

Confronting the Body after Breast Cancer: A Group Art Therapy Design Using Clay as a  
Therapeutic Intervention to Confront Issues Related to Body Image and Self-Identity

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## Abstract

Confronting the Body after Breast Cancer: A Group Art Therapy Design Using Clay as a  
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Diagnosis and treatment of breast cancer can cause long term distress, effecting women both physically and psychologically. Changes to the body can impact a person's perceived body image leading to impaired quality of life (QoL), decreased self-esteem and to feelings of anger and loss. Art therapy and art making have been shown to enhance emotional awareness and expression while also providing opportunities for social interaction and support. The aim of this research paper is to design a ten week group art therapy program helping women post treatment with breast cancer confront issues related to body image and self-identity, using clay as a therapeutic intervention. In the program being designed, sessions will be provided for outpatient women within a hospital setting on a weekly basis, for one and a half hours and are intended for a group of six to ten individuals, six months post treatment prior to the start of the intervention. The focus will be on the first three phases of an intervention model and include the general framework, goals for each session, session content, and directives. Research shows that body image concerns are associated with poor self-esteem, social anxiety, self-consciousness, and depressive symptoms. By proposing this unique clinical intervention program, my goal is to encourage art expression in a safe group environment using clay as a means through which individuals can strengthen their coping resources while increasing their self-confidence.

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## Table of Contents

Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	6
Clay.....	15
Body Image/Identity and Clay.....	16
Mind/Body Connections.....	17
Loss of Control.....	19
Relaxation Exercises.....	20
Chapter 3: Methodology.....	21
Chapter 4: Intervention.....	24
Summary of Sessions.....	26
The Beginning Phase: Sessions 1-3.....	27
Session 1: Introductions.....	27
Session 2: Introduction to Clay.....	28
Session 3: Introduction to Figurative Sculptures.....	29
The Middle Phase: Sessions 4-7.....	30
Session 4.....	30
Session 5.....	31
Session 6.....	32
Session 7.....	32
The Final Phase: Sessions 8-10.....	33
Session 8.....	33
Session 9.....	33

Session 10.....	34
Chapter 5: Findings.....	34
Chapter 6: Discussion.....	37
Chapter 7: Conclusion.....	41
References.....	43

## **Chapter 1: Introduction**

One in every nine Canadian women are at risk of developing breast cancer in her lifetime while an estimated 28, 300 individuals were diagnosed with breast cancer in Canada in 2013. Breast cancer continues to be the most commonly diagnosed cancer in Canadian women over 20 and is the second leading cause of cancer related deaths (Canadian Cancer Society, 2013). Women diagnosed and treated for breast cancer face a number of challenges, which can cause impaired psychological functioning and impact the quality of interpersonal relationships.

Creative arts therapy interventions for cancer patients have been developed and researched over recent years to show that positive outcomes can occur through their use. Art therapy interventions can benefit breast cancer patients in various ways such as decreasing levels of anxiety, depression and stress as well as improving QoL, which has been attributed to better overall physical and psychological health (Monti et al., 2006; Nainis et al., 2006; Reynolds et al., 2000; Svensk et al., 2008). Increased communication and the affirmation of relationships can also be strengthened with art therapy (Malchiodi, 2012; Minar, 1999; Öster et al., 2006; Svensk et al., 2008) as it offers a type of psychosocial support that can aide in the ability to cope with the physical, psychological and interpersonal effects of illness. Nainis et al. (2006) showed significant reductions in physical complaints common to adult patients with cancer through a one hour art therapy session. Pain, nausea and fatigue were a few of the symptoms measured. Although the researchers recognize the limitations in the short term therapy provided, they offer suggestions for future research such as measuring how long the effects of art therapy last as well as how many sessions would be most beneficial for long term effects.

According to Thibeault and Sabo (2011), “by engaging in artistic expression, women are able to recreate their life stories by focussing on specific challenges and complex emotions” (p. 1). Through art, illness becomes only a part of an individual’s life story. Art making has the potential to help maintain a person’s positive identity by offering ways to resist being defined by their illness and provides a space where emotions can be expressed (Reynolds & Prior, 2006). By integrating life before and after illness, a person can learn to make sense of their new identity and sense of self (Mathieson & Stam, 1995).

Negative body image can reduce a person’s ability to express negative feelings and can reduce self-efficacy in coping with breast cancer (Pickler & Winterowd, 2003). Research shows that a high investment in body image, especially in younger women are at increased risk for psychological distress, which can impact treatment choices (Ward, Heidrich, & Wolberg, 1989). A loss of control over one’s body due to the many changes related to illness and treatment may lead to feelings of grief, depression and anxiety (Helms et al., 2008). Öster et al. (2006) suggest that “women need to be encouraged and offered their own time and space for reflection in order to build up their coping resources” (p. 63). Svensk et al. (2009) offers similar consideration and states “art therapy could offer an opportunity for women with cancer to interpret their experiences and give these interpretations acceptance and legitimacy” (p. 74). Brief approaches such as solution focussed therapy, compatible with art therapy, have been found to reduce symptoms of anxiety and depression and improve QoL (Svensk et al., 2009; Watson, 2001).



My process and intention for creating this program was inspired through my work with women diagnosed with breast cancer both as an undergraduate fine arts student and as an intern art therapist. Sabo and Thibeault (2011, 2012) conducted a study where women were asked about the meaning they gave to breast cancer after viewing their sculpted torsos. As one of the artists in the study, my job was to apply sculpting material directly onto the women participants then create a three dimensional life-sized torso that was to be exhibited in an art show. The women were asked to look at the sculptures and in an interview, talk about the experience of viewing their sculpted torsos and their experience of cancer. The purpose of the study was “to use art as a vehicle for recreating a sense of self after breast cancer surgery” (p. 1) and was linked to findings from a previous study (Sabo, St-Jacques, & Rayson, 2007) where women stated that “viewing three-dimensional figures of their after treatment bodies would help them make decisions about treatment” (p. 2). My participation in this project revealed to me how art could promote personal growth and help one gain insight into their inner experiences.

My internship in an open art therapy group for women with breast cancer provided an overall view into the issues women face when confronted with a life threatening illness. Although a variety of art materials and suggestions for projects were provided over the time I was there, clay was offered as one of the directives. After a brief introduction of the physical properties of clay women were free to create what they wanted using the material. I watched and listened in awe as the women shaped the clay into creative sculptures with their own unique meanings. For most, the clay gave form to thoughts and emotions related to the breast and to cancer itself. It made visible aspects of

the body that had been altered as a result of treatment and offered authentic expression of their inner voices.

The experience of personally creating three dimensional art and witnessing its profound effects both personally and with clients, led me to want to create an art therapy model where women were able to use art as a way to regain a positive identity in their post treatment bodies through a predominantly tactile experience. Weight fluctuations, hair loss and surgery to one or both breasts may mean a loss in perceived femininity and result in a disturbed body image (Przedziecki et al., 2013). Focussing on an effective body image intervention that uses clay as the primary mode of expression, could potentially help increase self-compassion and could help women adjust to an altered body and issues related to self-identity.

Several theoretical perspectives will be used in the intervention model in order to gain a deeper understanding into women's post treatment experiences after being diagnosed with breast cancer. A psychodynamic approach will be used in the framing of sessions and in the discussion of individual and group processes of using clay. An additional approach taken is that of social constructionism. I have chosen this theory to give meaning to how breast cancer related to illness and femininity are socially constructed, and what this means in relation to body image and recovery.

Clay products have been made since prehistoric times for practical uses, such as pots and vases, and for ritualistic purposes. Within a therapeutic setting, clay is used to form connections between unconscious processes and awaken sensory awareness to offer cognitive insights (Elbrecht, 2013). It encourages the use of one's tactile senses through the immediate hands on experience. Used as a medium for people who find verbal

expression difficult, clay offers a primary mode of communication to express aspects of the self and can facilitate psychic change and identity formation (Sholt & Gavron, 2006). Clay work involves movement and can therefore facilitate emotional expression and offer three dimensional forms to bodily states and feelings (Meighan, 2012).

It has been my intention in writing this intervention to combine the creative arts with a kinesthetic, sensory and tactile approach for women diagnosed with breast cancer experiencing poor body image and sense of self. Despite the gaps in literature in addressing body image concerns using art therapy and clay, an overview of the therapeutic benefits of art therapy as a treatment option for women with breast cancer post treatment has been offered along with an overview of clay as a way to promote inner growth and healing. The intervention suggested is designed to encourage an overall sense of well-being through the strengthening and maintenance of a positive body image. The goal is to empower women to interpret and accept their unique experiences regardless of age, ethnicity and socially constructed norms and to share these experiences and perspectives with others. Exploring relationships between the self and others can enhance group dynamics while learning to master the clay could potentially lead to higher self-esteem and self-confidence and can serve as a catalyst for positive social interactions (Thompson, 2012). The proposed model offers a design to expand upon existing methods and tools used for women post treatment with breast cancer within an art therapy setting. By offering clay as the medium of choice, women will be able to tell their stories through their imprints left on the clay and share their unique experiences in a supportive and safe environment.

## Chapter II: Literature Review

The pressures and strains associated with illness can have a profound impact on quality of life (QoL) and perceptions of body image (Rosenberg et al., 2013). The World Health Organization (1995) defines QoL as “individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (p. 1405). How a woman experiences her body is reflected by socially constructed images of ideal beauty and femininity. Contradicting social models regarding physical appearance could be viewed as lacking in self-control and self-respect whereas idyllic bodies are valued and admired. Social constructionist feminist theory argues that “the “ideal types” of bodies that all are encouraged to emulate are the product of society’s gender ideology, practices, and stratification system” (Lorber & Martin, 2000, p. 231).

Impacting daily life, both the breast cancer itself and the treatments involved can cause a variety of negative symptoms and side effects, Many women with breast cancer have reported physical symptoms associated with pain, fatigue, depression and anxiety (Nainis et al., 2006), as well as loss of hair and weight fluctuations (Przezdziecki et al., 2013), which can leave her feeling alienated from her body (Svensk et al., 2009). Further concerns regarding tests, hospital stays and medical bills are also common (National Cancer Institute, 2012). Social and emotional implications of breast cancer include feelings of isolation and loneliness (Svensk et al., 2009) as well as a desire to overcome feelings of hopelessness and regain control over their situation (Richardson, Sanders, Palmer, Greisinger, & Singletary, 2000).

When faced with a life threatening illness such as cancer, a number of challenges occur that can impact how and individual finds meaning (Collie & Long, 2005) and is able to cope with illness (Öster et al., 2006). According to Lazarus and Folkman (1984), coping resources are mainly properties of a person and include “health and energy (a physical resource), positive beliefs (psychological resource) and problem-solving and social skills (competencies)” (p. 159). How women experience their bodies and relate to others impacts their ability to cope with breast cancer effects (Öster et al., 2006). Positive body image can influence self-efficacy in coping with breast cancer while social support can provide an opportunity to express negative feelings associated with femininity and the body (Öster et al., 2006).

Body image is an attitude or perception of one’s personal appearance closely linked to identity, self-esteem, attractiveness, sexual functioning and social relationships (Cash & Pruzinsky, 2002; Stokes & Frederick-Recascino, 2003). A woman’s experience of her body after being diagnosed with breast cancer differs from person to person, altering physical, emotional and social identity leading to low self-esteem, feelings of isolation and little control over one’s life (Nainis, 2011). Many women view the self in relation to dominant discourses and cultural values associated to the body and to illness. Considered “less able” or “not as womanly”, “lacking in sexuality” or “fragile”, women find themselves confronting socially constructed narratives related to beauty and what it means to be a woman. Finding ways to express, organize and make sense of one’s unique experiences give’s client’s power over their situations and validity of personal choices (Öster et al., 2007). Because breast cancer has been culturally linked with primarily female aspects of the body (Svensk et al., 2009), surgery to remove one or both

breasts means loss and mourning and involves invasive depersonalization and alienation of the body resulting in disturbances in identity (Bassett-Smith, 2001). The addition of scarring and other visible traces on the body are reminders of a loss of feminine identity. Coping with breast cancer means disentangling dominant discourses related to the meaning of womanhood, which can be disempowering and may limit ones access when redefining personal narratives (Collie & Long, 2005). Individual art therapy has been shown to increase ways to cope by providing an outlet to express personal thoughts and emotions (Öster et al., 2006). This is consistent with creative art therapies in general, which facilitate emotional expression and increase overall coping with stressors associated with diagnosis and treatment (Puig et al., 2006).

Many studies have found a negative impact on body image both during and after treatment (Al-Ghazal, Fallowfield & Blamey, 2000; Collins et al., 2011; Ganz et al., 1992). Figueirido, Cullen, Hwag, Rowland, and Mandelblatt (2004) found that women who displayed a positive self-image before surgery were less likely to develop a poor self-image after surgery and treatment. This is related to a study conducted by Przedziecki et al. (2013) who found that women with higher levels of self-compassion have less frequent negative thoughts associated with appearance. Berry et al. (2010) further states that individuals who had more self-compassion before diagnosis were more likely to tolerate changes in the body when in emotional distress. A diagnosis of breast cancer means that women need to reconstruct their life stories within their personal, social and cultural contexts to be able to “cast the self as valuable, unique and permanent” (Colie, Bottorff, & Long, 2006, p. 762).

Often unable to find words to express their emotions and experiences, art therapy offers non-verbal ways of enhancing feelings of health and QoL (Malchiodi, 1999). Being able to deal with the physical aspects of illness while improving a sense of well-being and improved self-esteem has also been positively associated with the use of art therapy (Svensk et al., 2009). In a study conducted by Svensk et al. (2009), women received an art therapy intervention while undergoing radiotherapy treatment for breast cancer. The outcome of the study showed an overall improvement in a women's experienced QoL while undergoing treatment. Although a small sample size was chosen, significant differences were found in the intervention group versus the control group with regards to several aspects of QoL.

Art therapy has the potential to increase a person's positive identity (Reynolds & Prior, 2006) and provide a space to be able to interpret one's experiences and give these interpretations acceptance and legitimacy (Svensk et al., 2009). Through the recognition of experiences, a greater sense of control in the new life situation may develop due to the active participation in treatment and choices and in one's own personal way of being (Heywood, 2003). Helms et al., (2008) conducted a review of body image issues and related psychological adjustment in women with breast cancer. The findings suggest that a high investment in body image before diagnosis has the potential to affect treatment choices and is related to increased psychological disturbance. A negative perceived body image can be more frequent in younger women who tend to have greater body image investment. This is also shown in a body image study done on recently diagnosed young women by Rosenberg et al. (2013). The findings suggest that most of the research conducted on body image has been with women over 40 and that factors and concerns

associated with body image may be different in a younger population putting them at greater risk for a negative perceived QoL compared with older women.

Confronting illness can help patients understand and accept their personal values and visualize their goals in life while mourning loss and adjusting to a new life situation (Svensk et al., 2009) and to a new body. Art therapy helps to confront existential questions and experiences of loss, body changes and relations affecting their identities (Malchiodi, 1997; Predeger, 1996; Waller & Sibbett, 2005). Although few studies indicate how art therapy can specifically help women with body image issues, there has been quite a bit of research about the benefits of art making and art therapy with oncology patients (Borgmann, 2002; Collie & Long, 2005; Malchiodi, 1999; Predegar, 1996) with a focus on the expression and reflection of experiences and emotions through the images. Similarly, little research is available on the use of clay in medical art therapy with more emphasis on the expression of emotions and facilitating meaningful relationships, than in the improvement of self-acceptance and positive identity. For example, in a phenomenological study exploring the experience of using clay for people with long-term physical health problems, Timmons and MacDonald (2008) found that people suffering from chronic illness expressed four main themes that emerged after the clay process. The four themes that arose were being productive and creating, promoting physical and psychological wellbeing, enhancing opportunities for social interaction and 'alchemy and magic', or, the ability of the clay to transform. Through working with the clay, participants were able to reduce negative thoughts and feelings of worry associated with their health and experience decreased physical pain. This allowed room for a more positive experience associated with the illness, which helped to enhance feelings of well-



being, especially when given opportunities for social interaction. By focusing on the creative process within individual psychological and physical limits, the participants' experiences of control and choice were enhanced. In this study, individuals' accessed personal strengths and were able to express themselves with others and find a new sense of purpose in art. In another study, patients with Parkinson's disease worked with clay in group art therapy and showed significant decreases in somatic and emotional symptoms, supporting the positive effects of using clay both physically and psychologically. Lastly, Henley (2002) described a hospital therapeutic program for terminally ill children in which clay was used as a part of the overall treatment structure. Used in addition to play as well as for sculpting, Henley states that "...the clay was used ritually to cope with the trauma of past and future invasive procedures" (p. 100) and believes clay to enhance overall physical and emotional recovery due to using appropriate projection of feelings onto the clay.

Clay stimulates the senses and has self-soothing properties that help people to become grounded in their art-making. It has the potential to reach deeply into the psyche to assist in the emergence of repressed emotions and inhibitions (Henley, 2002), as well as the constructive and deconstructive parts of the self (Sholt & Gavron, 2006). Clay offers a mind-body connection, facilitating strength, connection and acceptance therefore providing the opportunity to form a more complete relationship with the self.

Art therapy has traditionally focussed on the creation of images and objects rather than the sensory aspects of the materials (Elbrecht & Antcliff, 2014). Sensory activities can stimulate neural pathways related to tactile and kinaesthetic associations and produce changes in the brain, allowing for greater emotional awareness, communication, creative

thinking and ways of coping (Elbrecht & Antcliff, 2014). Clay uses the body and sense of touch giving access to body awareness, expression and healing through sensorimotor processes. Kinesthetic experiences help to reduce levels of arousal and tension while sensory experiences encourage the mind to relax and to find an internal calm. Through body movement and touch, a focussed state can be achieved, connecting oneself with inner sensations and reducing negative thoughts and emotions. Clay allows for an interaction of both kinesthetic and sensory components helping in the processing and understanding of emotions and memory (Lusebrink, 2004; Siegel & Hartzell, 2003) that may emerge in the handling and sculpting of the clay. In a calmer state, clients are better able to express their thoughts and feelings related to cancer and draw strength from their new life situation. One limitation in participating in highly sensory activities is that clients often become fully absorbed in the material, which can reduce the amount of reflection in the art process and the meanings given to the artwork (Hinz, 2009). Clay in itself is a mindful activity, allowing clients to focus on the present moment, offering joy and satisfaction in the material. It is through the support and guidance of the therapist that clients can be guided to find meaning in their artwork when symbolic form emerges.

The use of clay in therapy is not without risks and involves the creation of a safe and confidential space. Clay can provoke regression processes and the rapid expression of feelings, that clients may not be ready for (Wadeson, 1987). Images that represent the self can threaten one's identity and represent different parts of the self or perceptions of the self that an individual may not be ready to discover. Although these aspects are important in therapy in order to understand one's inner reality and needs, it is imperative that the therapist recognize symptoms of distress and be ready to intervene in positive

ways. Holding a strong therapeutic frame will allow the process of clay to unfold, facilitating catharsis and play while working with a primitive material that evokes primary modes of expression and communication through touch (Sholt & Gavron, 2006).

Creating spaces where women living with breast cancer can process their experiences, feelings and concerns has an overall positive effect on QoL (Svensk et al., 2009). Art therapy helps to reduce anxiety and depression and can lower levels of stress associated with illness (Monti et al., 2006; Reynolds, Nabers, & Quinlan, 2000; Reynolds & Prior, 2006;). By changing psychological and emotional states of being, positive self-identity is maintained (Reynolds & Prior, 2006) and is essential to an overall subjective experience of breast cancer, and the perseverance to survive and outlive the illness (McNutt, 2013). In interviews conducted by Reynolds and Vivat (2010), women who reported as being caught up by illness focussed on the limitations of pain whereas women who reported as moving beyond the illness created artwork that showed the person instead of the illness-defined self and considered themselves as growing artists.

Supportive group therapy appears to be the most studied and successful psychosocial intervention for cancer patients (Monti et al., 2005). Watson (2001) showed that brief psychosocial interventions that focussed on problems can help reduce symptoms of anxiety and depression and improve QoL. Art therapy has the potential to work within this brief therapy framework using modalities such as solution-focused therapy (Malchiodi, 1999) as well as interactive therapy. The interactive or interpersonal approach to group psychotherapy is an effective treatment option for women diagnosed with breast cancer. Used with art therapy, this model offers many advantages as the images help give form to emotions and thoughts while interactions are improved through

communication and in the sharing of issues, experiences and insights. The sharing of images brings cohesion to the group and reduces feelings of isolation as one is able to find common feelings and experiences amongst others. The interpersonal approach is flexible and focuses on the actions, reactions and patterns of interactions that influence how we view ourselves and others (Waller, 2012). There are however, some disadvantages to group therapy. One factor to consider is that people may avoid issues due to the risk of exposure (Waller, 2012). For many individuals, the art therapy group may be their first experience with art materials in many years. Establishing a therapeutic frame both externally (the art space, time and limits of therapy) and internally (images made by the client) will assist in the development of trust within the group and facilitate the expression of inner difficulties and explorations (Case & Dalley, 2006). The development of trust is an essential component in the interpersonal approach but could be difficult for some as risk taking is involved. Helping group members through this difficult process can lead to a positive cycle of trust where group cohesiveness is increased. This further leads to more risk taking and personal changes, and in turn to more trust (Wadson, 1980).

Art therapy for cancer groups can be used to confront mortality (Malchiodi, 2012), and can aide in finding strength and purpose in one's new life situation. Using a wellness-model, Malchiodi (2012) suggests that the focus of medical group art therapy should be on "...the individual's ability to experience health and well-being" (p. 402) and not on the disease itself. Reynolds and Prior (2006) also suggest that art making helps to form relationships through the sharing of mutual interests rather than through illness and

emphasize the need for further research to explore specific activities, which could help develop a person's sense of self.

The experience of living with breast cancer will be different for each individual but through the availability of a supportive group and the guidance of a therapist, the opportunity to reconstruct one's life story following illness may help rediscover a sense of belonging and create a positive space for art making (Malchiodi, 2012). The goals of art therapy with cancer patients focusses on finding ways to express oneself while discovering inner strengths that lead to better coping strategies and stronger support systems (Minar, 1999). Increasing self-compassion can lead to less self-criticism and reduce negative thoughts and emotions towards one's body (Przedziecki, 2013). Through the experience of clay, individuals will find improvement in the psychosocial aspects of everyday life as well as discover meaningful experiences that will transcend the illness, leading to the assimilation of the meaning and loss.

## **Clay**

Clay is the result of weathering and erosion of rocks over long periods of time (Sholt & Gavron, 2006). Once cleaned to rid the natural clay of impurities, it is refined in order to get a sufficient plasticity for potters to shape and mold without cracking or breaking (Henley, 2002). Earthenware clays are the most common types of clay used in therapeutic settings as they can be easily worked with and were some of the earliest clays used by potters (Henley, 2002). Without access to a kiln, self-hardening clays offer an ideal alternative to potters clay. These clays have a chemical agent added in order for it to be able to dry, usually within 24 hours. There is some criticism towards self-hardening clay, in that it does not have an earthen quality, which invites a truly sensory response.

However, most are ceramic clay body formulas and though cannot be placed in a kiln, can still awaken the creative process and meet the goals of therapy (Henley, 2002).

From a psychodynamic perspective, working with clay taps into a primal mode of communication and expression through the sensory qualities of the clay. It transforms inner experiences into meaningful expression giving a better understanding of the self. Due to the three-dimensional qualities of clay, sculptures can be viewed from different angles allowing clients to view themselves as whole. Through physical manipulation, clients are able to transform lumps of clay into shaped representations, symbols of their inner reality (Sholt & Gavron, 2006). This largely unconscious process can facilitate more meaningful expression both verbally and non-verbally and lead to greater mind-body connections.

### **Body Image/Identity and Clay**

Hutchinson (1994) describes body image as "...a psychological space where body, mind and culture come together-the space that encompasses our thoughts, feelings, perceptions, attitudes, values and judgements, about the bodies we have" (p. 153). She further adds that the relationship between the self and the body is closely linked to identity. Narrative psychology states that personal and social identities are developed through traits that a person chooses to value and emphasise (Reynolds & Prior, 2006). A diagnosis of breast cancer can challenge these identities and cause psychological distress and negative attitudes towards the self and to others (Stokes & Frederick-Recascino, 2003).

In a research study on body satisfaction for both pre- and post- surgery for breast cancer, Kraus (1999) found that women who had greater satisfaction with their bodies

after surgery were less concerned about appearance than women with increased body concerns who placed a high value on physical appearance. Further research into interventions, which could be used to increase body image satisfaction when first diagnosed with breast cancer could lead to a more positive sense of self while undergoing treatments.

Clay is a naturally forming material that can be shaped and moulded over and over again. Because clients often create images that represent themselves (Sholt & Gavron, 2006), changes that occur in the manipulation process could unfold unconscious layers of emotions and perceptions towards the body both positive and negative. According to Stokes and Frederick-Recascino (2003), negative thoughts and feelings related to one's body could indicate a disturbance in body image, which can lead to dissatisfaction with oneself.

Clay invites a direct tactile experience with the body, creating a non-verbal language with one's inner experiences both physically and emotionally (Sholt & Gavron, 2006). It makes visible disturbances in body image and the accompanying distress associated with poor self-image.

### **Mind/Body Connections**

The body moves in space and collects information through the senses, through movement and by its own internal rhythms. The connection between the body and the mind has long been accepted and applied by creative art therapists. For example, Malchiodi (2012) describes art therapy as a mind-body interaction and defines mind-body art therapy interventions as “those techniques that develop the mind's ability to help the body recover and heal” (p. 96). Florence Cane (1882-1952), an artist and art therapist,

believed that a means to achieving better results in art was through movement, feeling and thought. Bringing focus to the rhythm of the body meant that the artist could transfer that rhythm to their art since rhythm, balance and movement were basic patterns of creativity. Cane argued that rhythmic work often makes possible the release of unconscious elements. Physical liberation could lead to deeper mental and spiritual liberation (Cane, 1983).

Art making evokes mainly the tactile-haptic and visual-perceptual parts of the brain. Haptic perception is the processing of sensory information through touch (Lederman & Klatzky, 2009). Both touch and haptic perceptions are important to art therapists as they involve movement. The way the body moves can reveal important aspects of the self and can activate emotions due to the brain systems involved in processing of emotions (Lusebrink, 2004). A person engaged in art making creates shapes and patterns, communicating symbolic meaning with the use of materials and through movement (Lusebrink, 2004). The goal in art is to integrate the mind and body and to encourage a connection with the self. Through art, movement and sensory information transform what a person is feeling into the image.

Clay uses the sense of touch to arouse a deep tactile-haptic experience that necessitates body movement (Sholt & Gavron, 2006). Through manipulation and exploration with clay, connections to bodily rhythms, tensions and sensations can be felt along with thoughts and emotions directed towards the body. Recognizing negative feelings and judgements towards the self from both personal and societal influences can be exposed in the process of making art along with the ability to find unique strengths



and self-acceptance. Using both the mind and the body, clay work integrates physical and mental processes and allows access to different levels of the unconscious.

### **Loss of Control**

Breast cancer and treatments are often accompanied by painful and confusing experiences that leave individuals feeling less in control of their bodies. Medical art therapy is defined by Malchiodi (1993) as “the use of art expression and imagery with individuals who are physically ill, experiencing trauma to the body, or who are undergoing aggressive medical treatment such as surgery or chemotherapy” (p. 66). Hospital scheduling and waiting times can also lead to feelings of uncertainty. This was reflected in every art therapy session I attended as an intern. The women in the group verbalized how it was painful and tiring waiting for appointments, how they felt like just a number and not a person and how their bodies were treated without sensitivity when undergoing treatments. The group provided support and acted like an outlet for shared experiences and validation of feelings. In addition, art expression gave them a sense of personal empowerment in contrast to the loss of control that was felt. Surgical choices and side effects of treatment can impair QoL, impacting body image and acceptance in one’s personal appearance (Rosenberg et al., 2013). Art expression encourages a sense of mastery, which can increase self-confidence, self-esteem and the development of adaptive coping skills (Piccirillo, 2000). Feelings of mastery can also be felt when using clay and can contribute to increased self-esteem and QoL (Abramowitz, 2013). Learning or improving upon a new skill, feelings of achievement and being validated by others can all contribute to mastery (Abramowitz, 2013). By expressing thoughts and emotions through art, individuals can explore, let go of and understand stress in their lives, which

can contribute to a more positive identity and to overall health and well-being. Art making reduces feelings of helplessness and offers hope for a healthy emotional life and for fulfilling relationships. Offering complimentary treatment choices gives people a sense of control and feelings of independence both in and out of sessions, contributing to overall QoL (Hiltebrand, 2000).

### **Relaxation Exercises**

Breathing and relaxation exercises can help reduce anxiety and stress by calming the mind and resting the body. Relaxation can be used in conjunction with meditation and visualization but for the purposes of the intervention being proposed, relaxation will be incorporated in all sessions by focussing on breathing and using body scan meditations. This exercise is meant to guide attention to various parts of the body in order to notice where tensions and sensations are held. The goal is to focus on how the body feels instead of just labelling the sensations. Clients are then able to be present with the body while exploring their inner thoughts and emotions.

Relaxation techniques can help with stress management by decreasing the effects of stress on the mind and body such as lowering blood pressure, slowing breathing rate and reducing frustration and anger (Mayo Clinic, 2014). Relaxation techniques can be useful in coping with stress associated with cancer and pain (Mayo Clinic, 2014). The goal of the therapist is to assist clients in finding a place that is calm, safe, inviting and happy. By giving present attention to each part of the body, clients are better able to practice emotional awareness and acceptance both in and away from sessions.

Art making using clay is also considered to be relaxing due to its tactile qualities, which have the ability be self-soothing and facilitate expression of emotions (Malchiodi,

2008). Benefits of art making in general include reduced depression, anxiety and stress (Monti et al., 2006; Nainis et al., 2006; Reynolds et al., 2000). Using both relaxation and art making could contribute to increased relaxation state and emotional well-being (Malchiodi, 2008), which could significantly reduce physical and emotional distress both during and after treatment (Monti et al., 2006).

### **Chapter III: Methodology**

Intervention research developed out of a need to re-evaluate the effectiveness of social services and find practical approaches to research that could be implemented by practitioners, administrators and policy makers (Fraser & Galinsky, 2011). The process of intervention research seeks to develop a set of steps that can be used to promote change within human services and can be used to gain a fuller understanding of human behavior. Designing and developing interventions requires three concepts according to Thomas and Rothman (1994). These include knowledge development, knowledge utilization, and design and development. Knowledge development is the gathering of practical information from a variety of sources, which contribute to the intervention being designed. Previous research and theory, related problems as well as both professional and personal experience can all be considered when acquiring knowledge. Knowledge utilization involves turning the information gained from research into practical use while design and development, the focus of intervention research, is the development of new interventions. There are six phases involved in the systematic development of an intervention according to Thomas and Rothman (1994). These include problem analysis and project planning, information gathering and synthesis, design, early development and pilot testing, evaluation and advanced development, and dissemination. The research

project being proposed will focus on the first three phases and will not include any testing or implementing of the proposed design.

The goals of the first phase of problem analysis and project planning is to identify and clarify the problem of concern for the population being considered and to prepare an initial pilot plan that includes individual, social and practical considerations. The second phase of information gathering and synthesis requires identifying and synthesizing all of the information to be used and to identify the gaps in previous research. Finally, the third phase of design uses the information gathered and creates a potential intervention design (Thomas & Rothman, 1994). Using these phases, I will first provide an extensive literature review discussing the various issues women with breast cancer face post treatment and implement an art therapy model using clay as the primary art medium.

Limitations to existing intervention research, specifically to art therapy, includes small sample sizes, a lack of cultural and gender considerations, limited funding and a primary focus on painting and drawing versus other art materials. When providing potential interventions for use in art therapy, most research papers lack detailed descriptions of goals and procedures for individual therapy sessions. Instead, they provide an overall view of what the program would look like making them difficult to replicate. The current intervention being offered helps to fill this gap by providing the aim and directives for each session as well as the art materials given, in this case, clay, in order to increase future validity of the research if it were to be implemented and repeated by other therapists. Another limitation in intervention research in general is that it is used primarily in social work practices. Although art therapy is part of the spectrum of occupations within the human services field, which includes social work, there is very

little information that addresses the specific needs of using psychodynamic approaches within art therapy interventions.

A limitation in the intervention being suggested in this paper is that it attempts to address only the first three stages of Thomas and Rothman's (1994) intervention model, which can be limiting in that the efficacy and effectiveness of the design will not be examined therefore further refining and subsequent research may be needed. It is also important to note that personal biases can influence the designing of interventions including the level of structuring, materials and personal feelings towards the research topic. It is therefore central to any research model that constant reflexivity and transparency be monitored. The choice to not use painting and drawing as the primary material to address body image issues has been mentioned in both my personal and professional experience and therefore my own interest in clay could be considered a delimitation in the intervention being designed.

Although demographic issues such as age and ethnicity are not restricted, there is another delimitation to the intervention being proposed in that only women are invited to participate, which is potentially limiting to males diagnosed with breast cancer. The suggested intervention and activities are not gender specific however and may be applicable to other populations including males and those suffering from other cancer diagnoses who may struggle with concerns around body image, self-expression and feelings of isolation.

Finally, limitations to current body image research include a lack of consensus on the definition of body image as well as factors and variables to consider when discussing body image such as age, type of bodily changes that occur as a result of illness and

treatment, overall general health and how women perceived their bodies before receiving a diagnosis of breast cancer. I chose Hutchinson's (1994) definition discussed later in the paper as it incorporates how body image is created from both internal and external resources and closely linked to personal identity.

#### **Chapter IV: Intervention**

Being able to understand emotional pain and gaining insight are two important goals in art therapy. Developing non-verbal ways to increase emotional and psychological health that could lead to a better QoL can help women with breast cancer better cope with their illness (Malchiodi, 1999). Therapeutic art programs with cancer patients have been shown to help reinforce positive coping behavior and increase one's self-esteem and sense of control (Nainis et al., 2006). Other benefits include reducing stress and alleviating feelings of depression (Malchiodi, 2007).

The aim of this design is to provide semi-structured art therapy sessions to cancer patients using self-hardening clay. The program is structured in such a way as to facilitate emotional expression through sensory responses to the clay and to increase acceptance and satisfaction in one's perceived body image by creating a sculptural self-portrait.

In order to qualify for the intervention program, women must be 18 years of age or older and have been six months post treatment prior to entering the group. Women would be referred through the oncology department or by their doctors in the current hospital that the intervention was to take place as well as recruited through hospital newsletters and posters. There is no limitation on how long after treatment a woman can participate due to the lasting effects of body image concerns that women may experience.

Potential participants would email or call the therapist for further information, determine eligibility and set up a time for an interview. Possible reasons for exclusion would include the inability to commit to ten sessions or to one and a half hour long sessions due to medical problems, cancer diagnosis other than breast cancer, severe psychiatric illness, being younger than 18 years old and an inability to communicate in English. There would be no priority given to individuals with previous art or art therapy experiences. Consent forms will be provided prior to starting the program. Although this intervention is meant to take place within a hospital setting with individuals who are outpatients, expanding the group to other community settings would be a possibility using the same guidelines.

The general framework of the group is to provide a safe and confidential group setting that would take place weekly over 10 weeks. Keeping the number of participants from six to ten would allow for the benefits of a group process to unfold while also allowing for individual attention to be received. The sessions will be one and a half hours in length, which would allow time for opening check-ins, a relaxation exercise, art making and a closing discussion. Open discussion will be encouraged inviting reflection and disclosure and will include such topics as the experience of image-making, personal meanings of the image and future directions for art making.

The framework for individual workshops will be as followed: each session will begin with a check-in, enabling group members to share how they are feeling both physically and emotionally and will be meant to encourage group discussion and cohesion. The art therapist will then lead a guided relaxation to place the individual in the present moment and to find heightened awareness and connection to one's own body

experience. The focus will be on the breath to quiet the mind and body in preparation for art making. Clay will be the main material used in sessions, but additional art materials will be made available such as paper, pastels and markers for those who may find continuing with the clay process difficult on any particular day or for those who have completed their sculptures and wish to further engage in art making. The art therapist will present the suggested clay theme each week based on the intervention model and facilitate in the creation of images using clay and other art materials that will be available. The emphasis is on the process of image making and the use of play and spontaneity will be encouraged. Clients will be aware that the artwork is to be kept in a locked cupboard for the duration of the ten weeks. The clients will have access to the cupboard during their sessions to continue on projects and will be able to take home their artwork in the final session. In the event that the process of image making, the image itself or the image of others artwork are to be found disturbing, the client may withdraw from the session for a time or until the following week and a referral system will be in place for clients who may become overly disturbed. These concerns will be part of the consent form given prior to beginning the program.

### **Summary of Sessions**

The design of the sessions will be in three phases and include a beginning, middle and end. Due to the ability of clay to quickly reach depths of the unconscious, it will be important to move slowly through the clay process, leaving space for reflection and support. The beginning phase will take place from sessions one to three and will be a time to introduce each other as a group and create a safe and trusting setting in order to form a foundation for a therapeutic relationship to develop. Introducing clients to art



therapy and the use of clay as a medium will also be important during this phase in order to encourage art making and exploration that is non-threatening and unique. Sessions four to six will be the middle phase, which will deepen the process into the clay experience and self-discovery. A focus on stress triggers and increasing coping skills will be integral as well as encouraging individual expression through the use of symbolism and metaphor. Sessions seven to ten will be devoted to closure and the completion of a personalized sculpture representing the self. Final touches to artworks will be finished and the opportunity to display and discuss each person's piece will be presented.

### **The Beginning Phase-Sessions 1-3**

**Session One-Introductions.** The aim of this first session is to come together as a group, without judgement, and to offer a clear outline of the program including practical issues such as dates and times and confidentiality. Two activities will be presented, adapted from Liesl Silverstone's *Art Therapy-The Person-Centred Way* (1997), which are meant to give a focus to how individuals are presently feeling and how they are feeling in the group. A body scan exercise will be introduced in order to situate clients in the therapeutic space and feel present in the moment. Used for relaxation and self-awareness, clients will be asked to sit comfortably in their chairs and close their eyes if they are comfortable. They will then be asked to give attention to their breathing before being guided to focus on each part of the body. A similar exercise will be presented at the beginning of each session to follow. When clients are ready, they will be asked to create and share an image saying "This is me" using 8 ½" x 11" paper or 12" x 18" paper. A choice of materials including markers, pencil crayons, oil or soft pastels will be

offered. When the images are finished, each person will say their name and have an opportunity to speak about their drawing. For the second exercise titled “this is me in the group”, each person will be asked to place their drawings on a large sheet of paper to be placed on the floor. This activity will lead to a discussion about where the image was placed in relation to each other and give each person an opportunity to express their hopes and reservations for the group. Encouraging the women to explore and develop their own personal expression while easing pressures of performance will be essential in this first session. Many individuals who are new to art therapy will have preconceived notions about artwork and what it means to be an artist. It will be the therapists job to remind everyone to take joy in one’s personal style and creativity and to encourage spontaneity (Malchiodi, 2012) while creating a therapeutic frame that includes trust, safety and acceptance.

**Session Two-Introduction to clay.** The aim of this session is to become familiar with the physical properties and sensations of clay and how it can be manipulated. The start of the session will begin with a repeat of introductions and a check in as to how everyone is doing. Following a relaxation and body scan, each individual will be given a small piece of clay to hold in their hands while the therapist leads an exploration exercise. Clients will be asked to close their eyes if comfortable, and try using different hand motions with the clay such as rolling, pinching, pressing and squeezing pieces together. Time will be given for self-exploration with eyes open in order to better grasp the potentials and limitations of the material. Clients will be encouraged to play and be spontaneous and to discover the material without intention. Following this, a second exercise will be offered in which each individual will be invited to shape and transform

their clay pieces into objects of choice. A discussion will follow that first asks questions about the kinesthetic qualities of the experience for those who may find it difficult to access their emotions (Hinz, 2009). Questions such as “what were you doing with the clay?” or “what did the clay feel like?” would be suitable as a starting point for conversation. For those who are ready, a dialog can begin on what was created and if any meaning was placed on the objects.

**Session Three-Introduction to figurative sculpture.** The aim of this session is to introduce a simple technique of making self-figures out of clay in order to increase one’s confidence in the material and encourage agency. Sculpting human forms can invite a variety of emotions, especially with clients who have inhibitions about their bodies (Henley, 2002). Distortions in the body are often seen in the creation of self-images due to one’s own emotional and perceptual disturbances towards the self (Henley, 2002). “When the emotions become pathologically oriented, the image becomes distorted” (Chaiklin, 1975). Using a non-threatening and gentle approach through demonstration by the therapist encourages individual expression and attention on the process rather than on the final product. In order to simplify the process of using clay to make a human form I have chosen a technique adapted by Henley (2002). In the first step, clients are asked to roll individual pieces for the head and body and to join them together. For the second step, clients roll out the arms and legs then join these to the body. Once the basic figure is formed, clients are free to embellish them using their own personal styles. A discussion on the technical aspects of creating figures as well as aspects of the self that are visible in the sculptures will close the session.

## **The Middle Phase-Sessions 4-7**

**Session Four.** The aim of this session is to explore the experience of stress unique to each individual and develop awareness of where in the body tensions are held. In order to begin this process, a detailed relaxation and body scan will start the session. Clients will then be given a body image template copied on 9” by 12” white paper and using coloured drawing materials such as pencil crayons or markers, make lines, colours and shapes to represent feelings about the body. Lusebrink (1990) states that “the process of translating body sensations and emotions into symbolic images gives the individual a means to deal with stress on a cognitive level” (p. 222). After a quick reflective writing process that includes jotting down a few words or phrases about their image, clients will be asked to close their eyes and will be given a ball of clay to let go of any stress that may be carried in the body. While focussing on the rhythm of the breath, five to ten minutes will be given to knead and press the clay using the fingers and hands. Clients will then be given tools such as rolling pins, scrappers and cutters. After a demonstration by the therapist, they will have the opportunity to use the tools to hammer, slice, pound, roll etc., in a way that would rid them of any stress they may be feeling, expelling the tension from their body onto the clay. With the transformed clay, clients will be asked to complete a final exercise in which they will re-form the same ball of clay into an encouraging and more favourable object. For example, clients may visualize knots where muscle tension is high and could choose to transform the knot into a pillow or cot, symbols that may evoke relaxation. Through the unstructured manipulation of clay both constructive and destructive aspects unfold while the process of creating something out of nothing gives meaningful expression to what a client may be feeling,

especially with the opportunity to sculpt and re-sculpt (Sholt & Gavron, 2006). By transforming physical sensations, the women in the group could potentially gain access to inner strengths and discover their capacity for growth. Discussion questions would include “what tools did you use?” What was the emotion involved when using the tool?” or “identify how the clay was able to transform”.

**Session Five.** The aim of this session is to discover tolerance and self-compassion for changes that have occurred in the body as a result of breast cancer and treatment and to realize unique aspects of the self. Following a relaxation and body scan exercise, clients will be asked to share any tensions and feelings of uncertainty that are felt in the body in a group discussion. Generally by the fourth session, groups become more coherent and feel safe enough for clients to share personal experiences (Luzzatto & Gabriel, 2000). In the exercise to follow, clients will be given clay to sculpt a gift for themselves that could ease any tensions and increase self-acceptance over bodily concerns. Examples of gifts could be a favourite pillow, a massage roller or a sculpture of two people hugging in an embrace of acceptance. Women with poor body image may have increased depression, anxiety and stress due to lower levels of self-compassion according to Przewdziecki (2013). She suggests helping women increase their self-compassion, especially in the post treatment phase, which may lessen distress related to body image disturbance. A final discussion would take place that would give the group an opportunity to discuss their gifts and their significance to health and well-being.

**Session Six.** The aim of this session is to encourage exploration of individual expression and empowerment through symbolic representation and to process the experience in relation to in the group. In the first exercise, following a body scan and relaxation, clients will be given a small ball of clay to sculpt an animal, tree or figure, a symbol representative of the self. Clay offers the potential to construct symbolic images that can serve as a catalyst for clients to look deeper into themselves (Luzzatto & Gabriel, 2000), either symbolically or metaphorically. Metaphors offer an effective way to explore social and emotional issues without directly confronting them (Henley, 2000). If clients are ready, they can participate in the second exercise, which asks them to place their objects on a table alongside others. The purpose of this exercise is to revisit if the images were placed differently from the first session and discuss any changes. The sculpture becomes a physical representation to aide in a dialogue, increasing connection and support amongst the group and is an opportunity to move deeper into unconscious levels and explore the inner self (Thompson, 2012). Some discussion questions could include “what did you make?” “How does the object represent you?” or “identify how you were feeling when creating the object”.

### **Final Phase-Sessions 7-10**

**Session Seven.** The aim of this session is to explore and reflect upon individual experiences of the body and to realize strengths and unique aspects of the self. The next three sessions will be dedicated to a final sculpture representing a self-image. Each person will be given a lump of clay in the size that they choose and are asked to create a figure of the self or a series of figures representing aspects of the self. Clients will be told they have three sessions to complete their figures with the option to paint them when

dry. The potential to create a more complete relationship with all aspects of the self will be the goal of this final project. Although creating self-images can be difficult for most people, the clay process has the potential to deepen knowledge about the self and reflect a truer image of how people view themselves. The figures may be inaccurate at first, similar to the makers conscious and unconscious issues related to their bodies (Henley, 2000). The ability to overcome these distorted or idealized perceived bodily disturbances can occur in the clay's transformation process and within the therapeutic frame, which can restore a sense of wholeness.

**Session Eight.** The aim of this session is to continue in the creative process of transforming clay into a self- representation. An emphasis on individual strengths, uniqueness and giving a sense of purpose should be emphasised. A quiet, personal reflection will ask clients to imagine a place where they feel completely at ease such as a favourite place, a picture they have seen or somewhere imaginary. Clients will stay in this safe place for some time, feeling calm and confident before working on their sculptures.

**Session Nine.** The aim of this session is to prepare the group for termination and to finish the figurines by glazing or painting them. It should be noted that this process is not mandatory as the option to leave the clay sculptures in their natural state is available. Case and Dalley (2006) discusses the importance of preparing for termination as it addresses feelings related to separation and loss. Preparing to end gives clients an opportunity to say goodbye and to review the process of therapy using the images produced. Clients are encouraged to jot down any notes or to create an image that best expresses their journey over the past ten weeks. In the final part of the session, the group

will be invited to revisit the exercise from the first session titled ‘this is me in the group’ and place their images on the floor in relation to each other. A discussion will follow about any changes that occurred from session one and what, if any experiences or transformations have happened since then.

**Session Ten.** The aim of this session is group closure and a time to reflect on the experiences of the group and using clay as a medium. Clients will be invited to participate in a final relaxation exercise and body scan. They will then be given time to reflect on the physical and emotional meanings given to their sculptures in a group discussion that will take place to close the group. In the last part of the session, clients will be asked to place their sculptures on a black cloth in the middle of the art table. Some discussion questions could include “How was it to create a self-portrait using clay?” “Are you satisfied with the final sculpture?” and “is there a title for you clay piece?” A final review of all the artwork made in sessions and the careful packaging up of the pieces to be taken home will close the session and the group.

## **Chapter V: Findings**

The present paper has provided an intervention design for the support of art therapy as a viable treatment in reducing psychological and psychosocial concerns frequently reported by women after a diagnosis of breast cancer and as a means of increasing body image satisfaction. Findings indicate that some factors may be associated with a higher risk of body image concerns such as fatigue, anxiety, depression, type of surgical treatment, age and social support. Self-reports from existing research reveals that participation in art therapy interventions “facilitated personalized expression and resistance to disempowering discourses” (Collie & Long, 2006, p. 769), actively connected body and self” (Öster et al., 2009, p. 34) and helped to “regain self-confidence



and readjust their self-identity” (Luzzatto & Gabriel, 2000, p. 269). Other researchers have shown a significant decrease in anxiety and depression (Monti et al., 2006; Nainis et al., 2006; Puig et al., 2006), increased communication with family and friends (Gabriel et al., 2001) and overall improvement in QoL (Monti et al., 2006; Reynolds et al., 2000; Svensk et al., 2009) and coping resources (Öster et al., 2006). In addition, art therapy offered an opportunity to share in personal experiences of breast cancer including treatments that affect the body.

Perceptions of one’s own body image can impact the ability to express negative feelings, the capacity to receive social support as well as the ability to cope with a life threatening illness such as breast cancer (Pikler & Winterowd, 2003). Maintaining a positive body image is related to self-efficacy in coping with breast cancer therefore offering social support for the expression of negative feelings has been shown to increase positive thoughts towards the body (Öster et al., 2006) and contribute to an overall sense of well-being. Reynolds and Prior (2006) suggest that maintaining a positive identity can be achieved through engaging in art making while Svensk et al. (2009) maintain that adjusting to a changed body image after illness can be encouraged through supportive expressive therapy, which helps to redevelop and make clear personal values and goals on one’s life.

The experience of being diagnosed and treated with breast cancer varies, therefore, it is important for healthcare providers to try to meet the psychological and psychosocial needs of women post treatment and to understand how one views and accepts their body. Being aware of how body image is socially constructed and the cultural expectations associated with women’s bodies should be considered when

designing programs aimed at counteracting body image disturbances. Several research findings show that women who have higher body image perceptions or who feel better about their bodies pre-diagnosis are more likely to accept and cope with the physical changes caused by breast cancer and treatments such as hair loss, reduced energy and the result of surgery, which can lessen the effects of psychological distress (Falk Dahl et al., 2010; Pikler & Winterowd, 2003; Rosenberg et al., 2013). In addition, Przewdziecki et al. (2013) showed that low-self-compassion is linked to long term distress associated with bodily changes after breast cancer demonstrated that many women have sustained body image concerns beyond 12 months, which is associated with increased psychological distress. They suggest that higher levels of self-compassion, defined as “the ability to kindly accept oneself or show self-directed kindness while suffering” (p. 1873), is associated with body image and that strengthening a person’s self-compassion should be a part of the overall treatment goals in order to address body image disturbances. An area for future investigation would be to offer art therapy prior to treatment as a way to increase self-compassion before visible changes to the body occur that could impact a negative perceived body image. Pikler and Winterowd (2003) showed significantly higher self-efficacy in coping, for women with higher body image perceptions compared to lower body image perceptions and stressed further research that focussed on how women feel about their bodies in relation to both confidence and empowerment. The results of this research show the importance of pursuing interventions to support body image issues faced by women coping with breast cancer and treatments. The proposed intervention addresses these issues by empowering women to find inner strength and

positive identity, increasing and maintaining coping resources and provides an opportunity for social interaction and support.

Overall, the literature review indicates that art therapy support groups can help women post treatment confront issues related to perceived body image and improve overall QoL in areas such as improving new and existing interpersonal relationships, increasing feelings of independence and control as well as obtaining mastery in a new skill contributing to increased self-confidence. Incorporating clay as a unique art medium to reach therapeutic goals has shown additional benefits such as encouraging self-expression and offering a direct physical and sensory dialogue with the body.

## **Chapter VI: Discussion**

The aim of this research paper was to design a group art therapy intervention for women post treatment with breast cancer using clay as a means to confront issues related to body image and to encourage its implementation into real practice. It was developed with the intention of addressing such therapeutic objectives as exploring self-identity, creating a space for emotional and social support and being able to recognize and develop coping resources and personal strengths.

The ten week program being proposed in this paper is meant to support clients in finding greater satisfaction with their body image and sense of self. By encouraging personal narratives and self-expression in a supportive and non-judgmental environment, clients are free to explore their experiences of cancer, which could help them regain some aspect of control over their lives. Being involved in an art therapy group can offer clients an opportunity to share similar experiences and to support one another in their creative processes. The proposed intervention may prevent women from participating who prefer

individual therapy and therefore a delimitation because not everyone is comfortable in a group environment, However, the intention of the intervention is to encourage an interpersonal approach through the sharing of images and experiences along with the creation of clay sculptures as an overall treatment approach to enhance body satisfaction and overall well-being. Interviews following the program could aid in determining the benefits of offering group art therapy to women post treatment with breast cancer as well as using clay as a therapeutic medium, and can be compiled in order to improve and promote further groups. Although the reliance on self-reports and attendance could be considered a limitation for future research, repeated therapy groups with a diverse group of women, using the same themes suggested in the ten sessions could result in the ability to generalize the findings.

Despite the positive aspects of using clay and the interest by therapists to include it in their practice, Goryl's (as cited in Sherwood, 2010) survey showed only 25% of therapists used clay while 99% believed that clay was very therapeutic. A significant lack of evidence to support the therapeutic aspects of clay or clay as a therapeutic medium in general (Sherwood, 2010; Sholt & Gavron, 2006; Souter-Anderson, 2010) may be the reason behind its infrequent use. This paper is an attempt to fill this gap by showing the effect that clay can have in relation to body image and to expand upon current research promoting the use of clay in therapy with other populations. Although there is a considerable absence of research and a limited number of resources to support how using clay could be beneficial in addressing body image concerns with breast cancer patients within a therapeutic setting, other evidence can be found to support its use in relation to trauma and experiences of illness. For example, Thomson (2012) wrote about

a clay group for women survivors of violence who made sculptures in clay and wrote trauma narratives to “transform their pain and reconnect with their resilience and strength” (p. 118). When the women involved in the project reflected on their experiences, they were able to give voice to and communicate their stories while engaging in a highly creative process that allowed for acceptance of the present self and hope for the future. Timmons and Macdonald (2008) wrote about the experience of using clay for people with chronic illness and disability, attempting to form a link between health and creativity. Although only six people participated in this study, all the participants reported ways in which working with clay was beneficial to their health and contributed to personal wellbeing. Finally Hyslop, (as cited in Timmons & MacDonald, 2008), used three case studies to illustrate the healing potential of clay in palliative care. His aim was to show how mastery of clay could be achieved in a short time and described how pottery helped patients reaffirming their self-worth and creating a positive self-image. He also believed clay to be beneficial for promoting interaction since it created a mutual experience. In reviewing these three studies, similar themes occurred that would suggest clay be a suitable material to use in group art therapy with female cancer patients. For example, the capacity to gain strength and acceptance in oneself in Thomson’s (2012) community art project was directly linked to the support felt by the group and the transformative properties of the clay, which allowed for individual reflection and a dialogue with the material that improved self-image and self-satisfaction, an important aim in the intervention being proposed. In all three studies, engaging in the art making process gave a sense of pride and connection to their own creativity, and offered a sense of control and mastery leading to improved self-esteem and increased confidence. In

addition, personal well-being improved and gave the individuals the ability to connect with and accept not only themselves but the uniqueness and strengths of others, allowing for more communication and enhanced relationships. It is my goal to offer all of these potentials in order to assist the women attending the group to confront their issues related to body image and self-identity. Re-evaluating social and cultural ideals of femininity and regarding one's personal investment in appearance can be challenging and overwhelming. By engaging with the sensory qualities of clay, my hope is to give voice to the women in the group and not to their illness and to help facilitate the creative process that could potentially contribute to overall well-being and QoL.

The art therapy program offered in the present paper offers a hands on visceral and kinesthetic experience that can be important to the overall healing of breast cancer. The sensory qualities of clay and other forms of art making allow for a greater understanding of bodily sensations often felt in people undergoing treatment for cancer (Waller & Sibbett, 2005) by offering direct contact with the artist's body. Further research using clay as a therapeutic intervention for breast cancer and those suffering from other cancer diagnosis' is needed in order to gain a better understanding of client's personal experiences of transformation that are processed in the working of the clay. This includes research on clay interventions in identifying psychological issues related to body image and a positive sense of self.

Despite its limitations of using only the first three stages of an intervention research study as well as a focus on group therapy, this paper demonstrates a critical exploration into incorporating clay into an effective art therapy program for women post treatment with breast cancer who may have concerns about their physical appearance

resulting in ongoing psychological and psychosocial distress. By providing a comprehensive literature review, allowing for both cultural and gender considerations and by outlining a detailed description of goals and procedures for individual sessions, the proposed intervention will be easy to replicate by other therapists and researchers and will offer a strong foundation for future studies. Body image scales to measure body image distress prior to beginning the group have not been discussed, but their use would help to improve reliability in further research.

It is further important to note that incorporating clay into art therapy interventions is not only feasible but affordable and readily available due to the many varieties of clay available that can be used without the extra expense of a kiln. Although clay bodies are not as easily stored due to the space required and the fragility of the pieces, this can be easily overcome through some forethought by the therapist. For example, a large enough cupboard and trays for moving the artwork would need to be provided with special attention to the care and safety of the work itself. Although support for the unstructured use of clay in therapy has been shown to encourage self-direction, independence and self-expression (Abramowitz, 2013), I have chosen a semi-structured, short term therapy model with clear and precise goals for each session that still leaves rooms for free-expression and individual creativity to come forth.

## **Chapter VII: Conclusion**

Through space and time, the body moves within the environment, adjusting to certain needs and social norms, past events and learning new ways to engage. Creative arts therapists look at how the mind and body are interconnected and find ways to reconcile both. Developing an intervention using clay to explore body image issues in

women post treatment with breast cancer has resulted in the merging of several research topics including breast cancer, body image, art therapy and clay as a therapeutic medium. My personal interest in clay and the therapeutic benefits I believe it to possess have inspired the creation of this intervention. As there is a significant gap in art therapy intervention research to support body image issues that women with breast cancer may experience, it has been my goal to offer a unique intervention model that expands upon how clay can be used as a clinical tool and subsequent treatment for healing the mind and body after breast cancer. Not only suitable in hospital settings but in other short term therapy community organizations, this paper has attempted to show how clay as a medium for addressing body image issues following breast cancer treatment could lead to decreased psychological distress and build on internal resources that could allow for better coping skills and the ability to accept oneself. Adjusting to life after breast cancer can present many challenges. Providing opportunities to explore and express emotions can help individuals gain control and confidence in one's situation. It is my hope that this study will offer the groundwork needed for further studies aimed at women in all stages of breast cancer and that interconnections between illness, body image, and art therapy will be made.



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