

How Can Mosaic Artwork be Used in a Community Art Studio to Assist Posttreatment Cancer Patients to Reconnect with Their Lives?

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Abstract

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The numbers of cancer survivors has been increasing due to the aging society and growth of the population and improvements of medical technologies; hence, there is a greater need to understand and assist individuals who have completed their primary cancer treatment with their psychosocial issues. However, there is a significant gap in social science research in terms of interventions aimed at supporting posttreatment cancer patients. Specifically, in the field of art therapy, there has been limited research on this particular population. Therefore, this research study aims to incorporate the idea of creating a specific collaborative artwork, a mosaic, in a group environment at the chosen setting, community art studios, in order to aid posttreatment cancer patients. The goal of this art therapy intervention study is to address the research question: “How can mosaic artwork be used in a community art studio to assist posttreatment cancer patients to reconnect with their lives?” This major research paper is focused on addressing two psychosocial issues, self-identity and social isolation among individuals who have suffered from cancer, and explores the potential uses of narrative approaches and imagery. Further, this research assesses art therapy and cancer care in relation to reconstructing identity and reducing social isolation while examining the beneficial aspects of group therapy as well as social support and community art studios. The meaning of collective mosaic art making with symbols and metaphors, and the therapeutic qualities of the art medium of clay are also reviewed. In the group intervention program design, 10-weekly sessions are developed to be offered in a community art studio setting to adult posttreatment cancer patients for 1-1/2 hours and intended for a group of six to eight participants. By utilizing this proposed art therapy group intervention program, the author aims to assist more cancer survivors in increasing their levels of psychosocial well-being while improving their community life and overall health.

Keywords: Art Therapy, intervention, group therapy, posttreatment cancer patients, identity, social isolation, mosaic, clay, narrative, community art studio, social support

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Author Note

Experiencing serious illness has had a tremendous impact on my life, and how to deal with my own disease and the different stages of the recovery process have played a significant role in readjusting and shaping my self-identity. In my late adolescent period, I was diagnosed with cancer and lived through a period of uncertainty for a while. It turned out that it was a misdiagnosis; yet, I never forget the moment when my mind almost shut down for a second when my doctor told me that I have cancer. Once you experience a serious illness that leads you to question your existence and length of the rest of your life, you may begin wondering who you truly are and what you want to do in life; hence, searching or reconstructing self-identity emerges as a natural process. During this Art Therapy Master's program, I underwent major surgery. As a result of this surgery as well as complications due to medications, I had to take a leave of absence for one year from school and stay away from most social interactions in order to fully recover. Having constant severe pain and living in an isolated condition for a long period were quite challenging. During this recovery period, I had difficulty finding where to belong and redefine my self-identity. This lived experience made me reconsider which social identity I most strongly felt a connection to.

Through my own experience working with cancer patients as well as posttreatment cancer patients as an intern art therapist, I learned how much these patients struggle to reconstruct their self-identity and break their isolation while often facing challenges related to belonging, particularly in their recovery, because mostly they cannot go back to their previous trajectory of work or study yet. As I worked with these individuals, I began wondering how art therapy interventions could bring a positive effect to posttreatment cancer patients to reduce their isolation and feelings of loss of belongingness. The intervention which occurred to me was having cancer patients participate in a collective art activity in a group setting in a community art studio environment. I am interested in the power of a sense of connectedness which emerges through sharing the same space and time while experiencing creative process together. My own experience going through serious illness and recovery phases led me to be empathetic towards posttreatment cancer patients and gave me greater motivation to develop an effective short-term group art therapy intervention program with the hope, that in the future, posttreatment cancer patients can find their own comfortable place in their community and life.

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Introduction

The numbers of cancer survivors has been increasing due to the aging society, growth of the population, and improvements of medical technologies (DeSantis et al., 2014); hence, there is a greater need to understand and assist individuals who have completed their primary cancer treatment with their psychosocial issues. However, there is a significant gap in social science research in terms of interventions aimed at supporting cancer survivors. Specifically, in the field of art therapy, there has been limited research on this particular population. The author worked with cancer patients and survivors as an intern art therapist in the hospitals and a community art studio, and also has experienced recovering from serious illness. Further, having fundamental knowledge of the art medium, clay, and having experience making clay artworks during the recovery process after hospitalization helped the author understand her creative healing process. These clinical and personal lived experiences inspired the author to create this intervention program. This research suggests that group art therapy centered around a mosaic collaborative artwork in a community art studio can aid posttreatment cancer patients.

The goal of this art therapy intervention study is to address the research question: “How can mosaic artwork be used in a community art studio to assist posttreatment cancer patients to reconnect with their lives?” This major research paper is written based on the qualitative theoretical intervention method. With the intention of creating a theoretical art therapy intervention program, the following literature review first considers research addressing two psychosocial issues, identity (Foster & Fenlon, 2011; Spiegel & Classen, 2000) and social isolation (Spiegel, 1994; Yaskowich, & Stam, 2003) among individuals who have suffered from cancer, and explores the potential uses of narrative approaches (Collie, Bottorff, & Long, 2006; Czamanski-Cohen, 2012) and imagery. Finally, this research discusses art therapy and cancer care (Malchiodi, 1993; Monti, 2004; Zammit, 2001) in relation to reconstructing identity and reducing social isolation while examining the beneficial aspects of group therapy (Rutan & Stone, 2001; Yalom, 2005), as well as social support and community art studios (Timm-Bottos, 2006; Timm-Bottos & Reilly, 2015a; Timm-Bottos & Reilly, 2015b). The meaning of collective mosaic art making with symbols and metaphors, and the therapeutic qualities of the art medium of clay are also reviewed. By utilizing this proposed art therapy group intervention program, the author aims to assist more cancer survivors in increasing their levels of psychosocial well-being while improving their community life and overall health.

Methodology

Intervention Research

This qualitative theoretical intervention research consists of a literature review part and a proposed intervention program section which follows the intervention research method. Fraser and Galinsky (2011) stated, “Intervention research is the systematic study of purposive change strategies. It is characterized by both the design and development of interventions” (p. 459). In the beginning of this study, psychosocial problems among cancer patients including ones who have completed primary cancer treatment are examined by gathering pre-existing research information for this particular population to develop an effective intervention program. For the purpose of conducting in-depth research, a theoretical approach is applied along with the intervention research design. Therefore, available current literature on the narrative approach as well as art therapy and cancer care are reviewed while cancer patients’ identity and social isolation are addressed in the context of psychotherapy, group psychotherapy, and social support theory. In order to develop a distinctive art therapy group intervention to tackle with the specific psychosocial issues, such as reconstructing identity and reducing isolation in society, further literature including the potential use of community art studios and creating collective artwork, mosaic, is critiqued and integrated in this study. Fawcett et al. (1994) stressed that “One important aim of intervention research is to create means for improving community life, health, and well-being” (p. 25). In a like manner, this study specifically intends to provide a group art therapy intervention in the future with cancer survivor to promote their healthy community life as well as physiological and psychological well-being. As Fawcett et al. (1994) explained, there are six phases required to develop systematic intervention research. These six phases include: problem analysis and project planning, information gathering and synthesis, design, early development and pilot testing, evaluation and advanced development, and dissemination. Conducting a pilot test and replicating the intervention under field conditions to evaluate it remain for the future studies. At the end of this paper, other potential populations suitable for a replication of this research are considered as part of this dissemination step.

Research Participants

This proposed group art therapy short-term intervention program targets adult posttreatment cancer patients. This intervention is designed for a group of six to eight participants who are over 18 years old and have finished primary cancer care. Particularly,

people feeling isolation in their community and struggling to reaffirm their identity following cancer treatment and/or hospitalizations after being diagnosed with cancer are ideal candidates to participate in this specifically tailored intervention program. These individuals can be from all cultural and socioeconomic backgrounds as well as diverse religious beliefs since community art studios are inclusive environment. No art making experience, skills, and knowledge are required. The aim of this group art therapy short-term intervention is to focus on this marginalized population to offer sufficient support in their early survivorship trajectory while guiding them to learn how to cope with their psychosocial problems through creating a collective mosaic artwork in a community art studio setting.

Researcher

Identifying potential researchers' biases is a crucial step in any studies. Tracy (2010) explained that there are eight criteria to conduct an excellent qualitative research, such as worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethical, and meaningful coherence. In addition, she discussed the importance of self-reflexivity about subject values, biases, and inclinations of the researchers. Thus, it is important to mention that, in the past the author of this paper experienced life-altering illnesses and a major surgery, which is usually operated for cancer patients, the targeted population of this research. Having the experience of being a medically ill patient and going through recovery steps made the author feel close to individuals struggling with illness, such as cancer, particularly ones having difficulty resuming their life after surgery and hospitalizations. Also, the author has clinical experience as an intern art therapist to offer psychotherapeutic group and individual services to cancer patients and survivors as well as their loved ones in hospitals and a community art studio. As a researcher, the author needs to keep these experiences and extended emotional closeness with patients at bay while creating a duality within her self-identity as a helper. As Tracy (2010) described, reflecting on own views honestly as a researcher is a critical step to conduct a high quality qualitative research.

Literature Review

The Psychosocial Issues of Cancer

Cancer patients experience various psychosocial issues, such as anxiety and depression, which are common problems during and after their treatments (Borgmann, 2002; Classen et al., 2001; Geue et al., 2010; Ronson, & Body, 2002; Spira, 1997). Jacobson et al. (2012) described,

“A principle goal of psychosocial care is to recognize and address the effect that cancer and its treatment have on the mental status and emotional well-being of patients, their family members, and their professional caregivers” (p. 1151). Further, Foster and Fenlon (2011) pointed out, “Following treatment, survivors may feel particularly vulnerable and face threats to their identity” (S21) and support is lacking for these cancer survivors. When cancer patients complete their treatments, they have fewer occasions to see health practitioners for follow-ups and receive psychosocial care, including psychotherapy, counseling, and therapeutic interventions. Luzzatto and Gabriel (2000) stated, “Cancer patients who have completed medical treatment are often left with unresolved psychological issues. The need for a readjustment of self-identity is often emphasized as the core goal of therapy with this patient population” (p.265). In order to have a better understanding of the psychosocial impact of cancer patients, specifically those who are in the recovery phase, here, two main psychosocial issues which cancer patients experience are examined: identity and social isolation.

Identity. When individuals experience a major life change, such as life-threatening illness like cancer, the extreme change can lead a person to reflect on his or her identity by asking themselves who he or she will become after diagnosed with cancer. In other words, these individuals will likely face many unknown situations like whether or not they can sustain their career, or keep pursuing their education. “Identity is socially constructed and maintained as a continual process throughout our lives” (Evans, 2005, p. 39). Zebrack (2000) stated, “Cancer is not just a single event with a certain end but an enduring condition characterized by ongoing uncertainty, potentially delayed or late effects of the disease or treatment, and concurrent psychosocial issues” (p. 238). Hence, once people suffer from cancer, there constantly is ambiguity in their daily life and this uncertain situation has a great impact on cancer patients’ identity. Particularly, when posttreatment cancer patients wish to go back to their old ordinal life yet they still cannot do so- for instance, due to uncertain recovering health conditions- their self-identity may be forced to remain as “posttreatment cancer patients” instead of returning to their previously established status. Spiegel and Classen (2000) discussed the importance of helping cancer patients redefine themselves while pointing out “One predictable consequence of having cancer is that it challenges the patient’s identity” (p.200). Cancer can challenges a person to change his or her identity in many ways, such as physical, emotional, psychological, and interpersonal, since the illness threatens to discompose a person’s previous self-identity. One

thing health practitioners must keep in mind is that oncology patients may feel like they are treated as an object during medical procedures, which raise compelling issues of identity (Tjasink, 2010). This could be perceived a violation of self-identity that can damage fragile cancer patients' mind. Thus, in order to recover in both physically and psychologically, working on reconstructing a sense of self-identity is a necessary process for cancer patients (Spiegel & Classen, 2000; Zebrack, 2000).

During the recovery trajectory, cancer survivors continually face a number of changes while they need to keep working on reshaping their self-identity and dealing with different adjustments, which could be “a loss of productive function, financial crises and family strain” (Foster & Fenlon, 2011, p. S22). These can be quite difficult matters. For example, because cancer patients and survivors experience relentless fatigue, their identity can negatively be affected on multiple levels, which can delay their recovery (Jacobson et al., 2012; Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007). Further, in a study of young women diagnosed with breast cancer, Coyne, Wollin, and Creedy (2012) explained that there is “The paradox of help” (p. 127) from family for the cancer patients; even though family offered support to these patients, the help was not accepted since patients “perceived extra help as acknowledgement of their sick role” (p. 127). Thus, playing a sick role and not being able to look after other family members is an additional challenge and requires modifications to cancer patients' identity. Of course, when cancer survivors start regaining their previous family status or build a new role in their family structure while recovering, the entire family dynamics will again be in need of transformation.

When cancer patients hear news of their completion of treatments, some are eager to resume their previous daily routine before thinking of their recovery process. Yet, because of the medical treatments, both cognitive and psychological functions may take a while to return to their pre-cancer levels. Or for other cases, “things can never be quite the same” (Spiegel & Classen, 2000, p. 18) for individuals who have experienced cancer; as a result, those people require lamenting for the former life they have established (Spiegel & Classen, 2000). In addition, Karnilowicz (2011) discussed psychological ownership and identity reconstruction for the chronically ill while focusing on recovery from cancer in his autoethnographic study. As he explained his own experience going through cancer, he suggested, “Self-identity is often the subject of greater change when confronted with an epiphanic experience” (Karnilowicz, 2011, p. 280). Individuals build a sense of self-identity as they perceive themselves through the eyes of

society; hence, self-identity becomes the boundary between the individual and society (Clarke & James, 2003). In terms of cultural aspects of cancer patients in society, McNutt (2013) stated, “The cancer experience is not independent of ethnicity. Although symptoms may be similar, global, cultural, and individual lenses, along with courses of treatment and stages of cancer diagnoses, all combine with other factors to create the patient-survivor experience” and “Cultural identity is very important when considering the needs of the oncology patients” (p. 129). Another key point is that besides taking into account of the cultural identity of cancer patients, there is a possibility that the experience of cancer may involve changes in their social roles as well as their identity (Zebrack, 2000). Therefore, reforming self-identity and re-establishing own role in both family and social environment at one’s pace, ideally with health professionals’ support, is a critical issue for posttreatment cancer patients.

Self-claim identity and isolation appear to have a certain reciprocal relation. In the study of interviewing 39 female cancer patients with breast cancer in the U.S., Kaiser (2008) found out that some of these patients “have rejected the survivor identity on the basis of (1) not being sick enough; (2) not wanting to be part of that group; (3) preferring to be identified beyond the illness; or (4) because they were still sick” (McNutt, 2013, p. 128). The patients who refused to belong to the social identity, breast cancer, chose not to be socially labeled by their illness. Evan (2005) stated, “identity is a social construct, the outcome of social interactions within a particular social milieu” (p. 40) from a sociological point of view. Simply to put this, we form and self-claim our identity based on accumulated communications with others in daily life while perceiving ourselves through other individuals’ views in society. Put another way, when cancer survivors have difficulty being part of collective survivor identity because they continually are still treated as sick individuals even after treatment, and yet at the same time if they experience loss of their previous status, they are likely to have a hard time to reconstruct altered identity and struggle to find a place to belong. This loss of identity and struggle may become a trigger to lead posttreatment cancer patients to be socially isolated.

Social isolation. While cancer patients often struggle to reconstruct their identity because of their vulnerable emotions following their primary cancer treatment (Foster & Fenlon, 2011) and fragile physical conditions, they also suffer from being isolated physically and emotionally. In a piece on the association between social isolation and female patient’s cancer, Reynolds and Kaplan (1990) suggested that there is a difference between “*being* isolated” and

“feeling isolated” (p. 109) and explain that isolation can function in both physical and emotional ways. Although social isolation among cancer patients is a major psychosocial issue (Spiegel & Classen, 2000), there is not enough discussion of it since the majority of cancer patients feel that the crisis that they are experiencing are understood by a few (Spiegel & Classen, 2000). Furthermore, as Yaskowich and Stam (2003) described, “cancer creates a sense of isolation for many patients. The threat of death resulting from cancers is an ominous fear that separates patients from the rest of their world in pivotal ways” (p. 729). While cancer patients constantly sensing fear for potential death, unknown future, and stagnating life, their loved ones still keep living usual life. As a result of this situation, individuals who have been treated for cancer tend to feel left out from others. Spiegel (1994) also stressed social isolation as a concurrent problem which cancer patients frequently face in addition to fear, loss of abilities, dealing with multiple treatments, and the diagnosis’s impact on family and friends. Family and the loved ones in the social networks of cancer patients find the news of diagnosis difficult to handle (Kern-Pilch, 1980); hence, this perplexed reactions of those around the cancer patient make them feel isolated. In the larger community as well, cancer patients are likely to have a sense of being removed from the mainstream which is coupled with their entry into a world of confusion and uncertainty. This can further trigger isolation. (Spiegel & Classen, 2000). During the recovery stages, cancer survivors can easily fall into this uncertain life if they are still not capable of returning to their previous life style. Without going to the hospital for a doctor appointment or any other place which was previously part of their daily routine as a patient, cancer survivors may be stuck at home after completing their treatment, which lead to socially seclusion. Foster and Fenlon (2011) emphasized that people who went through primary cancer care are relatively neglected, and they may grieve the loss of the former life. If they cannot resume their ordinal life or if doing so takes a longer time than expected by others, former cancer patients may feel the loss of the previous valued self. Correspondingly, these feeling of loss cause suffering, which can further restrict posttreatment lifestyles as well as encourage social isolation (Charmaz, 1983).

Furthermore, Foster and Fenlon (2011) addressed how self-confidence plays a significant role in posttreatment cancer patients’ recovery process. After going through all primary cancer treatment, patients can be in a vulnerable psychological state (Foster & Fenlon, 2011) as well as feeling that they are a burden to others (Charmaz, 1983). For example, perhaps they had to count on family members and friends to get a lift to the hospital appointments or even to prepare meals

when the fatigue or pain became uncontrollable. Sadly, a lack of confidence makes it much harder for posttreatment cancer patients to ask for help, and this situation further aggravates social detachment. Additionally, asking for help can become another challenging task for cancer survivors if they already are overwhelmed by handling their psychosocial issues. For the purpose of examining self-confidence among individuals affected by cancer, the sense of a lack of independence was stressed (Foster & Fenlon, 2011). As an illustration, posttreatment cancer patients tend to become aware of 'losing power' and not 'being in control', of being made to feel 'abnormal', as if they 'didn't exist' (Foster & Fenlon, 2011, p. S24). To put it differently, if these patients who have suffered by cancer feel invisible or that they are not fitting in the norm, no wonder they feel isolated in their community both physically and psychologically.

It is important to realize that self-confidence is based on a wide range of aspects, including: appearance, financial status, educational background, and a number of other factors in society. Self-image is frequently discussed and it is a major issue among cancer patients, particularly breast cancer patients (Classen et al., 2001; Thibeault & Sabo, 2011). A significant change of self-image may have a profound impact on people going through posttreatment periods as well. As Spiegel and Classen (2000) stated, bodily changes, such as losing hair or undergoing a mastectomy process can make cancer patients feel that their body as damaged and unfamiliar; hence, these physical changes cause a powerful effect on femininity and perceptions of attractiveness. Thus, it is crucial to guide cancer patients to accept their new altered body image and accommodate it in a healthy manner so that they can promote a positive self-image.

By comparing posttreatment cancer patients who have been affected by different types of cancer, Rasmussen, Hansen, and Elverdam (2010) researched how cancer survivors experienced their changed body when they encounter other individuals. These researchers also explored how cancer's physical changes impact on posttreatment cancer patients' daily life of survivorship even long after completing their treatment. It is a quite challenging task for cancer survivors to go back to public space, or return to their previous work place or school if their physical appearance is significantly alerted after undergoing chemotherapy, radiation therapy, or surgery. Even though the changed body look is caused by a terminal illness, other healthy individuals who never went through a serious disease may have a hard time reacting naturally to posttreatment cancer patients' new look. In addition, Zebrack (2000) addressed:

Cancer-related tasks, such as handling psychological reactions of self and others, preserving body image, maintaining social relationships, and dealing with uncertainty, may be experienced as disruptive and stressful if they interrupt that sense of who, where, and what an individual believes he or she should be in relation to norms and expectations ascribed by society. (p. 240)

With these aspects in mind, it is important to consider that cancer patients who completed their primary treatment are likely to suffer from social isolation because of multiple issues including low self-confidence and having difficulty coping with a changed self-image after surgery and/or aggressive medical treatment. The most compelling evidence of the impact of social isolation on individuals is that a socially isolated condition is linked to the risk of cancer incidence and mortality among women (Reynolds & Kaplan, 1990). In order to prevent posttreatment cancer patients from having the possibility of cancer recurrence, improving their social health such as well-being and quality of life is an imperative matter to tackle. Considering varied therapeutic methods is need to be taken into account and narrative approaches can be effective to utilize since it has been used by practitioners in diverse settings.

Narrative Approaches and Imagery

We share our life events with others through telling stories; for human beings, this applies even when we face a life-alerting illness such as cancer. In the literature on art therapy short-term group programs with posttreatment cancer patients, Luzzatto and Gabriel (2000) explained Winnicott's concept: "Winnicott (1988) based the self-identity on two elements – the inner self and the external world – and on the relationship between self and world" (p. 265). When we attempt to connect with others by sharing stories, we are likely trying to make sense our own lived experience. Therefore, we narrate stories to others while simultaneously listening to our own story lines. Story-telling is a natural method of creating a bridge between the inner self and the external world for individuals, and particularly cancer patients. In so doing, they can access the outer environment as well as have a sense of connection. There is a growing literature on narrative approaches in the health care field. Narratives have been utilized for cancer patients to provide opportunities for them to express their psychosocial issues, such as self-identity, social isolation, anxiety, and depression. The diverse disciplines such as psychology (Collie & Long, 2005; Yaskowich and Stam, 2003), sociology (Mathieson & Stam, 1995), social work (Riessman, 2005), counselling (Marlowe, 2010), oncology nursing (Oliver, 2008; Thibeault &

Sabo, 2011), and creative arts therapies (Czamanski-Cohen, 2012; Collie, Bottorff, & Long, 2006; Luzzatto & Gabriel, 2000; McNutt, 2013; Öster, Aström, Lindh, & Magnusson, 2009; Singh, 2011) have utilized narrative approaches as a part of a creative outlet for cancer patients.

Creating visual narratives through art making offers a safe space and time where cancer patients can witness their radically altered circumstances and identity at their own pace. At any point, many posttreatment cancer patients who are going through recovery may hold multiple identities due to the seemingly perpetual ambiguity in their unknown life. These patients hope for a complete recovery while feeling a fear of recurrences of cancer. In narrative approaches, art can be a vehicle to convey a story in versatile ways, which assist cancer patients in expressing their complex multilayered emotions. One way is to tell and re-tell stories verbally through art-making process and/or in finished art products. Another way is to make meanings by using symbols or reveal subtle emotions metaphorically through visual art. Utilizing images to express stories is a universal process because imagery can illustrate meanings without oral communications. Yet, as Somme (2005) has pointed out, although imagery of dreams and visions have been used as healing rituals and as part of ceremonies for centuries in our society, current medicine may have forgotten the beneficial use of imagery because of the today's scientific progress. Yet, imagery can allow individuals to share their feelings in the art making process without words. This is especially useful for cancer patients who can be ill-equipped to organize and articulate their thoughts cognitively and physically due to their vulnerable state.

For the posttreatment cancer patients, Luzzatto (1998) offered short-term group art therapy sessions by encouraging these patients to develop a way to emerge their personal imagery of three types. The first imagery is 'from outside' which means images are from the external world and the imagery could be from magazines or an object on the table. Another imagery is 'from inside' that comes from thinking and feeling through the patient's mind, and the last one is 'from nowhere' by exploring the use of art materials. Luzzatto (1998) explained that "The emphasis is on the image to reach a symbolic and meaningful level for the patient (which the patient does not have to talk about)" (p. 174). In research conducted in a 10-week group art therapy program with posttreatment cancer patients, Luzzatto and Gabriel (2000) saw a positive outcome for patients who worked on their personal images and meanings through "image-making" and "developing personally meaningful symbolic images" (p. 269). Further, as Czamanski-Cohen (2012) wrote, the use of imagery can promote a supportive environment for

medical decision making among oncology patients who participate in an open art therapy group. Relatedly, in research on cancer survivors, Nainis (2008) explained that art therapy interventions were used as a tool for symptom management and enabled them to tell their stories openly through images and artwork, which became a vehicle to express their fears that were not discussed with other therapists. Also, in a study of women with breast cancer, Öster et al. (2009) found out that the use of visual narratives with imagery in short-term art therapy interventions empowered the women to be able to challenge their medical stories, have a strength to understand their life-threatening illness, and find a way to reconstruct their identity. While one of the participants in this study described that an image of body as a container for holding her painful experience, Hildebrand (1999) similarly argued that imagery functions as the container which transfers one's perceptions between body and mind for adult cancer patients, "As a method of expressing and externalizing internal (physiological) sensations, images provide the means to translate bodily sensations into a concrete form, enabling increased organization and comprehension of physical functions" (p. 121). Thus, exploring imagery in art therapy assists cancer patients consolidating the relationship between mind and body, and promoting increased awareness of their updated physical, psychological, and emotional conditions on multiple levels.

Oncology patients who have completed primary cancer treatment have difficulty finding a balance in life as they transition from being a posttreatment patient to being a recovered healthy individual. Cancer survivors may not only feel lost, but also experience confusions physically and emotionally. In order to reduce anxiety and stress in this period, it is crucial for these individuals to have a place where they can freely express any thoughts and imagery that come out in their mind. However, many cancer patients avoid sharing negative thoughts because "the culture of 'positive thinking' is very strong with cancer patients and many of them believe that the 'negative thought' may facilitate ... the cancer or recurrence" (Luzzatto, 1998, p. 172). In contrast, Luzzatto and Gabriel (2000) emphasized the importance of allowing posttreatment cancer patients to freely arise negative imagery, which may associate with the idea of weakness, confusion, or guilt. They also explained that inviting posttreatment patients to make constant efforts to accommodate both positive and negative lived experience within themselves is important for healing their damaged self-identity. This in turn will increase their self-awareness, which lead them to strength the inner-self (Luzzatto & Gabriel, 2000). In addition, in the research of qualitative narrative interviews with 17 female breast cancer patients (nine are

survivors) in the U.S. and Canada, Collie et al. (2006) discussed the value of letting out negative emotions. The researchers highlighted their significant findings by depicting the voices of cancer patients and survivors which were heard through their narratives and artworks. The elements to critique about this research is that the duration of each cancer patient in this research was not clear, and the reason why eight participants had negative responses after having art therapy activities was not explained. Nevertheless, the authors stressed that these participants found and used certain imagery which then enabled them to clear their way emotionally. In other words, these breast cancer patients and survivors benefited from utilizing images in art therapy by gaining insight and new perspectives in life. Considering these findings from the literature, narrative approaches are effective and accessible for this marginalized population of cancer patients, including those who are in recovery. Narratives not only provide posttreatment cancer patients with a means to convey their entangled emotions, but also encourage them to acknowledge their present physical and emotional state by sensing authentic connections between body, spirit, and mind, which will pave the way to their trajectory of recovery.

Art Therapy and Cancer Care

Art therapy has been applied to medical settings such as hospitals and clinics. As Wood, Molassiotis, and Tookman (2013) explained, “Art therapy is a form of psychotherapy that has been used within health and social care over 60 years” (p. 42). Medical art therapy is a rapidly growing field in the modality of art therapy (Malchiodi, 1993). According to Malchiodi (1993), medical art therapy refers to the areas in which art therapists utilize creative art expressions as well as images to work with people suffering from physical illness, bodily trauma, or who have been affected by medical treatment such as chemotherapy or surgery. In addition, diverse populations including children, adolescents, adults, and older adults, have been shown to benefit from medical art therapy, and importantly, art therapy has widely been offered to oncology adult patients (Carr, 2014; Deane, Fitch, & Carman, 2000; Luzzatto, 1998; Luzzatto & Gabriel, 2000; Luzzatto, Sabo & Thibeault, 2012; Luzzatto, Sereno & Capps, 2003; Marchiodi, 2003; Wood, Molassiotis, & Tookman, 2013) for different types of cancer, such as laryngectomy cancer (Anand & Anando, 1999), breast cancer (Lusebrink, 1999; Öster et al., 2006; Öster, Magnusson, Thyme, Lindh, & Astrom, 2007; Ponto et al., 2003; Puig, Lee, Goodwin, & Sherrard, 2006; Serlin, Classen, Frances, & Angell, 2000; Visser, 2008), and multiple myeloma (Zammit, 2001).

As Bränström, Kvillemo, and Moskowitz (2012) stated, “There is increasing evidence showing beneficial effects of mindfulness ...on various indicators of mental and physical health” (p. 535). Through the study of mindfulness-based art therapy group intervention (MBAT), Monti (2004) stated that creative activities in art therapy were found beneficial for cancer patients by many health care professionals because non-verbal communication can be less threatening than verbal expression, which allowed the patients to go further to explore personal experiences. When individuals with cancer go through aggressive treatment, and psychological and physical trauma, it may be challenging to express feelings with words due to cognitive and emotional difficulties. Thus, it can be more comfortable and accessible to convey how they feel through colors, images, and metaphors in the process of art-making.

As Czamanski-Cohen (2012) explained, “Art therapy, and art making in general, have been documented over the past decade as beneficial to psycho-oncological care” (p. 61); and “The externalization of emotions through the art-making process also provides an opportunity to distance oneself from emotions” (p. 61). Distancing oneself is a defense mechanism deemed a coping strategy in Freudian psychoanalytic theory (Mitchell & Black, 1995). Art making can additionally promote resilience in individuals who suffer from chronic pain due to cancer treatment (Lynch, Sloane, Sinclair, & Bassett, 2013). Zammit (2001) discussed how art assists the healing process for an oncology patient who is a medical practitioner while finding a connection between the physical and nonphysical, including the body, mind, and spirit. Furthermore, survey research done by Wood, Malassiotis, and Tookaman (2013) reported that adult cancer patients “found art therapy helpful (92%), agreeing that it benefited coping, aided communication, facilitated expression of feelings, provided new perspectives and assisted distraction from worries” (p. 42). Other studies also pointed to the use of art therapy for adult cancer patients. For example, in another project, MBAT was utilized for female cancer patients (Monti et al., 2006), who showed “a significant decrease in symptoms of distress” (p. 363). MBAT stems from self-regulation theory; this type of intervention helps individuals develop their coping skills in order to deal with stress, anxiety, and health problems, so that cancer patients can improve “their general health, mental health, vitality, and social functioning” (Leventhal, Zimmerman, & Gutmann, 1984, p. 369).

Reconstructing identity through art making and art therapy. In the literature from the field of psychology and art therapy, the benefits of art making for cancer patients’ identity

reconstruction have been examined. In their study of women living with chronic fatigue syndrome/ myalgic encephalomyelitis (CFS/ME), Reynolds and Vivat (2010) presented their exploration of how patients reconstructed a positive personal identity and argued that art making appeared to provide substantial identity reconstruction with this population. Additionally, in Reynolds's research (2003), where 10 female participants who have chronic illness such as breast cancer and chronic fatigue, were interviewed about their textile art making process, the finding indicated that a meaningful artistic occupation may assist the formation of positive identity for individuals living with a chronic illness. Visual art making also was found as a valuable tool in daily life to reconstruct and maintain identity among three cancer patients in the case studies of Reynold and Prior (2006). Further, in the modality of medical oncology, Tjasink (2010) asserted that art psychotherapy offered an opportunity to cancer patients to "renegotiate their values and identity and to make changes" (p. 79) through their art expressions. The research conducted by Wood, Molassiotis, and Payne (2011) also assessed the previous research evidence related to the management of symptoms by using art therapy for adult cancer patients. The researchers of this study concluded that art therapy may enable cancer patients to "be empowered to recalibrate their sense of self (and functioning and relationships) following cancer, leading to a more active involvement in symptom management and self-care" (Wood et al., 2011, p. 144). These findings are valuable because cancer patients constantly need to work on modifying their self-identity while receiving treatment and undergoing surgery as well as going through recovery phases. Yet, as Foster and Fenlon (2011) pointed out, there is not enough research on how to support people who have completed primary cancer treatment even though many individuals are living for a long period after being diagnosed with cancer.

Although art psychotherapeutic programs and art therapy interventions that focus on the issue of reconstructing identity are growing, the research for this specific population; posttreatment cancer patients, is still lacking in the current social science literature. Here are several of the latest studies on reestablishing identity for cancer survivors through creative process. First, Luzzatto and Gabriel (2000) emphasized the potential for the reestablishment of cancer patients' self-identity and self-confidence by facilitating self-expression and offering an experience of transformation in a short-term group art therapy program; *The Creative Journey*, for posttreatment cancer patients. In addition, Sabo and Thibeault (2012) explored a collaborative process between nurses and artists by conducting a phenomenological inquiry based

on two breast cancer survivors' art making experience. They concluded that when cancer survivors can actively engage in art activities through the use of their body, these individuals are likely to have an opportunity to re-claim and reaffirm their self-identity.

In positive psychology, Reynolds and Lim (2007) examined why some women turn to creative art making after being diagnosed with cancer. The researchers used interpretative phenomenological analysis (IPA) to facilitate the in-depth analysis of the qualitative accounts of 11 women suffering from various types of cancer, such as breast, spine, blood, lymph system, and pituitary gland cancer. All the women were already one-year post diagnosis at the time that this study was conducted, and while two of them were rather hopeful about their future health condition, five were concerned about their progressive cancer whereas the other four viewed their future with uncertainty. In their qualitative study, these female individuals affected by cancer found positive meanings through the creative process. As a result, Reynolds and Lim (2007) stated that "The findings emphasize that creative activities can be purposive, with individuals proactively seeking to preserve identity and belongingness, rather than simply desiring entertainment" (p. 74). Thus, art making with an art therapist and/or health practitioners can help cancer survivors reconstruct their self-identity while allowing them to find positive meanings in life after being diagnosed with cancer, and encourage them to express complex feelings through creative activity. This process, promoting the reestablishment of posttreatment cancer patients' self-identity can be done in individual art therapy sessions. However, in order to reduce feelings of social isolation within patients completing primary cancer treatment, experiencing a group environment would arguably be more helpful since a group format can function as a microcosm of community and society for cancer survivors who have been secluded.

Group therapy and art therapy support group for reducing social isolation. The isolation of the dying process is often equivocal as cancer patients are in need of others' support yet have a tendency to draw themselves apart from their family and friends. This is often because these patients wish to avoid having any somber conversations about cancer and potential death (Yalom, 2005). Spiegel and Classen (2000) stated that "The isolation is bidirectional. Both cancer and death are on everyone's mind, but no one discusses them for fear of inducing an emotional reaction, of causing pain instead of uncovering and helping with it" (p. 23). Humans, however, require interactions with others in daily life even during a period of being diagnosed with cancer as well as during the phases of recovery from cancer. Individuals who affected by

cancer struggle to find a way to belong to a group, family, and community in a larger scale, to break feelings of isolation. As Yalom (2005) commented, “People need people – for initial and continued survival, for socialization, for the pursuit of satisfaction. No one – not the dying, not the outcast, not the mighty – transcends the need for human contact” (p. 24).

In terms of psychosocial intervention for medically ill people, including cancer patients, Spira (1997) explained that there are four most common forms, such as, “education, behavioral training, and supportive individual and group therapy” (p. 137). Here, in this chapter, supportive group therapy is highlighted among these interventions. Spiegel and Classen (2000) discussed the significance of social support and social networks while describing how to build bonds in psychotherapy groups between cancer patients. They note, “Being part of group can afford cancer patients a sense of community necessary for successful coping and provide opportunities to learn from each other” (p. 29). Interestingly, Rutan and Stone (2001) wrote that one can “discover similarities and differences through each member seeing him-/herself in others (the mirror)” (p. 19) in a group setting based on the group psychotherapy style of Foulkes. Through *mirroring* in a group, one can see the reflection of self in others (Rutan & Stone, 2001).

Riessman’s (1965) concept of the helper-therapy principle was stated as another benefit of support groups for cancer patients (Spiegel & Classen, 2000). According to this helper-therapy principle, when a cancer patient learns how to help other individuals also suffering from cancer by providing advice and emotional support in a group, this cancer patient becomes a helper. In this situation, having cancer provides the helper individual with the chance to gain a positive reciprocal experience rather than only go through hardships (Spiegel & Classen, 2000). Additionally, Spiegel and Classen (2000) emphasized the function of group therapy for cancer patients by asserting that “To be effective, good psychotherapy groups must not merely be *present*; they must simultaneously be *reflective*. The most intense aspect of this group modeling is the expression of emotion” (p. 32). In order to allow individuals dealing with cancer to convey their complex multilayered emotions, the art making process can play an effective role not only to foster self-expression, but also to help break isolation. As Riley (2001) wrote, “Group interchange can be channeled through the rendering of the art product” (p. 4). Creating artworks in a group environment encourages participants to have rich shared communications in an organic way whereas individual settings with an art therapist produce only two-way interactions between the patient and the art therapist. In the research, Deane et al. (2000) offered

a group art therapy program in Toronto, Canada, to 21 individuals in art gallery and art studio settings. These research participants had varied types of cancer diagnoses. This program consisted of two parts; art education and art therapy components, and it was conducted by two oncology nurses and one art therapy program coordinator. Helping individuals with cancer explore their feelings about their journey as cancer patients in a supportive group environment was the goal of this research. The participants responded to the questionnaires after the 16-week program by depicting that the program helped them to break their isolation through having a shared experience with other cancer survivors in the group. They also positively emphasized the learning experience of being in an art collection in a museum which accompanied the studio time where they produced art pieces.

Another support group therapy program, named *Healing Icons*, was facilitated in the U.S. by a visual artist and a psychosocial oncology researcher (Heiney & Darr-Hope, 1999). This creative psychosocial group program showed the benefits of making three-dimensional mixed media artworks with others over the course of six sessions to reduce isolation in a group comprised of 25 people suffering from the homogeneous issue, cancer. Similarly to the above study done by Deane et al. (2000), the participants in this research reported that sharing common experiences about cancer with each other while making artwork together allowed them to have strong emotional connections in a group setting. Also, the research result indicated the benefits of reducing isolation and strengthening support networks through this group therapy program with creative approaches. As can be seen from the above literature, health professionals from diverse disciplines have implemented different types of art making activities in group therapy environments. The findings from these studies suggest that participating in a creative support group activities positively fostered cancer patients to move forward and decreased their sense of social isolation. However, there is a need to fill in the literature on how art therapy interventions can help posttreatment adult cancer patients break their feelings of isolation in society during their recovery phases because the numbers of survivors are increasing (Foster & Fenlon, 2011). Luzzatto and Gabriel (2000) shared their valuable research results from the 10-week short-term group art therapy program, as they worked with posttreatment cancer patients. They wrote that “so far, short-term art therapy groups for adult cancer patients have not been extendedly researched as psychological interventions, nor are replicate studies available for comparisons” (p. 265). In their program, they aimed “to facilitated self-expression” and “to offer an experience

of transformation” (Luzzatto & Gabriel, 2000, p. 266) as well as discussed readjusting self-identity; on the other hand, another psychosocial problem, social isolation, which this section is specifically examining, was not touched upon. Further, the study conducted by Lynch, Sloane, Sinclair, and Bassett (2013) reviewed how the art making process plays a role among individuals’ recoveries, including for one participant with a spinal cord tumor, suffering from chronic illness, and facing loneliness and social isolation. However, this research was focused on dealing with long lasting chronic pain with creative approaches and excluded the psychosocial issue of social isolation in the recovery process of cancer patients. Therefore, future research in the modality of art therapy needs to fill this gap by providing more empirical research on how practitioners can assist reducing social isolation among adult cancer survivors who are going through recovery by offering group art therapy interventions.

Social Support and Community Art Studios

Social support is comprised of several elements, such as family, friends, co-workers, classmates, neighbours, and community. House, Landis, and Umberson (1988) examined several large scale studies on support and health. As a result, they found that the risk of mortality is higher among people who have fewer supportive contacts. In contrast, according to Vaux (1998) who researched social support theory, a great number of studies about social support showed that there were positive links between support and emotional or physical functioning. Malchiodi (2003) discussed social support as part of the role of medical art therapy for people with cancer, and she also contended that art therapy groups for cancer patients can offer benefits, including “personal empowerment, stress reduction, social support, and the opportunity to reauthor one’s life story” (p. 352). In her work, Malchiodi wrote about social support in the context of art therapy in medical settings. Comparatively, this paper reviews the literature that explored the use of community art studios to offer art therapy in order to facilitate the creation of collective artwork, a mosaic, in a group form.

Moon (2002) contends that the profession of art therapy has its roots in the studio environment, and suggests that an art-based approach can allow art therapists to interact with individuals in various ways while enriching others’ perspectives. Another study emphasized how to “practice a form of communal inclusion based on humanistic values such as cultivating sense of unity within a diverse society” (Franklin, Rothaus, & Schpok, 2007, p. 214). Timm-Bottos (2006) stressed the concept of “transitional space” from Winnicott (1965) while

elaborating her notion of community art space. Winnicott (1965) described his conception of “transitional space” as a psychologically protected, reliable space ... where liminal experience are given a place of potential” (as cited in Timm-Bottos, 2006, p. 15). Winnicott’s (1965) approach is related to Bowlby’s (1969) attachment theory. Again, when vulnerable individuals, such as people affected by cancer, have lost a sense of self-identity and struggle to find a way to belong to a community, they feel socially detached. As a consequence, they are in need of finding a place in public aside from their home or hospitals where they can feel a sense of connection so that they are able to transition from an unbearable period of cancer to a more ordinal phase in life. Correspondingly, Timm-Bottos (2006) discussed the necessity of public community spaces in the book, *The Location of Culture*, written by scholar Homi Bhabha (1994). She emphasized:

the need for adequate private spaces, accessible public spaces as well as these bridging spaces, or public homeplaces, such as a community art studio. “These inbetween places provide the terrain for elaborating strategies of selfhood – singular or communal – that initiates new signs of identity, and innovative sites of collaboration, and contestation, in the act of defining the idea of society itself.” (Bhabha, 1994, p.2, as cited in Timm-Bottos, 2006, p. 15)

Similarly, Timm-Bottos and Reilly (2015a) reviewed the concept of a third place and public homeplace in their work on a community art studio, La Ruche d’Art, in Montreal, Canada, which is known as an art hive that serves as a transitional space in the neighbourhood where people can exchange communications while integrating in a communal environment. “Third places (Oldenburg, 1989) are spaces – neither home nor work – where people can engage in informal associations through conversation, learn about each other in a safe environment, and create relationships with diverse others” (Timm-Bottos & Reilly, 2015a, p. 6). Here, these researchers described how a third place, neither home nor school setting, can bring diverse positive aspects to students’ education. It is important to examine in a like manner how this notion of third place can be applicable to different population, particularly vulnerable people in society, such as cancer survivors.

The author of this research paper worked as an art therapy intern at this community art studio, La Ruche d’Art, with cancer patients, survivors, and their family members, and facilitated clay workshops for these individuals affected by cancer. Through this rich internship

experience, the author stumble upon the idea of facilitating short-term art therapy group interventions, which specifically focus on posttreatment cancer patients, in a community art studio setting. It was clear that cancer patients transformed into enthusiastic participants in the community art studio environment and they told the author how they felt liberated by taking a different route to come to the community art studio to join the art therapy group instead of going to the hospital to attend sessions. They expressed how this public homeplace offered unique relaxing vibes to their mind, body, and spirit, and they appreciated having the opportunity to share their struggles with others who were going through a similar journey related to cancer.

Participating in a group art therapy interventions in a community art studio, a third place which is neither home nor a hospital environment, appears to have great benefits; for one thing, it creates a sense of physical and emotional distance from their life-altering illness, cancer, as they are not required to be in a hospital environment nor stuck at home. A protected safe space, such as a community art studio, allows posttreatment cancer patients to be non-patients again while letting them explore their new identities and experience a sense of connectedness in community. Experiencing social support through a creative process in a community art studio perhaps provides positive meaning among cancer survivors. Here, the author reviews the potential benefits of working on a collective artwork, a mosaic by incorporating symbols and metaphors.

Mosaic: Collective Artwork, Symbols, and Metaphors

Creating collective artworks with other individuals in a support group setting provides social support in a community. Mosaic making as a collective artwork method has been utilized by art therapist such as Hyatt (2009) and Rothenberg (2012), in hospitals and cancer wellness centres as well as by visual artists, including Lily Yeh (Project for public spaces, n.d.) in public spaces, and in community art centre settings (Timm-Bottos & Reilly, 2015b). Several prominent mosaic artworks which incorporated art therapy group interventions for cancer patients and survivors were done by art therapists, Hyatt (2009) and Rothenberg (Cancer survivors, 2012 & The healing power of art, 2012). Both art therapists addressed that the mosaic art making process brought positive results among individuals suffering from cancer and cancer survivors. Again, cancer patients tend to feel social isolation and exclusion from the norm in society, and cancer survivors need to make an effort to deal with the gradual changes involved in going back to their old life. Being a part of community by participating in creating a mosaic artwork in the safe space of the community art studio helps their step-by-step transition to be with others and

resume their self-expressions. In addition, sharing the same place and time in a community art studio with other individuals struggling with a common issue, cancer, enables them to feel part of norm as opposed to being outcast. Exploring a collective art activity in a group can lead posttreatment cancer patients not only to become ordinal group participants instead of being sick patients, but also to be empowered to work on reconstructing their identity through having their own choice of colors, images, and symbols in the art making procedures. Thus, the safe group environment and shared creative series of actions allow them to feel a sense of belongingness, and assist them gradually integrating into the community.

Making mosaic artworks is a mindfulness based art therapy intervention for posttreatment cancer patients as well as their loved ones; in one project, a female patients' husband described how time passed by very quickly as he engaged in the mosaic making with other cancer survivors while he was waiting for his wife (Cancer survivors, 2012). Hyatt also wrote about mosaic making: "I have seen how the art form, which creates beauty from brokenness, offers not only a symbol of healing, but a rite of creating renewed wholeness for those who make the mosaic" (November 18, 2009). The series of actions of mosaic art making can be interpreted as a metaphoric art therapeutic development which uses symbolic images. For instance, when cancer survivors familiarize themselves with the idea of deconstruction of materials, such as breaking ceramics in pieces, in order to take responsibility for the next constructive steps, they come to understand how to create a larger collaborative artwork out of the broken pieces together as a group. These steps could be seen as akin to the cancer survivors' deconstruction of their previous identities and reconstructing of new identities. Although cancer survivors' identities may have been shattered or altered due to cancer, mosaic art making process offers them opportunities to freely search and establish new self-identities through creative expressions with or without words in a safe space, a community art studio.

Symbols and metaphors have extensively been discussed in art therapy working with individuals with cancer patients (Gabriel et al, 2001; Luzzatto, 1998; Luzzatto & Gabriel, 2000; Malchiodi, 1998; Malchiodi, 2003; Nainis, 2008; Timmons, & MacDonald, 2008; Zammit, 2001) as cancer patients can express their complex vulnerable feelings through symbolic and metaphoric means in their art products. For one of the mosaic workshops Hyatt (2009) facilitated with cancer patients, the image of a lighthouse was chosen to symbolize their rocky journeys as well as the other individuals and places which shone a light for cancer patients. The

lighthouse also had a connotation of giving a guiding light to the group participants. Lusebrink (1990) reviewed Jung's approach to universal symbolism in the context of therapy by stating:

Symbols act as mediators between consciousness and unconscious. Symbols transcend consciousness and act as releasers and transformers of psychic energy. Symbols provide a means to gain distance from the immediate concrete bodily experience and to transform it into an event in "the realm of the psychic" that is symbolically real. As a result of this transformation, the symbol bridges the concrete reality with the psychic real. (p. 61)

Perhaps cancer survivors have a tendency to use symbols in art making so that they can have a healthy distance from their traumatic bodily experience caused by cancer in order to move onto the transformative process in their life. Each symbol that individuals choose can be interpreted in the personal as well as the collective sense (Lusebrink, 1990). This concept of a collective symbolic sense is similar to cancer patients' collective survivor identity, despite the fact that some patients chose not to identify with because they want to be associated with something beyond their illness rather than something tied to it (Malchiodi, 2013). However, during group art therapy in a community art studio, if posttreatment cancer patients choose to use a collective symbol to create a mosaic artwork with others who are going through the same recovery journey, it may assist them in having a feeling of autonomy, which in turn can help with re-establishing their own chosen identity in the future.

Lusebrink (1990) further explained the categories of universal symbols, such as natural, animal, human, man-made, religious and mythological, abstract, and individual or spontaneous symbols. For instance, "a bridge can stand for uniting two opposite opinions, and a fountain can represent a contained flow of psychic energy" from the category of man-made symbols (p. 63). Interestingly, the mosaic artwork facilitated by Rothenberg (2012) also showed the symbolic image of a pathway in nature. It appeared that the pathway was utilized metaphorically to depict the journey of cancer patients and survivors in the collective mosaic artwork. Similarly, Moon (2007) described that a path was metaphorically used as a symbolic imagery from his art therapy session with a client in order for her to express troublesome life patterns. Symbols as archetypal images allow one to lead to psychic growth by shifting between alienation and identification with the self (Lusebrink, 1990). In addition, as Winkel and Junge (2012) stated, metaphor can "help transform the musings of a group into something it can grab onto. Transforming a specific

metaphor ... enables the group to make changes in the progression of the metaphor, as they might make changes in their organizational life” (p.113). Hence, the concept of a collaborative mosaic art therapy intervention, utilizing handmade own ceramics tiles, other broken ceramics pieces, symbolic images metaphorically in a community art studio, has a great potential to promote psychosocial well-being, foster the reconstruction of identity, and reduce feelings of social isolation among cancer patients, perhaps particularly those in the recovery stages.

Clay and Art Therapy

Most mosaics are made of ceramics pieces, which themselves are out of clay. If clay is made out of organic components as opposed to the colored play dough with chemical elements, it is a medium that originally comes from earth, which is part of nature. Humans have long been utilizing clay in versatile ways in their day-to-day lives. As Sholt and Gavron (2006) explained in their review that considered the therapeutic qualities of using clay in the context of art therapy and psychotherapy, “Clay products are well known in human history since prehistoric times in such forms as vases, pots, and symbolic figures, including human figures” (p. 66). The authors also pointed out that clay has been used not only functionally, but also for conveying religiously, and spiritually in many cultures. To put it differently, clay has been embedded in our lives and is perhaps one of the most familiar art media with humans have had contact with historically. Sholt and Gavron (2006) further highlighted three major therapeutic aspects of clay-work. One of these main therapeutic features is the construction and deconstruction processes through clay-work. In a similar vein, Henley (1991) discussed the notion of constructive means that this material provides as we experience manipulating a lump of clay by pushing, squeezing, and smoothing. Šicková-Fabrici (2007) also assessed the therapeutic qualities in clay as part of art therapeutic methods, such as reconstruction technique by modeling forms with clay. She explained, “The following is the procedure: I form a relief figure out of clay and divide it together with the clients, into pieces. Each one is given one portion, which he tries to reconstruct into a whole figure” (p. 150). Clay is a rare art material that echoes back to our physical and emotional states as we touch and modify its nature. When we are in a mindful state, we can easily manipulate and create various shapes and sizes out of clay with own hands directly. Hence, one can feel a sense of control by manipulating a chunk of clay in one’s hands. In addition, according to Henley, clay can be used in versatile ways involving the kinesthetic, sensory, and perceptual systems; if individuals have needs, which require moving onto further

levels, they may be able to explore clay in these cognitive and symbolic ways (Hinz, 2009). Henley (1991) also wrote how both haptic and visual sensations stimulated through working with clay can contribute to the therapeutic process. Additionally, Hinz (2009) argued that clay has healing functions, such as the releasing of one's energy or tension and finding one's inner rhythm while gaining relaxation effects and increasing one's level of well-being.

Besides therapeutic healing elements, it is important to realize that clay can enable patients to work on negative emotions, concerning self-identity for example, which cancer patients struggle with due to their psychosocial problems. As an art therapy material, clay can allow patients to break barrier of fear, eliminate aggressive behaviour, create space for overview, change their attitude towards themselves and others as well as strengthen self-confidence, which cancer patients lack after suffering from self-image issues and losing control in life. These positive effects of using clay may result in helping cancer survivors have a distance from themselves to reflect upon their cancer experience. Rethinking their cancer trajectory in the process of working with clay can guide them to reconstruct their identity by reevaluating their own previous and present identities; this is because clay provides metaphorical simulated experiences of shaping, modeling, re-modeling, correcting, sculpting, and casting all within one's own control (Šicková-Fabrici, 2007). In a case study of a female patient dying of breast cancer, Šicková-Fabrici (2007) illustrated how modeling clay with an art therapist's assistance helped the patient let out her negative emotions, such as angry, remorseful, and reproachable feelings, as well as unresolved conflicts through the channelling, and ventilating these emotions. This led the patient to find reconciliation and peace. As Šicková-Fabrici (2007) depicted, "Her last sculpture portrayed a nest with an egg in it. This motif expressed, besides her health problem, the desire that the earth may accept her in the same way" (p. 153). Working with clay in art therapy allows individuals who are affected by cancer to have therapeutic experiences, but also to release negative emotions while being able to narrate their own cancer stories through their clay artworks. Creating an artwork out of clay hence assists cancer patients in art therapeutic environment. For these reasons, the author of this research contends that making own ceramics creations from out of clay as well as using both own ceramics works and finished clay pieces, such as broken ceramics tiles, can offer unique therapeutic opportunities to cancer survivors. Specifically, the author argues that working with clay to creative a collective mosaic artwork with others who also are in recovery can aid posttreatment cancer patients'

deconstructing and constructing formations. In other words, the processes of dismantling and re-mantling one's inner-self in a supportive group environment has the potentials to assist in the reaffirmation of cancer survivors' identities. Further, this corroborative art therapy group intervention can also help with the reduction of social isolation through creating a collective mosaic art with others who are also dealing with cancer.

Proposed Group Art Therapy Intervention

Duration and Structure

The duration of support group therapy sessions for individuals diagnosed with cancer can vary due to the complicated treatment schedules or unknown prognosis. Patients can be offered anywhere from two to four sessions in total (Bar-Sela, et al., 2007) to weekly ongoing sessions (Czamanski-Cohen, 2012). In the latter case, cancer patients and survivors can continually attend if they wish or if their health conditions allow them to do so. However, the most common duration of a program of group art therapy sessions for cancer patients and survivors is between 5 and 10 weeks (Heiney, 1999; Luzzatto & Gabriel, 2000; Malchiodi, 2003; Öster, et al., 2009; Visser, 2008). Luzzatto and Gabriel (2000) stated that short-term interventions have shown positive effects on improving cancer patients' moods and quality of life; they also contended that there were potential greater benefits from short-term programs rather than the long-term ones. The proposed group art therapy program in this paper is designed for the targeted participants - adult posttreatment cancer patients - for 10 consecutive weekly sessions of 1-1/2 hours. In the initial session, the rules of confidentiality as well as being non-judgemental and respectful to one another in order to create a safe therapeutic space will be explained. In each session, a facilitator, who is a trained art therapist, begins with a check-in ritual to see how every participant is feeling, and then moves onto a short exercise of MBAT (Monti, 2004). The details of this exercise will be explained throughout the intervention sections later in this paper. Following the MBAT activity, the core part of group art therapy, mosaic art making, will be facilitated. Each week can progress at a different pace and various discussions may occur during the process of mosaic making. The facilitator will encourage open discussion in every session. Any positive and negative comments are welcomed in the group if these are expressed in a supportive, respectful, and non-judgemental manner. The facilitator will intervene if any issues come up between participants and whenever any dialogues evokes strong emotions within the group. At the end of every session, the facilitator will take about 10 to 15 minutes to have a

group discussion as well as a few minutes of closure by allowing each participant to express how he or she felt in the session. Each participant can then pass around a lump of clay or piece of ceramics based on the facilitator's suggestion, and take turns expressing his or her feelings by using one word, or through a simple drawing of an image or a symbol with chosen colors. During the eighth and ninth sessions, the upcoming termination will be briefly mentioned while explaining that each participant has an option to see the art therapist individually after completing the program as a follow-up session (Luzzatto & Gabriel, 2000). In a follow-up session, participants can go over artworks that they personally created over the course of sessions and take any artworks home with them if they so wish. The final week will be dedicated to closure where the group can have discussions and share any thoughts so that all participants can have a moment to reflect on their 10-week journey with other members and the art therapist.

Space

One of the main themes of this study is to offer a group art therapy intervention to posttreatment cancer patients in "a third place" (Timm-Bottos & Reilly, 2015a) - in this case, a community art studio - which is neither home nor a hospital setting. By doing so, patients can have a physical and emotional distance from hospitals and their home, the places which might be putting their cancer survivor trajectory on hold. The community art studio will hopefully become a public homeplace (Timm-Bottos, 2006) for these participants which will allow them to take a step towards assimilating in the community again after a secluded life. This gradual transformation will lead them to begin to feel a sense of belongingness to a group environment, and gradually gain feelings of connectedness to a community. The community art studio should be spacious enough and have a good ventilation system with windows. Because the participants are still in the recovery stages, it is important to consider any environmental factors that could be related to their health condition. Therefore, the facilitator needs to carefully pay attention to the air circulation and cleanliness in the studio. In order to create a collaborative mosaic artwork, the studio must have large floors and/or wall space to enable all participants to freely move around while working on the creative process. Further, a storage space for the mosaic materials, tools, and an ongoing mosaic artwork has to be secured for 10 weeks until all the work is done. It is crucial to consider the confidentiality of all participants, especially since this weekly group art therapy session is facilitated in a public community space. For this reason, the collective mosaic artwork has to be kept in a locked cabinet between sessions until the final week.

Materials

While there are a number of possible materials for creating mosaic artworks, such as glass, wood, recycling materials, and so forth, for this proposed intervention, handmade ceramic tiles and gathered broken ceramics pieces are the chosen materials for this prototype program. The facilitator will guide participants to create simple ceramic tiles out of clay in the first week of this program, and these handmade tiles will be used as part of the mosaic body. In addition, in order to create a connection to the local community, the art therapist will gather broken ceramics pieces from ceramists in the neighbourhood while briefly explaining this program's purpose to the local ceramists and sharing the idea of social support in a community. Considering posttreatment cancer patients' health conditions, which are likely still fragile, instead of using a heavy backing board, a light foam core poster board would perhaps be the most suitable material to place the ceramic pieces onto for this intervention. A core poster board is easy to cut, move around, and install with a hanging system. A cement board or wooden board also are possible materials as a base of mosaic (Hyatt, personal communication, February 22, 2016). Additionally, because of the strong odor of mortar, regular yet good quality liquid glue will be utilized to avoid triggering any nausea or unpleasant feelings among participants. Sand grout and several colored markers are also necessary to finish up the mosaic artwork. The detailed art materials and tools for mosaic making are listed at the end of this paper (see Appendix A).

Group Participants

For this art therapy group intervention, adult cancer survivors who are over 18-year-old with any type of cancer experience are welcomed from all demographics. Whereas other cancer support groups often target female breast cancer patients, young adult cancer patients, and terminal stage cancer patients, this group program is specifically designed for people who have completed their primary cancer treatment and are going through recovery. Group candidates can be recruited by referral from the local wellness centres and hospitals. It will be a closed group setting even though this program is held in a community art studio. In order to create a safe space consistently, it is critical to maintain the same space, time, and atmosphere for this sensitive population. The total number of the group should be six to eight people so that each participant can have enough space emotionally and physically from one another in a new environment. Further, for the art therapist, it is a rewarding yet challenging to offer therapy sessions to individuals who have gone through cancer diagnosis and aggressive treatment with

possible surgery. Thus, taking into account the facilitator's well-being as well as participants' benefits from attending this program, having six to eight participants is desirable so that the art therapist can best contain group member' struggles and any other difficulties in their recovery stages that may be shared over the course of 10-week group sessions.

Treatment Goals

The treatment goals of this proposed intervention are: 1. To learn how to recognize the symptoms of one's own psychosocial problems, such as anxiety, depression, with particular emphasis on learning how to have mutual support in order to reduce feelings of isolation by creating a group culture while building healthy cognitive patterns and behaviours, 2. To rediscover the personal meaning of experience out of a serious illness, cancer, through narrating one's own stories by utilizing images, symbols, and metaphors in the creative art making process in order to reconstruct identity, 3. To establish a support network through participating in weekly group art therapy sessions, 4. To share coping strategies with other members in the group to increase knowledge of and use of coping tools.

Overview

The sessions described here are to provide a general guideline for art therapists to follow. Each step and duration can be modified according to the needs of group in sessions. The terms, such as participants and group members are used to indicate posttreatment cancer patients, while the facilitator and the art therapist are interchangeably used to refer to the individuals who implement this art therapy intervention. The brief outlines of each session with its time line are listed at the end of this paper (see Appendix B).

1st session: Opening

One of the main aims of this initial session is to allow all of the participants to familiarize themselves with the community art studio space. Cancer survivors who may still be in a fragile state emotionally and physically can start having a sense of security in the new environment. Another important goal of this first session is that the facilitator can begin to establish a therapeutic alliance with each group member. Further, the art therapist can assist during this primary stage of the process of building group cohesion. Hopefully, then participants can feel not only comfortable, but also included in the new public communal space, which will become their third place (Timm-Bottos & Reilly, 2015a) for the following 9 weeks. The art therapist will explain that three small activities and one informative learning period will be incorporated in this

first session, and there is no need to complete all of them. Providing information concerning what will happen in the upcoming session provides some level of comfort to the group members. Also, the facilitator will assure them that there is always flexibility in the schedule and that we can accomplish art activities according to our energy levels and the time frame. These instructions reduce participants' anxiety, which enables them to be more open to the creative processes. Finally, before stating the first activity, the therapist will provide a recycled box, such as a shoe box, to each member as she explains that all members can store their personal artworks that they will make over the course of the 10 sessions.

In the beginning, as an ice breaking activity, rather than an activity involving the entire group which might be overwhelming to cancer survivors who may have been living in a secluded life up until now, we will start with a paired activity. First, the art therapist will ask participants to get into pairs to learn each other's brief life history, such as their cancer experience or occupation, or preferences which are related to art making; for instance, a favorite colour or an art medium. While participants are conversing, the facilitator will be placing a small sheet of paper, which can be a half of 8 1/2" sheet, in front of each member. Also, several boxes of colored pencils, crayons, markers, oil and soft pastels will be prepared on the table. The members will be asked to draw an image or simply lines, or perhaps just apply any colours with or without images as a response to the partner's story. This can be one symbol or abstract image with their chosen colours. When they come back to the group, they take turns presenting the partner's name and narrating his or her story with the small artwork, which accompanies with the story. Then they have the opportunity to explain their drawing. During this activity, each participant can get acquainted with at least one another member, and at the same time he or she can hear other's different perspectives on his or her story while viewing an artwork created for him or her. Further, when the participants become a group again to present to each other, the therapist can guide them to better foster their communication. The small size of sheet of paper is purposefully chosen in order to ease the pressure of artistic creation in the very first week in a group environment. It is easier to fill a smaller paper and to be given a choice to select one imagery or just a color to make a quick artwork without thinking how others are doing.

After this activity, the process of creating a collaborative hand artwork will be explained (Riley, 2001). The purpose of this activity is to have a clear understanding of the fundamental meaning of confidentiality among the group members; any matters that are discussed in sessions

will stay in the group. Also, all group members and the art therapist will not share any private information with other individuals outside of the group. “Offer the group an opportunity to make their pledge to confidentiality concrete. A piece of sturdy paper, about 12 x 12 can be given to the person on the right ... of the therapist” (Riley, 2001, p. 26). Each group member will be asked to trace around his or her hand with a colored felt pen, and then pass the materials onto the next person. This step goes on until the last person finishes tracing his or her hand and returns the paper to the facilitator. As the sheet travels around the circle, we gradually create an image of complex hands on top of each other and share the space on the paper. Where to place one’s own hand and which colour to choose to trace a hand are choices that participants require to make. Allowing each group member to have these choices enables them to feel a sense of autonomy in the group environment. This simple and yet emotionally compelling art activity exemplifies where each member is in the group and how the group is beginning to merge. After completing this activity, the art therapist will display the hand artwork on the wall in a spot where all participants can see it. Before the final activity, the art therapist will provide an informative educational segment about the history of clay artworks and mosaics around the world by showing images and sharing sample ceramic pieces to pass around to let group members touch the textures and feel their weight. Throughout this period, all participants are invited to share their thoughts, knowledge, and concerns, and to ask questions.

For the last activity, an MBAT exercise will be introduced. The therapist will describe the basic idea of body scanning as well as breathing techniques (Monti, 2006) and guide the participants to follow her instruction. A small lump of clay will be provided with each member, and they are asked to close their eyes if they are comfortable. The members are invited to pay close attention to their breathing rhythm by inhaling and exhaling and move the breath through each body part. A few minutes later, the therapist will ask members to pick up the clay that is in front of them, and invites them to try playing around with it in their hands by squeezing, pushing, pressing, and pinching. This clay exploration is proceeded in mindful manner as they manipulate the clay slowly. These movements can be coordinated to their own breathing pace. Near the end of the session, the members will be asked to open their eyes gently. They can observe what they made from the clay, and the facilitator will give them an option to keep the clay artwork, or to put it back in the clay bag. These series of actions enable participants to learn about an open-ended creative procedure and consider the process of decision-making based on what artwork to

keep and what to let go. The closing will be comprised of a short drawing time with an option to keep the state of relaxation after the MBAT exercise, as well as a possible group discussion. In order to express their thoughts about this first session, drawing an image or a symbol, or applying chosen colours in an abstract way on a paper will be encouraged. The members will be given a choice to say one or two words to share with the group and the therapist, or just pass their turn be silent. If any issues arise, the therapist will facilitate a discussion and permit the participants to have dialogues as long as the time allows. This initial session is quite important for everyone. Specifically, the therapist must mindfully create a solid therapeutic frame and provide a safe environment for the participants in this first session.

2nd session: The beginning of reflecting on one's own identity

The goal of this session is to allow participants to begin reflecting on their own identity through creative processes. For the rest of the sessions in the next 9 weeks, each session will start with the same check in ritual by following an MBAT activity to provide consistency. The clay MBAT exercise can be modified by incorporating different elements. For example, the facilitator may tell a short story or a poem, and group members keep mindfully touching and shaping a ball of clay in their hands while listening. Watkins (1984/1976) stated that the power of making movements in one's imaginal space is powerful; placing oneself in an imaginal environment can have great effects in one's mind. Further he wrote, "Attention to the details of each image develops an imaginal perception, a sensitivity to the image's nature" (p. 111). Thus, the art therapist can scaffold the participants' imaginative mind throughout various MBAT activities with clay. After the MBAT period, a wide variety of types of ceramic tiles will be presented as examples before introducing how to create tiles out of clay. At this point, the members can touch and pass around each ceramic tile and have a discussion, which could be related to the images that the art therapist showed the previous week. Every tile represents different cultures' images or contains religious symbols. Each member can share their preferred tile to the group and explain the reason why she or he prefers a certain type of color, glaze, image, or symbol on that tile. Then, the art therapist will inform participants that they are going to make their own tiles. Before starting the actual creative process, the therapist will also briefly explain that the tiles which they are going to create will be incorporated into the actual mosaic body. For this reason, if any participants create more than one tile, they will have the choice to use all of their tiles in the collaborative mosaic artwork or keep some for themselves. When they

prefer to make more than one tile, it will be the therapist's job to be vigilant to how every group member is doing, making sure, for instance, that they are not physically pushing themselves too hard. Conversely, other group members may learn to be a helper (Riessman, 1965; Spiegel & Classen, 2000) who offers mutual support to monitor each other's health condition as we get to know every member's limitations and strengths as time goes by.

The art therapist will then demonstrate how to make a tile out of clay. Participants will be guided on how to create different shapes and sizes of tiles step by step as well as how to make a low relief and surface patterns on tiles. If this is the first time to make a tile out of clay, some participants may take time. Therefore, the therapist gently needs to assist them in case group members encounter any challenges. In addition, at this point, the participants use clay tools, such as a wooden knife and rolling pins, with the therapist's guidance. However, whereas mastering how to use tools can empower one's self-confidence, some posttreatment cancer patients may have a hard time tactfully utilizing tools due to the numbness, pain, and other difficulties after the aggressive cancer treatment. The art therapist, hence, needs to be conscious about each member's physical capabilities while they are making clay artworks with tools. During the closing, participants are encouraged to share their finished tile artworks and express any reflections from this session. Again, creating a new artwork during the MBAT activity and choosing to keep it or put back in the clay bag will be repeated in this session as well. It becomes a ritual process, which helps each participant begin perceiving what he or she needs for him or herself to rediscover personal meaning. Also, reflecting on one's clay making process will scaffold the initial step towards reconstructing one's identity.

3rd session: Enhancing group cohesion and exploration of self-identity

Session three lets participants experience in exploring their self-identity through art media and art making steps. Additionally, reinforcing group cohesiveness is an aim of this session. The facilitator starts with the same ritual by checking in to see how every member is doing, and an MBAT activity, which can alternate every week with the simple body scanning and breathing exercises or incorporating the story telling component. After the second session, the art therapist will be required to complete first firing, which is called bisquing. The bisqued tiles that the participants created the previous week are ready to glaze at this stage. The therapist will explain and demonstrate basic procedures of glazing as well as showing the available glaze colours so that the members can choose which colour they would like for their tile. When the

glazing process is done, varied types of broken ceramic pieces, which are gathered from local ceramists, will be presented. Holding and passing around a broken ceramic piece by looking at it from a different angles perhaps metaphorically send a message to posttreatment cancer patients since their identities are possibly also shattered and yet retain certain dimensions and qualities. The therapist can facilitate a short discussion on how they felt exploring these various types of broken ceramic pieces.

Next, the therapist will invite the members to begin working on their ideas concerning their collective mosaic artwork. The therapist may provide basic suggestions to enable them to follow a structure of this discussion period. For instance, a theme, symbol, image, pattern, or colour, can be discussed by brainstorming. Further, the therapist can introduce universal symbols, such as natural, animal, human, man-made, religious and mythological, abstract, and individual or spontaneous symbols (Lusebrink, 1990), so that participants can have more concrete ideas of what they want to create and how they would like to narrate their stories by chosen symbols and imageries. The therapist will facilitate this discussion by writing down words and drawing images on a large sheet of paper so that everyone can see as the discussion progresses. Yet, members are of course welcome to draw images on their own to share with others if they are comfortable. Through a brainstorming method, posttreatment cancer patients can feel less intimidated; any opinions are appreciated and no judgements exists while brainstorming. In addition, as they give their thoughts, they can have a sense of being a group member and contributing something to the collective creative process. After brainstorming, the therapist will explain that we will create a collaborative mosaic artwork as a group, and also, each group member can choose to contribute their own image or symbol, which can be merely a chosen colour in a circle shape, for example, to incorporate into the collective mosaic work. As an illustration, if the group decides to work on a main theme of pathway in nature to depict their cancer survivorship journey, and a member wishes to dedicate a circle shape in purple because it has certain meaning during her hospitalization, the purple circle can be integrated into the mosaic body by adding next to the path. Every member is given a few minutes to individually draw at least one image or symbol to narrate their own story. When they come back to the group, they can share their picture with others and describe it if they wish. The closing period will follow a similar process to the first and second sessions, yet the facilitator will particularly pay attention to how the group members came together after this session by asking questions, such as: “How

did you feel when you explored the broken ceramic pieces with others?” or “Is there any difference between simply telling a story and sharing a story through your own image?” In this session, witnessing the process of own ceramic tile’s first stage creation (the solid bisque form) and exploring broken ceramic pieces may enhance explorations of self-identity. Also, sharing one’s thoughts in the brainstorming period in a group can improve group cohesion.

4th session: Finding a meaning of the new inner-self

This session is designed to provide an opportunity for participants to find the meaning of their new inner-self by reflecting on their creation as well as to keep strengthening the positive group cohesion. First, the usual ritual by checking in with an MBAT activity are facilitated. After the previous session, the art therapist will be required to finish the second firing. The fired handmade tiles that the participants made the previous week will be shown. In order to reflect on what have we accomplished in artistic exploration, the therapist will encourage members to express their own feelings on their artwork. While holding and looking at one’s own ceramic tile, each member can say a word or a phrase to convey their thoughts. Further, all members can exchange their feelings concerning the ceramic tile artworks of others in order to get to know others’ perceptions. These reflections and interpretations can guide the decisions of which tile to keep or contribute to the collective mosaic artwork for the group. Then, the art therapist will introduce tools and materials for mosaic making. In addition, the therapist will explain the basic procedures and safety hazards regarding mosaic creation. In order to finalize the brainstorming process, the therapist will invite participants to begin putting all their ideas, such as themes, symbols, images, and colours, on a large sheet of paper in an organized manner. As they view these sorted ideas, group members can start selecting which components will be included and excluded all together. Participants are encouraged to begin drawing a draft picture on a large paper and incorporate each member’s chosen distinct image, symbol, or colour if he or she wishes and other members are comfortable. This creative process may take a long time because it involves various types of discussions; participants are required to put in collaborative efforts and be assertive enough in externalize their emotions to contribute their own chosen image to the collaborative artwork. For these reasons, the art therapist needs to be a competent facilitator, effectively intervening before issues arise between group members. The period of drawing a draft can continue into the following session since it contains many negotiations with oneself and others. In the closing, participants can draw an image to express their feeling in this session and

share it with other group members as usual, and simply pass a ball of clay around and say one or a few words to finish up.

5th session: Identifying one's own needs and updated identity, and learning mutual support

Session five builds upon sessions three and four concerning reflecting on one's own identity and attempting to find a meaning of the new inner-self. The new inner-self can be explained the updated or latest inner-self because cancer survivors' self may have been altered many times during their treatment, after surgery, or even after attending these group art therapy sessions. Thus, the aim of this session is to guide participants to gain a skillset to identify their own needs and acknowledge own current restored identity. Furthermore, learning how to accept and offer mutual support through the art therapy activities is another goal. Following the usual check-in and MBAT exercise, the therapist will explain and demonstrate how to break ceramic tiles and other broken ceramic pieces. At this point, the therapist gently yet firmly needs to inform all group members that it is an option whether each member participates in this specific process of smashing ceramic tiles. If anyone is uncomfortable with doing this step, the therapist and other group members can complete this process. This option will hopefully decrease possible stress or anxiety in case any participants are not ready to make this type of movement due to their physical limitation or their fragile emotional state after cancer. After demonstrating the process, the art therapist will explain that group members will need to make a decision concerning which ceramic tile to break to contribute to their collective mosaic, and which one to keep for themselves without breaking. This activity will enable them to see their own needs clearly, such as what to keep and what to leave behind, which may metaphorically guide them through re-evaluating their own needs and clarifying their latest identities. Further, during the process of breaking ceramic works, as the therapist and other members assist in breaking process for members who are not able to do so, it helps everyone recognize who is going through physical and/or emotional challenges. This process will hopefully deepen understandings between group members, which may lead them to have more empathy towards each other.

Upon completion of the step of smashing the ceramic works, the members can start sorting out all pieces by colours, shapes, and sizes in containers. This categorizing and organizing procedures can also be helpful to posttreatment cancer patients if they have gone through chaotic life experiences without having any control because of cancer. Getting objects in order while utilizing their senses, such as touching and viewing colourful and diverse shaped

ceramic tiles, may lead cancer survivors to have a sense of regulation and self-control. This slow and calm step in a group environment with the art therapist can allow them to experience a peaceful and safe atmosphere, which assists in reducing feelings of isolation. As the members finish up putting ceramic pieces in containers, the therapist can invite them to draw a finalized picture for their collective mosaic art on a foam core poster board. These final two steps – sorting broken ceramic pieces into containers and finishing the drawing on the foam board – can be continued into the following week.

6th 7th, 8th, and 9th sessions: Establishing a support network and reducing isolation

For these consecutive four weeks between the sixth and ninth sessions, the main aim is to establish and enhance a support network between group members as well as reduce isolation through collaborative mosaic making. Also, these four sessions will be dedicated to the main part of this proposed intervention, the mosaic making, and the finalizing the all steps. If organizing smashed ceramic pieces and drawing the final draft picture on the foam board have not been finished at this stage, the group members can continue these processes with the assistance of the art therapist in order to complete these steps in week 6. Perhaps, the participants need to be broken into two groups; one group can work on sorting the ceramic pieces while the other can finish the drawing part. These phases require much cooperation among participants to execute the crucial steps. When these procedures are completed, the therapist will start to explain how to create a mosaic with visual examples such as showing several small scale samples of mosaic artworks in progress, which indicate each essential step of mosaic making. Although there are two basic techniques for creating mosaic artworks, for this proposed intervention, the direct method is applied since it is less complicated and easier to understand than the indirect technique (Kelly, 2004). By utilizing the direct method, artists can draw a design onto a base, in this case the core foam, with a marker and directly put the ceramic pieces onto the base with adhesives, such as good quality liquid glue. After the adhesives have completely dried and all mosaic ceramic pieces are set firmly, a layer of grout can be spread over the ceramic pieces with a tool as well as to fill in any spaces between the ceramic parts. Excess grout then can be wiped off with a slightly damp sponge to clean the surface of the mosaic artwork (Kelly, 2004). The art therapist will demonstrate how to place ceramic materials and how to apply adhesives. As Hyatt explained, the grouting step can be solely done by the art therapist if the sessions are constrained by the time frame because it is a time consuming process

(Hyatt, personal communication, February 22, 2016). Also, grout has a certain unpleasant odor; therefore, it is only recommended to utilize it with posttreatment cancer patients who have overcome the stage of nausea or any other physical discomfort.

Even though the members already have decided at this stage how their picture will look like with their chosen images, symbols, and colours, they may encounter several challenges when they try to put the actual ceramic pieces onto the board. For one thing, they may get excited and have more ideas to add. Hence, there may be changes, which group members may agree or disagree with. In this case, the therapist will be required to sustain the safe space and supportive atmosphere by applying the notion of Winnicott's (1965) holding environment. During these four sessions, some posttreatment cancer patients may already begin anticipating the completion of these group art therapy sessions. A particularly important aim of sessions eight and nine is that the art therapist has to begin explaining the termination and keep reminding members at the end of each session that the sessions will soon come to an end. In this way, group members can emotionally prepare for the ending. At this phase, every participant will have gone through various emotional and physical experiences in his or her unique trajectory throughout the group art therapy activities while also having shared bare emotions in his or her images and symbols with possibly narrating stories. One may not be ready to end the group process or another might be ready to move onto the next stage, such as assimilating in one's own local community after gaining self-confidence in this community art studio environment with other individuals. It is essential to prepare participants for termination (Case & Dalley, 2006; Landgarten, 1991). The art therapist needs to be mindful to consider each posttreatment cancer patient's feelings in terms of loss and separation when the time nears to the termination phase. For example, participants may have lost their friends due to cancer, or may have experienced losses of a job, a partner, or a friend during their challenging cancer survivorship. Careful steps for the termination are critical so that the participants can have sufficient time and emotional space to say goodbye to their third space of the community art studio. By the end of the ninth session, the collaborative mosaic artwork will be completed. During these four sessions, the group will have reinforced the establishment of their support network among members. Also, the supportive environment with the art therapist's guidance will have enabled the participants to feel less of a sense of social isolation as they have experienced collaborative mosaic art making processes all together in the community art studio environment.

10th sessions: Closure

This final session is dedicated to closure. The aim of this tenth session is to share a sense of ending and accomplishment together. Even though every participant may feel different levels of accomplishment, the therapist can invite all the members to celebrate the achievement through everyone's contribution to the creative process. The members can install the finished collective mosaic artwork on the wall or any available spot in the community art studio. For this installing step, the therapist can assist on how to properly hang their artwork. When this process is finished, the therapist can suggest all participants to step back and observe their collective creation quietly for a while. By allowing group members to have a moment individually to look at the finished artwork, they can have an opportunity to pause and reflect on the last nine sessions while reminiscing of the time spent time together weekly. Next, the therapist can encourage them to come back to the group and begin their final discussion by sharing any feedback, thoughts, and memories. This last session will end with an MBAT exercise, possibly with a simple breathing method with a ball of clay, so that the participants can leave the final session with a peaceful mind. The art therapist may ask the participants to reflect on any emotional and physical changes while conducting the MBAT activity. Through this, they can acknowledge the change and accept their altered inner-self after they have gone through the 10 group art therapy sessions. Finally, the participants will be invited to take their own box, where they have accumulated their own artworks, such as drawings and clay artworks, from each week. They will be encouraged to share these stored creations with other members in the group if they wish. Also, this will be the last chance to review and decide which artwork to keep or leave behind, in case a group member cannot attend a follow-up individual session after this final week. Then, all the group members and the art therapist can help each other to carefully pack up their individual artworks in their own box to bring the artworks home with them. These artworks are tangible records of their short and yet hopefully rich trajectory through art therapy.

Recommendations and Conclusions

The initial question, "How can mosaic artwork be used in a community art studio to assist posttreatment cancer patients to reconnect with their lives?" led the interweaving of several fields of research in not only art therapy, but also psychology, social work, and oncology, to conduct this qualitative theoretical intervention research. The main therapeutic goals of this intervention for the targeted population - adult posttreatment cancer patients - are to improve

their ability to cope with their psychosocial issues, resulting in reduced feelings of social isolation and reconstructed identities. By selecting a specific collective artwork, a mosaic, to create in group art therapy by utilizing narrative approaches with images, symbols, and metaphors, in a particular setting - community art studio -, the author was able to effectively proceed with the research. As a result of the methodological process, a comprehensive literature review was generated. One notable finding from literature review is that there is a significant gap in the social science research in terms of interventions aimed at posttreatment cancer patients (Foster & Fenlon, 2011). Specifically, in art therapy, there have been limited research on this particular population even though the number of cancer survivors has been rising, creating a great need (DeSantis et al., 2014). Therefore, it is the aim of the author to implement and disseminate the intervention program based on this research paper.

In order to disseminate this program in the future, this study needs to be further improved by incorporating quantitative components, which allow researchers to analyse the reliability and validity of this study based the collected data, of the treatment and control groups. Using narrative interview methods (Reynolds, 2003) might also be effective. Further incorporating open-ended questions and forced-choice Likert-type items (Heiney & Darr-Hope, 1999) to measure the outcome of the intervention can aide in determining the benefits this particular mosaic making art therapy program. Applying the pre- and post - study measurements would be also essential to review the differences (Monti, et al., 2006) in participants' feelings of isolation and sense of identity before and after the intervention. Also as Fraser and Galinsky (2010) explained, testing an intervention's effectiveness in varied practice settings is important. It is essential to examine how this program could be undertaken with different populations, ages, particular cancer types, genders, and socioeconomics statuses. Also, researchers can modify a setting by inviting loved ones including family members and partners of cancer survivors, as well as local community members, so that they can join certain parts of art making processes, such as smashing tiles and mosaic making part. Cultural and contextual adaptation should also be considered when art therapists implement this intervention for new settings and populations (Fraser and Galinsky, 2010); facilitators need to be ethically competent and culturally sensitive to participants by having deeper understandings of the symbolic connotations and religious imagery from different countries. In addition, publishing the findings in order to circulate them

to varied audience, such as academics, practitioners, and individuals affected by cancer, is a critical dissemination step to maximize the benefits of this art therapy group intervention

For the purpose of conducting this intervention with diverse settings and populations, it is vital to take into account the innate qualities of clay and mosaic art, the art media in this program. Mosaic making has widely been used in public art projects (Project for public space, 2015; Timm-Bottos & Riley, 2015b) in a number of countries. Hence, as a pilot program, art therapists can further implement this mosaic art making group program into actual practice in various settings, including schools, homeless shelters, women centres, and community centres for immigrants and refugees. Additionally, this program can be conducted in diverse community art studios not only in Canada, but also in other countries, to obtain comparative empirical research results internationally. Whereas mosaic making has been favorably conducted as part of transforming process for communities, clay activities are not frequently used by art therapists and other practitioners in public and clinical settings. Perhaps this is related to logistical matters; clay usually needs to go through several stages, such as wedging, shaping, bisquing, glazing, and firing, in order to have a finished art product. As Sholt and Gavron (2006) have pointed out, the time and effort as well required to work with clay may dissuade researchers from using it. However, clay can be especially useful for studies targeting on the aspects of sensory, tactile, and kinesthetic senses (Henley, 1991; Hinz, 2009) as well as therapeutic qualities (Šicková-Fabrici, 2007). In group art therapy, clay can also be utilized for different populations, including individuals with chronic pain, such as multiple sclerosis and Parkinson's disease, in order to maintain or enhance these individuals' sensory functions, in addition to share mutual support in a group. Finally, in the process of making a finished tangible art product, there is always a risk to take whether having a broken pieces or a finished result in one piece. In other words, clay as an art media can offer us an opportunity to learn through ephemeral experiences. The transformations of clay resemble the processes of deconstruction and construction of cancer survivors' identities. Perhaps any individuals struggling with self-identity and isolation issues may benefit from working with clay in a group therapeutic environment. It is the author's hope that enduring yet worthy empirical intervention research processes will eventually lead art therapists to allow assist more cancer survivors in increasing a level of psychosocial well-being while improving their community life and overall health through art therapy interventions.

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Appendix A

List of Materials and Tools

The following are possible materials for mosaic making:

- Clay & clay tools
- Glazes (several colors)
- Ceramic tiles: the ones that participants will create & broken ceramics pieces from local ceramists (various colors and patterns)
- Elmer's Glue All liquid glue (instead of using mortar)
- Sand grout
- Markers
- Thick foam core poster board

* For technical and logistical reasons, if the storage space in a community art studio is limited, the foam board can easily be cut and divided into four or six parts, and the participants can divide up the entire picture to draw on each separated foam board. After all the mosaic creative process is done, the members can use liquid glue on the side of each board internally and use a staple gun on the back to connect the foam boards with the assistance of the art therapist.

These are the tools and miscellaneous items required:

- Work gloves and/or vinyl gloves
- Safety goggles
- Hammer or a glass bottle (for breaking ceramics)
- Canvas bag and/or thick towels (for breaking ceramics)
- X-Acto knives
- Masking tapes
- Containers to store ceramics pieces
- Tile nippers
- Tweezers
- Sponges

Appendix B

Proposed Intervention's Outline and Time Frame

The required time of each section is approximate; thus, it can be adjusted as the group proceeds through their art activities and discussions.

1st session – Opening

- Make participants get into pairs to learn each other's brief history (cancer experience, occupation, educational background, favorite colour, or art media) and share their partner's stories to the group after a short conversation of a few minutes. (30 minutes).
- Creation of a group hand collaborative artwork by using a chosen colored felt pen to discuss and have a clear understanding of the meaning of confidentiality (Riley, 2001). (15 minutes).
- Learning a brief history of clay artworks and mosaics from around the world. All participants are invited to share their thoughts, knowledge, and ask questions. (25 minutes).
- Finishing with an MBAT exercise by exploring one's own experience in touching and manipulating clay in a mindful manner. (10 minutes).
- Closing. (20 minutes).

2nd session – Creating one's own ceramic tile: The beginning of reflecting on one's own identity.

- Check in ritual. (15 minutes).
- MBAT activity. (5 minutes).
- Seeing and touching various types of actual ceramic tiles and having a discussion. (20 minutes).
- Making tiles out of clay. (Participants will be guided on how to make tiles as well as how to create a low relief and surface patterns on tiles.) (40 minutes).
- Closing. (10 minutes).

3rd session – Enhancing group cohesion and continuing the exploration of self-identity.

- Check in ritual. (10 minutes).
- MBAT activity. (5 minutes).

- Applying glazes on the bisque tiles based on participants' choice of colors. (15 minutes).
- Checking different types of broken ceramic pieces. (10 minutes).
- Having a group discussion by brainstorming a theme, pattern, symbol, or image for the collective mosaic artwork as a group. (15 minutes).
- Every participant is given a few minutes to individually draw at least one of above subjects to narrate their own story, and a few more minutes to share one's picture to the group to contribute to the mosaic design. (25 minutes).
- Closing. (10 minutes).

4th session – Finding a meaning of the new inner-self.

- Check in ritual. (10 minutes).
- MBAT activity. (5 minutes).
- Checking participants' finished handmade ceramic tiles, and having a brief discussion on each person's experience in creating their own ceramic tiles. (10 minutes).
- Exploring tools and materials besides ceramic tiles and broken pieces while learning the basic procedures and any safety hazards regarding mosaic creation. (15 minutes).
- Having a last discussion to finalize the entire picture of the collective mosaic artwork based on the brainstorming from the previous week. (15 minutes).
- Start drawing a draft picture while choosing colors and laying out images together (by incorporating each one's distinct image or symbol if possible) on a large sheet of paper. This part can be continued in the following session. (25 minutes).
- Closing. (10 minutes).

5th session – Identifying one's own needs and updated identity, and learning mutual support.

- Check in ritual. (10 minutes).
- MBAT activity. (5 minutes).
- Learning how to break ceramic tiles and other broken ceramics pieces. (For those who feel comfortable.) (10 minutes).

- Choosing one's own ceramic tiles to decide which one(s) to break to contribute to the collective mosaic and/or which to keep. (10 minutes).
- After breaking ceramics, start to categorize and organize by colors, shapes, sizes, etc. in containers. (25 minutes).
- Drawing the finalized picture on a foam core poster board. (20 minutes).
- Closing. (10 minutes).

6th, 7th, 8th, and 9th sessions – Establishing a support network and reducing isolation while experiencing a transformation process.

- Check in ritual. (15 minutes).
- MBAT activity. (10 minutes).
- Mosaic art making. (50 minutes).
- Closing. (15 minutes).

10th session – Closure

- Check in ritual. (15 minutes).
- MBAT activity – Response art creation. (10 minutes).
- Installing the finished collective mosaic artwork. (10 minutes).
- Discussing each one's reflection and sharing feedback. (35 minutes).
- Final closing ritual. (20 minutes).