

Creating Doorways:

Finding Meaning and Growth through Art Therapy in the Face of Life-Threatening Illness

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### **Abstract**

**Objectives:** This paper presents the findings of a pilot study situated in a tertiary care cancer centre and examines the impact of an art therapy group on the experiences of women living through breast cancer.

**Study design:** A qualitative cross-case comparative case study design was used.

**Methods:** Ten women were interviewed about their experiences making art, many for the first time. Interviews were transcribed and analysed, along with the participants' artist statements.

**Findings:** Categories include: the significant benefits of art therapy on their sense of self-efficacy; the emotionally enhancing nature of making art for the first time; the power of their artwork to trigger insights about themselves (including subcategories of self-actualization, existential growth, and posttraumatic growth) or in communicating their experiences to loved ones; and how making art changed their worldview and life philosophies, creating doorways of possibilities.

**Conclusion:** This study suggests that art therapy provides a safe context to reflect on profound personal changes and to re-story losses following adversity through creative practices as a dimension of care.

**Keywords:** art therapy; breast cancer; existential growth; posttraumatic growth; open studio method; women

## Creating Doorways:

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Insert Figure 1 here\*

## Introduction

Worldwide, breast cancer is the second most common cancer overall, by far the most frequent cancer among women.<sup>1</sup> In Canada, one woman in nine is expected to develop breast cancer in her lifetime.<sup>2</sup> Though most cases in the global North have a relatively favourable prognosis,<sup>3</sup> the impact of this disease can have a significant impact on a woman's physical, emotional, and psychological health.

The arts have been shown to be an effective tool in processing adversity in therapeutic and nontherapeutic contexts. Women diagnosed with breast cancer have experienced benefits from engaging in creative arts therapy (CAT). Though most of the research about the ability of CAT to reduce the physical discomfort, fatigue, and pain associated with breast cancer tends to be not significant, a few randomized control studies (RCS) of movement-based CAT have reported perceived reductions in pain, both post-treatment and during follow-up.<sup>4</sup> One study established that women in an art therapy (AT) treatment group experienced fewer somatic symptoms at 4 months compared to those who did not,<sup>5</sup> while another RCS, pairing mindfulness with CAT for women with advanced cancer in Japan,<sup>6</sup> found the blended intervention was effective for increasing vigour and reducing fatigue.

Emotional responses such as depression, anxiety, anger, and emotional repression can compromise a woman's overall quality of life (QoL) post-diagnosis.<sup>7</sup> Puig et al. (2006) found

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\* We are including the participants' artwork as an added dimension to seeing and understanding the impact of art therapy on their cancer experience. Please note that the names of the participants are pseudonyms.



Figure 1. *Body map* by Gabriella

that women with newly diagnosed Stage I and II breast cancer randomly assigned to an individual CAT group experienced enhanced psychological well-being, decreased negative emotional states and enhanced positive ones.<sup>8</sup> Several participants reported an enhanced sense of well-being and reframed the breast cancer experience as an opportunity for personal transformation and growth. Paired with mindfulness, Monti et al. (2006) demonstrated that CAT treatments control groups had a significant decrease in symptoms of distress and significant improvement in health-related QoL for women with a variety of cancer diagnoses.<sup>9</sup> Means at week 16 were comparable to those at week 8, suggesting maintenance of improvements in general health, mental health, vitality and social functioning. In a further study with 191 women with breast cancer, Monti et al. (2013) found that the mindfulness CAT program decreased psychosocial stress and improved QoL better than standard educational support, both post-intervention and at 6 months.<sup>10</sup> Other studies reported similar findings regarding reducing tension, depression, and confusion, and improving overall mood when combining mindfulness with CAT.<sup>11-13</sup>

These trends have been confirmed by additional systematic reviews of RCS of AT with breast cancer patients reporting significant improvements in decreasing negative emotions and enhancing mood.<sup>14-17</sup> Collie et al. (2006) found that AT can be seen as *clearing the way emotionally* to what women were experiencing.<sup>18</sup> In their study examining how 17 women with breast cancer in Canada and the USA used art therapy and their own art making to address their psychosocial needs, they observed that meaning making was achieved through the physical acts of making art. This mode of emotional expression took participants past the surface and opened up unexpressed parts of themselves therapeutically releasing emotions that would or could not be expressed in words. The importance the women gave to experiencing difficult emotions clearly

and expressing them freely supports the idea that processing painful feelings caused by a disruptive event are an important fuel for meaning making.

Insert Figure 2 here

Adjustment issues are common in women diagnosed with breast cancer. Decreased intimacy and social isolation are associated not only with the cancer experience but also as an outcome of treatment regimes. AT has also been shown to affect more general psychological processes such as protecting and strengthening boundaries.<sup>19-20</sup> Öster et al. (2009) illustrated that the safe space created by AT created opportunities to deal with complex existential experiences and issues, legitimizing women's interpretations and experiences. In their systematic review of 14 papers reporting 12 studies, Wood et al. (2011) found evidence that CAT facilitated the process of psychological readjustment to the loss, change, and uncertainty, characteristic of cancer survivorship.<sup>21</sup>

Reynolds and Prior (2006) found that creative activities also elicited flow experiences that served to banish intrusive thoughts about cancer and provided experiences of mastery.<sup>22</sup> Participants described a number of experiences that have been associated with flow, including sensuous vitality, responsiveness to art materials and evolving imagery, and creative adventures. Participants reported that art-making helped them to regain a sense of agency, a coping mechanism in the face of feeling out of control, which a cancer diagnosis can trigger. In examining the coping strategies of those diagnosed with cancer, Link et al. (2004) found that individuals who used creative emotional outlets, such as art-making, tended to report a sense of control over the psychological and emotional impact of cancer on their daily lives, including warding off preoccupation with the illness.<sup>23</sup> Individualized AT treatment groups for women with breast cancer also showed a significant increase in coping resources as measured at 2- and



Figure 2. *Venus bust* by Andrea



6-months post-radiotherapy.<sup>24</sup> Öster et al. (2006) demonstrated that AT provided by a trained art therapist in a clinical setting strengthened women's coping resources and sense of support as they underwent radiotherapy.

QoL<sup>25</sup> is an important patient-reported outcome of breast cancer treatments which can significantly impact a woman's everyday life. CAT resulted in an overall improvement in QoL aspects among women in the intervention group at 2- and 6-month follow-ups,<sup>26</sup> while another study documented an enhanced sense of well-being.<sup>27</sup> Reynolds and Lim (2007) highlighted the complex motives that patients had for engaging in the arts, and the impact this activity had for improving the quality of survival for women with cancer.<sup>28</sup> Women described taking up artistic activities in order to manage distress, their need for positive wellbeing, to experience achievement and satisfaction, to regain a positive identity, and to normalize family dynamics in the context of living with cancer. Engaging in art groups also had other benefits, particularly for women with lower incomes, who, traditionally, tended to avoid support groups. Collie and Kante (2010) observed that participation in art groups helped women from marginalized groups to overcome these barriers. Art groups drew them in where they were able to learn something new and valuable, engaged in helping others, and were distracted and uplifted.<sup>29</sup>

Insert Figure 3 here

### **This Inquiry**

This particular pilot study, embedded and conducted in a tertiary care cancer centre, examined the impact of participation in a 9-week AT group, using the open studio method, on the experiences of women living through breast cancer, in an effort to bring comprehensive whole-person cancer care to oncology patients. Using an interpretivist paradigm, which assumes that reality is socially constructed and accessed through language and shared meanings, we adopted a



Figure 3. *My golden tears* by Eva

case study qualitative methodology<sup>30</sup> and employed a cross-case comparative approach,<sup>31</sup> since creative theoretical insights often arise from the juxtaposition of contradictory or paradoxical evidence. A qualitative methodology was preferred since it allowed the researchers to focus on words rather than numbers, on depth rather than breadth, and to unearth the opinions, thoughts and feelings of participants. This paper details the findings of the impact of AT on the psychosocial needs of women in treatment for breast cancer.

### **The AT Group**

The AT program offered tangible meaning making opportunities through art-making in a therapeutic frame. Sessions were two hours and held at a dedicated room at the hospital's Breast Clinic. Nine weekly topics were covered, including addressing a changing mind/body, processing challenging emotions/thoughts/relationships, highlighting one's strengths and capabilities, building talismans and amulets (protection), and increasing one's self-awareness of the realities of living with cancer. Participants frequently incorporated their artworks in group discussions and individual reflections of how they benefited from the AT group.

### ***Using the Open Studio Method***

The art therapist adopted the open studio method, wherein art is grounded in experience, and it is as much about the process of engagement as the artistic merit of the final product.<sup>32, 33</sup> This method reflects an approach, wherein the artistic processes and outcomes are central to the therapeutic work and incorporate healing qualities, as opposed to other interpretative, diagnostic approaches.<sup>34</sup> Therefore, one main emphasis is on artistic creation, with everyone considered to be an artist. No directives or interpretations are given by facilitators, who participate in the art-making; sessions, deliberately longer than clinical ones, enable deep engagement and time for the creative process to evolve. Open studio practice allows participants to work at their own

pace, choose their preferred materials, interact with other participants, and use the group for support. Hence, another emphasis is on the individual's creative process in a group setting that represents communality. Allen, who conceived the term *open studio*, observed, "the healing aspects of art-making arise from the making and doing, the trying and failing, the experimenting and succeeding, alongside others."<sup>35</sup>

### ***The Art Therapist and the AT Session***

The group was facilitated by one of the authors (Laux), who has an MA in Art Therapy, and is an accredited professional with The Quebec Art Therapy Association (AATQ). Each group session would include a brief check-in to assess how participants were feeling as they entered the safe therapeutic space, a guided visualization exercise to help each participant relax and focus, and to introduce the art-based intervention. A broad range of art media was laid out at each session, including oil/chalk pastels, pencils, tempera/acrylic paints, brushes, high quality papers, tissue papers, boxes, mirror tiles, beads, glitter, fabric/yarns, photo collage materials, glue, clay, wire, and an assortment of natural materials (such as leaves, twigs, sand, shells, and seeds). At the close of the session, a short check-out was conducted to assess how participants were feeling as they left the session, and to make sure that everyone was emotionally grounded.

### ***Participants***

Ten women between the ages of 41 and 67 years, in various stages of treatment by surgery, chemotherapy, or radiation therapy for all stages of breast cancer, were recruited by convenience sampling from a large university-affiliated teaching hospital in Montréal Canada. Convenience sampling, i.e., sampling from the population of breast cancer patients who received treatment at the Breast Clinic, was deemed appropriate for this exploratory pilot because it allowed ready

access to the targeted patient population. All of the women participated in the 9 weeks of the 2-hour AT weekly group sessions.

### **Research Method**

Participants were individually interviewed after their participation in the AT group had concluded. A semi-structured interactive interview process was employed, using an open-ended, conversational format to facilitate the development of trust and rapport.<sup>36</sup> Interviews lasted on average 1.5 hours and questions focused on their assessment of their experiences in the AT group, about art-making, how this impacted their cancer experiences, and the ripple effects of the AT experience into their daily lives.

### **Data Analysis**

Interviews were audio recorded, then transcribed. Transcripts were read line-by-line and team members (the authors) each individually performed an open coding of the data in which units of meaning were grouped together conceptually to create a long list of emergent codes.<sup>37</sup> Axial coding was performed during weekly team discussions wherein the emergent codes were examined, then classified for similarity in meaning, and later used to create higher order codes and eventually categories.<sup>38</sup> Participant transcripts were triangulated with other data sources (e.g., participants' artist statements and photos of the artwork produced within the AT group) to provide a richer fuller context from which to interpret the text. Each transcript was coded by two team members and discussed as a group until consensus was reached about the category and subcategories. Categories were then examined across all the cases using the constant comparison method, an inductive data coding process used for categorizing and comparing qualitative data for analysis purposes.<sup>39</sup>

### **Findings**

This paper will focus on the categories that demonstrated the strongest resonance with the research question and with the participants, in that these codes were present across all of the ten participants.

### ***Existential Growth***

Individuals who face life-threatening illness are more likely to become cognitively engaged with fundamental existential questions about death, meaning, and the purpose of life. When analysing the interview data, the category of existential growth (EG) emerged. EG is the deep psychological and spiritual change that occurs when individuals face, rather than deny, their mortality.<sup>40</sup> It is focused on several main concerns: the *quest for authenticity*, the *quest for fulfillment and freedom*, the *quest for community*, and the *quest for meaning and purpose*.<sup>41</sup> This category of EG, and the associated subcategories, emerged from the reflections and insights that were a result of their participation in AT or when reflecting during the interview about the pieces of art the participants made. This category and subcategories existed across all 10 cases.

Insert Figure 4 here

#### *Quest for authenticity*

This particular concern focuses on assuming responsibility to live in a way that is consistent with one's true nature and core values, in spite of the anxiety and risks involved. Facing a life-threatening illness, and exploring this through AT, participants came to clarify for themselves a fresh sense of what was important.

[I] think that I need to appreciate more how precious each minute is because I think we get carried away with ambition, career, this and that and when I was threatened with...it doesn't matter anymore. Nothing matters anymore. What matters is that you're there to appreciate...  
(Sofia)



Figure 4. *Mandala by Ray*

This pilot suggests that the AT group allowed these women to discover an inner vision about their uniqueness and singularity that endowed their lives with deeper meaning. They were able to shift from a mode of being that prioritized optimal performance to the mode of authentic being.

*Quest for fulfillment and freedom*

This concern is often expressed by desiring increased self-direction, choice, and autonomy. Feeling out of control while navigating cancer and undergoing surgeries and treatments, participants wanted to exert some level of self-determination in their lives. AT provided opportunities to express this need.

*I feel like I'm in a vacuum, being sucked into the vacuum and having no control and then when it's going to be all done, I'm just going to be spit out... for me the art was the only way that I could have some sort of control about what I have and what I'm going through.*

(Aurore)

This inquiry intimates that art-making gave these women a sense of control and choice at a time when they felt most out of control with regards to their bodies and appearance, the course of the disease, and the outcomes of their life-threatening illness.

*Quest for community*

This concern is frequently reported as a need for closer and deeper relationships, and the need to be part of a community- since essentially, we live through relationships. Not only did the women in this inquiry discover community in the relationships they formed in the AT group, they also were able to express these feelings to friends and family through their artwork.

*Even though I had finished my treatment it was, to me, it was very important to be able to speak with someone like M. She knew what I had been going through. I knew what she was*



*going through. Not quite the same but similar, and just being with someone else that knew what it was all about. That was very important to me. (Carol)*

Community is a powerful antidote to isolation anxiety. The AT group provided a space for these women to form relationships based on their shared art-making. This project suggests that the open studio method also created a reflective space for the participants to recognize and express their needs for affiliation, connection, and closeness. This gave the women time to contemplate, to collect their thoughts and reenergize, before taking action again.

#### *Quest for meaning and purpose*

This concern focuses on the urge to live fully, to do something significant, and to make a difference, so that one doesn't face the death-bed realization that life has been squandered away. The AT sessions created conditions that allowed the participants to actively seek meaning and a sense of purpose in the cancer experience and in life with or after cancer.

*It's funny the way, the things you came up with intuitively [while making art], very spontaneously then when you looked back at them you would find meanings that would relate to life... I would find meanings to what I was feeling or thinking or going through. (Andrea)*

This pilot indicates that AT creates a space for the women to reflect at this critical juncture of their lives, and develop a clear sense of meaning and purpose, the key to positive mental health, in the context of facing their own mortality.

Insert Figure 5 here

#### ***Posttraumatic Growth***

In addition, there were also strong indications of posttraumatic growth (PTG), the positive psychological change experienced when facing adversity and other challenges.<sup>42</sup> It is not about returning to the same life as was previously lived; rather, it is about undergoing significant life-

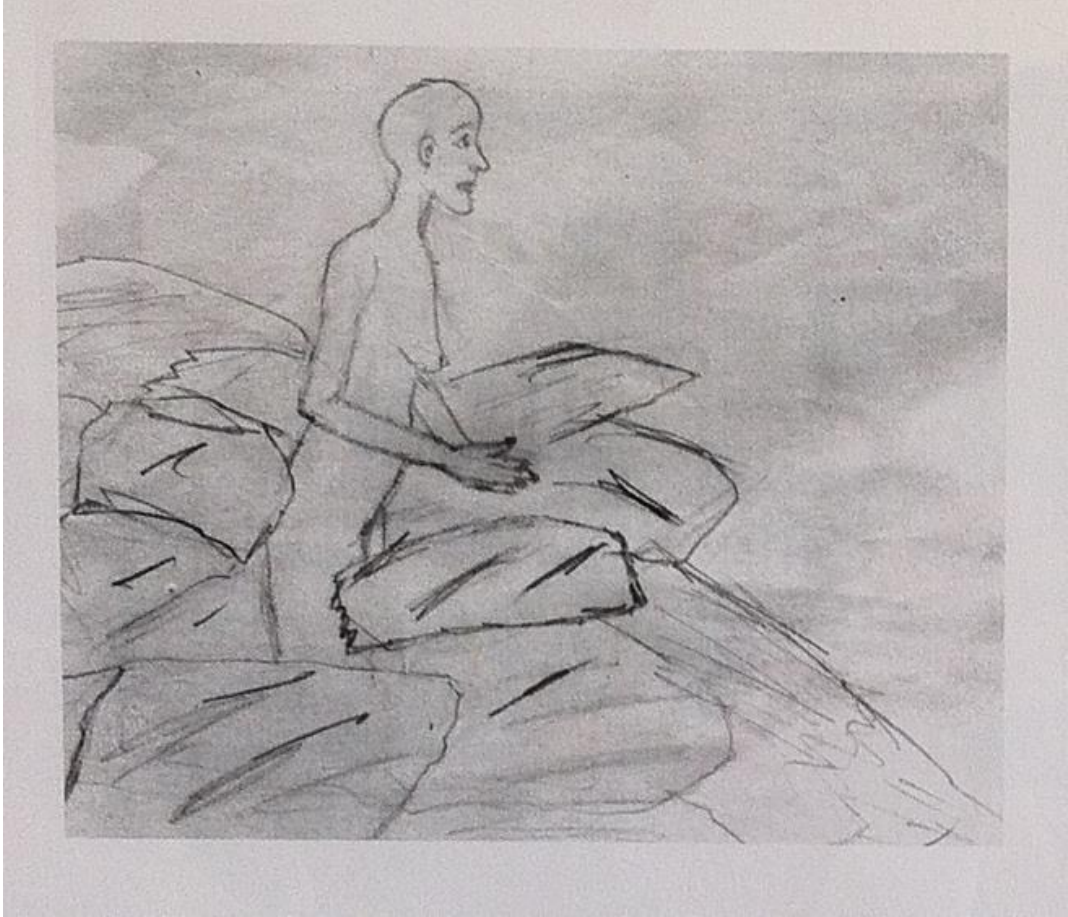


Figure 5. *Emergence from the rubble* by Élise

changing shifts in thinking and relating to the world that signifies deeply meaningful change. PTG is characterized by several main components: *deeper compassion for others*, the *emergence of new opportunities and possibilities*, the *ability to meet future challenges*, and a *greater appreciation for life*. The category of PTG, and the associated subcategories, emerged from the reflections and insights that were a result of their participation in AT, when reflecting during the interview about the art they had made, and when reflecting on their lived experience. This category and subcategories were present across all 10 cases.

*Deeper compassion for others*

Participants reported feeling a deeper bond with those who experience adversity, other individuals with cancer, and family members who also navigated the cancer experience with them. This sense of empathy emerged during, or as a result of, art-making.

*I probably shouldn't assume so, but actually anyone going through this or any kind of crises...This is kind of how you have to...I think it is really the only way you can deal with it.*

(Ray)

This inquiry suggests that AT created a reflective space for the women to develop compassion, empathy, and perspective-taking (i.e., temporarily suspending one's own point-of-view in an attempt to view a situation as someone else might).

*Emergence of new opportunities and possibilities*

PTG is not just about bouncing back, but the ability to bounce forward.<sup>43</sup> Change can be embraced rather than feared. Through AT the participants discovered new opportunities and possibilities available to them, which were unavailable prior to their cancer diagnosis and participation in the AT group.

*Can you believe I didn't know how to knit? Now I want to learn how to knit. I want to learn how to crochet. I want to know all these things. I want to know, and I started to do something, so it was a new discovery, but something that I always wanted to do. (Gabriella)*

The majority of women in this study had no previous art-making experience (except as children); therefore, this project indicates that the AT opened up a new world for them to explore. This new endeavour generated passion and enthusiasm.

*Able to meet future challenges*

Even though they were navigating a life-threatening illness, participants described a fortified sense of resiliency that they thought left them better equipped to tackle future challenges. Therefore, this pilot suggests that AT created spaces for participants to discover wells of strength in order to go on living in the face of cancer and to tackle difficult treatment regimes.

*...my famous golden tears. They were mine then and they are still mine today. Some days there are days when tears are still shed. I consider those golden tears because I understand them. I accept them. I wish they weren't there but they're a part of me, of course. (Eva)*

These emergent inner resources supported their navigation of the cancer experience.

*Greater appreciation for life*

When confronted with adversity, we often become better at noticing what we still have but may have overlooked. This subcategory highlighted the participants' greater and fuller appreciation of life in general, and in their relationships in particular.

*Now it is clear to me that I need peace. I need to build inside a peace of mind to help to deal with all this concern for patience that is related to the ego. My criticism about myself and my identification with things that are not good for me and now I start to understand this. (Rose)*

This pilot suggests that AT created an introspective space for the participants to sift through their life priorities and re-align them to what was now most important to them.

Insert Figure 6 here

### ***Art-making as Connector–Reconnector***

All of the participants noted that it was the process of AT that allowed these changes, insights, and transformations to occur. They attributed these dynamics to art as a process of connecting or reconnecting one with the self, the past self, or past or current relationships. These findings indicate that making art allowed participants to discover something essential or new by pondering on all previous experiences. It fashioned a space for the participants to reshape their perceptions of self as a consequence of having engaged in AT.

*Every time I explore my “innerscape”, I learn a little bit more about my true self, inner peace, the beauty and the joy of being myself, and feeling connected as a whole being.*

(Gabriella)

AT created a doorway for self-discovery in the face of living with a life-threatening illness. We conclude from the overall findings that AT allowed these women to refine and reshape their identities or discard ill-fitting aspects of their identities. This impacted their sense of self and provided rich soil for EG and PTG.

Insert Figure 7 here

### **Discussion**

AT can be a useful and important supplement to conventional treatment for breast cancer patients, fostering a space of meaningful reflection, growth, and transformation. AT can be a mode of action and a means of intervening in the world for these women. It allowed the participants to physically act (by making art) in order to express to themselves (and others) their



Figure 6. *My past... my present...my future* by Aurore



Figure 7. *Tristesse* by Sophia

thoughts, feelings, struggles or triumphs, intentionally or unconsciously, at symbolic, metaphoric, or literal levels. AT created introspective spaces that fostered the positive individual changes that characterize EG and PTG, which have implications for patient QoL. AT was more than a distraction (a trivializing term), but shaped an active, dynamic space that allowed for patient agency to be enacted. These participants had the time and space to reflect and actively construct meaning about their cancer experiences and about themselves in the context of cancer.

The emotional and psychological rollercoaster that women experience post-breast cancer diagnosis must be addressed as a priority in conjunction with their medical treatment. Therefore, it is crucial that more therapeutic spaces be created that allow for the easy access of AT. Tertiary cancer care centres can become extraordinary therapeutic landscapes that may be important for long-term healing, particularly for people experiencing serious life-threatening illness, especially when including the emotional geographies within these landscapes.<sup>44</sup>

### **Conclusion**

Since this inquiry occurred in a particular time and place, under particular circumstances with unique individuals, the findings should be viewed as unique; however, limited transferability may be warranted. At the very least, the experience of AT clearly had an impact on these 10 women, yet it is hard to tease out the precise therapeutic elements. Was it the fact that it was conducted in the hospital, or used the open studio method? Was it the characteristics of the art therapist or the topics covered? Consequently, we suggest that more research is needed in order to identify the salient healing components. The physical experience of cancer is tied up with emotions and therefore, the process of healing becomes an inherently emotional one- it requires feeling better and feeling supported. AT can provide such a therapeutic environment.



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