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Considering Art Therapy for Adults with Fear of Cancer Recurrence (FCR): A Literature Review

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Considering Art Therapy for Adults with Fear of Cancer Recurrence (FCR): A Literature Review

Capstone Thesis

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Art Therapy

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Abstract

Fear of cancer recurrence (FCR) is a major problem for many cancer survivors. As cancer treatments improve and more people are surviving cancer, FCR will likely become a larger problem in general for the healthcare system. Art therapists working with cancer survivors need to be prepared for addressing FCR as they are likely to encounter this clinical issue. A literature search was conducted and no research investigating art therapy specifically for FCR was found, indicating there is currently no empirically supported approach to art therapy for FCR.

Mindfulness and acceptance-based therapies appear to be efficacious for reducing effects of FCR. One of these therapies, Acceptance and Commitment Therapy (ACT), has a growing body of research demonstrating efficacy for managing FCR. Art therapists may want to integrate art therapy with ACT when supporting adults with FCR. More research and clinical attention are needed to understand the effects of art therapy on FCR, and to develop a best practice and evidence base.

Keywords: cancer, oncology, survivor, post-treatment, fear of cancer recurrence, FCR, art therapy, mindfulness, Acceptance and Commitment Therapy, ACT

Considering Art Therapy for Adults with Fear of Cancer Recurrence (FCR): A Literature Review

Introduction

Advancements in cancer treatment have increased the rates of cancer survivorship. Every person who completes active cancer treatment and achieves cancer remission experiences some degree of worry about the possibility of a recurrence. This worry is largely considered an adaptive response to a cancer diagnosis and treatment (Thewes, Lebel, Leclair, & Butow, 2016). However, for approximately 49% of cancer survivors, this worry becomes pervasive and intrusive (Simard et al., 2013), and elicits the use of maladaptive coping mechanisms that negatively impact quality of life (Butow et al., 2018). This phenomenon is termed ‘fear of cancer recurrence’ (FCR; Lee-Jones, Humphris, Dixon, & Hatcher, 1997), and lack of treatment for FCR represents one of the largest unmet needs of cancer survivors (Fardell et al., 2016).

Butow et al. (2018) described that:

People with severe FCR report constant and intrusive thoughts about cancer, interpretation of mild and unrelated symptoms as a sign of recurrence, a conviction that cancer will return regardless of actual prognosis, and an inability to plan for the future due to worry that cancer may return and disrupt their plans (p. 32).

One cancer survivor explained the fear-behavior cycle in the following way:

I came home with a list, that if I do this the cancer won't come back. And so my whole mission then became you know organic food, to be juicing, to be exercising, to do this, to do that which, you know, ... I had to do too many things all at once otherwise the cancer was going to come back. And it all, you know, it seems very illogical now but back then it was just, you know, put me in a tailspin that I just couldn't get out of. (Thewes, Lebel, Leclair, & Butow, 2016, p. 2273)

In addition to impacting individual survivors, FCR has also been identified as a contributor to the overutilization of healthcare services leading to increased healthcare costs (Lebel, Tomei, Feldstain, Beattie, & McCallum, 2013). Butow et al. (2018) described that individuals with FCR may “[...] over monitor for signs of cancer activity, constantly search online for information [...], overuse health services in an attempt to receive assurance, and/or fearfully avoid screening and follow-up” (p. 32). A cancer survivor illustrated this point in Thewes, Lebel, Leclair, and Butow’s (2016) qualitative study of the content of FCR:

I never get the doctors [GP] to check I just go straight to the specialist because that avoids a lot of anxiety for me because the doctors don’t really know, and usually if I can get an appointment then I will see the specialist and then my fears have been allayed. (p. 2271)

Despite the known effects of FCR on individual survivors and the healthcare system, a single best practice treatment approach has yet to be identified. There have been novel treatment models proposed and studied for FCR (e.g., AFTER Cancer: Humphris & Rogers, 2012; Conquer Fear: Butow et al., 2013; Smith et al., 2015). However, these existing interventions for FCR are resource-intensive (Yum, 2017). Because the content of FCR may be factually accurate (e.g. “I might eventually die from cancer”), traditional cognitive restructuring interventions that seek to challenge thought distortions might not be the best fit for FCR (Fashler, Weinrib, Azam, & Katz, 2018).

Mindfulness-based interventions are most recently being considered and tested for this population, and components of mindfulness can be found in nearly all of the novel treatment models proposed for FCR. Mindfulness-based interventions including third-wave cognitive-behavioral therapies like Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based

Cognitive Therapy (MBCT), and Acceptance and Commitment Therapy (ACT), are gaining empirical traction in the treatment of FCR (Randell, 2017).

Art therapy has long been considered a useful practice for mitigating the negative psychosocial effects of cancer and its treatments (Glinzak, 2016; Luzzatto & Gabriel, 2000; Malchiodi, 1999; Oster et al., 2006; Peterson, 2015; Peterson, 2013; Waller & Sibbet, 2005). Art therapists have written about the long-term psychosocial effects of cancer and investigated the benefits of art therapy, but research into art therapy for FCR is lacking. As cancer treatments improve, rates of cancer survivorship increase; so too could the rates of FCR, along with the probability that art therapists will work with people with FCR. A theoretically sound and empirically informed art therapy model designed for and tested with this population is necessary both to ethically ensure efficacy of art therapy with this population, and to encourage the use of art therapy as an important part of managing cancer survivorship. The growing body of ACT for FCR research leads this writer to suggest that an approach to art therapy integrating ACT is a potentially valuable place to focus research attention.

Purpose

The overall aims of the present review are to draw attention to the gap in art therapy literature regarding how to support adult cancer survivors with clinically significant fear of cancer recurrence, and to point toward directions for future art therapy research and clinical practice relating to FCR treatment. The objectives are as follows:

- (1) Indicate a gap in the art therapy literature around art therapy for adults post-cancer treatment with FCR through a systematic literature search and narrative review.
- (2) Illustrate the empirical support for Acceptance and Commitment Therapy in the treatment of FCR through a brief narrative literature review.

(3) Introduce the concept of theoretical integration of art therapy and ACT for FCR.

(4) Provide suggestions for future research and clinical application related to FCR.

It is hoped that this review will catalyze discussion and empirical study among oncology art therapists and researchers about how to best approach supporting adults with FCR.

Literature Review

A review of the art therapy literature was conducted to determine how art therapists currently treat FCR, and what empirical evidence exists. Art therapy is defined here as the intentional use of visual art materials and/or process facilitated by a trained master's or doctoral level art therapist. A literature search process was conducted in three phases. The first phase was a systematic search through a large number of academic research databases. The second phase included a broadened hand search using Internet browsers and non-academic websites. The third phase included contacting three prominent oncology art therapist-researchers.

Search Process

98 research databases (including: PsycINFO, EBSCO, MEDLINE, ProQuest, JSTOR) were accessible to this writer and explored in the first phase of the literature search process. A preliminary search including all 98 databases using the terms "fear of cancer recurrence" OR "fear of recurrence" AND "art therapy" yielded 1 result which was not relevant to the present review. Therefore, the first phase of the search was broadened in an attempt to catch all articles describing art therapy for adults post-cancer treatment. The rationale for broadening the search was to attend to the possibility that art therapy researchers discuss the concept of FCR using different terminology. A search with maximum sensitivity (i.e., with no parameters on publication date or type) of the terms: "art therapy" AND "cancer" OR "oncology" AND

“posttreatment” OR “post treatment” OR “post-treatment” OR “after treatment” OR “survivor*”, yielded 135 results. After removal of duplicate records, 61 articles were retained.

Article abstracts were screened for relevance to the topic of review (art therapy for adults post cancer treatment). 44 of the 61 articles were excluded due to: being non-art therapy articles (n=13), focusing on adults in active rather than post treatment or conflating data from those in active and post treatment (n=19), not being related to cancer (n=2), focusing on children or adolescents (n=2), focusing on caregivers (n=1), describing recreational art (n=2), focusing on art therapy for cancer care providers (n=2), being a book review (n=1), no full text (n=2).

The full text of the remaining 17 articles was individually screened for mention of fear of cancer recurrence, or for reference to this phenomenon using what this writer considered to be terminological equivalents (e.g., ‘concerns about relapse’, ‘thoughts about cancer returning’, etc.). Of the 2 studies that mentioned FCR or terminological equivalents, studies were further retained if they described the use of art therapy to treat the phenomenon specifically, and/or if FCR was described as a dependent variable. No studies met these criteria, suggesting that at the time of this writing there was no empirical art therapy research accessible to or located by this writer about art therapy specifically for fear of cancer recurrence. One relevant art therapy book chapter was located in phase two of the literature search. Lastly, three art therapists were contacted for input into the present topic. Figure 1. depicts this literature search process.

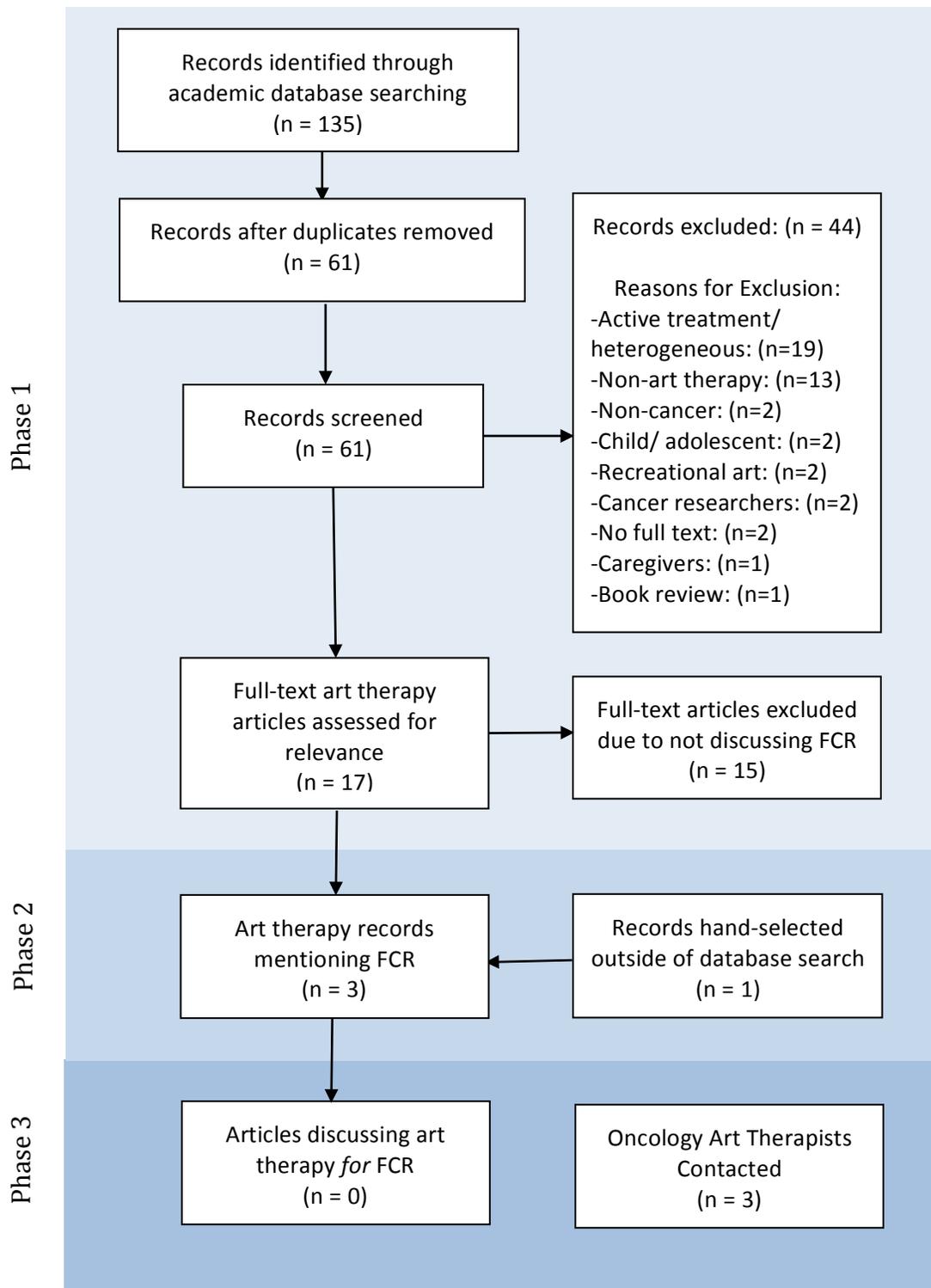


Figure 1. Literature Search Flowchart

Art Therapy and FCR

To demonstrate how FCR is currently being included in art therapy research, the art therapy records found through the database search mentioning FCR will be discussed followed by a discussion of a book chapter found outside of the database search. McNutt's (2016) doctoral dissertation described a mixed methods exploratory research process using art therapy with adults across the cancer trajectory including post-treatment. McNutt stated, "It was anticipated that the participants would benefit from the experience and that the resulting visual narratives process would illuminate the subjective experience of the cancer journey" (p. 45). 15 participants were included in the study: 13 women and two men. 14 of the participants were Caucasian and one was Native American. McNutt intended to provide forums for participants to artistically represent their cancer experience through visual narratives. Then, the author sought to use the visual representations and participant statements to better understand the subjective experience of each individual, and to determine aspects of art therapy that are applicable to the various phases of the illness trajectory.

McNutt deduced art therapy has applicability to supporting people through each phase of the illness trajectory. Relevant to the present review is McNutt's conclusions about applicability of art therapy to post-treatment survivorship. McNutt concluded that art therapy can be utilized during transition to life after cancer by helping people to define ongoing survivorship and re-establish resilience through engaging in self-learning, metaphor, and purpose and meaning making (p. 62). McNutt notes that fears of cancer recurrence are a common component of survivorship. McNutt (2016) describes that "Twelve participants reported some degree of fear for reoccurrence and six experienced recurring memories of diagnosis" (p. 80). However, the

author does not discuss how art therapy addresses this specific aspect of emotional distress, nor outcomes of FCR severity resultant from engaging in the art therapy process.

Oster et al. (2006) conducted a randomized controlled trial of five sessions of individual art therapy versus a control group including 41 women with breast cancer receiving radiotherapy. The authors found that participants in the art therapy group reported a significant increase in coping resources as measured by the Coping Resources Inventory (CRI) from pre to post intervention. The authors omit description of the control condition (e.g., active vs. inactive control). Further, the authors report the 5-week art therapy intervention design included theory-driven directives in weeks one (drawing analogs) and two (life-size body outline), but “The third and fourth sessions followed the woman’s choice” (p. 59) and the fifth session included reviewing the artwork “to create an image as a summary of her creative journey” (p. 59). Because three of the five sessions included interventions and processes unique to the individual participant, effects of the intervention are not assumed to be generalizable.

Norberg et al. (2015) reported findings from a five-year follow-up study with the participants from the above-described Oster et al. (2006) RCT of art therapy. Norberg et al. wanted to determine whether the positive effects of art therapy observed in women undergoing active cancer treatment were still present five years post-treatment. In short, no significant differences were present at follow-up between the art therapy and control groups. Relevant to the present review is what *was* discovered during this follow up study.

The authors were “[...] interested in how each woman constructed the meaning of her experiences” (p. 620), and semi-structured phone interviews were the selected means of data collection. Questions asked during the interview included but were not limited to: “Please tell me about your experiences and how you are getting along with yourself and the people around

you” and “How have you been able to manage during the years after the breast cancer diagnosis?” (p. 620). Conversations were tape-recorded and transcripts were analyzed through multiple levels of deduction, which arrived at three primary ‘discourses’.

The authors note that the distinct differences between the intervention and control groups in the original study were not present during follow-up, and new themes emerged that were consistent across both groups. Within the three discourses, 9 new themes were identified and included the theme: ‘concerns facing a relapse’. Norberg et al. (2015) explained:

Despite the fact that relatively few participants in our follow-up study had a relapse of their cancer, *concerns facing a relapse* was a recurrent theme in the women’s stories.

Many women expressed feelings of powerlessness, living with the threat of recurrence, and said that thoughts about it were always on their minds. (p. 623)

The participants included descriptions of their experience with FCR, stating FCR increased in severity around the times of routine screenings and when hearing of other people being diagnosed with cancer or having a recurrence. One participant described having an anxious response to her body’s signals, stating “If there is anything odd about my body, I think about recurrence; it is never safe after you have had cancer” (p. 623). This study contributes important insights to the present review.

Art therapy has been documented to be efficacious in numerous areas of symptom reduction and increases in well-being for people in active cancer treatment (Wood, Molassiotis, & Payne, 2011). The results of the Norberg et al. study indicate that the positive effects of art therapy engaged in during active cancer treatment might not be maintained into the post-treatment phase of cancer, at least at the five year mark. Although art therapy produced benefits

during active treatment compared to the control group, these positive effects of art therapy were not preventative against the development of FCR.

These findings raise a few preliminary questions about art therapy for FCR: Might art therapy in response to FCR be more effective than art therapy delivered as a preventative measure against developing FCR? Is there a timeline around which art therapy is most beneficial for preventing or reducing FCR? What is the indicated dosage and theoretical approach of art therapy that could have an effect on FCR? Future studies may wish to address these questions. It is necessary to note that art therapy is not a homogenous practice, and findings of the follow-up study may not be congruent with a replication testing art therapy delivered from another theoretical approach. Further, conclusions about maintenance effects of art therapy gleaned from this follow-up should be considered in the context of the limitations of the original study.

Following the research database search process, this writer read through multiple sources including non-academic websites and art therapy books. During this second phase of the search process, Sibbett's (2005) chapter in the book *Art Therapy and Cancer Care* was located. Sibbett explains the 'liminality' around cancer and survivorship, such that one is in a type of limbo after diagnosis and potentially for the remainder of life. Sibbett (2005) references 'Damocles Sword Syndrome' to describe the uncertainties and limbo state that persist for survivors after completing cancer treatment (p. 17). The story of Damocles has recently been used as a metaphor for FCR by non-art therapists. Cupit-Link, Syrjala, and Hashmi (2018) explained the origins of the metaphor and relationship to FCR:

The Roman philosopher Cicero wrote about Dionysus, the tyrant king of Syracuse. In one story, the courtier Damocles expresses his belief that Dionysus is the most fortunate man in the world. Wishing to teach him a lesson, Dionysus allows Damocles to sit on his

throne, giving him all of his riches. In the midst of Damocles' enjoyment, Dionysus suspends a sword over Damocles' neck, dangling by a single horsehair. Preoccupied with the danger of the sword, Damocles is no longer able to enjoy the beauty around him. [...] Survivors are given a new lease on life, but also persisting fears of recurrence, subsequent malignancies, and long-term health sequelae after cancer treatment. (p. 130).

Sibbett (2005) explained that the use of metaphor in art therapy may be a particularly adept way for cancer survivors to express their contradictory thoughts and feelings, such as relief about surviving concurrent with fear about the future.

Sibbett (2005) went on to describe an art therapy session with a cancer survivor during which artistic metaphor was used to express what Sibbett calls a "limbo experience", but this writer understands as FCR:

One client, a woman in her fifties diagnosed with breast cancer, created a visual and verbal metaphor for her cancer and limbo experience. In an early group session she chose clay for the first time. As she worked I observed an animal-like shape began to form. She later reported being surprised to see a crocodile begin to emerge, then becoming absorbed in making it. She reported experiencing emotion as she suddenly realized the crocodile was her cancer. On looking at the clay crocodile she said: 'He's mean.' She related her story in metaphorical terms. 'Before getting cancer I was sitting by the water in the sun, OK and relaxed. Then suddenly out of the water sprang a crocodile who bit me! It's never the same again because you know the crocodile exists and you are always waiting for him to come and bite again.' (p. 17)

This description of art-making combined with verbal processing to metaphorically express FCR may be useful for the reader to imagine workability of this issue once introduced through the art.

Where Sibbett stopped at the client's expression of FCR, is where this writer suggests art therapists could begin with intervention for FCR. The metaphor of waiting for the crocodile to bite again will be revisited to illustrate possible routes of art therapy intervention for FCR.

In the third and final phase of the search, this writer contacted three prominent (i.e., multiple peer-reviewed publications into oncology art therapy and 10+ years clinical experience) oncology art therapists/researchers to ask their perspectives on the use of art therapy for FCR, to identify any relevant resources overlooked by this writer, and to discern potential reasons for the existence of this apparent gap in the literature. Two of the three art therapists responded to this writer's inquiry. Based on the entirety of this search process, it is clear that more research attention is needed to understand the effects of art therapy on FCR.

Theorizing About the Gap

No resources were identified in the search process relating directly to art therapy for FCR in adult post treatment cancer survivors, indicating a potential gap in the literature. This writer cannot conclude that because no literature was located in the present search, such literature does not exist. A large, but not exhaustive, number of academic research databases were searched. Only English-language resources were found in the search inherently limiting results. Additionally, the search was broadened to books and the Internet including blogs, news articles, and other non-academic websites. It is not realistic for this writer to purport to have conducted a complete search of all books and Internet resources for this information.

Further, only three oncology art therapists were contacted and two replied. The outreach made by this writer to these art therapists was considered consultation to help inform this writer's investigation of the literature. As these were not contacts made for the purpose of data collection under an IRB, information from these discussions are not included in the present

paper. In the future, a large-scale, systematic survey of art therapists in oncology care would be an adequate way of understanding how FCR is perceived and currently treated by art therapists, similar to the survey conducted by Thewes et al. (2014). While this writer cannot conclude with certainty that a gap exists around this topic, what can be stated with confidence is that resources relating to art therapy for FCR are difficult to locate and, if in existence, may not be regularly referenced due to limited accessibility. More research and dissemination surrounding this topic are needed to ensure ethical and efficacious practice.

‘Languaging’ is one plausible explanation for the difficulty in locating resources related to this topic. Evidence supporting this explanation is clear in the three art therapy records identified in the search. For example, McNutt (2016) noted “fear for reoccurrence” (p. 80), Norberg et al. (2015) reported “concerns facing a relapse” (p. 623), and Sibbett (2005) described a “limbo experience” (p. 17). None of these records included the terms of “fear of cancer recurrence” or “fear of recurrence” consistently used to label the phenomenon within other allied health disciplines’ (e.g., psychology, medicine, social work, nursing) literature, meaning these art therapy records would be difficult to locate by anyone searching for FCR.

One implication of the potential gap in the literature is that oncology art therapists do not have an empirically informed theoretical construct to draw from when working with clients specifically around FCR. Another implication is that a lack of research may lead to a lack of referrals to art therapists by allied health professionals. What is suggested from the lack of art therapy research for FCR, is that art therapists need to begin developing an evidence-base and best practice for this growing issue. This writer suggests drawing from the current state of the science in treating FCR to develop a theory-driven art therapy approach, then empirically testing effects of the approach and revising as needed. As a mind-body modality, art therapy would

likely offer benefits to existing psychological approaches to FCR. Such benefits will go unrecognized by the allied health community, and few referrals will be made to art therapists for adults with FCR, absent further research.

Considering Integration of MBSR or ACT with Art Therapy for FCR

It has been demonstrated that an empirically supported approach to art therapy for FCR may not exist. Looking forward toward addressing this gap in the literature, this writer considered the possibility of integrating art therapy with an existing efficacious approach to FCR to provide a direction for future art therapy research. While multiple approaches have been studied for FCR, MBSR and ACT were most closely considered due to their demonstrated efficacy for treating FCR (Randell, 2017) and potential for integration with art therapy.

Mindfulness-Based Stress Reduction (MBSR) developed by Jon Kabat-Zinn in 1979, has been well studied for supporting adults with cancer. In the context of post-cancer treatment, MBSR has been mostly studied with adult breast cancer survivors and demonstrates favorable outcomes across a range of symptoms, including significant reductions in fear of recurrence (e.g., Lengacher et al., 2011; Lengacher et al., 2009; Lengacher et al., 2017; Lengacher et al., 2012; Reich, 2017). Oncology art therapists and researchers may wish to explore application of the existing Mindfulness-Based Art Therapy (MBAT) approach to FCR due to MBAT's theoretical basis in MBSR, and MBAT's demonstrated efficacy for supporting adults with cancer (see Meghani et al., 2018; Peterson, 2015; Peterson, 2013).

This writer suggests that a novel, integrated art therapy and ACT model might provide additional benefit for cancer survivors. ACT offers ease of art therapy integration, including: flexible delivery and scalability, theoretically sound incorporation of experiential exercises and metaphor, no requirement for structured meditation practice lessening client demand for

treatment adherence, and purposeful attention to values-based living and behavior change principles. For a theoretical and evidentiary comparison of MBSR and ACT in oncology care, see Fashler, Weinrib, Azam, and Katz's (2018) narrative review.

To date, MBSR garners more empirical support than ACT for cancer survivors. However, ACT is a more recently developed approach and the ACT studies that have been conducted with this population demonstrate promising results. Randell (2017) also notes that there is "[...] a potential increase of interest in the application of ACT within this population" (p. 72). This means the allocation of research attention into ACT-based interventions may be in line with trends in the field. Looking forward, a three-arm randomized control trial comparing MBAT to Arts-Based ACT (AB-ACT) to an inactive control with primary outcome of FCR could be one way to determine efficacy of both integrated art therapy approaches compared to a non-treatment control, as well as to identify unique benefits of each. Full exploration of both of these potential avenues for future art therapy integration and application to FCR is beyond the scope of this paper. The integration of ACT and art therapy will be exclusively considered for the remainder of this paper.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a third-wave cognitive-behavioral model of psychological health and pathology, as well as a therapeutic model for change (Hayes, Strosahl, & Wilson, 1999). As opposed to many other evidence-based therapies, ACT is a model as opposed to a set of techniques or bank of manualized protocols. Within the model, techniques can be innovated and flexibly created by therapists to meet the needs of the client and context (Twohig & Hayes, 2009). According to Division 12 of the American Psychological Association (2016), ACT is considered an evidence-based therapy for: Obsessive-Compulsive Disorder,

Chronic Pain, Depression, Mixed Anxiety Disorders, and Psychosis. ACT is also considered a transdiagnostic therapy approach, meaning its basic principles can be applied to any psychological issue, and peripheral benefit is often experienced beyond the target issue (Dindo, Van Liew, & Arch, 2017).

The goals and process of ACT are distinct from many contemporary psychological theories and treatment technologies. As stated by Dindo, Van Liew, and Arch (2017):

ACT rests on the fundamental premise that pain, grief, disappointment, illness, and anxiety are inevitable features of human life, with the therapeutic goal of helping individuals productively adapt to these types of challenges by developing greater psychological flexibility rather than engaging in counterproductive attempts to eliminate or suppress undesirable experiences. (p. 546)

To embody a more accepting relationship with all internal experiences and commit to engaging in behaviors that lead individuals toward valued pursuits, ACT targets six interrelated functional processes: acceptance, defusion, contact with the present moment, values, self as context, and committed action (Hayes, Strosahl, & Wilson, 1999).

According to Twohig and Hayes (2009), “Acceptance involves actively embracing private events (thoughts, feelings, bodily sensations), while they are presently occurring, as ongoing private experiences” (p. 3). Cognitive defusion is an ACT core process based on the body of science of human cognition and language known as Relational Frame Theory (RFT; Hayes, Barnes-Holmes, & Roche, 2002). At its essence, cognitive defusion entails seeing thoughts as thoughts, rather than truths or as reality. Contact with the present moment means non-judgmentally noticing whatever thoughts, feelings, and bodily sensations come up in the present moment, as well as being engaged in the external world as it is happening in the present.

By noticing what is happening inside and outside of our bodies, we can make more conscious behavioral choices rather than operating on autopilot or in response to judgments and evaluations of present experiences.

Values comprise the people and things that are most important to us in life, and are the barometer around which behavioral decisions can be made. Self-as-context is the part of you that can notice all of the workings of the other processes, and make conscious decisions of your own will. It is the “you” that is able to notice your experiences rather than being the experiences (Twohig and Hayes, 2009). The last process of ACT, committed action, is taking behavioral steps toward who and what is important regardless of internal and external obstacles. According to Twohig and Hayes (2009), if any one of the six functional processes of ACT are being advanced in therapy at a given time, one can be considered engaged in an ACT method (p. 2).

The use of ACT in oncology is growing in empirical support, and recent ACT studies demonstrate favorable outcomes for cancer survivors across a variety of dimensions and symptoms including reductions in FCR (Arch & Mitchell, 2016; Johns, Beck-Coon, Brown, LaPradd, & Monahan, 2018; Montesinos & Luciano, 2016). Important to art therapists, ACT is theoretically congruent with art therapy in key ways and has potential for practical integration.

ACT for FCR

According to a narrative literature review conducted by Fashler, Weinrib, Azam, and Katz (2018), “[...] ACT can be an effective psychotherapeutic intervention for use in oncology settings, showing a decrease in symptoms including distress, mood disturbances, trauma and physical pain as well as improved quality of life and psychological flexibility” (p. 244). A few recent studies have explored the efficacy of ACT for supporting adults with FCR. A complete literature review of ACT for FCR is beyond the scope of this paper. The studies presented in this

section were selected to illustrate ACT's growing potential for this population. These studies are introduced in chronological order as a way of illuminating the developing ACT research trajectory for this population.

Shumay et al. (2013) presented results from a pilot randomized control trial of an ACT-based intervention for FCR in breast cancer survivors at the 10th annual conference of the American Psychosocial Oncology Society. The study randomized a small sample size of female breast cancer survivors into either an intervention (n=13) or treatment as usual (TAU; n=15) condition. The intervention included 6, 90-minute group meetings facilitated by a psychologist and targeting ACT core processes. Validated questionnaires including the Fear of Cancer Recurrence Inventory (FCRI) were given at four points, during and after the study. Qualitative feedback about acceptability and feasibility was also obtained from study participants.

Results did not indicate statistically significant differences on the FCRI except for a medium effect size in the FCR severity subscale. Qualitative data was more promising. Participants reported they would recommend the intervention to others and found it helpful, and reported fewer struggles with FCR following the intervention. Overall, the authors concluded that an ACT-based intervention for FCR appears feasible, acceptable, and tolerable based on the positive qualitative feedback as well as the high rates of treatment adherence. This pilot study did not produce significant evidence to claim ACT as an efficacious treatment for FCR, but demonstrated it was a low-risk and acceptable method from which FCR could be approached, and participants perceived the intervention as beneficial.

Next, Thewes et al. (2014) conducted an online survey of 64 psychosocial professionals in oncology settings to gather data about perception of FCR and the intervention methods being used in clinical practice. The majority (84.4%) of professionals surveyed reported the use of

ACT, mindfulness and other ACT subcomponents, to address FCR. 22 other theoretical approaches were also indicated as being used by the professionals to treat FCR. The authors noted that despite ACT being most commonly endorsed for FCR, a best-practice consensus among the professionals surveyed did not exist at the time of the study.

Since publication of the Thewes et al. (2014) survey, numerous novel, manualized interventions have been designed and tested specifically for FCR. While nearly all appear to be effective at reducing FCR, these novel interventions have been criticized for being time and resource intensive (Yum, 2017), and some integrate inconsistent components of various theoretical approaches (Beck-Coon, Brown, LaPradd, & Monahan, 2018).

In the year following publication of the Thewes et al. survey, Arch and Mitchell (2015) published results of an ACT pilot conducted with anxious post-treatment cancer survivors. The authors recognized that high levels of anxiety represent the largest mental health difference between cancer survivors and community controls. The authors discuss the re-entry phase, which is the time immediately following cancer treatment and entering post-treatment, as a time in which survivors experience heightened anxiety including fear of recurrence. Arch and Mitchell's (2015) intervention tested in the study was the first designed to meet the needs of cancer survivors experiencing anxiety at re-entry.

Arch and Mitchell's (2015) study was a multiple baseline, single-arm, pilot of group Acceptance and Commitment Therapy offered to 42 participants experiencing significant anxiety at re-entry. All participants were adults within 12 months of their last cancer treatment and showed no evidence of disease (NED). Participants completed outcome questionnaires at three points before the intervention, once halfway through the group, once one week following the group, and once three months following the group. Outcome measures used were widely

validated. Included in the measures was an adapted version of the Overall Fear scale from the *Concerns about Recurrence Scale* (Vickberg, 2003) to measure FCR.

The intervention was conducted in a community cancer care setting and included 7 weekly, two-hour group sessions employing a variety of ACT metaphors and experiential exercises aiming to help participants:

- (a) Cultivate awareness and acceptance of thoughts and emotions about cancer;
- (b) Disentangle from rigid thoughts/beliefs about cancer and themselves, by cultivating flexibility in relating to such thoughts/beliefs; and
- (c) Clarify personal values and commit to pursue meaningful activities aligned with those values. (Arch & Mitchell, 2015, p. 2)

The ACT model was taught to participants using the ACT Matrix (Polk, Schoendorff, Webster, & Olaz, 2016).

The intervention was demonstrated to be highly acceptable to the population, and resulted in statistically significant decreases in: anxiety, depression, fear of cancer recurrence, physical pain, and trauma symptoms related to cancer (i.e. intrusiveness, hyperarousal, and avoidance) (Arch & Mitchell, 2015). Positive effects were also observed. There were statistically significant increases in: vitality, sense of life meaning, comprehensibility, and manageability (Arch & Mitchell, 2015). Arch and Mitchell (2015) note limitations of the study, which include a single-arm design and modest sample size. The positive results of this study in conjunction with the 2013 ACT for FCR pilot paved the way for further investigation into ACT for use with cancer survivors experiencing FCR.

Montesinos and Luciano (2016) published results of a study testing effects of a single ACT session on FCR in breast cancer survivors. The authors sought to identify whether a single ACT session focused on exposing to and defusing from unwanted thoughts about recurrence

would reduce fears of recurrence. More importantly, the authors aimed to reduce the behavioral interference in life caused by maladaptive efforts to control such fears. The study included a small sample size of 12 participants, and was designed as a waitlist control testing within and between group changes. Participants in the intervention group were asked to provide self-report assessments of their fear of recurrence, and degree of life interference of FCR on scales of 1-10, respectively. Participants also completed validated questionnaires (i.e., HADS, MINIMAC, IBQ) at the same intervals. These reports were obtained from participants at pre and post intervention, and one and three month follow-up.

The authors described the intervention as a 1-hour session first focusing on values clarification, second discussing acceptance of unwanted thoughts, and third practicing defusing from unwanted thoughts through experiential metaphor. Results revealed statistically significant reductions in life interference of FCR at three month follow up when comparing the intervention and control groups. Further, the control group actually demonstrated increases in interference at the three-month mark as opposed to the reduction in interference in the intervention group.

Interestingly, the intensity of FCR was only reduced in 50% of the intervention group and not at all in the control group participants. These findings are consistent with goals of ACT in the sense that participants who received a single ACT session report less life interference of distressing thoughts of recurrence regardless of the intensity or presence of such thoughts. The intervention is aimed at learning to live with and make room for such thoughts while choosing to engage in values-driven behaviors, rather than avoiding, suppressing, or otherwise controlling the existence of thoughts of recurrence.

This study had limitations that should be considered when evaluating its findings. There was a small sample size, convenience grouping rather than randomization, and the employment

of non-validated means of measuring primary dependent variables. However, the findings do suggest that even in a single ACT session, changes are observable in the degree to which FCR interferes with a survivor's life. The authors describe the merits of this study as pointing to the potential for a cheap, effective, and highly feasible intervention for FCR.

Johns, Beck-Cook, Brown, LaPradd, and Monahan (2018) presented results of their 3-arm randomized pilot study of ACT for FCR. The authors sought to assess feasibility, acceptability, and efficacy of an ACT-based group intervention compared to a survivorship education group and enhanced usual care group. 91 breast cancer survivors were randomly assigned to one of the three groups. The ACT group (n=33) consisted of 6 weekly 2-hour sessions focusing on the six ACT core processes. The survivorship education group (n=32) consisted of 6 weekly 2-hour group sessions focusing on increasing awareness around behaviors that may help reduce risk of recurrence, such as exercise, nutrition, and surveillance. The enhanced usual care condition (n=26) consisted of providing reading materials on coping with FCR, and offering brief individual coaching at data collection visits.

The authors concluded from high attendance and retention rates, and reports of satisfaction and helpfulness, that the ACT and survivorship education conditions were feasible and acceptable. The enhanced usual care participants reported lower helpfulness and satisfaction suggesting active and engaging interventions are preferred. Results of the validated outcome measures used (FCRI, AAQ-Cancer, PROMIS) across groups showed that ACT was superior to both other conditions at reducing FCR, cancer related avoidant coping, and improving mental and physical global health at 6-months post-intervention with medium to large effect sizes. The authors report limitations that include a homogeneous diagnostic population (female breast cancer survivors) making results difficult to generalize to other groups of people that experience

FCR. According to the authors, results warrant a fully powered efficacy trial with a diverse cancer survivor population.

Most recently, Arch et al. (2019) proposed a large, fully powered RCT of ACT for anxious cancer survivors including measures of FCR, as a follow-up to Arch et al.'s (2015) pilot study. The evidence for ACT as a treatment for FCR is still developing. The trajectory outlined here suggests more inquiry into ACT for this population will be conducted, and empirical support will probably continue to grow for ACT in the treatment of FCR. Although some of the studies of ACT for FCR have had small sample sizes, are pilots, or are not RCTs, preliminary evidence suggests that interventions employing ACT components including values clarification and cognitive defusion especially, may be helpful for reducing distress and life interference for cancer survivors with FCR. Art therapists and researchers may wish to familiarize themselves with ACT as a growing approach in the field, and oncology-specific art therapists may wish to learn ACT as a potentially efficacious approach to draw from when addressing FCR.

Integrating Art Therapy and ACT: Arts-Based Acceptance and Commitment Therapy

Integrating art therapy with third-wave cognitive-behavioral approaches is commonplace in art therapy. Art therapy has been integrated with Dialectical Behavioral Therapy (DBT; Linehan, 2014) to produce Dialectical Behavioral Art Therapy (DBAT; Clark, 2017; Rosal, 2016). Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2013) has been integrated to produce Mindfulness-Based Cognitive Art Therapy (MBCAT; Rosal, 2016). Mindfulness-Based Stress Reduction (MBSR; John Kabat-Zin, 1979) has been integrated with art therapy to produce Mindfulness-Based Art Therapy (MBAT; Rosal, 2016). Despite the common practice of integrating art therapy techniques with third-wave cognitive-behavioral

frameworks, the integration of art therapy and Acceptance and Commitment Therapy has scarcely been discussed.

Backos and Mazzeo (2017) described the benefits of integrating ACT with art therapy in the context of treating military veterans with PTSD. Hayes and Rowes (2008) illustrated an integrated ACT and visual art program for adolescents. This writer additionally co-presented about the integration of ACT and art therapy in the treatment of adult anxiety and obsessive-compulsive and related disorders (Roberts & Booth, 2018). While theoretically sound, this integrated approach is only recently being considered and has yet to be systematically studied.

According to Backos and Mazzeo (2017), “[ACT] lacks rigid protocols or prescribed manuals, allowing for flexible utilization of the concepts in a patient-centered way, thus allowing for a combination with art therapy” (p. 168). Beyond the flexible delivery approach of both ACT and art therapy, ACT’s stance on language due to its foundation in Relational Frame Theory and subsequent utilization of experiential exercises and metaphor in therapy, create harmonious theoretical alignment with art therapy. As transdiagnostic approaches, both ACT and art therapy could be integrated and potentially applied to a wide range of issues. The following section introduces this integration as it applies to FCR.

Arts-Based ACT for FCR

Art therapy involves the externalization of often intangible, abstract, or cerebral concepts like somatic experiences and contradictory feelings (Backos & Mazzeo, 2017). By providing clients with an avenue to externally represent their complex internal experiences for which there are sometimes no adequate (or helpful) words, providers have an opportunity to experientially teach ACT concepts like defusion and acceptance from these externalized representations.

Rather than exclusively relying on verbal metaphor or behavioral exercises, art therapy creates additional opportunity for an ACT exchange through imagery and other nonverbal engagement.

For example, a client might describe a somatic sensation that triggers thoughts of recurrence, to which the client appears fused and feels compelled to engage in a maladaptive coping or control behavior. By asking that client to visually represent the somatic sensation through molding clay, for example, the client engages in a process of first internally noticing their sensation (interoceptive exposure), then externally symbolizing the sensation.

This process theoretically leads to perceived differentiation of self (the artist/client) from the sensation (the art product) without changing the form of the sensation. The client creates both a literal and psychological distance from their somatic sensation through symbolic representation, changing the context rather than content of their unwanted sensation. The same process could be repeated with the thoughts. In this example, a therapist may then use the product and experiential metaphor of the process to engage the client in a discussion of ACT processes of defusion, acceptance, and self-as-context.

Working from the example in Sibett's (2005) book chapter of the client's cancer alligator waiting to bite, any of the ACT core processes could be explored depending on the therapist's assessment of highest areas of need. For example, if a client has been avoiding major life events or valued pursuits, the alligator can be used to create an artistic metaphor for values and committed action. Imagine a cancer survivor client who values their career but had to take an extended leave during their cancer treatment. Despite wanting to return to work as work provided fulfillment, they choose not to return to work as a means of avoiding the potential disappointment of a recurrence disrupting their future trajectory.

Delving into the alligator metaphor, the client could be prompted to draw or construct their place of employment on the waterfront next to the alligator's dwelling. Through this tangible metaphor, the client could be engaged in discussion of operating functionally from fear avoidance (not going near the symbol of valued endeavors) or committed action (entering the building with the alligator somewhere in the nearby body of water). These hypothetical examples derived from common FCR scenarios described in the literature represent how highly individualized an arts-based ACT approach could be. While it is beyond the scope of this paper to describe in full the theoretical integration of ACT and art therapy for FCR, it is this writer's hope that these brief examples demonstrate the potential utility of such an integrated approach.

Discussion

This paper intended to identify and highlight a gap in art therapy literature around a large and likely growing mental health issue for adult cancer survivors. Further, this paper intended to point art therapists toward a theoretically sound direction for future study and clinical practice. In order to identify the gap in the literature, a multi-phased literature search was conducted. To provide suggestions for future research and practice, a narrative review of empirical support surrounding ACT for FCR was included along with a brief discussion of rationale for integration.

Main findings of this literature search and review process were that art therapists have directed very little research attention to this issue, and it is likely that at the time of this writing, no empirical evidence exists for the inclusion of art therapy in the treatment of FCR. The art therapy resources that do discuss FCR, although not art therapy approaches to treat FCR, use non-standard terminology (i.e., does not use the term "fear of cancer recurrence") when describing the phenomenon. The use of non-standard terminology makes the development of an evidence base, or even development of a discourse in the literature, difficult to catalyze and

sustain. This finding is congruent with the known issue of lack of standardization in art therapy research, and alludes to a larger debate of the role of research and evidence-based practices in art therapy in general (Bauer, Peck, Studebaker, & Yu, 2015). Beginning to include standard language in art therapy research with cancer survivors is one step that could promote development of a unified discourse.

Through the narrative literature review of ACT for FCR, it is evident that ACT has a small but likely growing evidence base for this issue. There are multiple novel treatments being developed for FCR due to its recognized importance as a mental health issue for cancer survivors, and any of them could potentially be integrated with art therapy. However, ACT was selected in the present review as a direction for future art therapy research for FCR due to its purposeful use of metaphor and experiential exercises in therapy.

Art therapists who wish to treat FCR from an AB-ACT approach would first need to gain competency in ACT, then develop arts-based ACT interventions for each client or group. This responsibility would fall on the art therapist until more research is conducted and a best-practice art therapy approach emerges. However, the choice to not adapt or adopt an evidence-based practice that fits with art therapy leaves the currently practicing oncology art therapist utilizing methods that are untested for adults with FCR.

As identified through this review, art therapy practice for adults with FCR is in its infancy. This is a problem because of the likely increase in rates of FCR. Many art therapists work with people with cancer, and it is conceivable that art therapists are already treating, and will continue to treat, adults with clinically significant fear of cancer recurrence. Any research or theoretical writing about this topic will move the field forward, and help to ensure art therapists are well equipped to support this growing population. Beyond ensuring efficacious

practice, art therapy could conceivably enhance the existing psychological treatments for FCR due to its holistic mind-body methodology. The following recommendations for future research and current practice were gleaned out of the literature and review process.

A first step toward systematically studying this issue could include a large-scale survey of oncology art therapists aimed at understanding existing attitudes and treatment methods for FCR. This would help point future researchers toward trends or gaps in the current practice that exist outside of the limited published literature. Second, development of a theoretical model for this population drawing from current FCR research and the body-based, non-verbal benefits of art therapy, possibly utilizing ACT as a guiding framework, could lead toward a standardized approach and ability to conduct clinical research and replicate treatments. An important ethical consideration is that art therapists working with cancer survivors familiarize themselves with the demographic correlates surrounding rates of cancer in general, and existence of FCR specifically. Limited research seeks to investigate dimensions of individual difference as they relate to development or treatment of FCR. Art therapists have an opportunity to centralize sociocultural factors within a burgeoning discourse.

Art therapists who work with adult cancer survivors need to be aware of the potential existence of FCR. Art therapists working with cancer survivors may incorporate validated FCR screening instruments into their standard intake procedures. Art therapists who find themselves providing services to adults with FCR could draw from ACT, or other mindfulness-based approaches with evidentiary support for FCR, if competent in such approaches. If utilizing ACT, targeting thought defusion and values clarification may be an efficient place to start as suggested in the literature (Randell, 2017; Montesinos & Luciano, 2016).

There are limitations of the present review. The literature search process was restricted to the library research databases to which Lesley University subscribed at the time of the search, and therefore was not exhaustive. Further, time limitations around this project restricted the search of books and internet-based resources, and therefore the second phase of the search process cannot be considered exhaustive. Within those limitations, art therapy research is still believed to be lacking, although a complete absence of literature in this topic cannot be concluded emphatically. The lack of research also poses a major limitation, such that recommendations for future art therapy research and practice are conjectural out of necessity.

Conclusion

As medical treatments improve, more people are surviving cancer. This is certainly a scientific achievement to be celebrated. However, with a growing cancer survivor population comes post-treatment physical and mental health effects, including the prominent fear of cancer recurrence. Art therapy likely has much to offer this growing population, but more research is needed. Because of the lack of research on this subject, art therapists currently working with this population are left to make referrals, utilize a theoretical approach without empirical evidence, or adapt a non-art therapy theoretical approach that has empirical support for this population. When facing this challenge, one promising avenue for art therapists to take is to draw from Acceptance and Commitment Therapy. Through combining the mind-body, sensorial, and non-verbal techniques of art therapy with the theory of contemporary third-wave behavior therapies, art therapists could contribute important methods to the allied health community's attempt to quiet the fear of recurrence and enable survivors to thrive.

References

- About Art Therapy. (2017). Retrieved from <https://arttherapy.org/about-art-therapy/>
- Arch, J. J., & Mitchell, J. L. (2015). An Acceptance and Commitment Therapy (ACT) group intervention for cancer survivors experiencing anxiety at re-entry. *Psycho-Oncology*, 25(5), 610–615. doi: 10.1002/pon.3890.
- Arch, J. J., Mitchell, J., L., Genung, S. R., Fisher, R., Adorsky, D. J., & Stanton, A. (2019). A randomized controlled trial of a group acceptance-based intervention for cancer survivors experiencing anxiety at re-entry ('Valued Living'): Study protocol. *BMC Cancer*, 19(1), 1-11. doi: 10.1186/s12885-019-5289-x.
- Bauer, M. G., Peck, C., Studebaker, A., & Yu, N. (2015). *Art therapy and evidence-based practice: An exploration of interactions* (Master's Thesis). Retrieved from Digital Commons at Loyola Marymount University and Loyola Law School. (<http://digitalcommons.lmu.edu/etd/167>)
- Butow, P., Sharpe, L., Thewes, B., Turner, J., Gilchrist, J., & Beith, J. (2018). Fear of cancer recurrence: A practical guide for clinicians. *Oncology*, 32(1), 32-38.
- Butow, P. N., Bell, M. L., Smith, A. B., Fardell, J. E., Thewes, B., Turner, J., ... Mihalopoulos, C. (2013). Conquer fear: Protocol of a randomised controlled trial of a psychological intervention to reduce fear of cancer recurrence. *BioMed Central Cancer*, 13. doi: 10.1186/1471-2407-13-201.
- Cancer Treatment. (2015). Retrieved from <https://www.cancer.gov/about-cancer/treatment>
- Clark, S. M. (2017). *DBT-informed art therapy: Mindfulness, cognitive behavior therapy, and the creative process*. Philadelphia, PA: Jessica Kingsley.

- Cupt-Link, M., Syrjala, K. L., & Hashmi, K. S. (2018). Damocles' syndrome revisited: Update on the fear of cancer recurrence in the complex world of today's treatments and survivorship. *Hematology/Oncology and Stem Cell Therapy, 11*, 129-134. doi: 10.1016/j.hemonc.2018.01.005.
- Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics, 14*(3), 546-553. doi: 10.1007/s13311-017-0521-3.
- Fardell, J. E., Thewes, B., Turner, J., Gilchrist, J., Sharpe, L., Smith, A. B. ... Butow, P. (2016). Fear of cancer recurrence: A theoretical review and novel cognitive processing formulation. *Journal of Cancer Survivorship, 10*(4), 663-673. doi: 10.1007/s11764-015-0512-5.
- Fashler, S. R., Weinrib, A. Z., Azam, M. A., & Katz, J. (2018). The use of Acceptance and Commitment Therapy in oncology settings: A narrative review. *Psychological Reports, 121*(2), 229-252. doi: 10.1177/0033294117726061.
- Glinzak, L. (2016). Effects of art therapy on distress levels of adults with cancer: A proxy pretest study. *Art Therapy: Journal of the American Art Therapy Association, 33*(1), 27-34. doi: 10.1080/07421656.2016.1127687.
- Hayes, S. C., Barnes-Holmes, D., & Roche, B. (Eds.). (2001). *Relational frame theory: A post-Skinnerian account of human language and cognition*. New York, NY: Kluwer Academic/Plenum Publishers.
- Hayes, L., & Rowes, J. (2008). Acceptance and Commitment Therapy: Using art with adolescents. Retrieved from <https://thrivingadolescent.com/wp-content/uploads/2015/09/ACT-Group-for-Adolescents-using-art-copy.pdf>

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *A practical guide to Acceptance and Commitment Therapy*. New York, NY: Springer.
- Humphris, G. M., & Rogers, S. N. (2012). AFTER and beyond: Cancer recurrence fears and a test of an intervention in oral and oropharyngeal patients. *British Journal of Health Psychology, 13*, 223-230. doi: 10.1348/135910708X283751.
- Johns, S. A., Beck-Coon, K., Brown, L. F., LaPradd, M., & Monahan, P. O. (2018, July). *ACT for cancer survivors with clinically significant fear of recurrence: Results of a 3-arm randomized pilot*. Poster session presented at the ACBS World Conference 16, Montreal, Quebec, Canada.
- Lee-Jones, C., Humphris, G., Dixon, R., & Hatcher, M. B. (1997). Fear of cancer recurrence: A literature review and proposed cognitive formulation to explain exacerbation of recurrence fears. *Psycho-Oncology, 6*(2), 95-105.
- Lebel S., Tomei C., Feldstain A., Beattie S., McCallum M. (2013). Does fear of cancer recurrence predict cancer survivors' health care use? *Support Care Cancer, 21*(3), 901–906. doi: 10.1007/s00520-012-1685-3.
- Lengacher, C. A., Johnson-Mallard, V., Barta, M., Fitzgerald, S., Moscoso, M. S., Post-White, J., Jacobsen, P. B., ... Kip, K. E. (2011). Feasibility of a mindfulness-based stress reduction program for early-stage breast cancer survivors. *Journal of Holistic Nursing, 29*(2), 107-117. doi: 10.1177/0898010110385938.
- Lengacher, C. A., Johnson-Mallard, V., Post-White, J., Moscoso, M. S. Jacobsen, P. B., Klein, T. W., Widen, R. H., ... Kip, K. E. (2009). Randomized controlled trial of mindfulness-based stress reduction (MBSR) for survivors of breast cancer. *Psycho-Oncology, 18*, 1261-1272. doi: 10.1002/pon.1529.

- Lengacher, C. A., Reich, R. R., Ramesar, S., Alinat, C. B., Moscoso, M. S., Cousin, L., Marino, V. R., ... Park, J. Y. (2017). Feasibility of the mobile mindfulness-based stress reduction for breast cancer (mMBSR(BC)) program for symptom improvement among breast cancer survivors. *Psycho-Oncology*, 27, 524-531. doi:10.1002/pon.4491.
- Lengacher, C. A., Shelton, M. M., Reich, R. R., Barta, M. K., Johnson-Mallard, V., Moscoso, M. S., Paterson, C., ... Kip, K. E. (2012). Mindfulness based stress reduction (MBSR(BC)) in breast cancer: Evaluating fear of recurrence (FOR) as a mediator of psychological and physical symptoms in a randomized control trial (RCT). *Journal of behavioral medicine*, 37(2), 185-95.
- Linehan, M., M., (2014). *DBT Training Manual*. New York, NY: The Guilford Press.
- Luzzatto P., & Gabriel, B. (2000) The creative journey: A model for short-term group art therapy with posttreatment cancer patients. *Art Therapy: Journal of the American Art Therapy Association*, 17(4), 265-269. doi: 10.1080/07421656.2000.10129764.
- Malchiodi, C. A. (1999). *Medical art therapy with adults*. Philadelphia, PA: Jessica Kingsley.
- McNutt, J. (2016). *Art therapy and cancer care: A qualitative analysis of visual oncology narratives*. DigitalCommons@Lesley. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&db=ir01171a&AN=dcl.expressive.dissertations.1042&site=eds-live&scope=site>
- Meghani, S. H., Peterson, C., Kaiser, D. H., Rhodes, J., Rao, H., Chittams, J., & Chatterjee, A. (2018). A pilot study of a mindfulness-based art therapy intervention in outpatients with cancer. *American Journal Of Hospice & Palliative Medicine*, 35(9), 1195-1200. doi:10.1177/1049909118760304.

- Montesinos F., & Luciano C. (2016). Acceptance of relapse fears in breast cancer patients: Effects of an ACT-Based abridged intervention. *Psicooncologia, 13*(1), 7-21.
doi:10.5209/rev_PSIC.2016.v13.n1.52484.
- Norberg, M., Magnusson, E., Thyme, E. K., Astrom, S., Lindh, J., & Oster, I. (2015). Breast cancer survivorship: Intersecting gendered discourse in a 5-year follow-up study. *Health Care for Women International, 36*, 617-633. doi: 10.1080/07399332.2015.1017640.
- Oster, I., Svensk, A. C., Magnusson, E., Thyme, K. E., Sjodin, M., Astrom, S., & Lindh, J. (2006). Art therapy improves coping resources: A randomized, controlled study among women with breast cancer. *Palliative and Supportive Care, 4*, 57-64. doi: 10.10170S147895150606007X.
- Peterson, C. (2015). "Walkabout: Looking in, looking out": A mindfulness-based art therapy program. *Art Therapy: Journal of the American Art Therapy Association, 32*(2), 78-82. doi: 10.108/07421656.2015.1028008.
- Peterson, C. (2013). Mindfulness-based art therapy: Applications for healing with cancer. In L. Rappaport (Ed.), *Mindfulness and the arts therapies: Theory and practice* (64-80). Philadelphia, PA: Jessica Kingsley Publishers.
- Polk, K. L., Schoendorff, B., Webster, M., & Olaz, F. O. (2016). *The essential guide to the ACT matrix: A step-by-step approach to using the ACT matrix model in clinical practice*. Oakland, CA: New Harbinger.
- Psychological treatments. (2016). Retrieved from <https://www.div12.org/treatments/>
- Randell, K. (2017). *Applying acceptance-based therapies to help people live well after cancer treatment* (Doctoral dissertation). Retrieved from British Library EThOS. (edsble.735987)

- Reich, R. R., Lengacher, C. A., Alinat, C. B., Kip, K. E., Paterson, C., Ramesar, S. Han, H. S., ... Jong, P. (2017). Mindfulness-based stress reduction in post-treatment breast cancer patients: Immediate and sustained effects across multiple symptom clusters. *Journal of Pain and Symptom Management, 53*(1), 85-95. doi: 10.1016/j.jpainsymman.2016.08.005.
- Roberts, M. Z., & Booth, D. (2018, April). *Arts-based acceptance and commitment therapy (AB-ACT) for adults with anxiety and obsessive-compulsive and related disorders*. Workshop hosted by the Graduate Student Association at Lesley University, Cambridge, MA.
- Rosal, M. (2016). Cognitive-behavioral art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy theory and technique* (3rd ed.) (pp. 334-352). New York, NY: Routledge.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression*. New York: Guilford Press.
- Shumay, D., Fujiye, M. T., Berman, M., Gregg, J., Melisko, M., Dunn, L. (2013). WiLLoW: An acceptance and commitment therapy intervention for breast cancer survivors to address anxiety, worry and fear of cancer recurrence. *Psycho-Oncology, 22*(Suppl. 2), 1-147. doi: 10.1111/j.1099-1611.2012.03245.
- Sibbett, C. (2005). 'Betwixt and between': Crossing thresholds. In D. Waller & C. Sibbett (Eds.), *Art Therapy and Cancer Care* (12-37). New York, NY: Open University Press.
- Simard, S., Thewes, B., Humphris, G., Dixon, M., Hayden, C., Mireskandari, S., & Ozakinci, G. (2013). Fear of cancer recurrence in adult cancer survivors: A systematic review of quantitative studies. *Cancer Survivorship, 7*(3), 300-322. doi: 10.1007/s11764-013-0272-z.

- Smith, B. A., Thewes, B., Turner, J., Gilchrist, J., Fardell, J., Sharpe, L., ... Butow, P. (2015). Pilot of a theoretically grounded psychologist-delivered intervention for fear of cancer recurrence (conquer fear). *Psycho-Oncology*, *24*, 967-970. doi: 10.1002/pon.3775.
- Thewes, B., Lebel, S., Leclair, C. S., & Butow, P. (2016). A qualitative exploration of fear of cancer recurrence (FCR) amongst Australian and Canadian breast cancer survivors. *Supportive Care in Cancer*, *24*(5), 2269-2276. doi: 10.1007/s00520-015-3025-x.
- Thewes, B., Brebach, R., Dzidowska, M., Rhodes, P., Sharpe, L., & Butow, P. (2014). Current approaches to managing fear of cancer recurrence; A descriptive survey of psychosocial and clinical health professionals. *Psycho-Oncology*, *23*, 390-396. doi: 10.1002/pon.3423.
- Twohig, M. P., & Hayes, S. C. (2009). *ACT verbatim for depression and anxiety: Annotated transcripts for learning Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger.
- Vickberg, S. M. J. (2003). The Concerns About Recurrence Scale (CARS): a systematic measure of women's fears about the possibility of breast cancer recurrence. *Annals Of Behavioral Medicine: A Publication Of The Society Of Behavioral Medicine*, *25*(1), 16-24.
- Waller, D., & Sibbett, C. (Eds.). (2005). *Art therapy and cancer care*. New York, NY: Open University Press.
- Wood, M. J. M., Molassiotis, A., & Payne, S. (2011). What research evidence is there for the use of art therapy in the management of symptoms in adults with cancer? A systematic review. *Psycho-Oncology*, *20*(2), 135-145. doi: 10.1002/pon.1722.
- Yum, A. (2017). Psychological intervention lowers survivors' fear of cancer recurrence. Retrieved from <https://www.asco.org/about-asco/press-center/news-releases/psychological-intervention-lowers-survivors-fear-cancer>

THESIS APPROVAL FORM

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Student's Name: _____ Max Z. Roberts_____

Type of Project: Thesis

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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.

Thesis Advisor: _____ Michelle Napoli_____