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A Literature Review of Art Therapy for Women with Breast Cancer

Capstone Thesis

Lesley University

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Abstract

Breast cancer among women causes many psychosocial symptoms in these patients which include depression, fatigue, and anxiety. Interventions such as art therapy have been successful in reducing the level of stress and enhancing mental well-being in women with breast cancer. This literature review highlights the saliency of art therapy to enhance the quality of life and mental health of women with breast cancer, and help women cope with their illness, and find meaning to it. Furthermore, in this literature review, art therapy is discussed to affect psychosocial factors that are related to levels of mortality and survivorship in breast cancer patients. Further studies and research have been recommended to elucidate on the saliency of art therapy interventions for women with breast cancer and cancer survivorship.

Keywords: art therapy, breast cancer patients, psychosocial factors, stress, quality of life, mental health, mortality

A Literature Review of Art Therapy for
Women with Breast Cancer

Introduction

Darr-Hope, Meriwether, and Arp Adams (2015) described that throughout time, art had been used as a healing aspect to fight fear, anxiety, pain, and suffering. Artists like Edvard Munch, who suffered from crippling anxiety, and Frida Kahlo, who battled serious back injuries, coped with their pain and anxieties through the arts. The former, Edvard Munch, had constant fear of death and anxiety due to his mother's death when he was five years old, and the death of his older sister when he was 12 years old. Creating self-portraits as a teenager had helped Edvard express and cope with his anxieties. In addition, the arts had helped him cope with alcoholism and depression. Moreover, through painting he expressed his anger. The latter artist, Frida Kahlo, was born with spina bifida, had childhood polio at age six, and at age 18 she was severely injured and incapacitated. As a teenager, she drew pictures, and after her severe accident at age 18, she started painting. Her artistic creations helped her heal from her psychological and physical pain. Darr-Hope, of this article, herself experienced nightmares and depression. She was able to cope with her nightmares and depression through the arts. Therefore, the arts had been a healing endeavor and it continued to be so. Furthermore, the authors Heiney, Darr-Hope, Meriwether, and Arp Adams (2015) recommended the arts as an emotional healing approach to cancer and contributing to a high level of survivorship in cancer patients. The engagement of art would range from art creation, story, and therapeutic group processes. Art-making and art exploration fostered recovery. Since 1900, the arts and its healing facet have been used in healthcare from the fields of creative art therapies, architecture, and interior design. More and more research had

been conducted to demonstrate the value of art therapy on cancer patients' increased quality of life, and decreased levels of depression, distress, pain, and anxiety. In addition, research had proven that art therapy elicited and ameliorated self-esteem, and promoted emotional release in cancer patients, specifically women with breast cancer. Moreover, Heiney, Darr-Hope, Meriwether, and Arp Adams (2015), highlighted the saliency of art therapy with breast cancer patients in which participants expressed that engaging in art therapy had helped them express their cancer and gave them an opportunity to acquire a sense of control. Art therapy had also advocated for change in their perspective about their situation. Furthermore, when it comes to the use of art therapy with cancer patients there is a strong ground of literature for its use with women with breast cancer (Wood, Molassiotis, & Payne, 2011). Art therapy has helped women with breast cancer to deal with loss, change, and uncertainty that would come with cancer survivorship. Art therapy with cancer patients had opened doors and paved way for better communication and expression of self. Thus, it had elicited an enhanced quality of life of the patients. It has ameliorated their psychological functioning, provided an increased well-being, and fostered personal change within a therapeutic relationship. Furthermore, art therapy would be an invitation to cancer patients for empowerment, self-care, and self-management. Examples of empowerment come as relief of disruption of body and self-image, social and sexual relationships to employment. Art therapy had provided opportunities for women with breast cancer to develop behavioral change, insight, see their experiences more clearly, and to develop meaning through art-making in the presence of the art therapist.

Consequently, art therapy has been essential for women with breast cancer in developing coping mechanisms in face of their illness. Art therapy has also empowered the women in finding meaning to their illness. It enhanced the women's quality of life and contributed in their

survivorship. The following is a literature review that englobes the psychological benefits of art therapy for women with breast cancer.

Literature Review

Breast Cancer

The meanings that women with breast cancer gave to their illness determined their emotional and behavioral responses, that in turn they attached to, and had influenced upon the effectiveness of their coping to their illness (Reis and Travado, 2013). Therefore, according to Reis and Travado (2013), how and what women with breast cancer gave meaning to their illness influenced their quality of life and their health. This illness covers five domains: identity, causes, consequences, timeline and controllability. The authors suggested that in the process of giving meanings to their cancer, the women would perceive their illness as based on concretism and globality, bodily centering with somatic differentiation, psychosomatic parallelism, sequencing of factors (biological, psychological, and social), biopsychosocial interaction, and/or biopsychosocial integration-multiplicity. In other words, their illness could be identified as lack of health, a barrier to the gratification of needs, impulses, and opportunities of life, a progress in evolution of physical appearance, or psychological attributes connected with relational life, a failure in complying to familial and professional duties, and obligations, or it could be identified with multiple meanings.

Kissane et al. (2003) highlighted the importance of psychotherapy in alleviating many concerns that women with breast cancer might have. These concerns revolved around threat of death, recurrence, an uncertain future, side effects of treatment, sexuality, infertility, body image, and relationships. Moreover, the authors confirmed that psychotherapy alleviated this morbidity of which cognitive-existential group psychotherapy (CEGT). Further, the authors favored CEGT

as this intervention helped women with breast cancer in reducing distress and enhancing coping. The study embraced six goals which were promoting a supportive environment, facilitating grief over losses, reframing negative thoughts, enhancing problem solving and coping, fostering hope, and examining priorities for the future. Groups of six to eight patients were formed. They met with two therapists of which one was always a woman for 20 weekly sessions of duration 90 minutes for each session. Post-intervention measures proved that CEGT had improved the quality of life of these women. These measures included the Affects Balance Scale (ABS), the Hospital Anxiety Depression Scale (HADS), the Mental Adjustment to Cancer Scale (MAC), the Family Assessment Device (FAD), and the Satisfaction with Therapy and Other Treatments Scale.

Diagnosis and Prevalence of Breast Cancer

Rodriguez-Velazquez et al. (2018) highlighted that in the United States breast cancer is the most common kind of cancer and the most common cause of death. The authors noted that hispanic women in the United states had lower incidence and mortality rates than non- Hispanic whites. Grosse Frie et al. (2018) indicated that women with breast cancer is the most common cancer among women in sub-Saharan Africa. The authors reported a five years survival rate 13.6 % of breast cancer patients in Mali, and a five years age-standardized relative survival of 12% in Gambia. Along similar lines, Mohammed Alotaibi, Ragab Rezk, Iworikumo Juliana, and Guure (2018) indicated results from Saudi Arabian Cancer Registry at the King Faisal Hospital and Research Centre that 13.08 % of deaths out of 5,411 patients was due to breast cancer, of which 1.69 % were men. The prevalence of death of women in Saudi Arabia from breast cancer is high, mostly among divorced women. The authors recommended the initiation of intensive health

education programs that would discuss the consequences of divorce, the prevalence of breast cancer among men, and early diagnoses and treatments for breast cancer.

Etiology of Breast Cancer

Mohammed Alotaibi, Ragab Rezk, Iworikumo Juliana, and Guure (2018) clarified that breast cancer which is a result of out of control growth of cells in the breast in the form of a tumor could be manifested visibly through a lump in the breast, a change in breast size, pain in the breast, and fluid discharge from the nipple. Breast cancer is diagnosed late in sub-Saharan Africa. Grosse Frie et al. (2018) explained that this retardation could be due to low breast cancer awareness, use of traditional medicine, difficulties in healthcare access, mistrust in healthcare system, wrong diagnoses, no or delayed referral after a first healthcare visit, and finally due to cost and financial obstacles.

Secondary Diagnosis of Breast Cancer

Ando, Imamura, Kira, and Nagasaka (2013) concluded that to the date of their research, 25 percent of cancer patients meet diagnostic criteria for major depression, or anxiety disorder. These disorders decreased treatment compliance, and they related to prolonged hospital stays. Depression and anxiety disorders negatively affected cancer patients through directly affecting prognosis and mortality. In addition to these disorders, cancer diagnosis and its treatment elicited spiritual pain and influenced the patients' process of meaning making that negatively impacted their quality of life. Similarly, Bar-Sela et al. (2007) explained that cancer influences the patients' levels of fatigue, depression, and anxiety. Furthermore, approximately 25% of cancer patients fell within the diagnostic criteria for major depression and anxiety disorders. These disorders negatively influenced the patients' quality of life. They might also cause a prolonged

stay at hospital if patients fail to comply to medical treatment. In addition, the authors indicated that some studies had related depression and anxiety to prognosis and mortality in cancer patients. Studies were conducted at the adult outpatient ambulatory section of the oncology unit at Rambam Medical Center, northern Israel. These studies excluded patients with severe anemia, or patients who had changed their opiates or antidepressants intake within three weeks. Patients completed the Hospital Anxiety Depression Scale (HADS) and the Brief Fatigue Inventory (BFI) followed by weekly art therapy sessions using watercolor paints. The HADS and BFI were completed before every session of the weekly art therapy interventions. The results of the study indicated that 58% of patients who improved their depression level, 26% remained at the same level, and the depression disorder aggravated with 16% of patients. No change took place at the level of anxiety. The intervention group did not have anxiety disorders at the first place. Lastly, improvement took place in the level of fatigue with a score decrease from a median of 5.7 to 4.1. As a result, the studies conducted highlighted the benefits of conscious interventions such as art therapy in rendering the patients' better quality of life and attaining a lower level of depression.

Breast Cancer Treatment

Pharmacological Treatment for Breast Cancer

McGinn and Moore (2001) suggested that metastatic breast cancer which was advanced breast cancer spread beyond the axillary lymph nodes was treated with standard treatment options of which surgery, radiation therapy, hormonal therapy, chemotherapy, and palliative approaches. In addition, the authors highlighted new chemotherapeutic approaches consisted of paclitaxel, docetaxel, and capecitabine. Also, other approaches included new hormonal agents such as toremifene, letrozole, and exemestane. A third approach would be biologic response modifiers (BRM) such as Trastuzumab.

Aside from pharmaceutical interventions, the secondary effects of breast cancer such as distress and depression require the support of additional interventions. These can include positive psychology and art therapy.

Positive Psychology and Breast Cancer

According to the authors Casellas-Grau, Font, and Vives (2013), breast cancer diagnosis with time had shown to present psychological challenges in women with this diagnosis that had been traditionally dealt with problem-focused strategies. Many interventions had been used to treat the physical and psychological challenges these women faced of which a deteriorated self-concept. Positive interventions aimed to transform the negative aspects that come with a diagnosis and treatment of breast cancer towards a positive orientation mainly with women who had potential to develop positive responses from positive interventions. These interventions elicited positive feelings, thoughts, behaviors, cognitions, well-being, personal strengths, enhanced engagements, positive relationships, meaning-making, accomplishments, personal growth, and change. Positive psychology interventions included well-being therapy, quality of life therapy, positive psychotherapy, hope therapy, strength-based counseling, strength-centered therapy, mindfulness-based approaches, and therapies to promote posttraumatic growth. Furthermore, the authors indicated that breast cancer which affected longevity, was prevalent, disabling, fostered variable prognosis, and that resulted in a relapse, was significantly treated through positive psychology interventions. However, not all women benefited from positive psychology interventions as these interventions were not universally effective. Moreover, the authors portrayed in their article that only women who had potential to develop positive responses benefitted from the triggers and coping styles as a result of these interventions. The authors recommended that further studies and research be conducted regarding the efficiency and

the benefits of positive psychology interventions with women with breast cancer.

Psychosocial Adjustment

Reis and Travado (2013) described breast cancer as an illness that led women with this type of cancer to undergo psychosocial adjustments. According to Reis and Travado (2013), psychosocial needs were mentioned to be related to the stress level experienced by these women. This stressful illness impacted both the women and their families. It was important to have resources that helped these women to cope with their illness so that to process emotional reactions and experience psychological adjustments. In addition, it was very significant, impactful, and empowering the meanings these women gave to their stressful illness. The process of giving meanings to their illness and their identifications with their illness affected their quality of life and health outcome. Studies had shown that psychosocial stressors in breast cancer patients had negatively influenced both immune system and endocrine systems. It had caused an increase of tumors, and a progression of their breast cancer. (Van Der Pompe et al., 1994). According to Cohen and Weihs (2016), when it came to its use for women with breast cancer, art therapy was highly related to health and the person's well-being. Moreover, art therapy elicited activation, reorganization, growth and reintegration of the self, fostered through body and mind processes activated by art therapy. The body and mind are considered as one entity. Art therapy through its expressive therapies continuum advocated the acknowledgment of this one entity and brought to the women's awareness their strengths through sensory and motor experiences. Women developed coping mechanisms in face of their illness.

Hulbert-Williams et al. (2011) observed in their studies and methods that a meaningful number of cancer patients faced depression, anxiety, reduced quality of life, and other psychological problems that had come with their cancer diagnosis. Moreover, one-third of the

cancer patient population suffered clinical anxiety and distress. Psychosocial adjustment was necessary within the treatment pathway. This adjustment included the improvement of cognitive and emotional aspects of cancer patients through supportive interventions. These interventions included therapeutic techniques that restructured the patients' cognitive aspect and that fostered psychological acceptance of distressing thoughts and feelings. Engaging in art making might elicit anxiety coping skills, mood adjustment, and pain healing. An investigation conducted by Shella (2017) found that women were more likely than men to engage in art making during art therapy sessions at bedside. Notably, the outcome of the study portrayed that both genders showed improvement in three variables which were mood, pain, and anxiety alleviation regardless of gender, age, and diagnosis. Similarly, Glinzak (2016) found that art therapy alleviated the subjective responses to cancer. Such distress included fear, maladapted functioning in terms of sleep, appetite, irritability, and fatigue, might increase the progression of cancer. Furthermore, the psychosocial and physiological dimensions that came with a diagnosis of cancer even if with positive prognosis could be manifested in many complications.

Art Therapy and Breast Cancer

According to Ho et al. article (2010), women with breast cancer who engaged in group art with pre- and post-treatment drawings, showed less anxiety, and more positive emotions post-treatment. This intervention was conducted in three major hospitals in Hong Kong between 2002 and 2005 for five consecutive weeks, each time for three hours with 67 patients with primary breast cancer without metastases, other major diseases, or psychiatric illness history. In a related study, Elkis-Abuhoff et al. (2009), used mandala drawing with patients with breast cancer, which served as an assessment tool to show the physician valuable information that might have been blocked by consciousness.

Wood, Molassiotis, and Payne (2011) explored the effectiveness of art-making within the presence of the art therapist that paved the way to a wider range of communication of emotions and issues. Art therapy had also been shown to help foster connections of women with others, and to become sociable. In addition, art therapy interventions have rendered cancer treatment and its side effects tolerable, and it had enabled the patients with coping resources. Also, art therapy has met with the needs of survivor patients to lessen the disruption of their identity, restore identity stability, and face identity challenges that came with this illness.

Singer et al. (2010) portrayed how art therapy programs helped in both cancer- out-patient and in-patient setting to improve cancer patients' mental well-being. To some people, the nature of art therapy as a form of psychotherapy was stigmatizing. Due to this reason, studies with Singer et al. (2010) were conducted in relation to the benefits of implementing art education programs instead of art therapy programs at hospitals with cancer patients. In parallel, Singer et al. (2010) showed how many art therapy programs that had been beneficial to cancer patients of which the "We can Weekend" art therapy program in Minneapolis, U.S.A, that helped families cope with cancer, its diagnosis, and treatment through drawings of the family, current mood, or lifelines. The "Art that Heals" art therapy program in Los Angeles, U.S.A, that helped cancer inpatients on an individual level to restore a sense of self-control, reduce stress, facilitate coping, and to tap into life-affirming inner sensitivities. The "Healing Icons" art therapy program in Columbia, U.S.A, that helped cancer in-and outpatients to find meaning in the cancer experience, open pathways for emotional healing, and to elicit self-knowledge. The "Creative Journey" art therapy program in New York, U.S.A, that was an inpatient group intervention fostered self-empowerment and self-discovery. The mindfulness-based art therapy program with no title in Philadelphia, U.S.A, outpatient group intervention elicited alleviation in symptoms of stress. An

art therapy program with no title in Umea, Sweden for inpatient individual intervention advocated in restoring body image, stress reduction, and invited the cancer inpatients of this program to reflect over and express experiences. The “Healing through the Creative Arts” in Calgary, Canada, group intervention art therapy program supported self-discovery and empowerment. The “Cancer and Creative Art” in Utrecht, Netherlands, art therapy program aimed to advocate coping. All of these art therapy programs aimed to ameliorate the well-being of cancer patients, and to improve their mental health.

Shella (2017) highlighted the saliency of art therapy during the patient’s treatment at bedside at a large urban hospital 1000 inpatient beds, located in Cleveland, Ohio. It was supposed that art therapy helped ease the pain on both levels psychosocial, and physical pain regardless of patient’s age, sex, diagnosis, or choice of media. Therefore, other demographic factors were not concluded as necessary to consider in order to affirm the therapeutic component of art therapy interventions at bedside in enhancing the patient’s mood, pain, and anxiety. The Rogers Happy/Sad faces scale for all three variables (mood, anxiety, and pain) showed to be useful in self-assessing both pain and mood. As part of the investigation, it was found that patients who participated in a 30 to 90-minute art therapy session showed improvement of mood, coping skills, and managing pain; the patients would be better at the end of the session in relation to the beginning of the session. The materials used for art therapy included paint specifically acrylic on canvas, object, or paper, watercolor on paper, alcohol-based inks on tiles, beads threaded onto wire or string, and mixed media included papier-mache, wood model making/decorating, and collage. During and after art-making, patients were encouraged to verbally communicate their processes of engagement. The inpatients were given the choice to select the material (s) they wanted to use watercolor, beads, or mixed media. All patients

reported positive significance change in their mood, anxiety, and pain at the end of the session compared to its beginning. Tests administered were T-tests and Pearson Chi-Square tests that advocate the hypothesis of psychological improvement of patients at bedside after participation in art therapy session.

Glinzak (2016) described that a patient's distress led to a decline in medical treatment, outcomes of which negatively influencing immune responses. Glinzak noted the relationship between the mind and the immune system was a triangular and indirect relationship that between the mind and cancer. Therefore, the study aimed at reducing distress with patients with cancer showed the saliency of art therapy interventions and its creative process in eliciting the patients to become relaxed, acquire a relaxed state of mind, distracted from pain, form self-esteem, personal control, empowerment, and able to form a better understanding of their experiences. Thus, it was indicated that art therapy induced a better quality of life and complemented medical treatment. An art therapy assessment, the Edmonton Symptom Assessment Scale was conducted with inpatients with leukemia or lymphoma. The results showed eight to nine symptoms significantly reduced. Specifically, an art therapy intervention referred to as the Creative Journey, was facilitated with adult patients with bone marrow transplants who were in isolation. After the Creative Journey, the adults creating art with the presence of the art therapist expressed ambivalent emotions. While in the absence of the art therapist, they created solely a positive imagery. The results concluded that after art therapy interventions with the presence of an art therapist resolved many of the patient's existential questions, inquiries, spiritual concerns, and provided a better state of mind, and positive feelings. In addition, mindfulness-based art therapy interventions were used, and elicited inpatients' increased autonomy, meaning making, and reduced stress. It consisted of breathing, meditation exercises and taking digital photographs

combined with collage making. A final art therapy intervention encompassed participants of 73 adult patients (18 years or older) treated for cancer, or who were in follow-up cancer care, had all the opportunity to engage in art therapy with art therapists, and art therapy interns at a medical and surgical hospital in the U.S. Midwest. Challenges included meeting consistently with patients, privacy concerns, and the restriction of art therapy due to required sterile procedures.

Art Therapy and the Body-Mind Relationship

Van Der Pompe et al. (1994) indicated that people who have breast cancer and who have engaged in psychosocial interventions live twice longer than people who have breast cancer and who were not involved in psychosocial interventions and social support. In the study conducted by Derogatis et al. (1979) in Van Der Pompe et al. (1994) article, breast cancer and psychological responses of the women with breast cancer are connected to these women's prognosis. Women with breast cancer who did not engage in psychosocial interventions most probably tended to survive utilizing denial and suppression techniques. While some studies have found that women with breast cancer who communicated their feelings, expressed their negative affect and anxiety had a better prognosis. In addition, recent studies emphasized that psychoneuroimmunology acted as a mediator between psychosocial factors and survival in breast cancer patients. Survivals in breast cancer and who had coping styles, fighting spirit and autonomy, had a lesser amount of serum Immunoglobulin A (IgA) levels. Immunoglobulin A constituted one of common antibodies in the body. The authors noted that previous studies have shown that patients exposed to stressors, psychological distress state, and affective disorders, might cause an imbalance in the limbic-hypothalamic-pituitary adrenal axis, the sympathetic-adrenomedullary system, and might cause alterations in different components of the immune system. Psychosocial stressors might elevate the course of breast cancer through the increase of

estrogen hormone when the patient is exposed to stressors. High levels of estrogen might suppress the immune response. Similarly, an increase in cortisol in endocrine due to stress might impair the activities of the immune system.

Cohen and Weihs (2016) introduced the concept of body and mind processes which were activated by art therapy and that were key to possible reorganization, growth and reintegration of the breast cancer patient. Furthermore, the engagement in art therapy was shown to offer a meaningful sensory experience. The authors clarified in the article that pleasure was attained from sensory experiences. Therefore, people with negative emotions were able to cope better with their emotions and face their feelings while art-making during art therapy experiences. Thus, art therapy positively impacted the health and the persons' mental and physical well-being. It induced relaxation and a sense of security that triggered the release of hormones which contributed to the body's maintenance of allostasis. In addition, secure attachment developed as a consequence of the triangular relationship between the artwork, the art process, and the therapist which was a similar kind of attachment as to primary relationships. This was an opening for self-engagement which in return elicited body and mind processes integrated through the activation of the senses, movement while art-making, and the physicality of engagement in art materials. Hence, that allowed implicit (somatic) knowledge and emotions to become explicit (pictorial/verbal).

Zainal, Booth, and Huppert (2012) indicated that implementation of psychotherapeutic interventions, specifically mindfulness interventions, parallel to pharmacotherapy with this population was essential for the increase in survival rate of women with breast cancer after treatment. Breast cancer treatment typically includes mastectomy (removal of the breast or breasts), radiation therapy, and chemotherapy, each used singularly or in combination.

Psychological effects of the treatments, may include psychological distress, clinical depression, anxiety disorders, and posttraumatic stress disorder. Mindfulness had been proven to improve people's physical and mental health. In order to integrate mindfulness-based stress reduction (MBSR) to the participants, a psychoeducational training was initiated by Kabat-Zinn for patients with chronic pain and stress-related conditions. Participants engaged in an eight-weeks group program with weekly sessions of duration two hours and a half, and a full retreat day. The MBSR embraced body scan, breathing meditation, walking meditation, mindful movement, and psychoeducation. Furthermore, the authors highlighted the saliency and the efficiency of the use of MBSR with women with breast cancer on alleviating their perceived stress, anxieties, depression, and forming coping mechanisms and positive moods. This intervention helped improve the women's mental health by decreasing rumination past events, reducing worry of the future, fostering empowerment and eliciting a shift towards internal locus of control. As a result, the authors recommended MBSR as an important and efficient intervention that improved the quality of life of women with breast cancer.

In another study on the use of mindfulness and cancer, Shennan, Payne, and Fenlon (2010), presented research studies of mindfulness interventions originated from Theravada Buddhism. The research studies entailed both formal and informal meditation practices that all sum up to moment to moment present awareness that was non-judgmental, accepting, and open. Therefore, mindfulness interventions enhanced mental health and the physical well-being of cancer patients. It positively affected the immune system of patients. In addition, mindfulness practices ameliorated patients' sleep quality, and significantly predicted mood change. As a result, Shennan, Payne, and Fenlon (2010) concluded that mindfulness interventions may offer promising outcomes in cancer care.

Ho et al. (2010) described the utilization of the body-mind-spirit psychosocial intervention (BMS) with women with breast cancer across three major hospitals in Hong Kong. This utilization allowed the researchers to focus on three dimensions: body recovery, restructuring of the mind, and spiritual quests. The intervention englobed the processes of art-making around the theme “My cancer” from the women’s home without restriction on art materials, and followed by sharing through verbally expressing their experiences of making the art during the first group art therapy session. At the fourth session, they were asked to make art on the same theme “My cancer” once again at their homes; and at the fifth, final session to talk about it. Consequently, during drawing analysis procedures after the closure of the art therapy group, the images were classified along three aspects: body, mind, and spirit. For the dimension of body, the FEATS and DDS scales were used to measure structure and observable quality. On the level of mind, symbols and pictorial content were deciphered. Writing on the drawing was included in the dimension of spirit. Thematic analysis demonstrated that drawings altered from directly representing cancer to more symbolic representations of hope, peace, and acceptance. In conclusion, the art process in therapy helped the participants to more deeply explore and therefore understand their feelings and experiences.

Mandala in Art Therapy

Mandala making is a form of art making used in art therapy that focuses on creating art within a circle. Elkis-Abuhoff et al. (2009) conducted the mandala drawing assessment tool with 14 women with breast cancer, aging between the ages of 28 and 90, of whom 12 of them represented a correlation between their breast cancer and physical state. The 14 participants created a total of 39 mandala drawings. During each visit to their physician, the patients were

handed each a black card with a black circle outline, and 15 colored pencils. They were instructed to color the entire circle. Color usage, line pressure, and consistency of each submitted mandala drawing were evaluated by four independent raters by utilizing a five-point Likert scale. Out of the 14 participants, 12 showed validity between their physical state and their visual mandala drawing. Two participants had an inconsistent outcome between their physical state and their visual mandala drawing. Out of the 14 participants, five showed concern in their medical outcome; while seven showed a positive medical outcome. In addition, patients with breast cancer would feel physical discomfort while being treated through chemo/hormonal therapy, radiation, or surgery. In addition, they had been found to experience emotions such as depression, anxiety, fear, intimidation, and adjustment issues that affected their quality of life. Women with breast cancer also experienced physical changes that affected psychological and psychosocial factors. Non-invasive approaches in treatment, such as art therapy of which mandala drawings, helped these patients cope with emotional changes they had experienced while in treatment, and helped monitor their physical state. Lastly, according to the authors, art therapy when used with medicine elicited the patient's insight.

Mindfulness-Based Art Therapy (MBAT) and Breast Cancer

Monti et al. (2005) explored the use of mindfulness-based art therapy (MBAT) that had been until present significantly been shown to be effective as a psychosocial treatment intervention with women with different kinds of cancer diagnosis. The authors represented in their article a study conducted with 111 women diagnosed with different kinds of cancer, paired by age, and who either engaged in an eight weeks MBAT interventions, or a wait-list control

group. These women were recruited through the Jefferson Cancer Network that entailed 16 hospitals within the Philadelphia region. They were in their second year, and four months or more in their cancer treatment from initial diagnosis or cancer recurrence, and with no psychiatric diagnosis. As a deductive result, in comparison with the control group, the MBAT group demonstrated to have formed an alleviated level of distress, and improved aspects of health-related quality of life. Moreover, psychological distress and stress-related somatic complaints were assessed pre-and post-intervention through weeks zero, eight, and 16. This assessment was conducted using the Symptoms Checklist Revised (SCL-90-R) which was a 90-item inventory that included the assessment of nine symptom dimensions, and a summary score, the Global Severity Index (GSI) that indicated the current level of distress. The nine symptom dimensions that were recorded using a five-point scale embraced the following aspects: Somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Similarly, the health-related quality of life was assessed pre-and post-intervention through weeks zero, eight, and 16 using the Medical Outcomes Study Short-Form Health Survey (SF-36). The SF-36 would be a 36-items measure used to assess eight health areas which were limitations in physical activities, limitations in social activities, limitations in role activities because of health problems, limitations in role activities because of emotional problems, bodily pain, general health perceptions, vitality (energy and fatigue), and mental health (psychological distress and well-being). Mental health items were assessed using a six-point scale, while general health involved five items that measured the women's perception of wellness or illness. As a result of this study, the assessments demonstrated at both week eight and week 16 with the women who engaged in MBAT significant alleviation of distress, and improved health-related aspects of quality of life. The

authors recommended that further studies be conducted on the efficiency of MBAT interventions in altering distress levels and quality of life of women with different kinds of cancer diagnosis.

Discussion

This literature review highlighted the saliency of art therapy in supporting the psychological aspects of women with breast cancer. Art making ameliorated the patients' mental imagery in psychotherapy (Czamanski-Cohen et al., 2014). In addition, it alleviated patients' levels of distress, pain, anxiety, and depressive symptoms. Czamanski-Cohen et al. (2014) indicated that art making fostered an externalization of distressing experiences. It provided a platform for developing and practicing coping skills along examining and changing maladaptive cognitive and behavioral tendencies, and examining mental imagery. Pain had been a common experience for people with chronic illness. Women who suffered from physical pain had co-morbid symptoms of anxiety and depression. The use of imagery in psychotherapy helped decrease the levels of anxiety and depression and it allowed the expression of painful and intense experiences. Moreover, through creating an image, traumatic experiences were processed and skills were developed to distance and externalize these traumatic materials. Art therapy is the relatively new professional therapeutic way to elicit expression and communication. Moreover, art therapy had developed from disciplines of art, education, and psychiatry with various theoretical foundations. Early art therapists based their work on psychoanalysis as a way to uncover unconscious materials. At present, art therapy developed and it had been practiced utilizing different approaches other than psychoanalysis of which cognitive-behavioral approaches. The authors explained that art therapist Rubin highlighted the saliency of utilizing art therapy in a cognitive-behavioral approach with children that created behavioral change. While utilizing psychoanalysis approaches to art therapy provided a platform for developing free

associations with imagery and art making in a therapeutic frame. This approach was used with art therapists such as Rasmussen who worked with children with a history of sexual abuse. Rasmussen implemented art therapy in a way to promote emotional expressions similar to free associations. This approach reduced the children's levels of sexually acting out. Therefore, art therapy in its different approaches aimed to elicit healing. It had elicited pain and fatigue reduction, and an alleviation of anxiety and depression symptoms with people with cancer. Art therapy had also advocated for positive emotions with women with chronic illnesses of which cancer. It had created a therapeutic space for coping with cancer and its diagnosis, as well it had provided them a therapeutic space to maintain self-esteem and to express distressful symptoms.

Glinzak (2016) and Shella (2017) emphasized through conducted studies and methods, the saliency of art therapy interventions on the inpatients' improvement of quality of life, relief of distress, anxiety, mood adjustment, empowerment, ameliorated self-esteem, pain alleviation, and meaningful experiences. Art therapy was defined as closely related to psychosocial and physical healing of inpatients with chronic illnesses of which cancer. According to Salmon, Clark, McGrath, and Fisher (2014), cancer patients suffered from emotional distress. Cohen and Weihs (2016), emphasized on the significance of art therapy as a healthy intervention for physical and mental well-being as a result of mind and body processes while art-making. Along similar lines, Van Der Pompe et al. (1994) emphasized on the importance of the studies in focusing on psychosocial factors acting as mediators in the course of breast cancer and the immune system. Furthermore, the authors Wood, Molassiotis, and Payne (2011) wrote that common psychosocial factors experienced by patients with cancer included, fatigue, depression, anxiety, existential, and relational concerns. Art therapy was one of other developing interventions that targeted these difficulties. The authors also wrote that the most population who

had cancer and who used art therapy were women with breast cancer. Art therapy facilitated the psychological readjustment to the loss and change of cancer survivorship. Expression and communication described as key to art therapy, provided cancer care, empowerment, self-care, and self-management to patients and enhanced their quality of life. Art therapy in the medical milieu was considered as a multidisciplinary and psychotherapeutic approach. In addition, adults with breast cancer who engaged in art therapy experienced alleviation of symptoms that came with cancer. These symptoms included disruption of body and self-image, social, sexual relationship, and employment. Wood, Molassiotis, and Payne (2011) presented significant studies which showed that women with breast cancer who engaged in the physical act of art-making developed a clearer perception of their experiences, and elicited behavior change. Art therapy also allowed for an openness to other people and it had reinforced personal growth. It allowed women with breast cancer to be more connected, social, experience an improvement in quality of life, and acquire coping and management skills and resources to cancer. Art therapy also rendered treatment and its side effect tolerable and in compliance. It had helped the survivor of cancer to form, face, and develop an identity and self-hood that had been affected by cancer.

According to Ho et al. (2010), during the body-mind-spirit psychosocial intervention, for the aspect of body, 27 women utilized more than four colors in the pre-intervention drawings, while in post-intervention drawings it augmented to 38 women. In the aspect of mind, nature, landscapes, and social supports were created more frequently in post- drawings. Pictures of breasts and cancer were lessened. On the level of spirit, feelings varied between negative emotion, neutral emotion, mixed emotion, and positive emotion. Moreover, in the comparison of pre-intervention drawings and post-intervention drawings, changes were observed in terms of the emergence of peaceful and hopeful attitudes, seen in changes in subject matter and

accompanying emotions. In addition, on a different note, Elkis-Abuhoff et al. (2009), emphasized that the engagement in mandala drawing had a therapeutic value in the process of creating the mandala. Engagement in mandala drawings informed the physician about the patients' well-being and it would open room for observations.

In breadth, Monti et al. (2013) highlighted the benefits of psychosocial interventions such as mindfulness-based art therapy (MBAT) in reducing the level of stress in cancer patients, specifically breast cancer patients, and enhancing their quality of life. Stress was represented in different psychological symptoms ranging from depression, anxiety, intrusive cancer related thoughts, fatigue, increased pain, and/or impaired sleep. Moreover, amplified stress caused high level of morbidity, mortality, decreased immune function, increased relapse, and decreased health-related quality of life. Psychosocial interventions especially group therapies had helped improve quality of life in cancer patients and it had elicited improved health outcomes. Furthermore, mindfulness had shown to be effective in group format. In addition, art therapy had been assessed as a nontraditional way in expressing internal distress, and improving mental health and sense of well-being. Mindfulness-based art therapy combine mindfulness with expressive art tasks. Mindfulness exercises entailed body scan meditation, sitting meditation with awareness of breathing, walking meditation, and smooth Hatha yoga postures. Consequently, in the mindfulness-based art therapy interventions, art therapy focused on non-verbal aspect of identifying and organizing internal and external stressors and related emotions. This process included drawing pictures of the cancer patients' self, awareness of sensory stimuli, visually representing self-care, creating stressful and pleasant event images, and free expression.

In conclusion, this literature review considered art therapy as a clinical intervention to foster a healing process and enhance life for women with breast cancer. Art therapy has been

found to help patients with breast cancer and their families to cope with symptoms, increase awareness of self, and to adapt to stressful and traumatic experiences. Through creativity and art making in art therapy, patients were able to express their deepest emotions. It also allowed patients who may have difficulty in verbal communication to become comfortable, at ease, and express themselves in a non-verbal manner. Women with breast cancer after art therapy interventions showed to have improved in the social domain and coping resources. Future studies would elucidate the best interventions to reduce anxiety and stress in breast cancer patients. Art therapy had helped to form psychological readjustment with breast cancer patients in terms of coping with loss, change, and uncertainty that would come with the illness of cancer and survivorship (Wood, Molassiotis, & Payne, 2011). Continuous research in this matter had been explored and is ongoing. There had been no evidence that art therapy within cancer setting caused harm. Art therapy interventions had alleviated cancer symptoms of which psychological and spiritual distress.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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