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Art therapy with three women diagnosed with cancer

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Introduction

Cancer can cause multiple psychological crises, including loss of control, loss of self-efficacy, isolation, decreased self-esteem, and grief. A cancer diagnosis always feels urgent to patients and families. After patients learn that they have cancer, life seems out of balance (American Cancer Society, 1993). The author will provide rationale for using art therapy with women cancer patients to enhance coping strategies that involve taking positive steps toward improving their quality of life, understanding their illness and its effect upon them, and taking appropriate steps to deal directly with their disease.

Illness-related art therapy

Research studies on illness-related therapy have yielded the benefits of crisis intervention, short-term individual therapy, behavioral techniques, education programs, group therapy, and stress management for cancer patients (Postdone, 1998). A primary focus of illness-related therapy is coping skills training that allows the patient to take control to improve her own quality of life (Serlin, Classen, Frances, & Agell, 2000). Art therapy promotes the connection between physical and mental health by offering the patient a means in which to express herself in private through art. It provides a concrete model of what the patient is experiencing that can serve as a permanent reminder of her strength and courage.

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Psychological aspects of cancer

“A diagnosis of cancer stirs up a host of difficult issues and feelings, many of which are actively avoided. Avoiding the expression and examination of threatening thoughts and feelings has deleterious consequences” (Serlin et al., 2000, p. 128). Illness and hospitalization entail the relinquishment of mobility, productivity, and achievement in favor of a more passive role. This may cause the patient to view him/herself as helpless. Personal worth is challenged by loss of physical functions or bodily alterations, and isolation is experienced as the family and social network find it difficult to handle reactions to the diagnosis, thus failing to provide the support the patient needs (Kern-Pilch, 1980).

The patient must also be aware of the likelihood that he/she will experience a grief or mourning period that may seem like depression. It is necessary for the patient to mourn for the loss of him/herself as a healthy person and the loss of certainty in his/her life (American Cancer Society, 1993). Cancer diagnosis and treatment are processes that require time. After adjusting to treatment regimens, the patient must then adjust to new physical realities.

Physical impact of cancer

The initial diagnosis of cancer can be devastating. Treatments for the disease are not kind to the mind or the patient’s physical being. Although some cancer treatments are less severe than others, all treatments take a physical toll on the body. Minor effects include loss of appetite, muscle pain, and dizziness. Major effects include amputation, reconstructive surgery, and hair loss.

Psychosocial impact

Psychosocial problems with cancer include isolation experienced as the family and social network find it difficult to handle reactions to the diagnosis, thus failing to provide the support the patient needs (Kern-Pilch, 1980). As well, both the patient and the family may have problems communicating with doctors and nurses, leading to a lack of understanding about the illness and the treatments (Kern-Pilch, 1980).

Research has proven that cancer patients experience poor interpersonal functioning for at least 1 year after diagnosis and tend to adopt symptoms of negative attitude, anxiety, and physical problems related to stress (Penman et al., 1996). Recent research suggests that psychological interventions involving structured training in the use of specific coping skills may help patients adjust to their psychosocial disruption of cancer (Kern-Pilch, 1980).

Case study I

Lisa was 32 years old when we first met for art therapy. She was a single White female who had undergone three of six expected chemotherapy treatments in response to breast cancer. She was diagnosed early after a self-breast exam, and had undergone a partial lumpectomy and reconstructive breast surgery. Lisa was in relatively good health and was of good spirits.

One of our art therapy sessions appeared to be especially beneficial to Lisa. In it, she dredged string in

black ink, and placed it on one half of the page, with a small piece sticking out. Then she folded the other half so that the string was in between both sides. She then pulled on the loose string until the entire piece was out of the paper. She discarded the string and unfolded the paper. The pulling of the string blended the marks, leaving textures and shapes that she had not predicted. She appeared to be amused, and discussed the shapes in the context of Rorschach blots. She then chose to paint over the dual images that appeared with a light overcoat of diluted black ink with a brush (see Fig. 1).

After this warm-up effort, she was invited to try it again, this time filling the shapes with watercolor. She was much more invested in the second try, and painted the dual images in a manner that appeared to be two eyes staring at each other across to fold of the page (see Fig. 2).

A third string pieces was successful. She was able to incorporate the unpredictability of the string, and combine it with expressive watercolor. She further demonstrated her understanding of the session by applying her ability to free associate as she had done with the “Rorschach blots.” She discussed the manner in which the shapes mimicked the form of her own breast and reported that the breast on the left was her healthy breast, and the one on the right was the cancerous breast (see Fig. 3).

Case study II

Tess was 42 when she became an art therapy client. She had recently been diagnosed with stage 3 ovar-

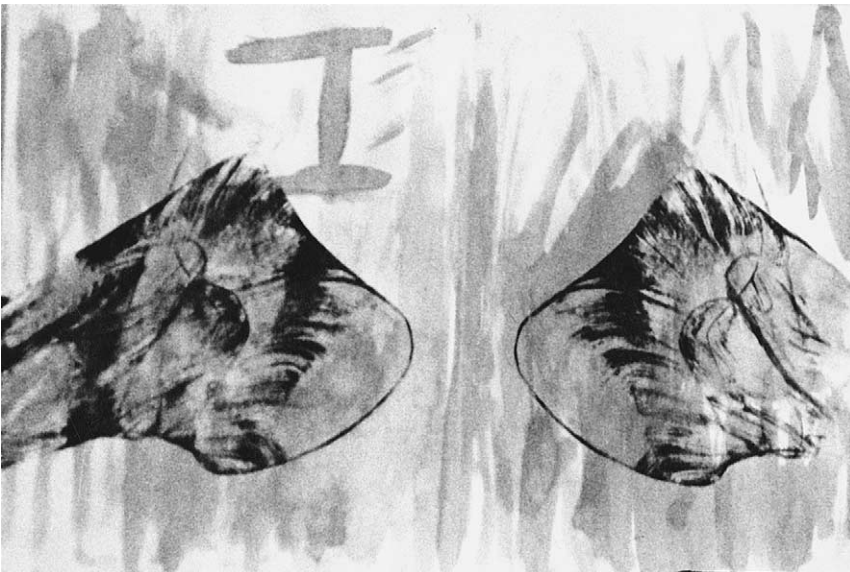


Fig. 1. Lisa's preliminary string drawing.

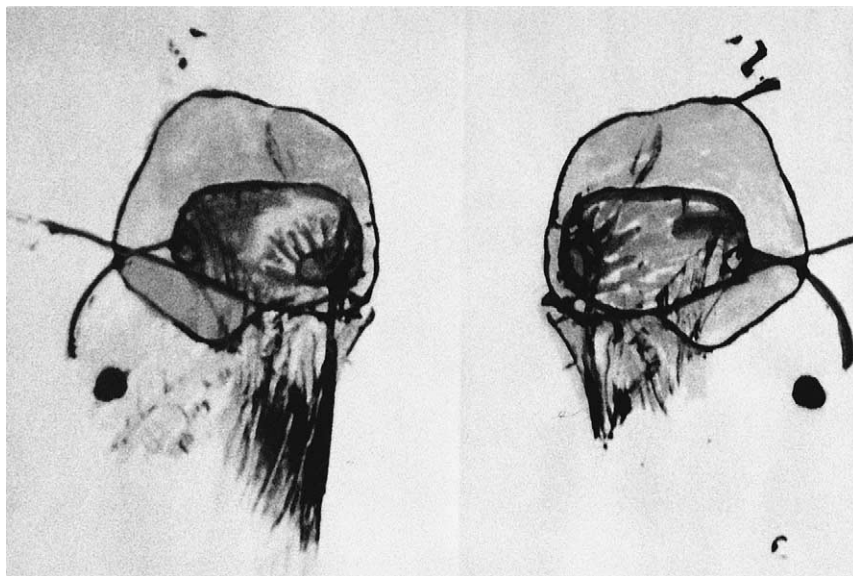


Fig. 2. Lisa's second string drawing.

ian cancer and had an emergency hysterectomy. Her cancer diagnosis was very unexpected and she was in great distress. She had recently moved to the East Coast from the West Coast and had a poor support network in the area. Further, she had demonstrated significant discord with her medical treatment, and had been referred out of an oncology practice because of her aggressiveness towards her doctor. At the time of her art therapy referral she had undergone three of eight anticipated chemotherapy treatments.

She had lost her hair and donned a wig, and was very self-conscious about her appearance.

In one session Tess was invited to make an abstract piece with chalk pastels. This was anxiety provoking for her, as she preferred to cut out words from magazines and apply them to paper with glue sticks. When she was completed, she discussed how difficult this was to do, but noted that she had forgotten about her situation “if not only for a second” during the activity (see Fig. 4).

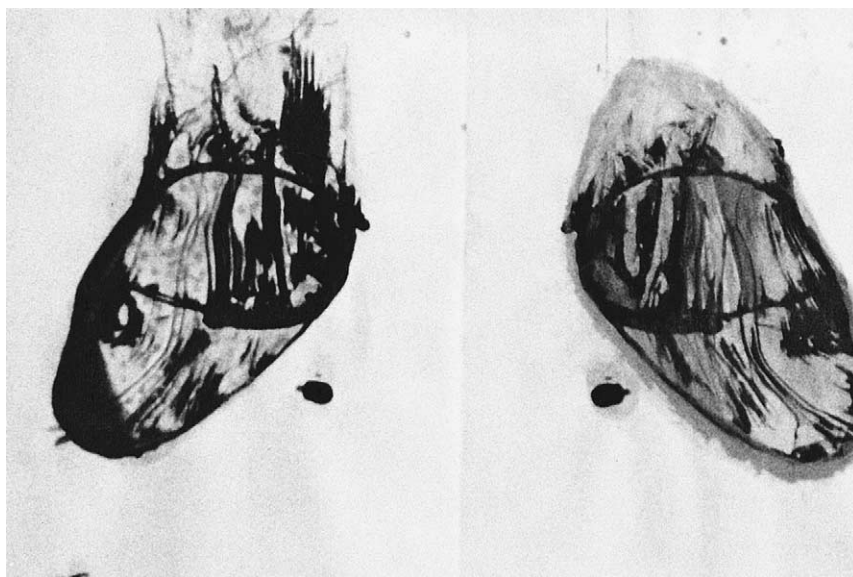


Fig. 3. Lisa's final string drawing.

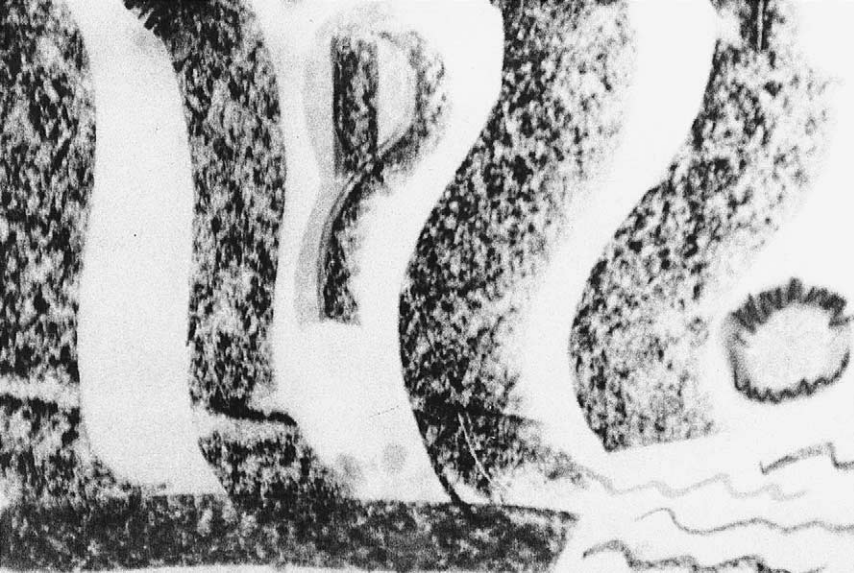


Fig. 4. Tess's chalk pastel drawing.

She continued to draw on another piece of paper while discussing the first, and developed a map of her current circumstances. The map included a car on a highway, an airplane, a male friend, her apartment, her job, her family and friends in California, and a hospital bed with a patient in it. In the upper right was a small portrait of her with long hair (see Fig. 5).

After discussing the images and their meaning, she was invited to draw a bridge, as a symbolic means

of describing herself in the past, the present, and the future. She again drew herself with long hair. She depicted a landscape, in which the past was black, the future was green, and a blue river separated the two sides. The river had a swinging plank bridge over it, on which the figure was standing. The figure was centered above the river, which was laden with large boulders. The fence begins on the edge of the black past but extends into the green future (see Fig. 6).

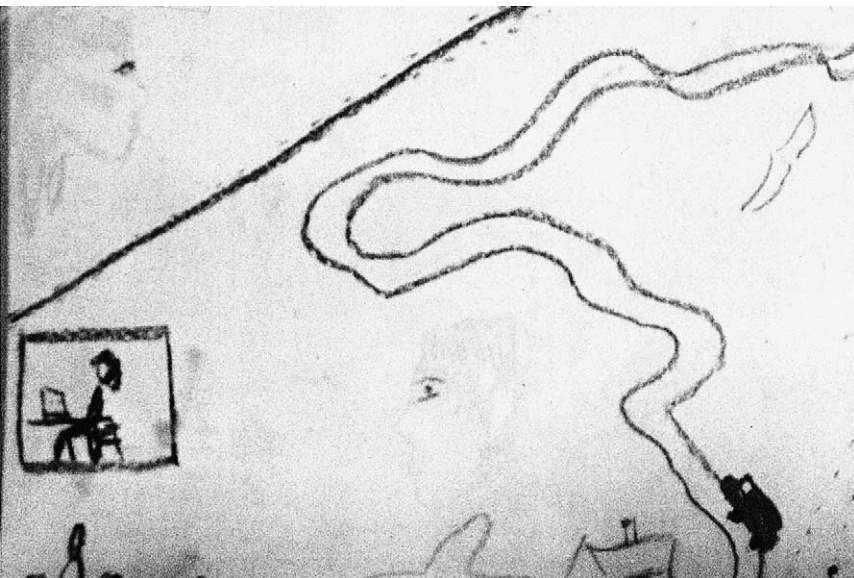


Fig. 5. Tess's map depicting her road to cancer.

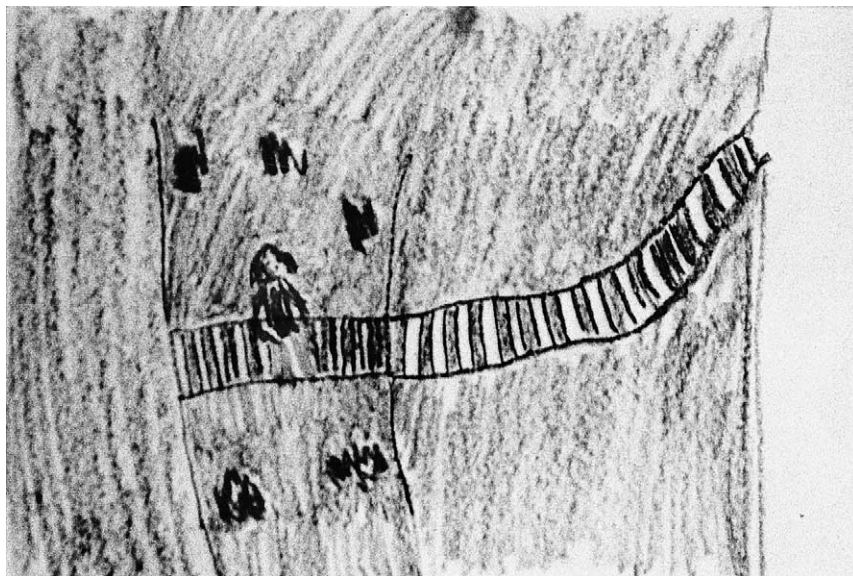


Fig. 6. Tess's bridge drawing.

Case study III

Jane was a familiar face in the clinic. She had lost her husband in the same hospital only months earlier, after an yearlong illness. She was diagnosed with stomach cancer 3 months after her husband passed. She was 67 years old. She was known around the clinic as "the lady with the great scarves" that she would wrap on her head like a turban. She was quite fashionable. When she and I began seeing each other for art therapy, she was in the final stages of her chemotherapy, and was about to begin radiation. After many individual sessions with Jane, I began to notice how much of a struggle it was for her to remember dates due to the chaos of her husband's illness and her own. She soon began complaining about forgetting appointments and blamed it on "chemo brain." In response to her organizational problems and her difficult past year, she was invited to make a calendar on a large piece of white tag board, and was given no further directive. The task was to take multiple sessions.

She spent the initial session plotting and planning on scratch paper. She then carefully drew pencil lines with a ruler across the entire piece of board, forming 2-in. squares. Upon arriving at the second session she produced a note pad in which she had kept track of dates she had forgotten. She plotted the current month in a square and counted backwards to make sure all of the dates would fit. Satisfied, she began to fill in the squares, month by month. It was not long until she became tearful, but decided not to stop until she finished the square on which she was

working. The third session was equally tearful, and filled with stories about her love for her husband, her faith in God, and her future. During the final session, when she had arrived at the current month, she asked to fill the rest of the piece with collage. The images depicted the things that made her strong, and included the love of a wise old man, children and grandchildren, the arts, flowers, and healthy living (see Fig. 7A and B).

Discussion

Each of the women who had been diagnosed with cancer was able to identify coping strategies through self-expression found in art therapy. Art therapy promotes the "intimate connection between the mind and body, psyche and soma, (which) becomes apparent when exploring the imagery and art work of an individual with cancer" (Baron, 1989, p. 148).

Penman et al. (1996) verified the important psychological benefits that self-expression offers in amelioration of trauma and loss. His research about the impact of expression in the wake of a traumatic event showed that expression promotes healthier psychological profiles. Lisa, who was already an upbeat woman with a positive outlook on life, was able to perform self-help skills while investigating the impact of her traumatic diagnosis, surgery, and treatment through art therapy. Further, she was able to create a concrete representation of her cancerous breast through self-expression, which, as formally stated, promotes psychological health.

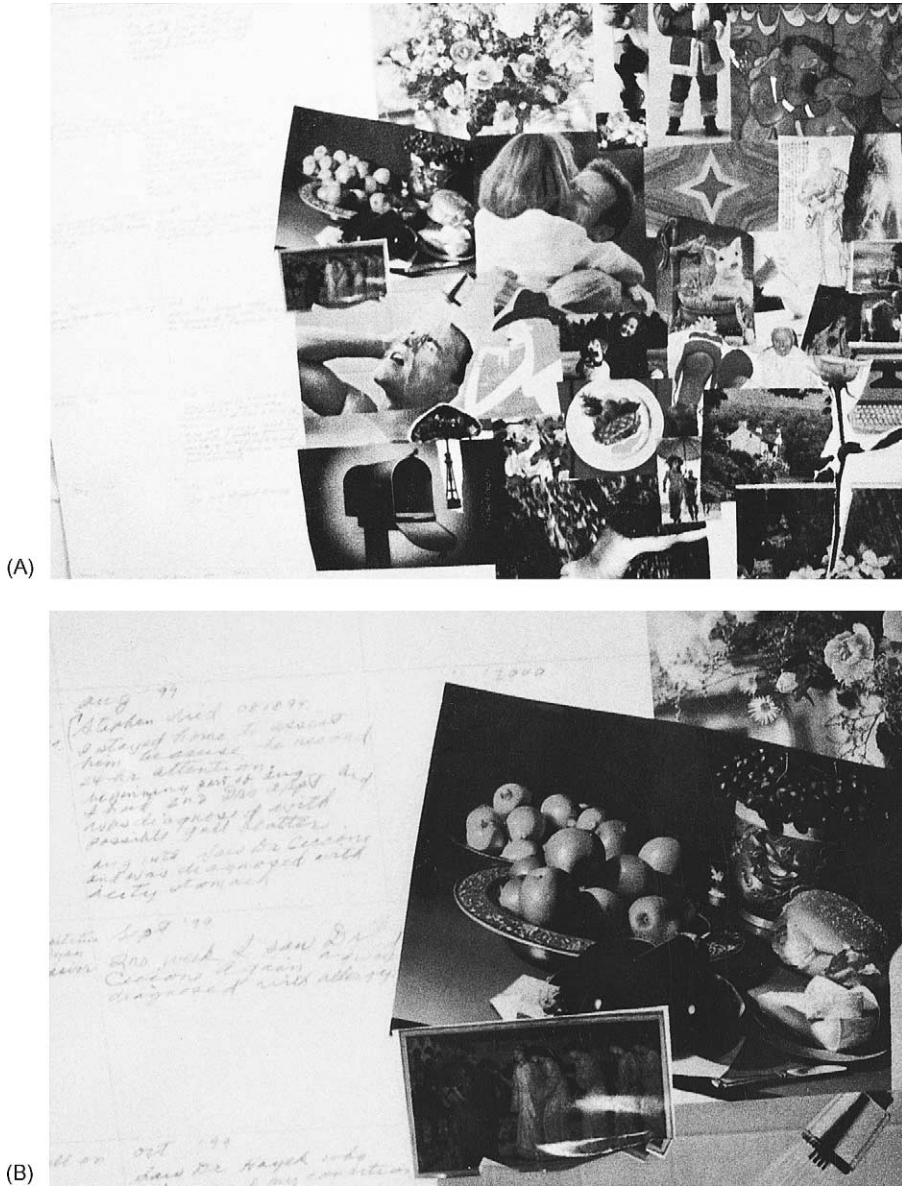


Fig. 7. (A) Jane's calendar organised by collage. (B) Jane's calendar organised by journaling.

Jill Eikenberry, a breast cancer survivor, wrote:

Change is brought about by a breast cancer diagnosis. Then there is the journey through treatment, through radiation and chemotherapy, and adjustment to new physical and psychological realities. (Eikenberry, 1998, p. 12)

In the case of Tess, it was this journey that she appeared to be avoiding, as if the journey of life that she so clearly had understood and determined ceased upon diagnosis. By utilizing the art process, she was able to delve into her expressive self and arrive at an image that offered an extension onto her journey.

Moon (1994) stated that art therapy offers a way of organizing chaos by allowing the patient to organize emotional material while learning to master the media, both contributing to an increase in self-esteem, self-confidence, and control. I think that this was especially evident in the case of Jane, who was able to contend with her grief for her healthy self as well as her husband by literally organizing.

Conclusion

A cancer diagnosis brings with it multiple psychological crises, including loss of control, loss of

self-efficacy, isolation, decrease self-esteem, and grief. Illness and hospitalization entail the relinquishment of mobility, productivity, and achievement in favor of a more passive role. Personal worth is challenged by loss of physical function or bodily alterations, and isolation is experienced as the family and social networks find the diagnosis difficult to handle (Kern-Pilch, 1980).

Art therapy offers a mode of control by promoting self-expression. Psychological support is provided through the services of an art therapist who “focuses on encouraging clients to find new ways to express themselves physically, psychologically, and spiritually” (Bollentino & LeShan, 1995, p. 19). Art therapy addresses the affective states of being hopeless and helpless while introducing coping skills that enhance and increase perception of control (Hiltebrand, 1999). Individual art therapy with cancer patients provides new resolutions to health-related dilemmas and increases repertoires of effective coping-skills.

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