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Mindfulness and expressive arts therapies in cancer care

Mindfulness and Expressive Arts Therapies in Cancer Care

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Abstract

This paper considers the efficacy of utilizing Expressive Arts Therapies as a primary intervention in addressing the psychosocial needs of patients in cancer treatment and recovery. Significant evidence shows that a cancer diagnosis, current treatment protocols and the recovery process incur wide-ranging symptoms of depression, anxiety and post-traumatic stress disorder. At the same time, research is also beginning to demonstrate a remarkable potential for cancer patients to develop post-traumatic growth, if given the opportunity to integrate their experience. Particularly in the post treatment phase, cancer patients report feelings of hopelessness and emotional despair, but are able to process and account for their experiences when using Expressive Arts Therapies. Expressive arts based interventions enables patients to verbally and nonverbally determine where and how physical and emotional trauma has occurred and move forward toward wellness, recovery, and post-traumatic growth. Expressive Arts Therapies that address mental health in addition to physical wellness are defined and explored, with a distinct focus on mindfulness practices as a key element in fostering awareness, strengths and coping strategies. This paper provides discussion of how Expressive Arts Therapies can be used in hospitals or in a post treatment capacity as an integral part of their treatment and recovery plan.

Keywords: cancer, psychosocial care, integrated medicine, mindfulness, expressive arts therapies, creativity, post traumatic growth, healing.

Introduction

The inclusion of psychosocial care in oncology has been slowly but somewhat steadily becoming a burgeoning standard in recent years. With an increasing amount of evidence-based data telling us how integrative approaches improve overall outcomes for the oncology patient, major hospitals are incorporating psychosocial assessment standards such as the National Comprehensive Cancer Network Distress Screening administered at diagnosis, three months into treatment, and at the end of treatment. While these screenings assess for distress in the areas of social, emotional, and physical functioning, there is currently no subsequent protocol for responding to high levels of distress, and certainly no prioritization of including integrative therapies. This is despite the fact that it has been shown that alternative or complimentary medicines, therapies, and practices, such as massage, acupuncture, meditation, and other mindfulness initiatives within integrative cancer care, all help to reduce all areas of distress, improving overall outcomes for the patient.

Statistics regarding the mental health of cancer patients demonstrate the necessity of establishing interventions that contribute to healing and recovery. According to 2017 National Survey Data, 37% of individuals diagnosed with cancer experience depression, 19% experience anxiety as a result of their diagnosis, and 20% experience post traumatic stress disorder (<http://www.psychiatrytimes.com/special-reports/depression-and-anxiety-disorders-patients-cancer>). These numbers only account for those who are treated and diagnosed with mental health

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symptoms. It can be argued that the majority of cancer patients exhibit symptoms of depression, anxiety and post traumatic stress disorder (PTSD).

Interestingly, as a counterbalance, research has also begun to document trend of post traumatic growth in cancer patients. Post traumatic growth (PTG) is the period following a traumatic or stressful event in which a cancer patient is primed to re-evaluate their priorities, identities, how they establish life purpose, and develop effective relationships. It can be a time of profound personal growth and development, if given the right support to do so.

According to the Society of Integrative Oncology, mindfulness is the most successful intervention fostering post traumatic growth (PTG). Mindfulness distinctly comes into play in acceptance of diagnosis, managing treatment, and processing recovery. Without delving too deep, the writer does want to acknowledge how the West has adapted many concepts from the East, which include a variety of teachings, and thus adaptations, on ideas of mindfulness and meditation. Both of these have become well mentioned terms and methods which, in recent decades, have become more and more plentiful within the reservoir of holistic practices and integrative medical teams in the West, and are now often associated with cutting edge cancer-care treatment centers that might include “zen gardens” or “meditation” and/or “mindful yoga” classes.

The Expressive Arts Therapies uniquely incorporate mindfulness practices into the creative process. They combine various types of art making processes within a therapeutic approach, bringing self-discovery and often community engagement to individuals who are in cancer treatment at every stage, including pre-treatment (diagnostic stage), active treatment, and

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post treatment. What the Expressive Arts Therapies allow for is the space, time, and attention, to mindfully process the magnitude of what it can be to walk the road of cancer recovery—from receiving news and beginning treatment to going through a continued process of healing and recovery. In addition, arts based interventions have the unique capacity to incorporate verbal and non-verbal processing, a particular need for the cancer population where the trauma of the cancer experience is very much body based. Expressive arts therapies can often offer a very visceral, physical, cognitive, and psychological integration of a patients' experiences beginning from diagnosis, through their own unique path of healing, and recovery—no matter what the prognosis, throughout and beyond, their treatment trajectory.

Literature Review

Research in the field of Integrative Oncology has attempted to recognize the growing shift from the strictly biomedical model into a holistic view, defining health not merely as the absence of disease, but as an engaged relationship with life (Perlman, 2017; Leung et al., 2010). Modern medical systems, in fact, are just catching up to the World Health Organization's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (<http://www.who.int/about/definition/en/print.html>. Accessed April 5, 2018). Following suit, the Consortium of Academic Health Centers for Integrative Medicine defines the term integrative medicine as "the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing" (Deng et al., 2009, p. 85). It is within this definition of health—a state of well-being

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that integrates multiple dimensions of self (physical, emotional, social and existential)—that this paper considers recovery, healing and wellness for cancer patients.

Psychosocial distress for cancer patients has been widely studied. In a study titled “What goes up does not always come down: patterns of distress, physical and psychosocial morbidity in people with cancer over a one year period,” 877 patients, some patients reported continued clinical levels of distress [in depression and anxiety] (29%), pain (19%) and fatigue (40%) even 12 months post diagnosis (Carlson et al., 2013, p. 168). A diagnosis of adjustment disorder is a common psychological clinical assessment, historically being at 68% and 13% with a major affective disorder (depression or anxiety) (Derogatis et al., 1983, p. 751). In addition to measurements of physical and emotional distress, other studies have considered the significant existential distress encompassing a cancer diagnosis. A study looking at “Alleviating existential distress of cancer patients” reiterates that the crisis of a cancer diagnosis “involves violations of basic assumptions about our sense of control and ability to predict the future” (Leung et al., p. 31). The study goes on to state that “suffering is emotionally and psychologically reported to be concerned with fears of death, with ambiguity of freedom (lacking external ways to constitute one’s destiny), with isolation (the unbridgeable gulf between self and all else) and with the question of meaning” (Leung et al., p. 31).

Then, comes the question of how to address psychosocial distress in cancer patients. Interestingly, literature notes that traditional psychotherapy—strictly verbal processing—may be not be the most effective intervention with this population (Heiney et al., 2017, p. 35). Instead, “patients want to regain a sense of control, find meaning in their experience, and ventilate feelings. Therefore, an intervention that introduces creativity and group support may meet these

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needs, (Heiney et al., 2017, p. 35). In the Journal for the Society of Integrative Oncology, article titled “Evidence-Based Clinical Practice Guidelines for Integrative Oncology,” the use of supportive/expressive therapy received the highest evidence-based grade to “reduce anxiety, mood disturbance, chronic pain, and improve quality of life” (Deng et al., 2009, p. 106).

A number of studies have measured the impact of art based therapies on reducing levels of distress in cancer patients. In a study titled “Effects of Art Therapy on Distress Levels of Adults With Cancer: A Proxy Pretest Study,” art therapy outcomes “from 4 settings (oncology unit, infusion clinic, individual sessions, and open studio) were measured via the self-report Distress Thermometer, which was collected as part of an ongoing hospital evaluation of the art therapy program” (Glinzak, 2016, p. 27). Results indicated decreased patient distress following art therapy. Similarly, in a study of “Healing by Creating: Patient Evaluations of Art-Making Program,” evaluation responses showed that “creating art provided an opportunity for the participants to learn a new way to express emotions,” helped patients gain insight and develop new narratives, and encouraged the development of a group processes including “commonality, catharsis, and cohesion” (Heiney et al., 2017, p. 35). A wide ranging literature review titled “The Connection Between Art, Healing, and Public Health,” discovered how “over the past decade, health psychologists have cautiously begun looking at how the arts might be used in a variety of ways to heal emotional injuries, increase understanding of oneself and others, develop a capacity for self-reflection, reduce symptoms, and alter behaviors and thinking patterns (Stuckey et al., 2010, p. 254).

Mindfulness, in particular, is proven as a primary intervention tool. Mindfulness is defined as a means paying attention in a particular way, on purpose, in the present moment, and

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non-judgmentally (Siegel, 2007). Another article through the Journal of the National Cancer Institute on “Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer,” proved that meditation and mindfulness are recommended (receiving Grade A—providing the highest demonstrable evidence) for anxiety and mood disorders, as well as (although to a lesser degree) stress reduction, anxiety, depression, fatigue and quality of life (Greenlee et al., 2014, p. 326). In an article titled *Mindfulness-Based Stress Reduction in Post-Treatment Breast Cancer Patients: Immediate and Sustained Effects Across Multiple Symptom Clusters* results indicated sustained positive effects of MBSR on pain, psychological well-being, fatigue and cognitive functioning (Reich et al., p. 1). Furthermore, an article titled *Mindfulness-based Cancer Recovery in Survivors Recovering from Chemotherapy and Radiation* and determined that mindfulness-based cancer recovery fosters sustained improvements in sleep quality, fatigue and anxiety (Blaes et al., 2016, p. 351).

Lastly, research has considered the unique possibility of post traumatic growth following a cancer experience, if given the right psychosocial support. Posttraumatic growth can be defined as “positive psychological change resulting from the struggle of experiencing a highly stressful event” (Romeo et al., 2017, p. 309). Cancer is easily classified as a highly stressful event—and is demonstrably located within models of trauma—in that the “psychological threat of cancer is based on the degree to which the event challenges a person’s assumptive world, including assumptions about benevolence, predictability, controllability of the world, safety, identity, and future (Caspari et al., 2017, p. 561). Results of this study showed that “assessing the extent to which cancer challenged the way they see themselves, others, and the world appears to be more important than perceived physical threat for understanding survivors’

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experience of PTG” (Caspari, et al., 2017, p. 572). Furthermore, the study argues that to promote PTG, it is essential to provide cancer patients with the “opportunity to explore how a cancer diagnosis has affected their lives, and help them recognize, and modify rigid patterns thinking patterns that may make it difficult to identify positive aspects of their experience” (Caspari et al., 2017, p. 573). Lastly, the study advocates for mindfulness techniques as fostering “the ability to non-judgmentally observe one’s thoughts” as a primary mechanism to enhance PTG. Another study entitled *Post-traumatic Growth, Distress and Attachment Style among Women with Breast Cancer* utilized a Post-traumatic Growth Inventory (PTGI) looking at five subscales: relating to Others, new possibilities, personal strength, spirituality, and appreciation of life, and a total PTG Score (Romeo et al., 2017, p. 313). Results indicated that women who engagement in cognitive therapy--“learning their personal strength and recognizing new possibilities in life”—presented higher levels of PTG (Romeo et al., 2017, p. 318). The study concluded that is vastly important to conduct a psychological intervention “focusing on acute psychological distress after cancer treatment” (Romeo et al., 2017, p. 319).

While literature and studies in the fields of integrative oncology, including psychosocial and interventions for cancer patients, looks at the impact of expressive therapies and impact of mindfulness separately, it has not closely considered the particular efficacy of mindfulness interventions within Expressive Arts Therapies.

Psychosocial aspects of cancer

The typical cancer patient is under a great deal of distress, no matter what the prognosis of their diagnosis is (Carlson et al., 2013). Although statistics may vary slightly between early detection,

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including an early staging of tumors which might have a positive prognosis, or later diagnoses and metastatic cases—overall, we know that a cancer diagnosis can wreak havoc on lives. In fact, is essential to map out psychosocial impact over the entire trajectory of the cancer experience—diagnosis, active treatment, post treatment, recurrence, living with cancer (metastatic), and end of life. Each phase contains a distinct physical, emotional, social, spiritual, mental and financial impact. For the purposes of this paper, however, impact will only be mapped out for the diagnosis, in treatment and post treatment phases specifically in considering the efficacy of Expressive Arts Therapies interventions. All statements below are derived from cancer patients at The Virginia Thurston Healing Garden Cancer Support Center (with permission from the organization).

In looking at the first phase of diagnosis, typical statements include:

Physical – “I was ‘healthy’ and now I am ‘sick’”

Emotional – “In shock,” “Betrayed by body”

Social – “Support rallied around me,” “Intrusive comments”

Spiritual – “Why me,” “Facing my mortality”

Thinking – “Whole new set of skills to learn the medical and insurance systems and how to navigate the internet”

Working - “Immediate question of how much will this debilitate me—do I need short term disability, take leave, reduce hours—how will this change my income temporarily...or permanently”

From the moment of diagnosis there is a strong propensity toward “internalizing oneself as a cancer patient”—meaning that, consciously or subconsciously, they no longer view themselves as a healthy person, that their identity becomes that of a someone sick—a patient. In fact, Avery

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D. Weisman M.D., and J. William Worden, Ph.D. (1977), argued that the first 100 days after diagnosis involve hypervigilance over life and death concerns. This alone elucidates why it is so very critical to start a psychosocial assessment which might include putting supports in place right away for the patient, as a part of their overall treatment plan, instead of as an adjunct suggestion.

In the Active Treatment phase, typical statements include:

Physical – “Treatment worse than the cancer”

Emotional – “In Survivor Mode”

Social – “Heavier dependence a challenging adjustment”

Spiritual – “Crisis as opportunity,” “Why would God put me through such physical suffering”

Thinking – “Focus on ‘doing’ and meeting treatment milestones,” “Trying to understand how this treatment is benefitting me”

Working – “Treatment and taking care of myself is my new, fulltime job”

This is the phase cancer patients often call “survivor mode”—it is a time that is very focused and fully occupied by appointments and treatment schedule. Cancer patients are given a road map of what needs to be done, often including surgery, chemotherapy, radiation and reconstructive surgery. Even with the effects of treatment being ‘worse than the cancer,’ it is all understood as time-limited.

Typical statements in the Post Treatment phase include:

Physical – “If I had any idea what my quality of my physical life was going to be like after treatment, would I have done all of it... was this informed consent?”

Emotional – “I was fine through treatment, but now I am sad, angry, depressed, alone, tired and in pain without any sense of when all of that will get better”

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Social – “I tell my friends and family that I am so tired and they say ‘be grateful you are not dead.’ “All of the meals, calls and cards have stopped, everyone thinks that is a done deal, a closed door and moved on,” “I do not want to have to ask for anything more from caregiver so I don’t really say what I still need”

Spiritual – “Cancer is not a gift that made me a better person, but I do appreciate more and let go of the little stuff”

Thinking – “FEAR OF RECURRENCE”

Working – “My brain doesn’t work, when does that come back?” “The impact on our finances is just starting to be felt”

This phase, surprisingly, is considered the hardest one. Hester Hill Schnipper—an oncology social worker at Beth Israel who has had breast cancer twice—wrote in her book:

Many are unprepared for the psychological and physical difficulties that await them in the months and years ahead. My personal experience, as well as that of the many with whom I work, suggests that the crisis does not abate with the final chemotherapy or radiation treatment. Indeed, in many ways, the real crisis is just beginning. (Schnipper, 2006, Preface)

This is the time when the medical team that was actively surrounding them completely retreats, and says, “we will see you six months for a scan.” Many feel abandoned, especially as the side effects do not diminish and some side effects are just developing. Now, it is no longer the focused, time-limited phase of ‘survivor mode’ but facing the quality of the rest of their lives. For most, it is when the emotional aspects of ‘what did I just go through’ finally kick in. And, it is the time when family, friends and work life expect/perceive that cancer is over and done with, whereas it is actually when the real impact of cancer has just begun.

This cohort—even some three years out of treatment--has identified this phase to include extreme anxiety, depression, and post traumatic stress disorder. They describe intrusive thoughts (“sitting at my desk at work and have a flashback of receiving chemo or being hospitalized”),

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difficulty sleeping (“I enter a cycle of worry about recurrence or the thought wakes me in the night and I forget about returning to sleep”), and even smells, the sight of their scars, or the physical effects can pull them fully back into their past experience. Therefore, it can be argued that the post treatment phase is a key time to create a protocol in oncology care for Expressive Arts Therapies interventions.

HOLISTIC PRACTICES AND MINDFULNESS

Within supportive cancer care, or integrative oncology teams, it is typical to have alternative therapies as an adjunct to traditional medicine, but not as a part of prescribed treatment. Patients who are undergoing cancer-care treatment can often partake in “alternative” or “complimentary” medicines (CAM), either within the clinics they may receive their traditional cancer treatment, a nearby holistic center, or even at a non-medicalized facility that might work in tandem with the cancer centers. In a study from back in 2000, in Houston, TX, 453 patients at an outpatient cancer care clinic, self-reported with 83.3% of the participants using CAM at least one time, (Richardson et al, 2000, p. 2505). There is an exhaustive amount of research that has been done on acupuncture and cancer treatment. Acupuncture has been known to reduce symptoms of treatment, including nausea, neuropathy, swelling, and the incidence of hematoma after surgery as well as help initiate a different way for patients to feel grounded, present, or “mindful” (Mak, 2011).

Self-reporting also marked that the majority of patients had used “spiritual practices” (80.5%), as well as “movement and physical therapies” (59.2%) (Richardson et al,

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2000, p. 2505). Spiritual practices were not defined, but often “spiritual practices” encompass the aspect of a cancer diagnosis involving an existential crisis—how to make meaning of the illness, of suffering, mortality and, most significantly, loss of control. The significance of losing the often overlooked element of control we have over our well-being and quality of life, and the possibility of using mindfulness to regain a sense of control, peace, and a way to process the tumult that both a cancer diagnosis and cancer treatment can bring.

Therefore, mindfulness is uniquely relevant as a holistic practice for cancer patients. To define mindfulness, John Kabat-Zinn, the scientist and mindfulness meditation teacher wrote:

The best way to capture moments is to pay attention. This is how we cultivate mindfulness. Mindfulness means being awake. It means knowing what you are doing. But when we start to focus in on what our own mind is up to, for instance, it is not unusual to quickly go unconscious again, to fall back into an automatic-pilot mode of unawareness. These lapses in awareness are frequently caused by an eddy of dissatisfaction with what we are seeing or feeling in that moment, out of which springs a desire for something to be different, for things to change. (Kabat-Zinn, 2009)

In a 2007 study on mindfulness-based stress reduction (MBSR) and its effect on breast and prostate cancer patients, the paper states:

MBSR is rooted in contemplative spiritual traditions in which the experience of conscious awareness is actively cultivated in specific ways. Attitudes of non-judging, acceptance and patience provide a framework for a meditative practice emphasizing focused awareness of one’s own experience, often beginning with breath awareness. Typically, this leads to a state of relaxation and alert observant detachment. We have reported salutary effects of the MBSR program in cancer patients including decreased symptoms of stress, improved mood, better quality of life, better sleep, as well as changes in immune and endocrine parameters. (Carlson et al., 2007)

This may be especially relevant when it comes to crisis management, or escalation of distress after a cancer diagnosis. Overall, MBSR, mindfulness meditation, relaxation via massage,

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acupuncture, or yoga, all have a profound impact on the body and mind, and are practices that become noteworthy in regard to cancer care and finding a way to ease tension, and also remain present. In particular, looking at mindfulness as a successful tool in integrative medicine in oncological care, brings us to look at the creative process—and what it means to use the practice of Expressive Arts Therapies as a process and means of being mindful. Utilizing, and harnessing creative potential is another way that mindfulness can be practiced. In the creative process, not only can one be in a state of mindfulness, but as disciplines cross and or are added onto another, there is an interplay, and often times quite literally, play, that enables a participant the ability to both be fully present in their bodies as well as transcendent their temporal context.

EXPRESSIVE ARTS THERAPIES

The use of Expressive Arts Therapies has increased over a number of years as interventions in mental health care. In so far as oncology and psychosocial support, clinicians who can assess the needs of oncology patients can cater experiential and group dynamics to reflect the needs of individuals and also groups of patients who might need a safe space to reflect, process, and account for their losses and the changes they face. More specifically, Expressive Art Therapies continue to function as a primary practice in influencing the body's natural capacity to down-regulate the stress response, to relieve anxiety and reduce loneliness.

Expressive Arts Therapies have specific objectives to: 1) reduce stress, pain and anxiety; 2) improve coping skills; 3) generate acceptance of illness; 4) gain overall improved quality of daily life. They provide cancer patients with the benefit of a non-talk therapy alternative to

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explore and express their emotions centered on anxiety, grief, loss and uncertainty. Expressive arts are a unique therapeutic modality which offers duality in “seeing” from a new perspective. Just as significant, is that it creates new avenues for enjoyment, creativity, community and learning.

Qualitative and quantitative feedback from the therapeutic expressive arts series at The Virginia Thurston Healing Garden Cancer Support Center demonstrates how Expressive Arts Therapies met the objectives outlined above and provided significant benefit for improvements in stress and anxiety for those affected by cancer. All documented data below obtained through standard measures at The Virginia Thurston Healing Garden during the years 2016-2017 (this writer’s internship yeperiod) and used with the organization’s permission. These therapies include visual arts programming, creative writing, and an expressive arts support group. Visual arts is generally led with the following description: “We will explore our inner creativity as we invent new scenarios that can help us find our own ways to heal. Participants will be guided through a relaxing series of projects, utilizing free-flowing watercolors and other creative mediums, to stimulate the senses and deepen the connections to their own creativity.”

Participants remarked how the visual arts programming allowed for a different perspective on one’s life experience and a process of self-discovery:

“The most important and meaningful part of this program was embracing the idea that we are all creative beings. While it may be hard to let go, it is essential to release the stress/thoughts etc. that take hold. I love the pieces and opportunity to step out of my comfort zone.”

"Discovering myself was a gift. Through art, I learned about myself on a deeper level and could heal in a way that no medicine can touch. Thank you. I will continue this journey now that I have found the path."

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"In addition to the creative expression, the experience also gives a sense of personal growth."

"It's always a journey of self-discovery to slow down enough to feel feelings, think thoughts and let go of what you don't need."

"This class taught me a new way to incorporate meditation/calming methods into daily life."

"After a few weeks of tough times emotionally and physically, it was such a relief to set those things aside and create with my mind and hands. It was a life saver. Positive thoughts will be there for me as I look at my clay creations in the future. Thank you."

Many participants appreciated the meditative state enabled by engagement with art:

"The most important part was learning to lose myself in art."

"Easy escape into art."

"The most meaningful part was self-expression in a non-judgmental space."

"The most important part of the program was the safe and supportive space and the abundance of materials, combined with the clarity of instruction made it easy to dive deep into the creative process."

"The best part was the fun! Forgetting it all! Wonderful class! Felt so revived!"

"While I found it a bit difficult to let go and just create, I believe that it was an essential step in releasing the notion of perfection. I truly enjoyed my experience."

Participants also noted that the visual arts classes provided an easy entry into their own creativity that is transferrable to their experience of themselves outside of class:

"The most meaningful part was the portable technique for relaxing and centering in the moment, and that everyone's will be unique while you try to stay in your own experience, not a perfect place, just a reflection of the moment."

Participants stated that the Visual Arts Classes created a vital sense of community, noting that the most meaningful part of the classes was:

"Learning something new, being around others, being guided and creating."

"Working with no limits, and working together."

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"The joy of creating as part of a supportive community, and appreciation of beauty."

"Sharing our personal journeys and creating art together."

Participants noted the transformative nature of journaling from the Writing for Wellness classes:

"The best part is the 'failure free' nature of the class. Everyone feels supported and 'safe' to share writing about sometimes difficult things."

"The most meaningful part of the program is encouraging creative introspection through writing, you express things you may not have even been thinking. You learn about yourself."

"This program is the centerpiece of my creative and spiritual life. It offers one of the few social environments in which I can be my authentic self. The companionship of other writers and the cozy room and the inspirational gardens surrounding the building all contribute to a place conducive to emotional, physical and spiritual well-being."

"This is a lovely and safe environment to share thoughts not usually shared. The writing and sharing sparks courage and confidence and helps to release hurts and pains and disappointments."

"The most important part of the program is carving out time to do creative writing and explore issues that I might not otherwise explore."

"This group is an opportunity to share feelings in a safe environment that carries over to life as a whole."

"I feel more connected when I participate in this group. It serves a meaningful purpose and is important for me to do. It gets me up, dressed and out in the world. I can go back home and tend to things more easily, with more energy and motivation. Writing is a good outlet."

While interning at The Virginia Thurston Healing Garden, I developed an Expressive Arts Therapies Support Group with express purpose of using expressive arts therapies with a distinct inclusion of mindfulness. This is dissimilar to the other programming offered there in that is it not arts as therapy but rather therapeutic art—the use of the arts as engaging therapeutic means. A few of the activities that elicited mindfulness were 1) the making of two masks: one

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that expresses how you present to the world and the second to express how you present to yourself; 2) collecting words and images that speak to individuals and then pooling them together as a group to again collect and form a personal poem or image cluster; and 3) use of dramatic movement to tell the story of how one felt during treatment as opposed to after treatment or in the present in one's body. Each of these approaches included mindfulness exercises for observation about one's emotions, thinking and deciding.

Participants measured their levels of distress in 5 Domains of Well-Being (Physical, Social, Emotional, Functional and Spiritual) from 0 (Not At All Distressed) to 4 (Very Much Distressed) at the Beginning of the class and again at the End. The results indicate a vast reduction in distress in all areas, most notably in Physical and Social Functioning.

Levels of Distress	Physical	Social	Emotional	Functional	Spiritual
Beginning	46	42	33	32	24
End	12	10	5	13	3
Difference	34	32	28	19	21

It is not surprising that an area of relief afforded by Expressive Arts is in the area of Social Functioning as so many who go through cancer feel isolated, and it is only through

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relating to and resonating with one another that they find relief and recovery. It is surprising, however, to see the primary area of distress relief is in Physical Functioning. While participants' statements did not explicitly site ways in which they experienced physical improvement, it is notable that engagement in Expressive Arts—either via being mentally “lost” in art or music so that they forget their physical distress, the use of arm and hand movement that can relieve neuropathy or constriction, or the integration of body and mind—enables freedom from physical distress.

It is also evident that at the outset of participation, Emotional Distress is quite high, and then significantly reduces. What we have learned is that Expressive Arts Therapies uniquely attends to all of these areas of functioning. With the deliberate inclusion of mindfulness in expressive arts therapies, cancer patients can discover who they are, that they are more than their diagnosis. The delving into and restructuring of their identity, in turn allows them to restructure priorities, eliminating or decreasing distress, and begin to integrate their experience into their whole selves, achieving recovery, acceptance, healing and living intentionally.

DISCUSSION

Cancer is a bigger disease than it has ever been—some would say this is due to our technology and the way we can see inside of the body, the sophistication that has possibly brought more treatment on, that wasn't possible even fifty years ago. Cancer has reached epic proportions. Perhaps as a symptom of the way we live, as well as the technology that has both helped and cursed us in getting there. While cancer is a disease that we don't think of when we think of the

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ancient world, Mukerjee (2010), the author of *Emperor of Maladies*, points out that it was in fact in ancient Egypt and there were solutions in place to help the healing and recovery of those that were ailed by it, who were walking around the pyramid landscape of the Pharaohs.

Therefore, the sheer importance of cancer cannot be underestimated—as it has existed since at least the time of when humans documented disease to its overwhelming prevalence in the present day. It is remarkable that more sophisticated tools for assessing and addressing the psychosocial impact of cancer have not been developed in response.

Therefore, this paper looks at the neglected field of psychosocial care in oncology, and from a holistic point of view. Holistic approaches in oncology practices have shown to have great impact on the healing and recovery process, including a greater inclusion and participation towards patients' own healing process, and potential outcome of treatment. The mind and body are two very important coexisting aspects of our experiences in and of the world. We are both at once, independent and dependent, complex entities who perceive the objective world, while simultaneously holding our own embodiment in the experienced world.

Cancer, dubbed “the emperor of maladies,” is a dreaded disease which has wrenched its way into being a rather commonplace phenomenon in our modern, hectic, disjointed society where so much of the world, so many of our “systems,” and “protocols,” are believed to function as isolated parts without being part of a “whole.” As this relates to cancer care, it is vitally important for anyone given a cancer diagnosis, to be recognized as a whole, integrated physical and emotional body.

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The medical community, including the National Institute of Health (NIH), the National Cancer Institute (NCI) and the many nationally recognized Institutes of Mind/Body Medicine (i.e. MGH Benson Henry Institute for Mind Body Medicine) agree that an integrative approach to a life threatening illness which address the interconnected systems of mind and body, is essential for patients to achieve the best clinical outcomes. The new mind-body or biopsychosocial models supersede the old medical model. Now there is an understanding that there is no real separation in functioning biological systems between the brain and body. Accordingly, Expressive Arts Therapies can be used to specifically address the whole person—both mind and body—and the physical, psychological and existential pain and suffering cancer patients often experience.

Expressive Art Therapies continue to function as a primary practice in influencing the body's natural capacity to down-regulate the stress response, to relieve anxiety and reduce loneliness. They offer a uniquely supportive approach where people can feel comfortable with exploring their fears and anxieties. Patients who experience a cancer diagnosis and find themselves in cancer treatment, lose a sense of the control that they may have once believed or took part in, consciously or not, in relation to their own health and bodies. This is, all at once, an existential, physical, social and emotional crisis. Particularly when cancer patients emerge from treatment and re-enter their “normal” world, it is vital to re-integrate these disparate dimensions into a whole self. Expressive Art Therapies, which incorporate the body, the mind, and the spaces in between, are uniquely suited to contain the experience of cancer, help resume identities and create meaning.

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