

**Exploring Experience Through Dolls:
How Three Women Living With Cancer Used Doll Making to Tell Their Stories**

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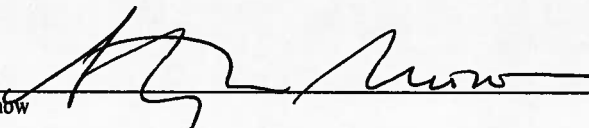
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Abstract

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The purpose of this study was to explore how therapeutic doll making could give voice to the subjective experience and facilitate personal storytelling for 3 women living with cancer in the post-treatment period. Participants attended a full-day workshop in which they created a doll and explored its significance. This experience was followed by individual open-ended narrative interviews, conducted 2 weeks later. Qualitative analysis of interview transcripts uncovered five themes: *Reflection of Sense of Self*, *Reflection of Experiences*, *Positive Modeling*, *Ongoing Purpose*, and *New Beginnings*. The themes indicated that the dolls provided a container for exploring past experiences and future possibilities, and created opportunities for personal validation and inspiration. The results of this research indicate the potentials of doll making and storytelling with this population.

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This thesis is dedicated to my amazing mum, who inspires me every day in so many ways.

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This inquiry was written about a full-day therapeutic doll making workshop for post-treatment women living with cancer at a non-profit psychosocial cancer support centre that is based in a major local hospital. Approval was received from the local hospital ethics board that oversees all research conducted within the local health network to conduct a qualitative narrative inquiry into the use of doll making with women living with cancer. My goal was to explore how women living with cancer used doll making to explore their stories and experiences with cancer. In the two weeks following the workshop, I facilitated open-ended narrative interviews with each of the women about their experiences with doll making in the workshop and afterwards. The major themes of the women's discussions of the impact of the doll making process and of the significance of their doll were distilled through qualitative analysis. This method of inquiry was chosen so that I could give voice to the personal experiences and stories of women living with cancer from their own subjective perspectives.

The impact of diagnosis and treatment, as well as concerns about quality of life, both emotionally and physically, persist long-after treatment for cancer has finished (Tesauro, Rowland & Lustig, 2002). The post-treatment period is often a time of anxiety and vulnerability (Slakov & Leslie, 2003). At the same time, the post-treatment period is frequently one of benefit finding, self-discovery, and prioritizing of the self (Oxlad, Wade, Hallsworth, and Koczwara, 2008). People living with cancer generally report a desire for validation of their fears, permission to explore new possibilities, and empowerment to become reconnected to their bodies (Magee & Scalzo, 2006). Collie, Bottorff, and Long (2006) found through narrative inquiry that art therapy facilitated clarity of thought and self-exploration for women living with cancer, while Öster,

Åström, Lindh, & Magnusson, (2009) found that art therapy helped women living with cancer to give shape to abstract emotions and to explore internal conflicts about their experiences. While therapeutic doll making has been described as having potential in adult oncology (Hastings, 2003), no studies or articles could be found that describe the experience of doll making from the perspective of a person living with cancer.

I hope that giving a voice to these women's experiences will contribute to greater understanding of the experience of living with cancer after treatment. I also hope to promote consideration of the potentials of different methods of art therapy, including the use of traditional crafts, such as doll making.

Literature Review

Cancer in Canada

Worldwide, cancer kills more people every year than AIDS, tuberculosis, and malaria combined, and is second only to heart disease as the leading cause of death in developing countries (American Cancer Society, 2007). In Canada, it is the most common cause of premature mortality (Public Health Agency of Canada, 2004). In 2010, the Canadian Cancer Society (2010a) estimated that by the end of the year, 173 800 new cases of cancer would be diagnosed, and 76 200 people would lose their lives to cancer. The previous year, it was calculated that 40% of women and 45% of men in Canada will be diagnosed with cancer in their lifetime, and approximately a quarter of them will die from the disease, taking into account that survival rates vary drastically between different types of cancer (Canadian Cancer Society, 2010a). The provinces of Quebec and Atlantic Canada hold the highest rates of cancer incidence and death rates, compared to the rest of Canada (Canadian Cancer Society, 2010b). Breast, lung, prostate, and

colorectal cancer account for more than half of these cases (Canadian Cancer Society, 2010b).

The risk of developing cancer increases with age (American Cancer Society, 2007). As Canada's population continues to age and grow, the incidence of cancer diagnosis will steadily increase, as will the number of cancer-related deaths (Canadian Cancer Society, 2010b). However, Statistics Canada indicates that while more people are being diagnosed with cancer, more people are also living longer and surviving cancer (Ellison & Wilkins, 2009). This means that the prevalence rates of the number of Canadians living with cancer are increasing. As a result, there is an ever-growing demand for cancer care services in Canada (Ellison & Wilkins, 2009).

Post-Treatment Challenges in Living with Cancer

Diagnosis and recovery from cancer treatment is generally considered to affect and rely on five areas of patient functioning: physical health, emotional health, social functioning, vocational functioning, and relationships with partners and family members (Feigin et al., 2000). However, the impact of diagnosis and treatment on physical, psychological, and emotional health persists well into the post-treatment period (Tesouro et al., 2002), when patients are no longer actively receiving treatment and are learning how to live with cancer. Quality of life concerns after treatment include physical functioning, social problems, spiritual issues and psychological concerns (Meneses et al., 2007). The post-treatment period is often an "unanticipated challenge" (Slakov & Leslie, 2003, p. 6) for people living with cancer. After treatment, as regular medical contact begins to decrease, patients report feeling alone, lost and apprehensive in the face of their future (Oxlad et al., 2008). Sægrov and Lorensen (2006) stress that in lieu of the multi-

faceted challenges faced by post-treatment patients, that post-treatment care should be a priority, focusing on improved quality of life and treating symptoms while enhancing a sense of security. Quality of life needs to be considered not only during cancer treatment, but long after (Tesauro et al., 2002).

Getting through cancer treatment is often achieved with a single-minded focus that results in a disappointing and anticlimactic finish (Magee & Scalzo, 2006). Women living with cancer in Slakov & Leslie's creative post-treatment group described "a gulf" between the relief that they expected in the finishing of their treatment and the anxiety and fear that they encountered (2003, p. 6). Magee and Scalzo (2006) describe a period of limbo between the identity of 'patient' and 'survivor'. In the post-treatment period, people living with cancer need the space and permission to reorganize their identities and face their new experiences of vulnerability and loss of the familiar (Slakov & Leslie, 2003).

There is a tendency for patients to steadily withdraw from friends and family when the burden of staying positive becomes exhausting (Slakov & Leslie, 2003). The commonly promoted need to be strong during treatment means that negative feelings are tucked away, only to resurface and flood the patient after treatment (Magee and Scalzo, 2006). Cordova, Cunningham, Carlson, and Andrykowski (2001) caution against the common notion that positive change and a positive attitude are vital (and in many cases expected) for people living with cancer. However, the ever-present societal hype to stay positive leaves many patients fearing that negative thinking will thwart their recovery (Magee & Scalzo, 2006). Post-treatment patients commonly develop anxiety disorders

(Magee & Scalzo, 2006), depression, and other symptoms of post-traumatic stress (Tesauro et al., 2002).

In a qualitative study on women living with breast cancer, Oxlad et al. (2008) describe a fear of recurrence of the cancer as being the primary concern of patients completing treatment. Although, they may no longer be feeling physically ill, people living with cancer frequently have difficulty trusting their health (Magee & Scalzo, 2006). Treatment creates reassurance in the knowledge that the cancer is being actively addressed. However, after treatment ceases, patients report feelings of paranoia about their health with constant worries that the cancer is out of control (Oxlad et al., 2008). Fear of recurrence is generally the highest in the first post-treatment year and is frequently coupled by a fear of stress and subsequent inability to maintain a sense of well-being (Magee & Scalzo, 2006).

Sometimes, for women living with cancer, intimacy issues abound as a result of loss of libido caused by treatment-induced menopause, and insecurities over their physical attractiveness (Oxlad et al., 2008). Intimacy problems can also contribute to misunderstandings, communication problems, and complications in redefining relationships in the post-treatment period (Juraskova et al., 2003). If treatment has in any way altered their physical appearance, women frequently develop fears about forming intimate relationships in the future (Oxlad et al., 2008). For women, cancer treatment can challenge perceptions of femininity, especially when the treatment leads to infertility or alteration of the body, increasing the risk of poor body-image and low self-esteem (Juraskova et al., 2003).

Juraskova et al. (2003) also report a tendency among clinicians to overestimate their patients' knowledge of their anatomy, leading to unexplained surprises, and unanticipated side-effects. Treatment-induced menopause in women can also cause hot flashes, which affect sleep patterns and contribute to fatigue (Lavigne, Griggs, Tu, & Lerner, 2008).

One of the most common side-effects of chemotherapy, which may persist long into the post-treatment period and sometimes permanently, is brainfog, also known as 'chemobrain'. Brainfog is a treatment-induced loss or deterioration of cognitive functioning, and was only recently medically recognized (Boykoff, Moieni, & Subramanian, 2009). While cognitive behavioural therapy has been found effective in increasing cognitive functioning in mild cases of brainfog (Ferguson et al., 2008), difficulties with cognitive functioning accompanies a host of life-style adjustments and the psychosocial difficulties that result. In their qualitative study, Boykoff et al. (2009) found that a general decrease in the ability to retain and process new information left people living with brainfog feeling panicked and frightened. Hopelessness, embarrassment, and helplessness were exacerbated by a loss of independence, fear of forgetting things, and a diminished ability to perform daily tasks such as remembering to pay bills or follow directions when driving.

While Lavigne et al. (2008) argue that people living with cancer do not suffer professionally as a result of their past diagnosis, Boykoff et al. (2009) found that people living with brainfog experienced reduced opportunities in the workplace as a result of their diminished efficiency and poor focus. Acknowledging the cognitive deterioration often increases stress levels, leading to even poorer work performance. Economic stresses

and fear of financial instability are common for many people living with cancer (Tesauro et al., 2002). Boykoff et al. (2009) call for increased awareness and support of the economic challenges of the post-treatment period as well as the emotional and psychological ones.

Despite the above-mentioned fears and problems, Oxlad et al. (2008) reports that people living with cancer in the post-treatment phase have a strong tendency towards self-growth and benefit-finding. These behaviours include becoming more social and compassionate, and desiring to live life to the fullest (Oxlad et al., 2008). Among internet support groups, survivors of cancer make up the majority, offering emotional support, encouragement, and information to those who have been recently diagnosed (Blank, Schmidt, Vangness, Monteiro, & Santagata, 2010). Additionally, people living with cancer often report a strong desire to learn how to take better care of themselves, to try new things, and to take more pleasure in their lives (Oxlad et al, 2008).

In their study on post-traumatic growth following breast cancer, Cordova et al. (2001) describe the potential of “extreme life events” (p. 181) to become positive psychosocial change factors. In general, they found breast cancer survivors to report improvement in their relationships, spirituality, and appreciation for life. Additionally, they found that the perceived subjective threat of the cancer was a more powerful predictor of growth than the actual severity of the cancer. Cordova et al. (2001) also report that the posttraumatic growth of their participants was unrelated to their stress or depression levels. This validates the potential in even the most distressed post-treatment patients to create meaning and find benefits in their experiences.

Emotional Expression, Emotional Support, and Positive Health

In general, emotional expression is a key contributor to coping, by decreasing isolation, validating stressful experiences, and working through strong emotional reactions (Spiegel & Kimerling, 2001). Talking about the experience of cancer with others allows patients to integrate their experiences, find belonging, and experience the positive effects of altruism, while engaging interpersonally (Cordova et al., 2001). Interpersonal emotional support has been rated the most desired form of support by people living with cancer and is a strong determinant of a person's ability to live with cancer while maintaining a positive social environment (Helgeson & Cohen, 1996). People living with cancer who receive positive social support experience less mood disturbance than those who experience social stress, even when taking into account a worse prognosis or more severe physical pain (Koopman, Hermanson, Diamond, Angell, & Spiegel, 1998).

Furthermore, Han et al. (2005) report that satisfaction with the level and quality of emotional support is positively correlated with satisfaction in medical care. People living with cancer who have emotional support are more likely to ask questions, become active in their recovery, and encounter fewer problems in their medical care. Appropriate psychosocial support that facilitates emotional expression and the validation of experiences can lead to more positive health behaviours and adherence to medical advice (Spiegel & Kimerling, 2001). Spiegel & Kimerling (2001) also argue that the stress-regulation that is associated with emotional expression and psychosocial support positively affect the endocrine system and boost the immune system.

Art Therapy in Cancer Care

Hiltebrand (1999) describes imagery as “the container which carries perceptions from body to mind or mind to body” (p. 121). Art therapy can forge a connection between physical and mental health by resolving trauma through self-expression while providing a concrete record of progress and facilitating a sense of control and artistic mastery (Borgmann, 2002). Art therapy allows people living with cancer to regain autonomy through expression that is both safe and authentic to the self and its experiences. Image manipulation facilitates the creation of boundaries and allows patients who may previously have felt helpless to feel like active participants in their health (Hiltebrand, 1999). Matho (2005) describes how even with limited physical capacities, a woman living with breast cancer felt empowered in her body by using the skills and physical strengths that she possessed to express herself and found pleasure in art materials. Borgmann (2002) illustrates the significance of visually representing a personal journey and future life potentials for a woman living with cancer who was having difficulty readjusting to her changed life after treatment. Art making allowed her to visualize possibilities and accept changes. Art therapy in a group setting adds an element of social support and facilitates the practicing roles and relationships (Liebman, 1986). It can be described within a supportive-expressive model, where participants are “encouraged to confront their problems, strengthen their relationships, and find enhanced meaning in their lives” (Butler et al., 2009, p. 582).

In designing and testing their ten-week structured art therapy program for people living with cancer post-treatment, Luzzatto and Gabriel (2000) led their clients through media explorations, and structured interventions to develop personally meaningful

imagery that reflected their internal experiences. They found that people in their course were able to recognize their positive potential through art making and to increase their self-awareness. Additionally, participants reported a greater ability to integrate both the positive and negative aspects of their personality into themselves, while feeling respected and accepted. Even more vital to the post-treatment phase, participants reported that they experienced a sense of freedom (Luzzatto & Gabriel, 2000). In a different post-treatment program for women, Slakov and Leslie (2003) aimed for art making to facilitate self-care, coping with anxiety, and active participation in the healing process. Women in this group reported that art making provided them the calmness to explore their experiences with cancer and to live in the moment, while connecting to others in a supportive environment.

In both qualitative and quantitative studies, art therapy has been found to be highly successful with people living with cancer, both in treatment and in post-treatment periods. There is a wide variety of literature that explores the potentials of art therapy with this population based on a wide range of measures of success, in both group and individual settings.

For people living with cancer and undergoing treatment, art therapy has been found to provide measurable symptom relief. Nainis et al. (2006) set out to determine the potentials for art therapy with in-patients in a pilot study that explored the measurable effects of art therapy on distinct physical symptoms. This hypothesis was based on the assumption that art therapy can increase self-awareness and improve adaptation to stressful and traumatic circumstances. This study used a non-directive approach and measured anxiety, nausea, depression, fatigue, and pain immediately pre and post session. The results were significant decreases in all adverse symptoms on a short-term basis. In a

more in-depth quantitative study on symptom reduction, Bar-Sela, Atid, Danos, Gabay, and Epelbaum (2007) found that art therapy improved both depression and chemotherapy-induced fatigue in people living with cancer. This study created a control by comparing an intervention group of patients who attended sessions regularly with a participant group of patients who attended sporadically and infrequently. Despite the self-selecting nature of these groups, which placed certain limitations on the study, Bar-Sela et al. (2007) did achieve their goal of justifying art therapy as worthy of further study in cancer care.

Quantitatively proven, art therapy has been most successful in improving quality of life (QoL) in people living with cancer. In a randomized, controlled trial, Monti et al. (2006) combined the principals of supportive group therapy with mindfulness-based stress reduction and art therapy to decrease symptoms of distress and improve QoL. This study attributed its success to the sense of control that mindfulness-based art therapy facilitated, and the opportunity for creative expression that was facilitate by the mindfulness practice of self-awareness. Monti et al. (2006) also attributed group cohesion and bonding within the group environment to the success of their study.

One of the most revealing studies on the impact of art therapy on QoL for people living with cancer was a combined quantitative and qualitative study that examined the same research group from the perspective of different measures. Svensk et al. (2009) found individual and mostly non-directive art therapy to improve QoL and related general health in a randomized controlled study with women diagnosed with breast cancer. The same group of women kept ongoing journals during the course of therapy, participated in follow-up interviews, and completed questionnaires (Öster, Magnusson, Thyme, Lindh,

& Åström, 2007). Qualitative analysis found that art therapy enabled the women to examine and redefine their personal boundaries, and helped reclaim time and space in the face of external demands. Additionally, the women in this study reported being able to explore their experiences of cancer as potential opportunities for personal growth. They described art therapy as a tool for building resilience. Thematic analysis of the artwork uncovered themes of reconnecting to the body, moving forward after boundary and bodily violations, and being able to acknowledge and accept the experience of conflicting emotions (Öster et al., 2009). The safe container of the artwork and the therapeutic space allowed them to give shape to their abstract emotions and to define themselves as proactive contributors to their own journey (Öster et al., 2009).

Qualitative studies are the most revealing for the personal significance that is derived from art therapy and art making. In their foundational pilot study, Gabriel et al. (2001) found that art making helped patients awaiting bone marrow transplants to feel less isolated. This was done by helping them create images that reaffirmed positive feelings, by visually and thus emotionally resolving feelings of distress and fragmentation of the self, and by exploring spiritual concerns and fears that were difficult to express verbally. In these cases, the therapeutic relationship with the art therapist in combination with art making helped to facilitate these explorations and transformations.

The significance of the therapeutic presence is stressed by Collie et al. (2006), who conducted a narrative inquiry into the significance of art making, both recreationally and in therapy, for women living with breast cancer. They found that while recreational art creation allowed for cathartic release of emotions, it was only in the therapeutic setting that the artist was able to achieve reflective distance from their art. This means

that the women were able to reexamine and transform their experiences before achieving catharsis. Collie et al. (2006) also found that art therapy facilitated the creation of a sense of self separate from diagnosis. Art was a “haven” (p. 765) where the women could begin to redefine their identities. Art therapy helped women living with cancer to clarify their thoughts and feelings, focus their attention, and achieve a sense of looking forward (Collie et al., 2006). Collie et al. (2006) describe the process of artistic expression as one that “facilitates...resistance to disempowering discourses...and...brings a feeling of connection with a larger whole” (p. 769).

Transformative Experiences Through Creativity

The ways with which perceptions are formed are vitally related to the forming of actual experience (Caldwell, 2005). In a qualitative inquiry into the significance of personal art work to women living with cancer, Reynolds, Lim, and Prior (2008) describe the storying process that women undertook when reviewing their artwork. They found that their creativity had allowed them to persist with ongoing personal developments despite deteriorating health. From these stories, participants were able to see “continuity of self” (p. 216). This means that their art making process allowed them to uncover elements of their selves that persisted despite their experiences with cancer (Reynolds et al., 2008). In her article about combining narrative therapy and expressive arts techniques to make meaning from life stories with older adults, Caldwell (2005) explains how the techniques and materials that the art therapist provides are an integral part of the ways with which the personal story can be re-experienced. This process of remembering and re-experiencing with newly discovered meaning is described with the term *re-authoring* (Caldwell, 2005).

In art therapy, these principles of form and material in combination with the therapeutic alliance permit difficult subject matter to be contained within the art work (Long & Chapman, 1993, as cited in Appleton, 2001). However, Roje (1994) argues that form is also vitally important to the creation of metaphor and the exploration of meaning, and that often the content of an image is deeply imbedded in its formal qualities. She argues that the “consciousness is manifested not only in the content but also in the form” (Roje, 1994, p. 385). This is highly relevant in any art therapy directive, such as doll making, where the formal qualities of the work are inherently linked to the meaning that the image conveys to the creator, and the subsequent transformative stories that they tell. Kaufman (1996) writes of the formal significance of the box as a creation of separate space in her personal journey of grieving. The function of the box to create boundaries, enclose, and contain, as well as the process of placing items in boxes, and exploring the space inside and outside the box, were vital in the transformative experience that allowed her to move through the grieving process (Kaufman, 1996).

In discussing the use of art therapy to resolve trauma with adolescents, Appleton (2001) describes the process by which meaning is spontaneously revealed in artwork before the artist has consciously realized it, therefore giving the artwork a powerful role in realizing the transformative experience. The creative process enabled her clients to mourn their losses, and in doing so, examine the resources that they still possessed. This empowering process freed them to safely examine their values, abilities, and concerns for the future, and essentially re-story their experiences to make meaning and to move forward (Appleton, 2001). Engagement in this creative process creates a sense of focus and inner equilibrium that allows the art therapy client or patient to begin connecting to

their personal experiences (Kossak, 2009). This process is similarly explored in a qualitative study by Reynolds (2002), who examined how textile arts help people living with chronic illness develop coping skills. The participants in this study describe the experience of 'getting lost' in their work and achieving focus. Doing so helped them to transform "the empty present" (p. 102) into a time of accomplishment, mastery, and pleasure, thus giving a sense of purpose to the future.

McNiff (1992) describes the ongoing process of transformation that can occur in art therapy when the creator enters into a 'dialogue' with the image. To dialogue is to open oneself to the subjectivity of the image that has been created. In therapy, dialogue occurs in the presence of the therapist, who ingests the material that the client is describing and exploring, and conveys it back to them. Transformation of the concept of experience occurs in each of these exchanges (McNiff, 1988). In other words "the 'spewed-out' material is transformed into a form of food that is 'digestible' and therefore meaningful" (Case & Dalley, 2006, p. 139). By adding art to this process, the therapist and client have an additional presence with which to dialogue, and the single relationship between the client and therapist can expand (McNiff, 1988). The therapeutic relationship in art therapy allows the image to convey different and evolving meaning to its creator as the therapy process is worked through (Case & Dalley, 2006). The subjectivity of the art form means that the process of dialoguing is always in a state of transformation, and is always personal and moving at the pace of the client's work in therapy (McNiff 1992).

McNiff (1988) also discusses the role of identity as an ever changing "process of interpretation" (p. 94). Artwork that is made as portraiture will also convey a different identity depending on its subjective interpretation, while changing the quality of the

process by using different media can further this ongoing transformation of identity (McNiff, 1988). This is highly relevant to therapeutic doll making because it essentially describes the ongoing transformative process that the doll maker experiences when creating a doll in their own image. The constant shifting of identity interpretation that McNiff (1988) describes can be understood as a process of re-authoring, as described above (Caldwell, 2005).

Therapeutic Doll Making

Dolls have been made throughout the ages from wood, straw, clay, wax, cloth, porcelain, paper, vinyl, and plastic (King, 1997; Lavitt, 1983; Bristol, 1997). The earliest human civilizations primarily used dolls in ancestor worship and for ceremonies. The earliest found dolls were fertility symbols, and until the iron age, almost all dolls were female. Pottery and wooden dolls have been found in Egyptian tombs from as early as 2000 BCE, and are believed to have been used to impersonate the wives and servants of the deceased (King, 1977). Ancient Greek and Roman women were expected to present elaborate dolls to their temples before marriage as a symbol of abandoning their childhood (Bristol, 1997). In many cultures, ceremonial statuette dolls became the centre of legends and were often viewed with superstition to have special powers unto themselves (King, 1977).

For much of history, historians have difficulty distinguishing between dolls for play and dolls for ceremony. In the ancient civilizations of India, Africa, Greece and Rome, dolls may have been used for both. Dolls were prominent on the Chinese altars of deities in the time of Confucius and throughout Chinese history have been used in weddings and funerals. Japanese traditions made healing dolls from paper, and later from

paper maché, and used them to attract disease away from an ill child. Japanese women have also been written about as taking symbolic revenge on unfaithful husbands by stabbing straw dolls and burying them under the men's beds. In Nigeria, dolls were used to substitute for a dead twin when one of them died in childbirth. The doll helped to keep the indivisible souls of the twins together, and had to be carried at all times throughout the twin's life. In European history, fertility dolls and dolls for love magic quickly became associated with witchcraft and pagan healing, and were sometimes burned in effigy (King, 1977).

In Western history, dolls became distinguishable as toys in the Middle Ages, and by the 16th and 17th centuries, doll making was a well established industry in England (Bristol, 1997). Germany also has a rich history of doll making. In France, highly elaborate and expensive costume dolls were very fashionable in the mid 1800s, until they were replaced by Bébé dolls, which were made in the image of idealized children (Lavitt, 1983). Although these idealized dolls portrayed sweet children, they were primarily marketed to the adults who would purchase them for their child. While the heads were childlike, the bodies of these dolls were that of a slim woman (King, 1997).

Baby dolls became highly popular in the early 20th century in America. After World War I, boudoir dolls were made for adults, while baby dolls that did things, such as closing their eyes, were manufactured for children. The invention of hard plastic after World War II ushered in the era of Barbie; a new mass marketed giant, who remains today the miniaturized icon of the unrealistic, idealized female body (Lavitt, 1983). For adults in our current culture, dolls trigger memories of childhood play and

companionship, and can offer the promise of new possibilities, especially when the doll is seen through the eyes of adult experience (Light, 1996).

Literature focusing on the applications of doll making in therapy is scarce. The majority of doll therapy literature comes from play therapy and describes the use of pre-made dolls with children and in geriatric settings. Dolls in therapy are sites of transference (Vollmann, 1997; Topp, 2005; Feen-Calligan, McIntyre, & Sands-Goldstein, 2009), where unresolved traumas or relationship issues are projected. In embodying these issues, the doll provides a physical place and image for the working through the problem. In therapy, dolls can act as new transitional objects, to help the client enact healthy ego individuation and repair the effects of unresolved, or unmet, infantile or childhood needs (Vollmann, 1997).

As a three-dimensional form, the doll becomes a tangible object with which the maker can become enmeshed as they project their lived experiences, both physical and emotional, onto their doll (Vollmann, 1997). Wadeson (2000) refers to this capacity of doll making as "internal enactment" (p. 415) as the doll is fashioned to represent the self or a "desired other" (p.415). Using doll making with art therapists, Feen-Calligan et al. (2009) describe how the process allowed the therapists to reaffirm the importance of self-care and to consider a cohesive sense of self as they explore the interaction of their personal and professional identities. Light (1996) explains how the process of doll making is like forming a narrative by compiling parts in an organized sequence to make a coherent whole. The intentional process of assembling the parts of the doll, can inevitably lead to the creation or re-telling of a story (Light, 1996).

Occupational therapist and doll maker, Pamela Hastings (2003) describes doll making as a way of visualizing the physical embodiment of emotional experiences. As in any form of art therapy, this external image can then be used to re-examine perceptions and experiences. She explains that making physical creations that represent traumas can help the creator to realize the transformations that have occurred in themselves. In reviewing past events, a series of dolls can be made portraying a gradual transformation from trauma to healing (Hastings, 2003).

In a medical setting, such as cancer care, doll making can help the patient to focus on their body and reconstruct healthy self-images to facilitate emotional healing, while re-storying traumatic events (Hastings, 2003). Using doll making with children in a hospital, Topp (2005) found that creating the dolls allowed the children to express their feelings about their medical experiences, and explore their confusion and anger over their situations, while maintaining and developing self-esteem in the creative process. Crone-Findlay (2000) describes doll making as a process by which a patient can recognize their needs and facilitate healing in the service of these needs. The doll can provide a satisfying mirroring experience for the fragmented patient by reflecting a complete and repaired body (Makridakis, 2006, as cited in Feen-Calligan et al., 2009). Creating the doll's body by wrapping (Hastings, 2003) or stitching (Munro-Smith, 1996) can be symbolic of the process of healing.

Munro-Smith (1996) describes the process of doll making that encouraged coping skills for a 12 year old girl in art therapy. In this case, the creation of dolls allowed the client to explore issues of abandonment and rejection, fears of independence, maturation, and peer relationships. The act of creation, the final products, and the aggression that

they withstood had the power to define and realize her fears and problems. In doing so, the dolls were also able to contain these fears and aid in coping with a difficult home life (Munro-Smith, 1996). Doll making facilitated the exploration of conflict while maintaining defenses. It allowed her to “draw on her strengths and to feel simultaneously the pride of accomplishment and the relief of expressing her violent feelings” (Munro-Smith, 1996, p. 34).

Feen-Calligan et al. (2009) describe the use of doll making in bereavement with a client who had lost her sister. In this case, doll making allowed the client to explore, revisit, and interact with memories of her sister. Additionally, the “outward process of making the doll led to other inner processes” (Feen-Calligan et al., 2009, p. 169), which the doll making allowed her to explore in greater comfort with the therapist. By exploring her relationship with her sister and continuing their bond through memories, the client was able to use the doll process to achieve a more positive and integrated sense of self and call upon her coping skills and personal strengths. As Feen-Calligan et al. (2009) describe, doll making can facilitate self-reflection of a depth and scale that out- rivals a two-dimensional portrait. Creation of the doll becomes self-creation.

Vollmann (1997) used doll making with a variety of different media to explore and reorganize self-image with an adolescent boy diagnosed with gender identity disorder. Mastery over the process facilitated a corrective experience for the client through which he could explore his fantasies and conflicts. Creating the doll’s body allowed him to explore his issues of body image as well as the fear of judgment from others about his body and appearance. Vollmann (1997) also describes how the holding environment and the therapeutic alliance are strengthened by the safety created by being

able to project onto the doll. Although the cases are very different, issues of body image, and exploration of physical changes through doll making make Vollmann's (1997) case very relevant to the use of doll making in a medical setting, such as oncology.

Rationale For Research

The purpose of this study was to understand how doll making could be used to facilitate story telling and exploration of personal experience for women living with cancer. While art therapy has been found highly successful with this population, focus is generally given to people who have been recently diagnosed or are currently undergoing treatment. While post-treatment literature stresses the need to address quality of life after treatment, few art therapy studies examine this period of time from the perspective of the patient, giving voice to their experiences and potentials. Additionally, no studies could be found that explore the medium of doll making as an art therapy tool with this population. This study gives voice to patients' experience of living with cancer and describes how the exploration of this experience is facilitated and communicated through the doll making process. It was intended that this inquiry could provide greater insight into the potentials of doll making and the use of alternative materials in art therapy for people living with cancer.

Research Question

How do people living with cancer use doll making to facilitate the creation of stories and to explore their experiences?

Methodology

Participants

Research participants were recruited via an email list-serve that accesses anyone who has previously sought psychosocial support from the non-profit organization that hosted the workshop. This included former support group participants, and anyone who had signed up to receive information or updates about the centre's services.

A senior staff member at the host organization did the email recruiting. I did not do recruiting, in case any person who I already knew in a therapeutic capacity from groups or previous workshops was contacted. This avoided putting any potential participants in an uncomfortable position of feeling obligated to give consent based on our previous relationship. An additional doll making workshop was arranged so that patients who did not fit the participant criteria, or who were not interested in participating in the study could still benefit from doll making.

Participants were limited to people living with cancer in the post-treatment period. This included any person who had completed a schedule of treatment or had undergone surgery for a cancer diagnosis, regardless of current prognosis or duration of time since treatment or diagnosis. It did not exclude people who had been given subsequent diagnoses, were anticipating future treatments, or who were currently taking ongoing medication to prevent recurrence or to maintain a remission. While the study sample was not delimited to a female population, only women expressed interest in the doll making workshops. For the study, participants needed be English speaking, with enough comfort and proficiency in the language to participate in the interview process. Participants who expressed interest were emailed information letters and informed consent documents, and

were contacted by telephone prior to the workshop to answer questions and confirm attendance. A sample size was not predetermined. Because this study focused on the individual experiences of the participants, no more than two participants were required, although a greater number would be welcomed.

Three women between the ages of 36 and 63 years old, two with diagnoses of breast cancer, and one with a diagnosis of lymphoma agreed to participate in the study. All of them were post-treatment, but expecting recurrence and subsequent treatment at some point in the future. One woman had recently been diagnosed as recurrent metastatic and was anticipating beginning treatment again in the near future. One woman had already experienced recurrence and a second remission. All of the women treated cancer as a chronic illness and were either currently taking preventative medication or had recently been taking it. The women were given the option of choosing their own pseudonyms for the study. One of them requested to be referred to by her real name, one chose her own pseudonym, and one requested that it be chosen for her. The women in this study will be referred to as Alexandra, Juliette, and Aiden.

Doll Making Technique

The type of doll created in the workshop is made using a wrapped wire technique. A glue gun is used throughout the process to hold everything together. A pipe cleaner 'skeleton' (Figure 1) is wrapped with strips of panty hose to build up the form and muscles of the arms and legs (Figure 2). For the main body, cotton balls are placed within the frame to give shape and softness to the doll. At this point the doll maker can add figure features such as breasts, hips, and a bottom to the doll with Styrofoam balls, or with extra cotton. Participants were provided with coloured pom-poms and beads in case

they wanted to give their doll internal features such as a heart, stomach, energy source, a tumour, or the site of a surgery (Figure 3). After the body is wrapped, hair is applied if desired (Figure 4), and the head is created with a panty hose-wrapped bundle of cotton balls (Figure 5). After completing the body, the doll maker can dress, personalize, or embellish the doll as they desire.

I adapted this process from a wrapped wire doll technique that I already knew. The adaptation happened through personal experimentation in my own doll making process and through the advice of other art therapists who practice doll making. I altered the pipe-cleaner form to make the doll larger and thus, easier to work with, and experimented with cotton balls as the padding for the body. Although strips of cotton cloth can be used to wrap the body, I offered panty hose as the 'skin' of the doll because of its texture and stretchiness, which allowed for an easier wrapping process, and a more flexible finished body.

Two months before the study, I held a doll making workshop at the host organization to determine the amount of interest in the community, and to test how successfully the dolls could be made using my technique. From this workshop I was able to evaluate the success of the step-by-step process, determine a realistic amount of time for making the dolls, and test the potential significance of various aspects of the dolls' creation.

Juliette was a participant in this first workshop and was so enthusiastic about her experience that she made dolls at home, and signed up for the study and for subsequent



Figure 1. Pipe cleaner 'skeleton'.



Figure 2. Pipe cleaner 'skeleton' with wrapped arms and legs



Figure 3. Doll with a stuffed body and a pom-pom heart.



Figure 4. Wrapped body with hair.



Figure 5. Completed doll without clothing.

non-study workshops. Although I requested that she only discuss her process from the study workshop, she requested that all of her dolls be used to describe her experience. Juliette's second doll was made at home in between these two workshops. Her fourth doll was made in the workshop that occurred after the study.

Workshop Procedure

The workshop group was held for one day on a weekend at the hospital in which the host organization is located. The group was facilitated by myself, an art therapy intern, and was co-led by the organization's social work intern, who functioned as my assistant. She made dolls with the participants to model the process, answered questions when I was engaged, and helped to enforce group guidelines.

Informed consent forms were discussed and signed before the workshop began. The women were also provided with information about the limits of confidentiality and with a list of group guidelines. The guidelines covered issues of confidentiality within the group, respecting one another's need for quiet and privacy during doll making, respecting one another's creations, refraining from advice giving, and respecting diversity. The women were assured that they were not obligated to be social during the lunch break, and that if they wanted to take time for themselves during that period, that it would be respected. The group guidelines were designed to help create an atmosphere of safety and trust, which I considered to be essential in a setting where safety and group cohesion could not be established over a series of sessions.

The workshop ran for six hours, including an hour break for lunch, which was provided to the women in another area of the hospital. All materials were provided. An effort was made to give a wide variety of options in order to facilitate creativity and

authentic expression. Panty hose were provided in a full range of skin tones, as well as black, white, pink and florescent colours. Yarns for hair were also offered in a variety of realistic and non-realistic colours and textures. Examples of dolls made by myself and my co-facilitator were on display. I made a doll in the workshop for demonstration purposes, but did not participate in personal exploration of the process.

The workshop began with a step-by-step demonstration of the doll making process, given by myself. The instruction began with the entire group, but quickly became individualized as the participants began to work at their own pace. The women worked mostly in silence, and conversation was kept to a minimum. The break for lunch was determined at the beginning of the workshop, and the women were encouraged to find a convenient place to stop the process on their own as the break approached. After lunch, the women finished their dolls, and an hour was reserved for processing and discussion. Juliette took longer to finish her doll, and although she participated in discussion, opted to put the finishing touches on her doll at home.

Upon finishing their dolls, the women were verbally presented with a list of questions to help them explore their process and become better acquainted with their finished doll. They were encouraged to spend a few quiet minutes with their doll, either handling her or looking at her. The women were provided with writing utensils and encouraged to make notes and form a narrative for the doll based on the answers to the questions. Juliette opted not to write a narrative for her doll, but reflected on the questions personally.

Although I did not assume that the dolls were female, by the time I posed the questions to the women they had all already stated that they had made their dolls in their

own likeness. Therefore the questions refer to the dolls as 'her' and not 'it', in order to respect the personal qualities that the dolls embodied. This is also the reason that I refer to each of the dolls as 'her' throughout this paper. The questions were as follows:

1. Who is your doll? How would you describe her? What is her personality?
2. Where is she from and what is her environment?
3. Has your doll experienced any major life events?
4. Has your doll overcome any obstacles or experienced any triumphs in her life?
5. How does your doll relate to you?

After reflection and writing had ceased, the women were invited to introduce their doll to the group and to share anything that they felt comfortable, either from their writing or from their reflection. At the end of the workshop, participants were provided with coloured boxes and tissue paper to safely package and transport their doll home with them, if they wished to do so.

Study Design

A narrative methodology was chosen because part of the purpose of this research was to give a voice to the individual experiences of people living with cancer. Narrative inquiry focuses on the lived, subjective experience of the individual, capturing both their story and the context of their story (Creswell, 2007). The narrative researcher assumes that people construct and reconstruct their identities by forming narratives, and that as the research participant makes up and tells their personal narrative, they are also constructing the meaning of their experience (Marshall & Rossman, 2011).

Art therapy research and its use of the image, or in this case the doll, allows the participant to review their life, or specific life events, through the stories that the image

evokes (Kapitan, 2010). This creative process of reflection is one that can reveal the “inner experience” (Webster & Mertova, 2007, p. 10) of the participant and allows experiences to be reclaimed as meaningful (Grumet as cited in Webster & Mertova, 2007). Narratives are developed and witnessed through open-ended interviews, where the interaction between researcher and participant allows for a final construction of the narrative (Czariawska, 2004). In the case of this study, the doll making experience in the workshop is the primary site of narrative construction. The interaction between the participant and their doll, as facilitated by the therapist researcher allows for the construction and telling of the narrative. The subsequent interview is an opportunity to revisit, record, and clarify the story. Narrative inquiry is highly collaborative, and the participants are considered to be co-researchers. The researcher does not tell the stories, but rather witnesses and conveys them through active collaboration (Creswell, 2007).

The stories can then be combined with artifacts, or in this case, dolls. As well as being data, the artifacts can also be used in the interview process. In narrative art therapy research, images are used in a process of “eliciting stories” (Gabriel, 1954, as cited in Czariawska, 2004, p. 43). For example, Reynolds et al. (2008) asked their participants to select and photograph the artwork that would be discussed in the interview. Thus the women were able to present themselves through their images. In this study, participants introduced themselves through the doll in both the workshop and subsequent interview. The doll was used to explore their life stories by comparing their lived experiences and personal characteristics to those embodied in the doll.

Data Collection

The data for this study consisted of case notes from the workshop, photographs of the dolls, written material from the workshop, and interview transcripts. After the workshop, I made case notes about the discussions and process that had occurred. Photographs were taken of the dolls and the stories that the participants wrote in the workshop were saved. I offered to photocopy the written stories so that the women could take the originals home with their doll, but all of them chose to leave the stories with me. Approximately two weeks after the workshop, I interviewed the participants for approximately an hour. I used a list of open-ended questions, but often encouraged elaboration, clarification, or exploration of the questions as the interview progressed. The interviews were audio-recorded and transcribed.

The participants brought their dolls to the interview, and the dolls along with the written material from the workshop were used in the interview to elicit storytelling and exploration of experiences from the participants. I did not assume that the women would keep their dolls after the workshop, but all of them had and brought them in their original boxes. While few of the women revealed new information about their processes or experiences in the interviews, the interviews were an opportunity to check back with the participants in order to confirm and expand on my case notes. It also allowed me to discover what had happened to the doll since the workshop and how she had affected each participant in the few weeks after her creation.

This follow-up with the participants was very important because of the collaborative nature of narrative research. A less collaborative methodology would have allowed me to audio-record the discussion in the workshop and use that as my primary

data form. However, conveying the lived and subjective experience of my participants meant that I needed to not only capture the discussion that occurred immediately after the doll making process was complete, but also to explore how the experiences had been reflected upon and lived after the women had left the workshop. Therefore, while I had made notes on the stories that I had witnessed in the interview, the interview allowed me to collaborate and discourse with the participants through individual clarification, and through elicitation with open-ended questions. The interview allowed the participants to express and discuss additions or changes that they might make to the written material from the workshop, or to the doll making process. It also allowed them to contribute insight that may have germinated after the workshop, through time, reflection, or through navigating the process of showing or not showing their doll to others.

Reflexivity

Reflexivity involves turning the lens onto myself to identify the facets of my own person that could bias or influence me in my research practice (Ahren, 1999). Because it is impossible to set aside my personal history and values, identifying and reporting them with transparency is vital, so that I may be aware of the ways that they may affect the study. This is especially vital in a therapeutic context, where the therapist is the one of the most important tools of the experience that they provide. Rallis and Rossman (2010) stress that honest reflexivity in itself is not enough to guarantee ethical research practices. They suggest the practice of *caring reflexivity*, which is built upon the foundation of a mutually respectful relationship in which the researcher “honor[s] the humanity and well-being of her participants” (p. 496). The concept of caring reflexivity accurately describes the combined role of therapist and researcher that I took in this study, and also reflects

the nature of the therapeutic work that originally informed the creation of my research question and study design.

Ahern (1999) suggests that the researcher should start the reflexive bracketing process by making notes of the interests and assumptions associated with their background and socioeconomic status, as well as their personal values. Role conflicts and the setting in which the research is conducted must also be acknowledged. Ahern (1999) also stresses the importance of being open to possible surprises in the data, and being able to reframe questions in a way that appropriately conveys the participants' meaning.

In my process of reflexive bracketing I first needed to recognize that I am a middle class woman of Irish/Scottish decent, in her late 20s, raised by liberal parents in a small town in Ontario. Prior to this study I had no previous research experience and my experience in facilitating doll making in art therapy was limited. I also needed to recognize my assumption that art therapy has considerable potential in the field of cancer care. As a doll maker excited to discover the potentials of doll making within art therapy, and based on the experiences of past workshop participants, I was also assuming that doll making could be successfully used to explore the experience of living with cancer. As a therapist intern in a cancer support centre, I have been privileged to witness many stories and experiences of clients both in groups and individually. While the perspectives and experiences of past clients, particularly those who are in the post-treatment period, have informed the development of my research, I must remember that their experiences are both personal and privileged. I cannot assume that the experiences of past clients are reflective of those of the research participants.

The hospital setting of the workshops was personally familiar to some of the participants, and I must recognize the impact of the environment and the memories that it may have evoked on the participants' experiences. Additionally, for those who had previously sought support from the host organization, they may have been entering the workshop with expectations based upon previous experiences, which may have additionally affected the ways with which they approached and viewed my co-facilitator and myself. Because of my position as a therapist, and especially because of my relative expertise with the doll making process, I must recognize my potential position of power and how that may have affected the participants. In turn, my method of step-by-step instruction is based upon experiences with previous clients, and while I led the workshop with an adaptive and flexible approach, what worked with previous clients may not have been transferable to the participants.

The two greatest personal biases that I must recognize are my belief in the power of a community of women, and my personal experiences with cancer. While I believe in the importance of women coming together to support one another, this is a personally informed belief founded in my family background. I have a personal history of working with crafts and textiles within this community, and I cannot presume that any of these elements of my experiences reflect the experiences of my participants. Additionally, my initial interest in working with people living with cancer, and in fact my original reason for entering the art therapy field, was born from a variety of personal experiences with cancer. From that I have developed assumptions about the experiences and needs of people living with cancer as well as my own personal desire to work in a supportive

capacity with them. This has the potential to inform my research design, my writing, and my selection of relevant background literature.

My training as a therapist has taught me to be introspective and self-aware, always monitoring and recognizing the impact of my personal countertransference towards clients, and in this case towards the research participants. Because the research is conducted in a therapeutic environment, I act as a therapist first and a researcher second. The relationship that I established with the participants was based upon the safety of the environment that I provided and the unconditional positive regard that I conveyed. I feel that this background also helps me to recognize reflexivity and act appropriately towards the participants and the design of my study.

Validity and Reliability

Narrative methodology is often criticized for being too subjective and as a result, validity is a common concern (Kapitan, 2010). However, it should be noted that narrative inquiry acknowledges the subjective experience of the individual. Therefore, subjectivity does not necessarily indicate invalidity. In quantitative research, validity indicates that the study is accurately measuring and conveying what it is intending to measure (Golafshani, 2003). However, this definition is often considered inadequate and not representative to the goals of qualitative research (Golafshani, 2003). Triangulation of multiple sources of data is considered to be good step towards ensuring the trustworthiness of the study design and its findings. In cases where the researcher is exploring multiple, personal realities, a collaborative approach with the participants can further enhance the validity of the study (Golafshani, 2003).

Kapitan (2010) outlines some ways in which the therapist researcher can enhance the validity of a study, including check-ins with the participant to ensure that they are still the writer of their own story, creating an atmosphere where the participant feels they can voice their concerns, and using therapeutic training to ensure that the researcher does not allow their own bias to affect the participant. These are all applicable to the narrative methodology that I have used.

The efforts towards reflexive awareness, as discussed above, contribute to enhanced validity. Additionally, having a co-facilitator helped me to create and strengthen the therapeutic environment and diluted the personal bias and countertransference reactions that I may have brought to the workshop discussion. The multiple sites of interaction between the participants and myself, in the forms of the workshop and the interviews, have helped me to ensure that the stories I witness and convey are accurately representative of the participants' experiences. Using the dolls and written material in the interview helped to focus the discussion, and give the participants and myself a common ground, which ensured that we were discussing and understanding the same things.

Reliability, which in quantitative terms refers to the extent to which finding can be generalized and reproduced, is difficult to apply to a subjective qualitative study (Golafshani, 2003). This concept of reliability is especially difficult to apply to a narrative methodology which assumes that all lived experiences are subjective and individual. By this assumption, the stories told by the participants, are not reproducible, even if I were to duplicate the study with the same participants. Golafshani (2003) discusses that reliability in qualitative research is very much a product of its validity, and

that the steps taken to ensure good validity in turn ensure good reliability. Therefore, while the stories of the participants cannot be reproduced, my conducting of the study should still establish reliability, which is partially ensured by the validity and reflexivity practices outlined above.

Data Analysis

The data was analyzed using a standard qualitative coding method. In the first coding stage, the transcribed interviews were read and emerging themes and topics were noted in the margins. Important quotes were underlined and key issues were briefly summarized. This process was very thorough and allowed me to begin to look for common emerging themes in the data, and allowed for cross-referencing between participants in the next stage of coding. It helped to identify patterns in the stories and began to highlight what was important to the participants. This same process was also used with the written material from the workshop and with case notes.

The second stage grouped the emerging themes and topics by broader subcategories. These categories spanned multiple transcripts. The purpose of this was to begin organizing the concepts and determining how the individual stories were related. It enabled me to determine which stories were relevant to my research question and which ones could be left out. Underlined quotes were reviewed again after this stage, and the entire transcript was reviewed again to clarify and double check for any missed material.

The third coding stage involved identifying the major themes within the study. The data was reviewed for specific examples and vignettes that could illustrate the themes. Searching for vignettes was a way of illustrating the themes with the goal of giving the participants' personal voices to the topic. However, it also helped to increase

the validity of the study, making sure that no theme was interpreted without a concrete example from the participants' stories. The coding stage was a subjective and creative.

Findings

The main themes that were derived from data analysis were *Reflection of Sense of Self, Reflection of Experiences, Positive Modeling, Ongoing Purpose, and New Beginnings*. Sub-codes that contributed to forming these themes included accomplishments in new experiences, goals and aspirations, desire for future doll making, using the doll as a reminder, and the significance of the doll's body. These themes were found among the stories and descriptions of all three participants. However, some themes present as more relevant to some individual stories than others. Some stories straddle multiple themes and will emerge more than once in the following descriptions.

The goal of creating the codes was to thematically structure the telling of the women's stories. The themes were not intended as a distilling of subjective experience to a common phenomenon. While the dolls stimulated topics of discussion that were common between the women, such as stories of hair loss in treatment and its impact, the stories themselves are diverse and representative of the participants' subjective experiences. Thus the stories that the women told remain in their own words and are true to their descriptions of their experience.

When the women are quoted directly, some words such as 'um', 'ah', and 'like' have been omitted for clarity of reading. Although English is not Alexandra's first language, her words have been kept in their original form and sentence structure to ensure that they remain authentic to her expression. Occasionally she checked the meaning of a word with me and confirmed comprehension. These phrases have been

omitted. Additionally, while all the quotes are in the women's own words, because of the conversational nature of our interview and the repetition of the important topics, some quoted responses have been combined with responses from other parts of the interview. In remaining accurate to the women's expressions, I looked for key words and phrases and clarification within the transcripts before combining quoted responses to ensure that stories were not taken out of context.

Reflection of Sense of Self

All of the women expressed a desire to make the doll in their own image, both in terms of personality and physical appearance. For Juliette and Aiden this was a goal from the very beginning of the workshop.

Aiden described the process of doll creation as one that needed to be as realistic and accurate to her appearance as possible (Figure 6). She said that, "Right from the get-go I wanted to make like a mini-me" (personal communication, February 3, 2011). In stuffing the body of the doll, Aiden concealed a coloured pom-pom within the doll's chest to give her a heart, and another pom-pom at the site of her cancer to represent the tumor. In our interview she revealed that despite the importance of making a doll that was physically accurate to her, she had second thoughts about giving her doll cancer.

I felt really bad about giving her cancer. And after the fact, I'm like, now why did I do that? You know, I could have made a mini me without cancer, cause it sucks to give someone cancer...And you know, she still could have served a purpose if she hadn't had cancer. I did think a lot about that, wondering you know, why did I do that, it would be nice to think of myself in a cancer free state, but I guess my



Figure 6. Aiden's doll.

linear thought pattern was, 'I have cancer and so she has cancer' (Aiden, personal communication, February 3, 2011).

Juliette also described the importance of making the dolls physically reflect herself. All four of her dolls are thin and small, representing the body that she has had for her entire life. When asked about her doll making process and material selection, she said that it was "about reflecting me...They're reflective of me. The dolls are tiny like me, and yes, it's important to me to be small" (personal communication, February 9, 2011). Juliette's dolls (Figure 7, Figure 8, Figure 9, and Figure 10) reflect not only her physical self but also her beliefs and her identity. The first doll holds a bouquet of her favourite flowers. Her first three dolls all hold green handfuls of hope to reflect her personal beliefs of hope and faith. Like Aiden, she gave hearts to her dolls, using red pom-poms embedded in their chests.

In describing her first doll, made in the earlier workshop, Juliette said that, As I was working on the doll my initial objective was to make a doll that looked like me. In every respect. So if you take off her dress, she's tiny. She's accurate down to the presence of the lumpectomy...She's dressed in blue and green because blue is the colour of faith. Blue and green are the colours of hope, and the flowers are wildflowers, and she looks just like me: wild. She's truly a reflection of who I am. And that's what I was aiming for (Juliette, personal communication, February 9, 2011)

During the workshop all three women swapped stories about their hair loss during treatment and how they dealt with it. Both Juliette and Aiden gave their dolls the hair



Figure 7. Juliette's first doll.



Figure 8. Juliette's second doll: The angel.



Figure 9. Juliette's third doll: The bride.



Figure 10. Juliette's fourth doll: The Valentine

that they had before their cancer treatments and talked about the importance of giving their doll the hair that they no longer had. Aiden said that “I’d had long hair with various styles for my whole life...So she has luxurious, red hair, shoulder length, kind of like what I had, except hers is curly” (personal communication, February 3, 2011). Juliette described her dolls’ hair specifically in terms of her identity. “The red hair is an important part of the process for me. Red hair has always been my signature, if you wish. Before cancer it was down to almost my waist” (personal communication, February 9, 2011).

Alexandra was initially ambivalent about the doll making process and said during the workshop that she couldn’t be bothered to be careful with the construction of the body. For her the physical shape of the doll was not important like it was for the other two women. However, she described the importance of selecting a bright and cheerful colour for the doll’s skin, and the significance of the doll’s smile as reflecting her personal philosophy both throughout her treatment experiences and now (Figure 11).

I choose this colour for the skin because when I saw the other colours I didn’t like that...the beige and brown...I don’t know why, I didn’t want that. And I put this [pointing to the doll’s pink skin] because it’s very gay... I also put a smile because I don’t want a doll without a face... The only thing I want to put in the doll is a smile because when I look at that, I think she’s dancing, and I feel happy...Even when I was in pain, I want always to feel happy...even if I have treatments, even if I have other problems, I choose always happiness. And perhaps, when I saw the doll, it confirms what I am (Alexandra, personal communication, February 2, 2011).



Figure 11. Alexandra's doll.

Like the other two women, Alexandra gave her doll a heart when constructing the doll's body. The presence of a heart was a reflection of her emotional self beyond her logic and rational self. She described the heart as a

second brain... Our heart has a neuron system for emotion. We have our brain with the rational things and all things, but your heart comes with all the sensation that you have for all the body... Emotion is here and is not able to link with your brain....What I have in my heart I am not able to rationalize (Alexandra, personal communication, February 2, 2011).

For Alexandra, the presence of a heart reflected not only the disconnection between heart and head, but represented something that stores memories and experiences.

Reflection of Experiences

As well as creating a doll that reflected a sense of self, the three women expressed the importance of creating a doll that reflected their experiences. This was evident in the storytelling that the doll making stimulated in the workshop and in the interviews.

As described above, Alexandra was initially ambivalent about making the doll. Having to make a decision about giving her doll hair was the turning point in her doll making experience. After that she not only expressed that she was having fun, but said that she became very interested in the doll. Instead of giving her doll hair, Alexandra asked for a crochet hook and began to crochet a toque for her doll. She added crocheted dreadlocks to the toque. She said that her decision not to give the doll hair was automatic and intuitive.

Alexandra went on to tell the story of her hair loss after her first recurrence. The hair fell out in large chunks, and so she went to the hairdresser to have her head shaved.

After the first treatment... I said no. I went to a coiffure. Take it out. The guy that did that, he begins to cry and I feel bad, you know, I don't know why he is. It was a little stressing for me because I didn't want to cry (Alexandra, personal communication, February 2, 2011).

Alexandra did not want to wear a wig and instead opted to cover her baldness with a toque.

In the spring... a lot of people, look at me and they don't see me, they see I have a toque but I don't have hair inside, it was very disturbing. Because they don't see me... I am very angry about that. And I decide to do a toque like a net and after that I put the dreadlocks....It was a success, because all the people look at me, they look at me! But they don't look because I don't have [points to her hair]...I was able to react in a positive way...I was so proud of it! You know, I did something good... and is the first thing that comes to my head [when making the doll] First of all: I don't want hair and second: the solution I did to my problem (Alexandra, personal communication, February 2, 2011).

Alexandra had reclaimed her power while in treatment, and her doll was a reflection of this. Creating the doll brought back stories of her experience of losing and regaining control. Making the decision to create her doll in this image in turn created a reflection her experiences that affirmed her accomplishments.

Aiden's doll also stimulated stories of the difficult experience of treatment-induced hair loss. During the workshop, I advised the women to make their doll's hair initially longer and to trim it afterwards. While trimming the hair, Aiden commented that just cutting her doll's hair was traumatic.

Trying to reproduce as exactly as possible I wanted it to be shoulder length, so I'm cutting and I'm cutting and I'm like, oh am I cutting too much? Even the act of cutting the hair from really long to shoulder length was difficult, because I didn't want to cut off too much (Aiden, personal communication, February 3, 2011).

Introducing her doll to the group in the workshop, Aiden told the story of her hair loss and how difficult it was for her, despite her efforts to make the best of the situation, by dying it and experimenting with different hairstyles before shaving it. Aiden described how much she disliked her current short hair and said that "the worst part" would be losing it again in her next treatments. This time she would not be able to cover it with a long wig because the change in hair length would be too obvious. Despite her regrets about giving her doll cancer, Aiden said in the interview, in reference to her doll, that "at least I've got someone who knows what I'm going through" (personal communication, February 3, 2011).

As well as creating an object that reflected her experiences, the doll gave Aiden a safe distance to talk about the experiences that she would otherwise be uncomfortable expressing. In the workshop she spoke through the doll, talking about how she kept herself busy to keep from being sad and that although she was coping now with her situation, at some point she would need to develop other coping mechanisms. In the interview, when I asked her about this experience of speaking through the doll, Aiden said that,

Having a mini-me kind of gives you a bit of opportunity to step back and say things about the doll that are really about you. Without saying specifically. I

mean everybody knows they're about you, but using the doll gives you that little bit of distance to make it comfortable (Aiden, personal communication, February 3, 2011).

Not only did Aiden's doll reflect her coping mechanisms, but gave her the safety to explore them and their future implications.

Like the other two women, Juliette's first doll allowed her to explore and process her early experiences with cancer. Juliette had attended a therapy support group the previous year, and said that the first doll built upon her therapy experiences.

The first one was an emotional journey...The first one was difficult. It was more of an emotional journey that I had considered, and it was cathartic. The first one has a bleeding heart and she's mute because I felt that I didn't have a voice. I hold a lot back... At first I wasn't in control. The first one is a reflection on experience, I suppose. More on a subconscious level and on an emotional level... I think the first one helped me come to terms in a different way, with breast cancer... The first doll was definitely a new step in the therapeutic process, on a deeper level it was about acceptance (Juliette, personal communication, February 9, 2011).

Where the first doll was looking back, the third doll, the bride, who was made in the study workshop, was looking forward. No longer mute, and with her heart safely tucked within her skin, Juliette described this doll as representative of moving forward in life, reflecting her experience in this new phase of her life.

Juliette's second doll, the angel, was made at home after the first workshop, and was part of a set of twin dolls that she made to come to terms with not being able to visit

a terminally ill relative. She kept one of the twins and sent the other one to the family. She said that "it helped me let go of the fact that I couldn't be where I wanted to be" (personal communication, February 9, 2011). While the angel doll was made for a specific reason, it inspired a new series of making dolls for others. In this way, the angel doll was partially a reflection of Juliette's experiences as a helper. Juliette stressed the importance of taking control of her own cancer experience and about inspiring and encouraging other women to be informed and empowered in the same way. In this way, the angel reflected her experience of finding purpose in her cancer diagnosis.

For me it's about other women who look at me and say 'okay, she can do it, so can I'... I think that things happen for a reason...I've always been aware that He puts situations in my life for a reason. And I think that I have cancer because I'm supposed to be here and I'm supposed to be doing what I'm doing (Juliette, personal communication, February 9, 2011).

Positive Modeling

The dolls that the three participants made not only reflected their selves and experiences, but also acted as positive models for their goals and achievements. The dolls served as examples and reminders of the potentials that the women aspired to.

As already mentioned, Alexandra's doll reflected her personal philosophy of choosing and maintaining happiness in her life. In describing her story, she said,

When I knew that I had cancer, it was a shock... but is like a relief. I think a lot of people have the same feeling. I have a reason to stop the kind of life I'm doing... All my life I put a lot of pressure on me. Even now I still do the same thing. Is like I go to find things to do, to find things to be, to be needed...After

that I don't have time to look at me. To look at what I want (Alexandra, personal communication, February 2, 2011).

For Alexandra, the doll modeled an ongoing process of making time for herself, choosing happiness, and appreciating the "joie de vivre" (personal communication, February 2, 2011) that the doll conveyed. In the workshop she discussed with the other women the difficulties of prioritizing her needs and living for herself without always being obligated to others. She said that she wasn't sad, but that she didn't have time to do all the things that she wanted to do. She described her doll as having the body and attitude of a dancer, embodying her own wish to dance, feel fluid, and move with music.

Alexandra also talked about being inspired by the expression of the other women in the workshop. She said, "What I hear from the other two people that was there touched me very much. Because I realize: wow. You have things that you may express there inside and sometimes they come out like this" (personal communication, February 2, 2011). Alexandra said that the level of expression that she herself achieved also surprised her. "I didn't expect nothing for this doll making, and it surprised me that I did that this way.... It's possible to express more" (Alexandra, personal communication, February 2, 2011).

Like Alexandra, Aiden also discussed the desire to live life to the fullest. In the interview she said that despite her regrets about giving her doll cancer, she thought her doll was handling the diagnosis well. "You know, despite what she's got on the inside, she still looks great on the outside... Obviously she's going out and you know, living life to the fullest, despite what she has, so that's something to aspire to" (Aiden, personal

communication, February 3, 2011). Aiden described a desire to work on her self-image, and to practice more self-acceptance.

The whole looking good on the outside so that you can feel good on the inside is important, but tough. Because what I have to learn is that you can look good on the outside in a thousand different ways...So it's a question of changing expectations (Aiden, personal communication, February 3, 2011).

Aiden compared herself to the mini-me doll in terms of her own goals and current feelings about herself and her appearance. She talked about accepting her weight, enjoying her appearance, and improving her social circle. The doll was a positive model of self-esteem.

I'm working on the acceptance of self as opposed to worrying so much about what other people think.....She [the doll] looks great, and you know I'm working towards have a better self-image. She's got a really nice little black dress, and I do like dressing up. I'd like to start taking a little better care of myself physically and appearance wise and she's got it pretty put together (Aiden, personal communication, February 3, 2011).

Juliette also described the importance of making time for herself, and living in the moment. Through previous therapy she developed a philosophy of living in the present, and she described the dolls as being a part of that affirmation. Although she developed this prior to doll making, the dolls stimulated storytelling about her outlook on life. The angel doll that she sent to her ill relative was designed to help the family live in the moment and appreciate the present.

It's important to live in the moment and not look too far ahead... There's no guarantee and it can be frightening, but I try to keep a lid on it, if you wish.

Consider all the possibilities, always. Do all my research, always. But after that... Detach from the outcome (Juliette, personal communication, February 9, 2011).

For Juliette, the dolls were also a positive model of her personal hope and faith. In talking about her faith and hope, she described the handfuls of green that the first three dolls were holding.

It's like the Unsinkable Molly Brown. My faith is built on a foundation of stone and it cannot be rocked. I never ask God 'why me'. Because the obvious answer is 'why not me?' I never get angry at God because that's a pointless emotion as far as I'm concerned, and the only person it damages is yourself (Juliette, personal communication, February 9, 2011).

Ongoing Purpose

As well as providing positive modeling for the participants, the dolls served an ongoing purpose. All three women kept their dolls and displayed them in their homes where they could see them. They all expressed a strong desire to keep their dolls for the time being, although Alexandra and Aiden said that they might consider giving their dolls away at some point in the distant future if they no longer needed them.

Alexandra said that reflecting on what the doll meant to her was an ongoing process. She compared the doll to a picture that she stuck to her mirror for many years when she was trying to lose weight and be comfortable with her body image. The purpose of the picture was to motivate her and to reflect positive possibilities for her.

Alexandra used the doll in a similar way. The doll served as a mirror to what she could achieve within herself.

Probably I put her there because I need her to remind me of something... When I'm going to be comfortable in myself... It's not an attachment to the doll, it's an attachment to what she reflects to me (Alexandra, personal communication, February 2, 2011).

The reflection that the doll provided was highly meaningful and was the basis of her relationship with her doll.

Aiden also described her doll as serving an ongoing purpose in its positive reflection to her. This occurred not only in the positive modeling of self-acceptance that was described above, but also in the reminder of her achievements in the workshop. For Aiden, creating the doll in the workshop was a great accomplishment, as she had no artistic background and was a self-described perfectionist.

I'm not an artistic person, and so I came into this with no expectations, but thinking at one point that I might get a little frustrated because I'm a perfectionist...and artistic and perfectionism seem to be exclusive in my mind. But it didn't turn out to be that bad. It was actually fun and I thought that I might not get to the fun part because I'd be too worried about making it perfect...But me being okay with that, was actually a really big win for me (Aiden, personal communication, February 3, 2011).

Aiden said that overcoming perfectionism was an ongoing goal, and since her cancer diagnosis she had worked harder to let things go and reduce the stress and worry in her life. Aiden also described the state of focus that she was able to achieve in the workshop,

being comfortable with the quiet atmosphere, and allowing herself to concentrate on her creation without being distracted or feeling the urge to multitask. The reminder of this accomplishment was ongoing. Although initially hesitant to place her where others might notice her, Aiden eventually put her doll on a shelf where she could see her every day.

Right now she's bringing me enough joy that I wouldn't be willing to part with her...I'm going to hold on to her for the joy that she brings me... I think of the learning experience during [the workshop] in that 'don't be a perfectionist' and that I managed to have a positive experience (Aiden, personal communication, February 3, 2011).

Juliette also displayed her dolls. Her goal was to place her dolls in the cabinet that once held her wigs, along with a collection of angels that she already had. She said that she had enough red wool to make two more red-haired dolls for her collection, after which, the series would be complete. Each of the dolls reflected a different aspect of her experience, from the mute doll with the bleeding heart, to the angel who was helping others, to the bride who was looking ahead, and to the fourth doll who was about pleasure and enjoyment. Juliette explained that filling this cabinet with her dolls and angels was a combination of moving forward, and keeping her inspiration close to her. "They're taking the place of the wigs that are set aside. I don't need them. It's about, as we said, looking ahead. It's about living" (Juliette, personal communication, February 9, 2011).

For Juliette living meant being in control and taking charge of her own care and treatment.

My doctors have said that I'm one of the people who's going to make it, and I'm the one who was the head of my care...So for me it's about looking ahead, doing my research, and doing my part to not get sick again. Am I going to get sick again? Most likely. But I'm doing my part anyways (Juliette, personal communication, February 9, 2011).

Juliette also equated health with pleasure and having fun. Her fourth doll, made for Valentine's Day, was purely about having fun and being positive. "Just having fun is therapeutic. It's fun for me to do this and therefore it's positive and therefore releases endorphins into the bloodstream, which ultimately helps you fight cancer" (Juliette, personal communication, February 9, 2011).

Therefore, for Juliette the on going purpose of the dolls was not only the reflection and inspiration that they gave her, but also the possibilities for future doll making and future exploration of herself and aspects of her experiences.

New Beginnings

The ongoing purpose that the dolls served for the women was also the start of new beginnings. All of the participants expressed a desire for future doll making. Alexandra signed up for a subsequent workshop and discussed the excitement of spontaneity in her creative process that she hoped to achieve with her next doll. Aiden hoped to build on her previous accomplishment of fun and artistic success, while Juliette was been inspired by the process to begin a whole new series of dolls.

Juliette described her angel doll as being separate from her other dolls because it had been made to serve a specific purpose. Because she was unhappy with the body proportions of the angel and thus it was dissimilar to the others, she was contemplating

giving the angel to the oncology ward at the hospital in order to inspire other patients. Although she would make another angel for her own collection, she wanted to give this one away as part of an on going initiative to help others at the hospital. Juliette stressed the importance of being able to help others and give back, and, as discussed above, had found meaning in her own cancer experiences through the process of inspiring and motivating other women.

“If you go around the hospital there are little jars with little prayers attached. That’s from me. And she [the angel] is going to be going with pretty much the same purpose in mind...for other people to see and be encouraged by. She really is about that part of me, that helps to heal. That’s about ‘come here, I’m a shoulder, tell me what’s wrong’” (Juliette, personal communication, February 9, 2011).

The angel doll also served as inspiration for a new project of creating angels and donating them to children in palliative care. Juliette was preparing to set up this initiative at the time of the interview and described the angel as the start of a new journey to a different kind of helping. “I’m still going to be making dolls, but they’re going to be dedicated to something else....To use this doll making process further. To spread some joy and some laughter” (Juliette, personal communication, February 9, 2011).

Aiden found new beginnings in her accomplishments of trying something new, being successful, and being able to loosen her self-expectations. She also described the process of taking advantage of new opportunities and getting help in new areas.

At first she stayed in the box, because I wasn’t too sure if I was willing to answer questions...But I’m like ‘no, I can say, you know, that I did this’...Everyone

knows that I'm going to need a little bit of extra help and so the fact that I'm doing workshops, or the things like that you know is nothing to be embarrassed about, if I can take advantage of a few people's expertise to help this journey be that much less difficult (Aiden, personal communication, February 3, 2011).

Aiden also talked about her accomplishments as being a new beginning in trying artistic things.

The idea of getting the opportunity as an adult to do something artistic was just an opportunity I couldn't pass...Knowing myself the way I do, I knew that there might be some times when I'd get frustrated and trying to achieve perfection and not being able to do that. But art's not about perfection, so that's why I think I need to do more art therapy (Aiden, personal communication, February 3, 2011).

Alexandra also talked about the new creative possibilities that doll making had opened up for her. She described that she had originally wanted to study fine arts, but had been discouraged from it, and over the years had lost her personal art practice. The doll making helped her to rekindle old talents. She described this to me as an exciting process and new beginning.

I always did a lot of drawings, a lot of paintings, and...I didn't do it anymore. I tried sometimes and I had paper and I do nothing...I want to do a lot of other things. Dance or go to take a dance course, or to do art. But I don't. It's like I don't have time. Now... I open a door. I don't know where I'm going to go, but one door, it's open (Alexandra, personal communication, February 2, 2011).

Discussion

Through the storytelling that was witnessed in this study, all three participants provided lived examples of the experience of living with cancer in every sense of the term, with their treatment of cancer as a chronic illness. Their stories illustrated the complex and multi-faceted challenges that treating cancer as a chronic illness entails, not only from treatment trauma, but in the integration of the chronic nature of the illness into every day life and personal identity. In this study, doll making stimulated storytelling that encompassed a diverse range of narratives that validate current literature about the post-treatment period and art therapy in oncology.

Because the whole day was dedicated to the creation of the doll, the women were able to take the time and space to focus and reflect within the safe environment of the workshop. The pleasure that the women experienced cannot be overlooked as part of this reflective experience, as it allowed the women an ongoing affirmation of their process, which in turn encouraged deeper exploration. The doll making process was one of achievement for all three women, creating feelings of self-efficacy and active progression, and stimulating new beginnings.

Post-Treatment Growth

Despite the women's unanimous affirmations in the importance of positivity, it is clear from their stories that maintaining optimism and moving forward are highly active processes. While it has been discussed above that people living with cancer should be cautioned against the belief that a positive attitude is necessary for recovery (Cordova et al., 2001), the participants' stories indicate that being positive is a highly desired quality that is intrinsically connected to empowerment. The women's stories linked being

optimistic to being empowered, either through self-acceptance and improved self-image, as with Aiden, or through moving forward and taking control over a situation, as with Juliette and Alexandra. Alexandra put a strong emphasis on the fact that she had chosen happiness, indicating that the act of conscious decision-making had been empowering even through painful experiences where she had little control.

The women's stories also confirm Oxlad et al.'s (2008) discussion of the post-treatment desire for self-growth, living in the moment, and improving sociability and compassion. Aiden talked extensively about her desires for growth in self-acceptance and improving her sociability in the wake of her cancer diagnosis. Juliette discussed her personal philosophy of helping others and inspiring other women in their journeys, while Alexandra talked about her personal goals of self-growth and development. Juliette's series of dolls is an interesting illustration of the different aspects of her journey, with each doll embodying a different stage or different part of her personality, including losing her voice, gaining acceptance, giving back, and looking forward. This is also consistent with Hastings's (2003) description of the doll as an opportunity for the creator to explore a healthy self-image and sense of self by creating an object in their image and relating it to their life experiences.

Self-growth was embodied in all of the dolls that the women made. The process of creation and reflection allowed the dolls to become representations of the multiple aspects of self-growth that the women desired. Aiden's doll simultaneously embodied the achievements that she had already accomplished and her goals for overcoming life-long obstacles. Alexandra's process enabled her to rekindle old talents and take time for herself, while her finished doll served as an ongoing model for self-growth and

development. These stories are consistent with literature that describes a tendency for people living with cancer to report goals of taking better care of themselves, trying new things, and creating more pleasure in their lives (Oxlad et al., 2008).

The Doll as a Container

For all three women, the doll provided a container in which to project experiences, feelings, and desires. This allowed the participants to create models of themselves that embodied a complexity that was reflective of their own personalities. The process of creation served as an organizing factor, which allowed the women to tell varied stories of their lives and experiences. Luzzatto and Gabriel (2000) describe the power of art as allowing its creators to integrate their positive and perceived negative selves into a more cohesive whole. The creation of a doll in which this integration could be practiced provided a valuable stepping-stone in this process for the participants. Through creating and processing her doll, Aiden was able to celebrate her achievements, practice greater self-acceptance, and explore her coping mechanisms and unexpressed fears. For all three women, the dolls represented integrated selves that both modeled and practiced personal development.

Vollmann (1997) describes the function of the doll as being a tangible object and projection site with which the maker can become enmeshed. In this study, this is also consistent with Wadeson's (2000) description of the doll as the "desired other" (p. 415). The affirmative image that the doll provided, as discussed in the above themes of positive modeling and ongoing purpose, provided an opportunity for the participants to practice and contemplate future possibilities for themselves from a safe reflective distance. The doll allowed Aiden to consider herself without cancer, allowed Juliette to explore

different aspects of herself and her journey, and allowed Alexandra to explore past and future empowerment.

Öster et al. (2009) describe artwork as a space that can physically and symbolically contain conflicting emotions and experiences while allowing the creator to feel like an active participant in their life. Creating the doll from the inside out allowed the women to explore all aspects of their doll's personality and experiences, thus exploring multiple aspects of their own journeys. Containment occurred in the wrapping of the doll's body and creation of her inside composition before it was enclosed within in her skin. Containment also occurred in the exploration of the doll's personality and the storytelling that the doll evoked. Having the doll to talk about provided a safe and containing experience for Aiden to discuss her fears and difficulties.

In acting as a container, the doll was able to clarify thoughts and emotions and facilitate subsequent feelings of looking forward similar to the art therapy findings described earlier by Collie et al. (2006). This was the case with all three participants as described in the theme of new beginnings. It is most vividly illustrated with Juliette's first doll, which was an expansion on her previous therapy experiences. For her, the doll provided alternate explorations and additional clarification of her experiences, allowing her future doll making to take the forms of the angel, the bride and the Valentine.

Containment is an important aspect of Öster et al.'s (2007) description of the boundary strengthening that occurred when women living with cancer engaged in art therapy. This is consistent with Alexandra's narratives of reclaiming power after her hair loss, and with her affirmations of making time for herself and asserting the right to do things that she took pleasure in, separate from the demands of serving others. Juliette's

first doll explored the experience of feeling mute and powerless and of holding things back and leaving them unexpressed. The rest of the dolls in her series were a resolution of this, strengthening the boundary between self and inflicted experience to celebrate pleasure and altruism. Aiden practiced boundary strengthening in her decision to display her doll and in contemplating what to tell people about her experiences.

Persisting Identities

Achieving a sense of “continuity of self” (Reynolds et al., 2008, p. 216) and an identity that persisted separate from the diagnosis (Collie et al., 2006) were both highly important themes in the qualitative studies described earlier. The doll making that occurred in this study provides an excellent illustration of this concept. This occurred firstly in the importance that the women placed on their doll’s hair. Both Aiden and Juliette gave their dolls the hair that they had prior to diagnosis and talked about the difficulties of losing hair and the importance of being able to maintain their hair’s appearance throughout treatment. For them, the doll provided a mirror of their persisting identities and an image of their pre-cancer self. Alexandra explored the story of taking back control and being seen for herself and not as a cancer patient by giving her doll a dreadlock adorned toque.

Secondly, continuity of self was reflected in the dolls through wish fulfillment. Aiden’s process involved regretting her decision for giving her doll cancer and contemplating if the doll could serve the same purpose for her if it didn’t have cancer. In identifying that she could have made a “mini-me” that did not have cancer, she was contemplating her personal qualities and goals that persisted through the diagnosis, such as her sociability and the importance of taking care of her appearance. Alexandra

practiced her long-unused artistic skills in creating her doll as a smiling dancer, exploring desires that existed separate from her diagnosis and rekindling old talents from earlier in her life. Juliette's series reflected a progression from a doll with cancer to dolls without cancer, reflecting lifelong aspects of her personality and identity, such as helping and healing and expressing herself through fashion.

Mirroring

Being made in the image of the self, the dolls served an important mirroring purpose. This importance was explored in all of the themes described earlier, and can be understood in the empathy role that the dolls achieved for their creators. In therapy, the job of the therapist to convey empathy through accurately reflecting is a fundamental of success (Weiner & Bornstein, 2009). Through these principals, the therapist can validate the client's experiences and bring them to greater understanding through clarified reflection and through the "experience of being fully seen and fully understood" (Yalom, 2002, p. 18). When the therapist is empathically attuned to the inner state of the client (Shore, 2003, as cited in Franklin, 2010) the therapeutic relationship can provide a mirror that serves to regulate the client's emotional experiences (Franklin, 2010).

The relevance of this to the dolls created in this study is that by existing in the image of the creator and by reflecting her self and experiences, the dolls essentially embodied these reparative therapeutic principals. As Aiden articulately described when she said that her doll understood what she was going through, the dolls conveyed empathy to their creators. In therapy, dolls are often used as transitional objects (Vollmann, 1997), as described earlier. In this case, the dolls were transitional objects of the therapeutic space, substituting for the therapeutic function, and providing the ongoing

validation and security of the therapy space long after the workshop was over. Creating an object that embodied and projected therapeutic principals allowed the participants greater integration of their selves in their every day lives. This was poignantly described by Alexandra, who described the ongoing mirroring function of the doll as reminding her of the possibilities of being “comfortable in herself.”

When Crone-Findlay (2000) describes doll making as a process of recognizing needs and facilitating healing, she is talking about the process of reflection that occurs when the doll maker creates a tangible image of the self. In reflecting their experiences, the dolls created a reflection of the participants’ needs. This was particularly poignant in the stories told by Aiden and Alexandra. Aiden described not only her desire for self-acceptance, but also used the doll to story-tell about her coping mechanisms and the needs that they were fulfilling at the time. Alexandra described a desire for comfort in herself, and a need to relieve pressures in her life in service of caring for herself and fulfilling her personal desires.

The ongoing mirroring that the doll provided is accurately described by McNiff’s (1992) discussion of the transformative potential of the image in the process of dialoging. In creating an image of themselves, the women were able to partake in an ongoing dialogue, the importance of which is evident in the fact that all three women displayed their dolls in their homes where they could be seen on a daily basis. Using the doll as a transitional object of the therapy space, the dialoguing process that was stimulated in the workshop gave birth to an ongoing relationship afterwards. This provided the participants with a subjective and adaptive mirror that met them at the level of their needs. This illustrates McNiff’s (1992) affirmation that creation in art therapy is

changeable, personal, and always moving at the pace of the creator's capacities. All three women expressed that the dolls would serve a purpose for them long into the future. In specific demonstration of this, Alexandra explained that her understanding of what the doll meant to her was an ongoing, reflective experience.

Feen-Calligan et al. (2009) describe the doll as a self-portrait that surpasses the potentials of the two-dimensional image. McNiff (1988) also discusses self-portraiture as a shifting and subjective image that can reflect changing interpretations of the self throughout time in spite of a consistency formal creation. This progression of self-portraiture is particularly evident in Juliette's ongoing series of dolls, all created in her image. Despite consistency in her process and the self-described importance of having the dolls' bodies similar to one another and reflective of herself, each of Juliette's dolls reflect a different aspect of herself and her experiences, the discussion of which triggered storytelling from all aspects of her life. Juliette's series of dolls reflect the ability of the subjective self-portrait to select, examine, and validate different aspects of the subjective experience of self (McNiff, 1992). Although many of Juliette's stories have not been discussed in this study in order to guard her confidentiality, the breadth of experience that her dolls both represented and stimulated in storytelling, signify the power of doll as a tangible self-portrait to both reflect and stimulate exploration. The potentials of doll making in a series, as demonstrated by Juliette's experience, indicate a need for future research and applications of this technique.

Recommendations for Future Research

This study indicates the need for more research in two areas of study. Firstly, the three participants in this study provide vivid stories of the experience of actually living,

on a day-to-day basis, with cancer, and the blurring of in-treatment and post-treatment categories. The powerful effect of doll making on these participants begs for more research into the possibilities of art therapy in chronic cancer care. As mentioned above, art therapy research tends to focus on in-treatment concerns and post-treatment trauma. Focus needs to be put not only on the resolution of diagnosis and treatment trauma, but on the daily challenges and long-term goals of people living with cancer as a chronic illness.

Secondly, this study indicates the great potentials for future doll making research in the oncology population. One of the limitations of this study was the one-day workshop format. This was problematic not only for the limited amount of expression and exploration that can occur in one day, but also for the narrative inquiry methodology. Narrative methodology is usually a more collaborative endeavor that takes place over a longer period of time with an emphasis on the development of a time-developed relationship between researcher and participant (Marshall & Rossman, 2011). Therefore, greater potential lies in the impact of doll making in a setting where group cohesion and therapeutic relationship can be gradually established. Such group designs could explore the creating of a series of dolls, the potentials of which are illustrated by Juliette, and doll making in combination with other types of expressive arts creation. Additionally, because of the powerful formal implications of doll making, there are potentials for exploring the expressive potentials of doll making with different media.

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Appendix 1.

INFORMATION LETTER

Introduction:

You are invited to participate in a research project conducted by Martha Welland for the completion of her Master's Degree in Art Therapy in the Creative Arts Therapies Department at Concordia University. The following information will inform you about the study. Please read it carefully. You have the right to ask as many questions as you wish, and to voice any concerns to the researcher.

The Study:

This study will be exploring the use of therapeutic doll making with people living with cancer. The researcher is interested in understanding how people living with cancer use the doll making to explore their cancer experiences.

The study will consist of one full day therapeutic doll making and art therapy workshop, facilitated by the researcher, Martha Welland, and a co-facilitator, Khadija Parris, a social work intern from McGill University.

After the workshop you will be asked to schedule a time for a one-hour individual interview with Martha Welland, in which you will discuss your doll making experience. This interview will be audio recorded and transcribed afterwards for use in the writing of the research study. Your participation in the research process is very important and so you will be contacted in the following month to give feedback on the study and its findings. However, no other time commitments are required of you beyond the interview.

The study will be published in the Concordia University Library. However, the data from the study may be used for future presentations and publications.

Confidentiality:

Your confidentiality is a priority. The researcher will always protect your identity and will not give any personal details that could identify you, except when required by law.

You have the right to withdraw from the study at any time before its completion. Although you will be asked to sign a consent document prior to the workshop, you may withdraw from the study after the workshop, and there will be no repercussions.

Please find attached a consent form that you will be asked to sign prior to the workshop, confirming your participation in the study. You are not required to bring this form to the workshop. Additional copies will be provided. This form contains more details about the scope and limitations of the study as well as potential risks and benefits. Please read it carefully. Please do not hesitate to ask any questions!

Thank you for your participation!!!

Appendix 2.

CONSENT TO PARTICIPATE IN: Using Doll Making to Explore the Cancer Experience: A Narrative Inquiry (Working Title)

This is to state that I agree to participate in a program of research being conducted by Martha Welland of the Department of Creative Arts Therapies of Concordia University, Visual Arts Building, VA 264, 1395 René Lévesque Blvd. W., Montreal, Quebec, Canada H3G 2M5, 514-848-2424 ext. 4790, cats@alcor.concordia.ca. Martha Welland is reachable at martha.welland.arttherapy@gmail.com.

A. PURPOSE

I have been informed that the purpose of the research is to explore the stories of people living with cancer, constructed through their doll making experience. It is also to understand how people use doll making to make sense of their cancer experiences.

B. PROCEDURES

This research will be conducted at the Royal Victoria Hospital, Montreal, with Cedars CanSupport. I will be attending one full-day doll making and art therapy workshop. I will be asked to partake in a one-hour individual interview about my experiences in the workshop, the following week. I understand that this interview will be audio recorded and transcribed, and these documents will be kept confidential. Notes from the workshop and transcripts from the interview will be used in the writing of the research report. I will be contacted the following month, at my convenience, to discuss and give feedback on the study's findings. I have the opportunity to take my artwork home with me. If I choose not to, it will be stored confidentially at Cedars CanSupport, or destroyed according to my wishes. I understand that this study will be published as a Master's Thesis in the Concordia University Library.

C. RISKS AND BENEFITS

I understand that this study poses potential risks of frustration or dissatisfaction in the doll making process, social discomfort, shyness, temporary anxiety, or worry. Other

risks include personal scheduling inconvenience and potential personal conflict with other workshop members.

I understand that the benefits of the study include an opportunity for self-expression and exploration, an opportunity to meet other people living with cancer, and the opportunity to contribute to the field of art therapy in cancer care.

D. CONDITIONS OF PARTICIPATION

I understand that I am free to withdraw my consent at any time before this study is completed and discontinue my participation without negative consequences. A copy of this signed consent form will be given to me

I understand that my participation in the study is *CONFIDENTIAL*. The researcher will know my identity but will not reveal it or any personal details that could identify me. I, in turn, agree to protect the confidentiality of other workshop members. I understand that information I disclose to the researcher will be confidential within the limits of the law. The researcher is obligated to legally report the disclosure of imminent harm to myself or someone else, violations of the Child Protection Act, or when subpoenaed by a court of law.

I understand that the data from this study may be used in future presentations or publications. At all times my personal information will be kept confidential and will be either kept in a locked cabinet, or password protected on an electronic device.

E. COMPENSATION

I will not be monetarily compensated for this study. I will receive a free lunch on the day of the workshop and will receive free parking on the day of the workshop and on the day of my interview. All materials for the workshop will be provided to me.

F. CONSENT FOR ARTWORK, NOTES AND INTERVIEWS

I authorize Martha Welland to take and use photographs of my artwork and/or doll, as well as case notes and audio recorded interviews in her research project. (Please circle one and initial next to it). I understand that all artwork belongs to me.

case notes (written notes from the workshop)	YES	NO	Initial _____
photographs of dolls and/or artwork	YES	NO	Initial _____
audio-recorded interview and transcripts	YES	NO	Initial _____

However I make the following exceptions: (please describe)

I HAVE CAREFULLY READ ALL OF THE ABOVE AND UNDERSTAND THIS AGREEMENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND CLARIFY ANY CONCERNS. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print): _____

SIGNIATURE: _____

DATE: _____

If at any time you have questions about this research, please contact the study's Principle Investigator, at martha.welland.arttherapy@gmail.com. Concordia University department contact information is listed above.

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, Dr Brigitte Des Rosiers, at (514)-848-2424 x7481 or by email at bdesrosi@alcor.concordia.ca

Appendix 3.

Sample Interview Questions

These interview questions are designed to encourage and aid participants in the creation and exploration of their narrative. As the interview is open-ended, additional questions may be asked within in the interview in order to clarify or encourage elaboration.

1. Please describe what your doll making experience was like, in terms of process and selection of materials.
2. What happened when you made your doll?
3. Please describe your doll. How does it relate to you?
4. Are there any sections from the story that you created in the workshop that you would like to share or change?
5. In what ways, if any, did the doll making help you to explore or reflect on your experiences of living with cancer?
6. What has happened to your doll since the workshop?
7. What do you think will happen to your doll in the future?
8. What, if anything, do you think would change if you were to doll making again?
9. Is there anything else that you would like to add?