal with it, because it's just too much emotion—fear and anger, and all the things that come up. You have to have some way to deal with it.

### *Expanding and Enlivening the Self*

Narratives about Expanding and Enlivening the Self were in 16 of the interviews and were reflected in repeated stories of positive changes in the self that were directly attributed to being engaged in visual artistic expression. The narratives usually began with descriptions of a self deflated by breast cancer and showed this deflation being counteracted by art making and art therapy—as if a diminished self could be pumped up and re-inflated through visual artistic expression. Some women talked about deflation in terms of being broken or damaged, or of feeling robbed. Others talked about being reduced to 'cancer patient'. Gwen said she would have felt she had nothing but 'the damn cancer' without her art.

In this storyline, art making and art therapy counteracted deflation and potential obliteration of the self in four ways: (a) it gave the women something to be proud of; (b) it let them activate more parts of themselves; (c) it connected them to larger forces; and (d) it energized them.

The women's stories of pride displayed a belief in the inherent social value of creativity and often were tinged with regret about not having been involved with artistic creativity until the threat of death gave them the what-have-I-got-to-lose courage to try. Several women told stories about wanting creative expression to be ongoing in their lives. Donna said: 'Now art definitely has a place in my life. I'm learning to nurture that creativity that absolutely everybody has and is an important part in being a healthy, happy person.' Bonnie said: 'I got over the fear of drawing . . . I can say I learned to live again'. She said she had become more creative in all aspects of her life. Gwen told the story of putting art aside while she was a wife and mother but at age 62 meeting an artist in a breast cancer support group and thinking to herself, 'Goddamn, that's what I want to be is an

artist. I want to be able to say that about myself.' At the core of these narratives was the profound gratification of making things that were meaningful to others.

The women's stories about using more parts of themselves focused on activating spiritual and intuitive dimensions. In explaining how art therapy helped her open up 'deeper' parts of herself, Patricia said, 'You're touching maybe an inner aspect of yourself, maybe a spiritual part of yourself . . . There's an expansion that takes place.' Brenda described picking up the pieces of her 'broken' self and using art to put herself back together as 'a more me, me' that was less superficially practical but was deeper and more reliable. Heather elaborated on the necessity of activating these deeper dimensions:

[The] pathway [art therapy] gives you into your ability to heal yourself is just so profound and so valuable and so important in self-healing because it opens a connection with yourself that is intuitive and not necessarily conscious. It opens that pathway that allows you to use additional channels with which to heal yourself. The allopathic part is only a little part of healing, of getting you better.

The women's stories about using art to connect them to larger forces were about social energy, creative energy and the energy of archetypes. Especially for those who were living on their own, their stories made it seem that it was crucial to experience themselves as part of something larger and to draw from external energy sources. Meredith told stories about using art making, group art experiences and Jungian archetypes to keep from 'collapsing in' on herself. In Serena's narrative, art making connected her to the vast creative energy that exists in the 'ether' and in this way pulled her out of her mundane concerns, engaged her with life and gave her hope. In some of the narratives, helping other women with breast cancer was the road to social connectedness. Sarah, Meredith, Ursula and Brenda all told stories about realizing personal benefits from art therapy and art making and very quickly extending these to other women.

Many of the women told stories about being energized by art making and about using this as an antidote to illness and the threat of death.

Galen said, 'The colors kind of revitalize, and keep things charged up. I mean, there's a vitality perceived from the colors.' Gwen called art a 'lifesaver' that kept her cancer away. Hannah talked about using art to activate 'life force', to keep her whole self alive and to keep from getting swallowed up by 'Cancer World'. She described *life force* by saying:

I don't know what it is, but you know it when you see it. Whatever it is, you can feel it. You feel when your energy is high, and you feel when it's diminished. And, sometimes, illness diminishes it, and sometimes stress diminishes it, and when you get old, it's diminished. When you're getting closer to dying, it diminishes.

Hannah made the point that art is something people can do even when illness has made it impossible to do other things they may have been accustomed to doing to feel alive and whole. Lily, who was 82 at the time of the interview, talked about the vitalizing powers of the entire art world, including art magazines, exhibitions and other people's art. She had experienced other major medical problems prior to her cancer diagnosis. Her narrative was not about introspection, fear or turning inward to process feelings. It was about excitement and energy. It gave the feeling that art was a train she could ride knowing it would keep going forever, always taking her to new places. She said she simply wanted to keep going with her life and that her involvement in art gave her a reliable way to do this:

[Art] fills a life. It fills it up so much. And you never know, in a way, what's coming next. And there is going to be something coming next. There's always something new evolving, it isn't static. It's something that's going on and on.

## Discussion

The findings of this study reveal 17 women's understandings of how art therapy and art making helped them as they went through breast cancer. The four storylines portray an intricate array of mechanisms for maintaining a sense of a valuable, unique and permanent self, for mobilizing personal resources and for experiencing meaningfulness. They give a special ring to the term *meaning making* because they show meaning making being

achieved through physical acts of *making*. They highlight qualities of visual artistic expression that distinguish it from spoken verbal expression as an avenue of psychosocial support for women with breast cancer, especially with regard to expressing emotions, allowing an interplay of an inward and an outward focus and affirming existence. In the storylines, visual artistic expression is presented as something that: (a) promotes emotional expression; (b) permits trust in what has been expressed; (c) facilitates personalized expression and resistance to disempowering discourses; (d) brings a sense of personal worth; (e) provides intrinsic motivation through its aesthetic dimension; and (f) brings a feeling of connection with a larger whole.

A core concept in art therapy is that emotions that would or could not be expressed in words can be expressed in images (Naumburg, 1966). The narratives about non-verbal expression taking the participants past the surface and opening up unexpressed parts of themselves reinforce this concept strongly. They echo the findings of a focus group study related to this study in which fostering emotional expression emerged as a primary therapeutic objective for art-based psychosocial support services for women with breast cancer (Collie, Bottorff, Long, & Conati, 2006). The storylines illustrate the value the women put on 'expressing' and 'releasing' emotions in their own right and as the precursors to 'seeing', 'understanding' and 'resolving'. These five experiences were tightly intertwined. In this way, visual artistic expression was portrayed as a vehicle for having, using, releasing and showing emotions.

The importance the women gave to experiencing difficult emotions clearly and expressing them freely supports the idea that painful feelings caused by a disruptive event are an important fuel for meaning making (e.g. Arciero & Guidano, 2000). This is in keeping with the theoretical underpinnings of the widely used Supportive-Expressive model of psychosocial support for women with breast cancer, in which the expression of a full range of emotions is encouraged (Spiegel & Classen, 2000), and with research showing the benefits of emotional expression for people experiencing major physical illnesses (e.g. Smyth, Stone, Hurewitz, & Kaell, 1999) including women with breast cancer (Iwamitsu et al., 2003; Stanton et al., 2000).

The similarity between the women's narratives about art therapy and art making was striking. This similarity does not suggest that art making in complete isolation could be helpful, because the women who were making art without the guidance of art therapists all had someone who received and witnessed the art—they were all making art that would be given to loved ones, exhibited or sold. The similarity does suggest that the reception of what is made, whether by a therapist or someone else, could be delayed, and that there may not need to be someone present during the art-making process for the process to be beneficial.

Meaning making in relation to major illness is frequently discussed in terms of self-transcendence, that is, experiencing meaning beyond the self (e.g. Coward, 1990), often with reference to Frankl's (1966) theories about meaningfulness and self-transcendence, which are based on the idea that every situation, no matter how dire, is an occasion for meaningful moral choice, provided the person has a sense of purpose. The storylines portray art therapy and art making as ways to maintain a sense of purpose and to experience meaning beyond the self.

The findings of this study bring forward the possibility that having an outward, possibly altruistic purpose may facilitate an inward emotional focus, while also fostering social interaction. A woman who may not feel pulled to explore her emotions for her own sake may find that making art for others provides her with an acceptable vehicle for gathering her feelings, experiencing her emotions and gaining insight in the process, while experiencing a self-transcendent sense of purpose, social connectedness and value in relation to others. For women who are making art on their own, an altruistic outward focus may protect them from the danger of too much self-focus. This is in accord with Dreifuss-Kattan's (1990) claim that for self-repair through creative expression to be successful after cancer, whatever is created needs to be witnessed and received by someone else and with her warning that if there is not a receiver for what is made, art making can cause a focus on the self that increases rather than decreases feelings of isolation.

Above all, the four storylines show the women using art therapy and art making to affirm their existence as strong psyches within

threatened bodies and to counteract the potential annihilation of their former selves. In *Art and Art Therapy as a Haven*, the women use art therapy and art making to affirm their present existence and to have temporary protection from a looming threat to existence. Getting a Clearer View shows the women bringing their experience into clear focus and making it visible and concrete—as if to give a feeling of 'I exist. My existence has not been taken away.' In *Clearing the Way Emotionally*, artistic expression is necessary as a simple assertion of existence. *Enhancing and Enlivening the Self* is about fortifying the self against the threat of annihilation and promoting continued psychological and physical existence.

The centrality of affirmation of existence to the findings is in keeping with Malchiodi's (1997) understanding of activist art work made by women with breast cancer, who she claims use their artwork to proclaim their existence and say 'I am here'. When seen in this light, the goal of art therapy and art making in relation to breast cancer is less to help a woman resolve emotional difficulties and more to help ensure her continued existence as a psyche within a body, no matter what happens to the body, and to maximize her belief in this existence. Self-expression was given importance in the storylines, but less for the sake of seeking narrative coherence, as might be expected from descriptions of verbal cancer narratives (e.g. Yaskowich & Stam, 2003), than for fortification of the self and narrative expansion.

The findings of this study need to be considered in light of several limitations. Although the 17 women were diverse in socioeconomic status, age, country of origin and attitudes about art making and art therapy, there were no women from some of the major ethnic groups in the two regions represented in the study. For example, there were no Black, Hispanic or Asian women in the study. To gain a deeper understanding of visual artistic expression in the context of enhancing psychosocial support services for women with breast cancer, it will be necessary to hear from women with other backgrounds.

This study is significant for the detailed view it gives of how 17 women with breast cancer understood visual artistic expression (in the form of art therapy and art making) to be

helpful. The women portrayed visual artistic expression as a flexible avenue for addressing multiple psychosocial needs simultaneously. The study illuminates an understudied avenue of psychosocial support for women with breast cancer. Through the examination of art making in addition to art therapy, it highlights qualities of visual artistic expression that distinguish it from other formats for providing psychosocial support—qualities that could be harnessed to increase availability of support services to women with breast cancer.

### **Appendix A: Exemplar narrative: Sarah**

Sarah's narrative illustrates all four storylines. Sarah had done a bit of quilting previously but began quilting in earnest after being diagnosed with breast cancer. In this narrative, Sarah starts quilting to take her mind off her distress (Art and Art Therapy as a Haven). As she gets more involved, quilting continues to be a haven where she can experience comfort and pleasure, but it takes on other meanings as well. It lets her see her feelings and the reality of her situation more clearly. With the door of her work-room closed to the world, she quilts to work through painful emotions. She thinks 'very, very strongly' about her life, 'comes to grips' with what is happening to her and, having cleared the way emotionally, forges a new path that will let breast cancer be a positive part of her life (Getting a Clearer View and Clearing the Way Emotionally). Quilting opens up a creative dimension to her life that she values, even before she begins designing her own quilts, and shows her that cancer has not 'taken everything' from her. Not only does quilting prevent her from feeling diminished, it expands her sense of self. She is a quilter, not a cancer patient. She experiences herself as a creative person with something valuable to offer to others and finds herself doing things she would not have had the patience to do even a few months earlier. Quilting connects her with a larger community of women with breast cancer and ultimately takes her into the public sphere where she uses quilting to 'make a difference' (Enhancing and Enlivening the Self).

Sarah's narrative was like her quilts. She constructed it with tenderness and precision,

putting every piece in its place. Although there was deep emotional pain at the core, overall it was a comforting narrative that began with a small inkling of personal healing and expanded to cover her entire sense of self. By the end of the narrative, quilting had taken Sarah to a level of confidence she never expected to have. After the interview, she said she had become a breast cancer spokesperson and advocate.

In her narrative, Sarah convinces the listener of the depths of her pain and of the healing power of quilt making by telling her stories as an eye-witness who watched, often with surprise, as the story unfolded, as if the healing benefits came from a source larger than herself, and by presenting verification in the form of consequences of the quilting events she recounted. The narrative shows how quilting was a good fit for Sarah's personality and values. It allowed her to feel and process her emotions privately, while doing something for others. The following excerpts are from different parts of Sarah's interview.

I was diagnosed about four years ago. I am the sort of person that pushes my own emotions underground and takes care of everyone else and that's precisely what happened. Underneath it all, I have a lot of anxiety, a lot of fear. I had been quilting for a few years, just making small items. . . . I decided when I was diagnosed and I found out that I needed to have chemotherapy almost immediately that I would make myself a bed-size quilt. I thought it would be a good project and it would keep my mind busy and off of my fears. I found a very simple pattern and started making a block, a 6-inch block, before my treatments and I found that the days that I did that I felt so much better when I arrived at the hospital. I got through the treatment with very little anxiety. It brought serenity and peace and just a very calm feeling to me.

By the time my chemotherapy was over, I had completed a quilt and had started on a second one. And I found that my color sense was changing. As my quilts grew more complicated, so did the colors that I chose. And my second quilt . . . I chose the pattern out of a magazine that was truly ugly and that the women at the quilt shop thought was incredibly ugly. But when I brought it back to show

them when it was done, they couldn't believe it was the same thing, because I'd done it in completely different colors. So I had started not designing my own quilts but at least choosing my own colors.

It just made me feel good. I was still in treatment at that time and . . . when I took that quilt to show those women, I didn't have breast cancer anymore. I was a quilter. I was speaking to them one-on-one and they were admiring something that I'd made—that a few months ago I wouldn't have had the patience to . . . play with these little tiny scraps of fabric and sew hundreds (laugh) of little pieces of fabric that I'd cut up back into something that was a quilt. It was really encouraging to me. It made me feel like I could do something, that perhaps breast cancer hadn't taken everything from me. I gained a new skill, which I think eventually became a way for me to express myself in an artistic way.

Shortly after that, I was given a test—that the results were not true, but I was told at that time I had about nine months to live. I was offered another test just to confirm this diagnosis, but unfortunately I couldn't get in for over a month. So I had that period of a month where I truly believed I was going to die. I started quilting with a passion. I quilted furiously for that time and by the time I did get the second diagnosis, which proved that I was going to live, I was in really bad shape emotionally. I kept waiting for the other shoe to drop. I always had this feeling that something else would happen.

Shortly after that there was a lump in my breast and I had to have another biopsy and that set me into more fear. It seemed to me that my life would never ever be the same again, that life would never feel normal and I was really in despair. I thought I needed to do something physical and so I decided to take a yoga class. One day during the meditation, I saw colors swirling in my head. I always saw colors when I was meditating, but this was very, very distinct colors. It was purple and teal and they were swirling together almost like eddies of water. By the time I walked home—it was just up the street—I'd designed a quilt. I went that afternoon to the quilt shop, and there was that fabric with the purple and the teal and the swirls of color on it. I started

quilting that day and within two weeks I'd finished the quilt from first snip to last little needlework, and I really worked through all the issues that I was suffering over. I decided that, well maybe my life will never be the same as it was, but my life now had, I thought, more meaning and that my feelings were much stronger and that it was perhaps time to put this emotion and this feeling to good work. I decided that somehow I would try to make a difference, that breast cancer was part of my life and so be it—that I would find some way to make it a positive part of my life.

All the time I was sewing on the quilt I was thinking about things. I do that anyways when I'm quilting, I still do that, but it was particularly intense. I have a pretty understanding husband and I just locked myself in there, in my work-room, for that two weeks and just as I was sewing the quilt I was thinking very, very strongly about my life and how it had changed and how, yes it will never be the same again, but it is more meaningful and it just helped me spring from one step of the grieving process to another.

While I'm quilting, I'm almost in a different world. Sometimes I'm working through things that are difficult and other times, it's coming to grips with things about life, and how I feel about having had breast cancer.

I made a quilt for the hospital for their chemo department because that's where I got my treatment and I had wonderful treatment. I took the idea to a support group that I was going to and I asked the women what had brought them comfort through their treatments. It boiled down to the thing that brought most of the women comfort was to actually be amongst other women who had gone through the same journey. So I took squares of fabric to them and had them write their thoughts down. I designed a pattern and I put hearts between everyone's story because there was so much love in it, and I did it in very soft greens and pinks and blues, and presented it to the doctor and the staff. We invited all the women who had contributed to the quilt and they all got to see it be hung there, and it was lovely. It was a really nice experience. All those women felt very proud. It made me feel like I was paying something back for the treatment that I'd got and also

including all these other women who had made this same journey.

Just recently, I made another quilt, which is hanging [in another hospital]. I got to include a lot of women in those two projects and it really was satisfying—very, very satisfying to me to do that. I was incredibly moved that something I'd made to help myself helped somebody else. That was really powerful. I just felt so good after that.

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