

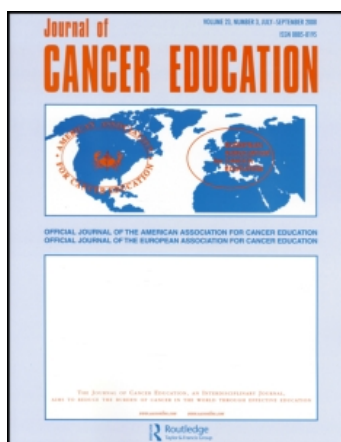
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## Education of Creative Art Therapy to Cancer Patients: Evaluation and Effects

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# Education of Creative Art Therapy to Cancer Patients: Evaluation and Effects

ADRIAAN VISSER, MD, MAYKE OP 'T HOOG

**Abstract**—*Background.* The course Cancer and Creative Art offers cancer patients the possibility to cope with their illness through creativity and self-expression. *Methods.* Five groups of 35 participants, predominantly composed of women with breast cancer, participated in an explorative evaluation and effect study; premeasures and postmeasures were applied. *Results.* The course met the needs of participants that included personal growth and contact with fellow sufferers as well as exploration and expressing their emotions and coping with their feelings. The participants were satisfied with the organization of the course, but most felt that the sessions were too short and asked for more time for follow-up discussions. They indicated positive changes in coping with their emotions, the awakening of a process of “conscious living,” and the development of creativity. Many of the participants felt the intake interview with a psychiatrist was not necessary. Measures taken before and after showed that the activities of daily living deteriorated due the course of the disease. However, the participants indicated that their quest for meaning in life increased after the course. Their mood did not change. The course also improved the general quality of life. *Conclusions.* Creative art therapy benefits the quality of life of cancer patients. Follow-up studies should provide more insight into the change process during creative art therapy and its long-term effect on the quality of life for people with cancer. *J Cancer Educ.* 2008; 23:80-84.

Cancer causes not only physical but also emotional, social, existential, and spiritual problems.<sup>1</sup> Cancer patients can learn to cope with these conditions by effective education, counseling, and support. Creative art therapy is a supportive approach to help patients express inner images that are related to cancer and coping with the illness. In the United States, England, and Germany, creative art therapy or expressive art therapy has been utilized as a part of the care given to people with cancer,<sup>2,4</sup> but there are only a few empirical studies.<sup>2</sup> In most studies, authors describe the content and the implementation of creative art therapy.<sup>2,5,6</sup> In some studies, creative art therapy was applied to family caregivers. Walsh et al.<sup>7</sup> showed that the participating family members significantly reduced their stress, lowered their anxiety, and increased their positive emotions. Creative art therapy has also been successfully applied to children.<sup>8</sup>

Creative art therapy is a relatively new development in Dutch psychosocial oncology,<sup>1,9</sup> although creative art therapy has been widely employed for many decades in Dutch

mental health care.<sup>10</sup> The Dutch Cancer and Art Foundation (*Stichting Kanker in Beeld*) and the School for Visual Imagery (*School voor Imaginatie*) have promoted the importance of expressive art therapy in coping with cancer, sponsoring 2 national exhibits on Cancer and Art.<sup>11,12</sup> The Mesos Medical Centre (Utrecht), the Helen Dowling Institute (Utrecht, the Netherlands), and the Comprehensive Cancer Center Mith of Netherlands (Utrecht) collaborated in the development of a course called Cancer and Creative Art. In this article, we report the findings of a questionnaire study about this course. The research questions were the following:

1. Did the course fulfill the participants' needs?
2. To what degree was the content and the organization of the course appreciated?
3. Did the course contribute to improving the participants' overall well-being?

## METHODS

### *The Course Cancer and Creative Art*

The objective of the course Cancer and Creative Art was to create an environment where cancer patients could work on coping with their disease by creativity and

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self-expression. The course consisted of 8 weekly sessions in classes of no more than 10 participants. The 2.5-hour sessions were held in the art therapy department of the Mesos Medical Centre, Utrecht, The Netherlands. A psychiatrist conducted an initial intake consultation with all the participants. The decision to participate took place during that intake, and each participant's expectations with regard to the course were ascertained. The course was paid for by the Dutch Act on Extraordinary Medical Expenses.

The first session was devoted to familiarizing participants with the different materials such as chalk, paint, and clay. After this introductory period, participants combined art therapy with relaxation, visualization, concentration, and imagery exercises. In the remaining sessions, participants worked on coping with their own images and themes concerning living with cancer.

Prior to the start and after the conclusion of the course, participants filled out a questionnaire. The precourse questions asked about the participants' various personal characteristics such as age, gender, living situation, the type of cancer, and its treatment and status. Participants were also asked to identify their personal aims for the course.

A number of standardized questionnaires were used to evaluate the general quality of life (European Organization for Research and Treatment of Cancer [EORTC]<sup>13</sup>), mood state (Profile of Mood State [POMS]<sup>14</sup>), and the experienced meaning of life.<sup>15</sup> In the postmeasurement, participants were asked to evaluate the content and organization of the course and the realization of their targets using an adapted version of the Client Satisfaction Questionnaire.<sup>15,16</sup>

## RESULTS

We evaluated 5 groups of 39 persons. Each course had between 5 and 10 participants. The response to the premeasurement was 92% ( $n = 36$ ) and for the postmeasurement 90% ( $n = 35$ ). The dropout was caused by a deterioration in the condition of the patient. In this report, we present the results obtained in the complete data set of 35 participants.

### Background Features

The groups were predominantly composed of women (only 1 male participant). The ages ranged from 21 to 63 years (average = 50). The majority of the participants (61%) had a stable relationship (married or living together). The education levels were relatively high, with nearly half (49%) having a higher vocational or university education. Two thirds of the participants (65%) were fully or partially incapacitated for work.

### Medical Symptoms

All participants were cancer patients (the most common cancer was breast cancer, accounting for 60%, and the remaining 40% had a variety of cancers including non-Hodgkin's lymphoma, cervical cancer, ovarian cancer, melanoma, lung cancer, kidney cancer, or intestinal cancer.

Of participants, 77% were diagnosed 1 to 5 years ago. The most common treatment had been surgery (83%) followed by radiation therapy (72%), chemotherapy (56%), and immunotherapy (56%). At the start, two thirds were still under medical treatment because of metastatic disease. Practically all participants also received support from family members, professional home care, and help from a spiritual caretaker, a social worker, or a psychologist/psychiatrist.

### The Intake

Of the cases, 38% experienced the initial intake consultation with the psychiatrist as positive, good, and not problematic. However, the remaining 62% of the participants were vociferous about the consultation being too intense or exhaustive, not functional, not important, or too taxing.

### Aims of the Course

Table 1 gives an overview of the specified aims that the participants identified.

The most important targets were the discovery and expressing of feelings, coping with the cancer, developing

TABLE 1. Participants' Aims

	Premeasurement		Postmeasurement	
A	Discovering and expressing feelings	66%	Discovering/expressing feelings	46%
B	Coping with the disease	51%	Coping with the disease	43%
C	Contact with fellow patients	43%	Personal growth	31%
D	Developing creativity	43%	Developing creativity	29%
E	Personal growth	17%	Contact with fellow-sufferers	26%
G	Finding peace/balance	17%	Discovering techniques/materials	23%
H	Increasing quality of life	11%	Working on the future	14%
I	Discovering techniques/materials	11%	Finding peace / balance	9%

\* $n = 35$ .

contact with fellow patients, and creativity. A clear shift in the objectives can be noted in the comparison with the postcourse targets. Contact with fellow patients was mentioned less often than personal growth. Coping with the disease and exploration of feelings continued to be the main targets. Working on the future was only mentioned in the postmeasurement.

#### *Evaluation of the Course*

The received support was viewed very positively. The course scored an average mark of 8 (Scale range 1–10); no one gave an unsatisfactory mark. The quality of the support was characterized as excellent or (very) good by 87%, and only 13% mentioned it as just satisfactory. In 94% of participants, the supportive counseling met most or all the needs. Nearly half of the participants (53%) responded positively about participation in a follow-up course; 92% said that they would recommend the course to acquaintances. Many of the participants (60%) voiced their need for more sessions. Nearly half of the participants (49%) found the length of the sessions too short.

The relaxation, concentration, and imagery exercises were noted to be (very) useful and (very) pleasant by nearly all participants (92%-94%). Similar positive results were found for the materials, working methods, assignments, and themes. Two themes that received a more negative reaction included bringing one's own name into the focus of the work and making a picture of the image of the course. These themes were noted to be less useful and less pleasant than the other themes.

#### *Coping Process and Changes*

Due to the demanding nature of a group session, participants were asked how they felt after the conclusion of an afternoon session. Most participants (61%) felt reasonably well after the sessions, although 16% described their mood as fitful, 16% felt less well, and the remaining 7% were not clear on their feelings. Many participants felt tired (85%) or sad (21%) after the sessions; 37% felt satisfied and 21% energetic and strong (more than 1 answer was possible).

A few open questions touched on the subject of the coping process and the changes participants experienced after having attended the course. Participants were wrestling with various emotions (see Table 2) and expressed both negative feelings (sadness, loneliness, fear, and rage) as well as positive feelings such as zest for life and expressing their strength.

Participants were asked whether their participation had brought any changes in their daily lives, coping with their illness, and the problems associated with it. Nearly two thirds (63%) reported that the support helped them to deal better with problems; 31% were satisfied with the outcome, but 6% indicated that the course has not helped them at all in dealing with their situation. When asked whether the

TABLE 2. The Coping Themes Dealt With During the Sessions\*

Answers Themes	Coping Themes that were Handled (%)	Did Not Get Any or Sufficient Attention (%)
Sadness	57	3
Zest for life	40	23
Fear	29	3
Strength	43	28
Suffering illness/pain	37	9
Acceptance of feelings	49	3
Loneliness	31	6
Rage	29	0
Future	23	3
Peace	26	6
Farewell	6	9
Consequences for social life	11	6
Humor	9	9

\*n = 35.

course had changed anything for them in their life, 60% responded positively and 14% negatively, and 14% were still undecided.

#### *Changes in Well-being*

The results of the comparisons of the premeasures and postmeasures on the quality of life, mood states, and quest for the meaning of life are given in Table 3.

The data show that improvement can be perceived for only a few aspects of well-being. The activities of daily living (ADL), measured as part of the EORTC questionnaire, appeared to have deteriorated. The analysis confirmed that the quality of life diminished for role functioning. The average scores of the mood disorder (POMS) remained the same, as did the subscales (eg, strength, tension, depression, fatigue). Improvement was seen in the postmeasurement of the quest for the meaning of life.

#### *Retrospective Comparison*

A possible explanation of the constancy of the participants' well-being was felt to be that their perception of their own lives changed during the course. To evaluate this possible effect (response shift<sup>17</sup>), participants were asked to make a retrospective assessment of their quality of life at the start of the course. The results presented in Table 4 show that there is a difference between the scores in the premeasurements and retrospective premeasurements. When the retrospective premeasurement was used to determine the effect of the course on the participants' quality of life, it was found that their quality of life had improved after the course, almost reaching statistical significance.

TABLE 3. Changes in Participants' Well-being\*

Questionnaires	Average Premeasurement (SD)	Average Postmeasurement (SD)	P Value <sup>‡</sup>
1. EORTC			
Dimensions of the EORTC list (n = 33)			
ADL disorder <sup>†</sup>	9.6 (1.5)	9.9 (1.3)	.05
Physical complaints <sup>†</sup>	22.0 (5.0)	22.1 (5.5)	.67
Mental disorder <sup>†</sup>	13.2 (4.2)	13.1 (3.6)	.88
Social restrictions <sup>†</sup>	10.2 (3.4)	10.3 (3.2)	.90
General quality of life	14.6 (3.0)	14.4 (3.6)	.92
2. POMS			.87
Mood disorder (n = 32)	43.0 (29.1)	42.8 (21.6)	
3. Meaning of life			.01
Total score (n = 17)	10.3 (2.3)	11.3 (2.4)	

\*A higher score indicates a higher level of the described concept. EORTC indicates European Organization for Research and Treatment of Cancer; ADL, activities of daily living; POMS, Profile of Mood State.

<sup>†</sup>Adding together the 17 original items/subscales in 4 clusters.

<sup>‡</sup>Wilcoxon signed ranks test; nonparametric test for dependent groups.

TABLE 4. Comparison of the Premeasurement, Postmeasurement, and the Retrospective Measurements

EORTC Questionnaire (n = 24)				P Value	P Value Retro
	Premeasure	Retrospective Premeasure	Postmeasure	Premeasurement vs Postmeasurement*	Premeasurement vs Postmeasurement*
Mean (SD)	13.9 (3.0)	13.3 (3.9)	14.4 (3.8)	.392	.058

\*Wilcoxon signed ranks test, nonparametric test for dependent groups.

## DISCUSSION

The course Cancer and Creative Therapy offered cancer patients possibilities to better cope with their illness in a creative and expressive manner. Participants clearly realized that target. The course met participants' needs and allowed them to discover, express, and deal with their feelings, the disease, experience personal growth, and have supportive contact with fellow patients. The intake interview with the psychiatrist (owing to the reimbursement policy) did not help the participants clarify their aims.

At the exhibition Cancer and Art, many women with breast cancer presented their work.<sup>12</sup> The course groups consisted almost exclusively of highly educated women who were eager to display their work. This preponderance of women participants applies to many fields in the Dutch psychosocial and complementary health care.<sup>15,18</sup>

Most participants evaluated the sessions as too short and voiced their wishes for more time for follow-up discussions, and a number of participants requested more sessions. The participants indicated that the course changed them in a positive sense in learning to cope with their emotions.

The comparison between the premeasurements and postmeasurements leads to the conclusion that there is some deterioration in the ADL after the course. This is most likely caused by the fact that the participants were seriously ill patients. This may also explain the fact that the mood did not change. In this phase of the disease, the course appears to contribute a reinforcing element to experiencing the quest for the meaning of life. However, based on a retrospective analysis, we concluded that the course did improve the general quality of life by seeming to slow the downhill trajectory of the illness. After the course, participants realized that they actually did improve their experienced quality of life.

Our general impression is that the course Cancer and Creative Art ties in well with participants' wishes with regards to organization and content. We feel a positive change process has been started for the participants. Follow-up studies could offer more insight in the long-term effects of the change process by attending creative art therapy. To that end, a control group should also be involved in the study so that more clear-cut findings can be made on the effects of creative art therapy for people with cancer.

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