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How Can Art Therapy Be Utilized to Improve the Mental Health and Quality of Life of Pediatric
Oncology Patients?

Emily Golubowski

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Abstract

Pediatric oncology patients and survivors endure multiple obstacles related to physical health and recovery during and after their treatment time. In addition, mental health complications related to adjustment, anxiety, depression, and stress can complicate the overall quality of life and functioning of individuals who have endured this diagnosis and treatment. As an intervention, art therapy can provide relief from physical symptom management, relieve mental health symptoms and stressors, and improve overall quality of life. Art therapy directives and professional work can assist in teaching appropriate coping skills, enhance emotional intelligence, improve communication, restore a sense of control, and improve overall quality of life of patients and survivors. This thesis will explore the challenges experienced by this population and investigate current art therapy practices and directives utilized to overcome those challenges. For the purposes of this review, a search was conducted through various databases using the terms: art therapy, creative arts, pediatric cancer, oncology, children, mental health, depression, anxiety, stress, post-traumatic stress, and survivors, in multiple combinations. Journals within the fields of psychology, medicine, nursing, social work, and art therapy identified publications that fit the topics of this review. Research has shown that art therapy can be utilized to improve the well-being and quality of life of pediatric oncology patients and survivors. Research exploring art therapy with pediatric oncology populations suggests outcomes such as: an emergence of a new creative coping mechanism through art; an enhanced sense of control over materials and processes; and increased communication.

Introduction

Cancer is inevitably present in today's society, as the second overall leading cause of death in both adults and children in America (U.S. Department of Health & Human Services, 2020). Current statistics translate to an average of "1 in 408 children being diagnosed with cancer before age 15 years and 1 in 285 children being diagnosed with cancer before age 20 years," (Ward, 2014, p. 84). Literature on pediatric cancer has consistently focused on the physical health of patients and their treatment trajectory and prognosis. As a result of medical advances and increased survival rate, more and more youth are living through a cancer diagnosis and learning to navigate their world beyond cancer.

Researchers agree that a cancer diagnosis effects an individual in many realms other than just physical health. Aside from managing "pain, weakness, fatigue, hair loss, permanent post-operative scars, possible side effects of treatments, and permanent bodily changes," individuals are also dealing with the task of balancing fear, anxiety, and questioning of life through and beyond their treatment (Biglin, Kirca, & Ozdogan, 2018, p. 47). Mental health in relation to cancer is an emerging topic as rate of childhood cancer survivorship is continually increasing.

A cancer diagnosis and treatment journey consist of several events and factors that can become stressors to those affected by the disease. Cancer journey stressors include, "the shock of diagnosis, repeated invasive procedures, treatment side effects that may persist for many years, the need for follow-up for an extended time (usually years), and an altered life plan, including changes in career or occupation, family planning, and perhaps even premature death," (Katz, 2015, p. 135). In addition to the stressors experienced during treatment, years of follow-up appointments and treatment often exposes survivors to similar stressors and hurdles.

When stressors cause distress, patients can experience post-traumatic stress symptoms or disorder related to their medical experience and trauma with the cancer journey. There is ample discussion around the treatment options, complications, and survivorship statistics of pediatric oncology cases. In current research, little is investigated about the mental health complications and psychological effects of a cancer diagnosis and survivorship through life after cancer.

Art therapy research has begun to explore pediatric oncology patients as a population that can benefit from this intervention. “According to studies conducted, [art therapy] has been observed to help emotionally strengthen people with physical or psychological disorders, by reducing their stress, fear and anxiety; and also to positively support the efficacy of their medical treatments,” (Biglin, Kirca, & Ozdogan, 2018, p. 47). Given the stressors mentioned above, it is important to consider art therapy as a benefit to the treatment plan of individuals diagnosed with and surviving pediatric cancer.

This thesis will consist of a comprehensive review of the literature regarding the mental health status of youth experiencing a pediatric oncology diagnosis. This thesis will also explore the current literature regarding the use of art therapy to improve overall mental health and health-related quality of life with this population and make recommendations for future topics of research. This paper is not intended to minimize the monumental advances in cancer research and growing number of survivors of the disease. The goal is to investigate what is known about the psychological effects of cancer on pediatric patients and apply the use of art therapy to treat these psychological symptoms and mental health diagnoses within the population.

The purpose of this paper is to provide a research-guided foundation for institutions to implement a complementary and comprehensive treatment team for pediatric oncology patients and survivors. This team should consist of medical professionals who can support and manage

the physical care of patients along with individuals who can support emotional expression and psychological stability such as art therapists and mental health professionals.

Literature Review

A search among academic journals and literature was conducted to identify current research themes and outcomes relative to pediatric oncology, mental health, and art therapy. This literature review will begin by exploring current mental health experiences by both pediatric oncology patients and survivors. Although the diagnosis and treatment period of cancer is often noted as a stressful and shocking event, it is important to recognize that the physical and psychological effects of childhood cancer can often linger after treatment (Bessell, 2001). After discussing physical diagnoses, treatment methods and major mental health complications experienced by this population, this review will explore the benefits of art therapy with pediatric oncology patients and survivors. Additionally, recommendations will be made for future themes and goals within the field of art therapy for use with this population.

For the purposes of this review, a search was conducted through various databases using the terms: art therapy, creative arts, pediatric cancer, oncology, children, mental health, depression, anxiety, stress, post-traumatic stress, and survivors, in multiple combinations. Journals within the fields of psychology, medicine, nursing, social work, and art therapy identified publications that fit the major topics of this review. Research was found regarding major implications for mental health, quality of life, and psychosocial care; successful and unsuccessful interventions for psychological improvement and management of symptoms; and art-therapy specific directives expressed as beneficial for future work.

Pediatric Oncology

The National Cancer Institute reports that in pediatrics, “the most common types of cancer are leukemias, followed by brain and other central nervous system tumors, lymphomas, soft tissue sarcomas (of which half are rhabdomyosarcoma), neuroblastoma, and kidney tumors,”

(National Cancer Institute, 2018). Overall, the prognosis and survival rate for most childhood cancers has increased over the last few decades, where in 2014, about “83.4% of children and 84.6% of adolescents diagnosed with cancer survived at least 5 years,” (National Cancer Institute, 2018).

During cancer treatment, a child will undergo numerous operations, treatments, illness spells, and tests that can be viewed as traumatic, overwhelming, and painful. The type of diagnosis and interventions associated with treatment can impact the wellbeing of the patients and their development through later childhood and adolescence (Katzman & John, 2018, p. 507). Most commonly, patients will experience chemotherapy, radiation therapy, or surgical interventions to combat their cancer. Specific interventions additionally prescribed during treatment include “bone marrow aspiration (BMA) and lumbar puncture (LP); central venous catheter application through surgery; during prolonged hospitalizations due to therapy side effects; and during the terminal phase,” (Waller & Sibbett, 2005, p. 120). Health care professionals on pediatric units will typically work with patients to process any feelings of anxiety or fear when approaching these medical events (Waller & Sibbett, 2005).

While overall prognosis has generally improved, survival rates for specific types of pediatric cancer within different age groups are highly variable. Often this variance is specific to the type of cancer, and the 5-year survival rate. For example, “the 5-year survival rate for acute lymphoblastic leukemia in 2008-2014 was 91% for children younger than 15 years, compared with 74% for adolescents ages 15 to 19,” (National Cancer Institute, 2018). In addition, the mortality rate among children and adolescents declined by more than 50% from 1974 to 2015. A declination in mortality rate is significantly positive when speaking about cancer

Mental Health in Pediatric Oncology Patients and Survivors

Most childhood cancers are treatable and survival rate has been increasing through the years. Pediatric cancers are no longer viewed as “life threatening, but as chronic illnesses,” (Yilmaz, et al., 2014, p. 376). Although research has begun to explore topics related to mental health in adult cancer patients, research on mental health complications in pediatrics is minimal (Akimana, Abbo, Balagadde-Kambugu, & Nakimuli-Mpungu, 2019). In addition to the lack of literature regarding children experiencing cancer, the majority of the research body focuses on the mental health outcomes of parents supporting children with a cancer diagnosis.

One commonly associated mental health complication related to the experience of cancer is post-traumatic stress symptoms and disorder. This comes from the interpretation that an experience of cancer can in some cases be a major stressful event for patients and survivors. Katz (2015) identified main stressors associated with the diagnosis, treatment, and survivorship of cancer including “the shock of diagnosis, repeated invasive procedures, treatment side effects that may persist for many years, the need for follow-up for an extended period of time (usually years), and an altered life plan,” (p. 135). While balancing these stressors, patients and survivors are often balancing changes in future career plans, family planning, and the concept of premature death (Katz, 2015).

Traditional Post-Traumatic Stress Disorder (PTSD) diagnostic criteria includes: an identified stressful or traumatizing event; reexperiencing the event in an intrusive manner; avoidance of reminders of the event; and hypervigilance and arousal associated with reminders of the event. When these symptoms create an impairment in areas of functioning, a diagnosis of PTSD is warranted. Even without a diagnosis of PTSD, cancer patients and survivors may still

experience Post-Traumatic Stress Symptoms (PTSS) following any of the aforementioned stressors (Katz, 2015).

Distress has been identified as the most commonly experienced symptom experienced by pediatric oncology patients (Abdullah & Abdulla, 2018). Researchers identified that cancer patients' immune system can be weakened, adherence to therapy can be compromised, and health related quality of life can be lower due to the experience of stress and distress regarding diagnosis and treatment (Zhang, Xiao & Chen, 2017). In addition to current treatment complications, "a meta-analysis has shown the psychological distress is associated with a 13% increase of the risk of cancer incidence and a 27% increase in the risk of cancer mortality," (Zhang, Xiao & Chen, 2017, p. 138). Post-treatment, cancer survivors can continue to experience complications of physical and psychological health related to their treatment trajectory. When these symptoms and expectations continue on post-treatment, the experienced distress can continue to be exacerbated (Katz, 2015).

Research conducted in 2014 identified that "Cancer was identified as a traumatic event by 52.6% of children with cancer, declining to 23.8%" in those that were 5 years or more since their diagnosis date (Phipps, 2014, p. 641). In addition to experiencing a stressful and potentially traumatic even by living through a cancer diagnosis, almost half of cancer patients meet criteria for psychiatric disorders. (Anuk, Özkan, Kizir, *et al.*, 2019). "The most commonly encountered mental problems encompass depressive symptoms associated with mixed anxiety and adjustment disorder or depressive mood or major depression," (Anuk, Özkan, Kizir, *et al.*, 2019, p. 2).

Depressive symptoms can emerge as a result of cancer diagnosis and treatment. "The prevalence of depression in patients in oncology and hematology settings is estimated at approximately 16.3%" which falls high within the normal range of 4%-20% of the rest of young

adults and youth worldwide. (Arbiat, Elliott, & Draper, 2012, p. 283). When identifying depression as a result of the cancer experience, it is important to recognize the other experienced stressors that patients and survivors may have experienced in other areas of life.

In some studies, mean depression scores have been reported as higher for children with cancer, than compared to their healthy peers. Within this depression, researchers have identified hair loss, limitations of physical abilities, recurrence of the disease, being separated from the school and the peer group, and changing lifestyle as contributing factors for depression (Durualp & Altay, 2012; Akimana, Abbo, Balagadde-Kambugu, & Nakimuli-Mpungu, 2019).

A study in Uganda assessing 352 pediatric cancer patients found that 26% of assessed children met criteria for Major Depressive Disorder (MDD), with mild-moderate depression. In addition to meeting criteria, children and adolescents between the ages of 10-17 were four times as likely to meet criteria for MDD than younger children. (Akimana, Abbo, Balagadde-Kambugu, & Nakimuli-Mpungu, 2019). In comparison to the general population, these researchers also identified that “Depression is more prevalent in individuals with physical illnesses than in those without these illnesses; e.g., 33% with cancer, 22% with myocardial infarction, 27% with diabetes, and 29% with hypertension,” (Akimana, Abbo, Balagadde-Kambugu, & Nakimuli-Mpungu, 2019, p. 2).

Researchers’ semi-structured interviews with children showed that children with cancer experience intense sadness and anxiety. In the hospital environment, “school-age children miss their friends and social activities and at the same time want their parents near them, which in fact bothers them as they do not wish to appear dependent,” (Durualp & Altay, 2012, p. 236). In addition to post-traumatic stress, depression and anxiety, research has even gone so far to claim

that “cancer has been associated with increased risks for suicidal ideation, suicidal attempts, and suicidal acts” (Granek, et. al, 2019).

Anxiety in pediatric cancer populations can include the social and school-based anxieties that many children are faced with upon returning to their normal routines. One researcher found that elementary school aged children reported higher social anxiety scores than their adolescent counterparts. Additionally, nearly 42% of the sample of 51 families and children from this study reported clinically significant social anxiety, poor peer acceptance, and self-perception issues in the child (Bessell, 2001). In addition to developmental challenges, deficits in academic success by survivors of cancer can exacerbate future mental health symptoms and social outcomes during the return to school (Yilmaz, et al., 2014). Children who have experienced cancer have difficulty adjusting back to school-life for reasons such as: increased absenteeism, changes in social interaction, and school phobia. Additionally, these changes and challenges often do not appear as problematic until more than three years post-treatment (Bessell, 2001).

During treatment periods, pediatric oncology patients often have high absence rates for school attendance. “Childhood cancer disrupts the child’s ability to participate in normative cultural contexts, such as home and school, and thus its impacts are complex and far reaching,” (Boles & Winsor, 2019, p. 226). This can often lead to a reduction in desire to return to school, further increased absence rates, and further delay in return due to anxiety. Children treated for cancer experience academic difficulties related to the return to their previous school and social life post-treatment. “School is an important component of a child’s quality of life, and a return to school life is an indicator of a return to normality,” (Yilmaz, et al., 2014, p. 376). Adolescents in particular might struggle with the separation from peer relationships and routine in the school setting. During adolescence, “The peer group can become an emotional alternative to the

family,” and often times replaces the support system of the family (Waller & Sibbett, 2005, p. 138). A cancer diagnosis and increased absences from school can bring a feeling of regression to adolescents developmentally striving to build their identity and peer-support systems.

The delicate period of childhood is important to physical and emotional development for any child. Through childhood, one begins to adapt, find safety, and understand protection and comfort. “Sudden changes, especially traumatic experiences, cause risks to a child’s balanced growth and children with cancer have to face such risks, which have the capacity to influence their developmental process,” (Waller & Sibbett, 2005, p. 199).

Costanzo, Ryff & Singer (2009) identify three different types of post-cancer functioning: survival with impairment- continued compromise functioning; resilience- return to normal or baseline; and thriving- exceeding one’s original level of functioning. Most studies examining the three categories mentioned here support the “survival with impairment model,” which means that cancer survivors exhibit greater psychological distress, poorer mental health, greater role impairment, and poorer social well-being relative to their peers who do not have a cancer history (Costanzo, Ryff & Singer, 2009, p. 147).

The importance of psychological interventions with this population has been proven through much of the current literature. In a sample of 12 systematically reviewed studies, 9 reported improvements on psychological outcomes, and 6 reported improvements in physical symptoms and wellbeing. Additionally, researchers recommended that “mental health needs in pediatric oncology patients can and should be addressed, potentially which will lead to better mental and physical health outcomes,” (Coughtrey, et al., 2017, p. 1004). Applying these interventions helps patients to “manage emotional symptomatology, alleviate the burden of concern, and facilitate relationships,” (Zhang, Xiao, & Chen, 2007, p. 139). More regularly

accessed and easily available psychological intervention services will help address distress and assist in coping with changes to self-image and role (Zhang, Xiao, & Chen, 2007).

A systematic review of the literature conducted in 2017, resulted in several studies that reported improvements on psychological outcomes for pediatric cancer patients. This review consisted of 12 randomized control trials consisting of mental health studies with this populations. Interventions were aimed at reducing anxiety and depression symptoms and improving of quality of life in the patients included. In about half of the reviewed studies, there was an impact on physical symptoms and wellbeing for the patients involved. Here, the researchers indicate that continued emphasis on mental health care for pediatric oncology patients is a need that could support continual improvement on mental health and physical health outcomes (Coughtrey et al., 2017).

Art Therapy with Pediatric Oncology Patients and Survivors

The American Art Therapy Association (AATA) defines art therapy as “a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem,” (American Art Therapy Association, 2017).

Creative and expressive arts have been used in various settings to “soothe, distract, and assist patients in stress and pain reduction,” (Hall, 2019, p. 71). Researchers have identified art therapy as a complementary treatment for various populations within mental health, education, and medicine. “Complementary therapies help control a patient’s symptoms and improve overall well-being by working in conjunction with other treatments and supporting mainstream care.

These therapies use techniques like visual imagery or biofeedback that help people link mental processes with different systems of the body,” (Nainis, 2008, p. 115).

Expressive-oriented therapies have been known to be successful with pediatric populations for a number of reasons. Primarily, most children do not have the vocabulary or words to process their experiences and feelings accurately (Kübler-Ross, 1985). Secondly, through creative interventions and play, children can feel more comfortable and connected with the therapist (Hall 2019, p. 71). Additionally, “children can creatively include themselves in their artwork, thereby allowing for an increased level of self-awareness through their images,” (Hall, 2019, p. 75). During the treatment period, it is essential for pediatric oncology patients to have this creative outlet available to process their experiences and new way of living in a way that feels natural and comfortable.

During treatment, pediatric oncology patients can encounter psychological, social, and emotional hurdles. “A number of studies suggest that youth who are diagnosed with cancer are at increased risk for a variety of psychosocial adjustment problems including poor self-esteem, poor self-satisfaction, less ambitious ideals, death anxiety, depression, poor social skills, school reintegration problems, and school phobia,” (Bessell, 2001, p. 346). These children enter a new and unfamiliar cycle of “illness, recurrent hospitalization, and heightened vulnerability,” (Wadeson, 2000, p. 129). Additionally, issues of body image, loss of control, and dependency can arise during treatment and during the remission period of a diagnosis (Wadeson, 2000).

Complementary approaches have been increasingly utilized for overall improvement in quality of life and symptom management with oncology patients. Along with chemotherapy, radiation therapy, and surgical interventions, “Art therapies are among the complementary therapies intended for improving the quality of life of [oncology] patients,” (Biglin, Kirca, &

Ozdogan, 2018, p. 47). Through art therapy practice, patients can help explore complex emotional and existential topics with a trained professional. “Given the helplessness and confinement that many children experience in the hospital, art therapy can provide an important outlet for the ventilation of feelings,” (Wadeson, 2000, p. 123). Issues of meaning, isolation, freedom, and death can be explored in a therapeutic way can bring about creative expression and an opportunity to change ones’ feelings on any of these topics (Moon, 2008).

A routine art therapy practice is beneficial for oncology patients for management of numerous psychological and physical symptoms. Patients experience an improved quality of life, gained emotional strength, and reduction of stress, fear, and anxiety. The art therapy practice allows patients to better express emotions and past experiences while creating a visual representation of past experiences and emotions. Physically speaking, patients experience a reduction in blood-pressure which can contribute to the overall function of the immune system. Through the exploration of emotions and skills through art therapy, relationships and communication between patients and family, friends, and medical care professionals is also strengthened (Biglin, Kirka, & Ozdogan, 2018, p. 47).

“Emotions and what have been experienced can be expressed more easily by using art- a kind of language- as a tool. According to studies conducted, it has been observed to help emotionally strengthen people with physical or psychological disorders, by reducing their stress, fear and anxiety; and also to positively support the efficacy of their medical treatments,” (Biglin, Kirca, & Ozdogan, 2018, p. 47). Art therapy has been used in inpatient settings to work with adult oncology patients on management of symptoms and improvement on quality of life. These patients benefited from the distraction from current symptoms and situation, enjoyment of the use of materials and experience of creating, pride from mastery of materials and ability to create,

and increased communication with family members and fellow group members (Ferszt, Massotti, Williams & Miller, 2000).

In addition to the primary physical health and treatment of pediatric cancer patients, it is important to recognize the role that complementary therapies can play in symptom management and quality of life for those battling the disease. Quality of life is difficult to accurately assess, due to the fluctuation in health and wellbeing during treatment. Research has shown that young patients receiving active treatment have worse quality of life measures than those who are not currently on therapy (Madden, et al., 2010). When targeting quality of life as a measure in work with pediatric oncology patients, research has often focused on pain and emotional distress as powerful ways of increasing quality of life (Madden, et al., 2010).

Art therapy directives and professional work can assist in teaching appropriate coping skills, enhance emotional intelligence, improve communication, and improve overall quality of life of patients and survivors. “The process of creating art is a metaphor for life because as artists work, they have the ultimate power to change the picture.. This is an allegory for life itself,” (Moon, 2008, p. 138).

Recommendations for Future Art Therapy Interventions and Research

Bruce Moon (2008) wrote of 12 healing components of art therapy that are applicable to different populations in art therapy. He identified art as existentialism, art as communication, art as mastery, and art as empowerment “curative aspects,” that form the foundation of therapeutic work (Moon, 2008, p. 117). Existential work often deals with the topics of meaning, isolation, freedom, and death. Pediatric oncology patients, depending on their age and diagnosis, can encounter existential questions and concerns through their close interaction with death

Oncology patients often experience isolation during treatment and interventions, resulting in withdrawal and seclusion. Oncology patients can experience isolation in an effort to protect from infection, during recovery from surgery or intervention, and on a regular basis by being in a hospital setting away from peers and family. These patients would benefit from communication-oriented directives that can “offer an authentic mode of communication sorely lacking,” in the lives of these patients (Moon, 2008, p. 122). Drawing has been known as the “universal language of children,” and utilizing this in therapeutic work is both an appropriate and successful communication intervention (Abdullah & Abdulla, 2018, p. 183). Additionally, art directives can enhance communication skills and offer children a platform to tell their personal stories and experiences both to peers and to adults in their lives (Wadeson, 2000; Abdullah & Abdulla, 2018).

Mastery is a key component in children’s developmental growth, and “as client’s experience of mastery grows in relation to a specific task, confidence and self-esteem increase,” (Moon, 2008, p. 131). Mastery of art materials and directives is a way to give pediatric oncology patients the power and the confidence to organize and transform their creative and life experiences. This sense of mastery offers a sense of choice and control over the materials a child can use, the colors they choose, the lines they make, the techniques they develop, and the thoughts or feelings they are portraying (Malchiodi, 1998; Wadeson, 2000). “All children have the need to play,” and this play can happen through interaction with art materials, thus providing some control over the child’s environment (Wadeson, 2000, p. 124).

Through an empowerment-focused art therapy practice, clients can experience “transformation from the position of victim to that of a hero or heroine,” (Moon, 2008, p. 137). This feature of Moon’s curative aspects is very applicable to pediatric oncology patients and the

continued lack of control over their world and situation. These patients “may have lost control of their bodies to a large extent, and certainly they are at the mercy of those prescribing the procedures they must undergo,” (Wadeson, 2000, p. 123).

The art therapist has an important role in this practice, and because art directives can consist of a variety of materials, this lends itself to a hospital setting with variation in acuity and isolation in patient. Some patients might have access to a playroom or recreation room where they can interact with a therapist or a group of other patients. Art therapists can bring individual directives to the bedside and utilize technology for those patients in isolation. The family of the patient can also be an important population to work with in this setting. “Since children come to the hospital for outpatient tests and other procedures, art therapists also work in hospital waiting rooms with children waiting to be seen, as well as with the siblings who often accompany them on these visits to the hospital,” (Wadeson, 2000, p. 123).

Art therapy in a hospital setting brings a few specific considerations for the safety of the patient and compliance to the environment. Primarily, art therapists should refer to a patient’s nursing team to ensure there are no other procedures or treatments during a session. Additionally, art therapists should prioritize the use of odor-less materials as “Cancer patients are often extremely sensitive to smells, which can trigger nausea or headache,” (Nainis, 2008, p. 116). Because of low white-blood cell counts, art therapists should also use caution when bringing materials into a patient’s room. Any shared materials should remain near the entrance to the room or in the hallway, and priority should be given to any materials that are brand new or disinfected with appropriate cleaning materials (Nainis, 2008).

Art Therapy Themes

A study was conducted in 2017 among oncology patients that measured depression and quality of life before and after a watercolor painting art therapy program (Bozcuk, 2017). This 12-week program, (PATP) consisted of 48 participants in Turkey, and resulted in an improvement in quality of life and depression. The therapeutic practice of watercolor painting brought up significant exploration of meaning and subject in the patient's paintings. This contributed to "catharsis of negative feelings, and sharing and discussion of associated problems, feelings, and thoughts," (Bozcuk, 2017, p. 68).

In 2018, researchers conducted a study with 61 pediatric oncology patients between the ages of 7-16 over the course of one month. The focus included interventions with drawing, painting, and hand crafting and were successful in enhancing communication between patients and their families, improving health-related quality of life, offering a sense of control to the child, and encouraging participation with practitioners (Abdullah & Abdulla, 2018). Through this study, researchers observed that "participation in creative work in health settings is able to re-establish a sense of hope, autonomy, self-esteem, and competence and provides a safe outlet for the expression of a child's feelings," (Abdullah & Abdulla, 2018, p. 184).

The research body of art therapy interventions with pediatric oncology patients brings together a few common themes associated with this population. First, art therapy directives can offer a new form of coping and a new skill among patients (Nainis, 2008;). Additionally, art therapy can serve as a way of communication, and as a practice for enhancing communication skills among patients (Moon, 2008; Abdullah & Abdulla 2018, 2018). Most importantly, art therapy work offers a sense of control to pediatric oncology patients, when the rest of their world might seem out of control (Wadeson, 2000; Malchiodi, 1998; Abdullah & Abdulla, 2018).

Coping through art

Through a regular practice of art therapy, pediatric oncology patients can utilize a new facet of coping skills with visual art. Through one study with pediatric patients, patients reflected that “art therapy benefited their overall well-being because it distracted them and focused their attention on something positive,” (Nainis, 2008, p. 117). Patients can initially begin to explore art materials and mediums with an art therapist, which can translate to an accessible personal practice.

Communication

Art is a strong communication tool for children of all ages (Moon, 2008; Abdullah & Abdulla, 2018). Art can access and enhance communication skills differently than words and verbalization can- especially when the things a child is communicating about become painful, intense, and potentially traumatic. Art therapy directives that focus on building communication skills can help pediatric oncology patients understand and explain their medical experiences, while simultaneously enhancing communication with health care professionals and family members (Wadeson, 2000; Abdullah & Abdulla, 2018).

Control

Pediatric oncology patients often experience an intense lack of control during treatment for cancer. Art therapy directives have the power to offer control back to these patients through choice of materials, choice in directives, choice in sharing, and choice in images they are portraying (Abdullah & Abdulla, 2018; Malchiodi, 1998; Wadeson, 2000). This sense of control can give empowerment to the patient and help them rewrite their narrative of being a victim into

that of a hero (Moon, 2008). This sense of control is important in maintaining a sense of identity and independence, while simultaneously building strong coping skills and resiliency.

Art Therapy Directives for Pediatric Oncology Patients

Styrofoam heads

This directive can be important in fostering a sense of mastery in the children who participate, due to the guarantee of a recognizable product with the structure of the preformed head. Clients can work with paint or collage to utilize this form “giving the children a sense of accomplishment and mastery,” (Wadeson, 2000, p. 131). Through narratives of utilizing this directive, outcomes included increased self-esteem, expression, and risk-taking after completing this activity. This intervention could be beneficial in understanding the child’s perception of their self-image, as well as their comfort with a shifting identity and appearance.

Drawing the experience

Children with a more recent diagnosis can be prompted to draw their reactions to this news, while those further into treatment can draw some of their experiences with treatment, surgeries, radiation, or symptoms. Through these directives, an art therapist found that the spontaneous drawings were more “helpful in gaining an understanding of what the children were experiencing,” (Wadeson, 2000, p. 135). In previous studies examining children’s drawings of medical experiences, researchers identified that the drawings “denoted the children’s perception of the disease, their fears and hopes,” (Madden, et al., 2010, p. 135). For these patients, drawing their experiences helped enhance communication, process trauma and prevent permanent trauma (Madden, et al., 2010).

Life review

Life review has been recognized as an effective psychological intervention. It is initiatively defined as “a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences, and particularly, the resurgence of unresolved conflicts can be surveyed and reintegrated” (Zhang, Xiao, & Chen, 2007, p. 139). Reviewing ones’ life can bring feelings of positive and negative experiences, integrity, hope, and self-esteem. Among cancer patients, this intervention can reduce depression and anxiety, foster hope, and improve quality of life among patients (Zhang, Xiao, & Chen, 2007).

In the context of art therapy, life review can be present in several directives. Patients can visually represent their lives on a timeline, with both 2-dimensional and 3-dimensional materials. Repurposed books are often utilized in art therapy as a means of creating structure and a container for a story or expression. One study explored the concept of life review through the Self Book art therapy intervention. Through Self Book, patients were able to journal, reflect, collage, and decorate a book that showed the overall treatment experience (Radl, et al., 2018). Life review can take the form of many different mediums and can be adapted to the needs of the individual working with the art therapist.

Limitations

Unfortunately, most medical circumstances default to the reporting of the parent, guardian, or medical professional interacting with a pediatric patient. When examining mental health and pediatric oncology patients, researchers observed that “many studies rely on information given by parents, teachers, physicians, or other adults, attempting to represent the children’s perceptions, feelings, and interests by proxy,” (Boles & Winsor, 2019, p. 228). When observing quality of life among patients, it is extremely important to include firsthand reports from children. For most studies including symptoms among pediatric oncology studies, parents

or guardians are often the lead reporters on behalf of the child. Additionally, it is difficult to measure changes in factors such as quality of life, when the treatment period a child is experiencing brings drastic fluctuation in symptoms and wellbeing (Madden, et al., 2010).

Additionally, one study reported concerns over repression in reporting measures as representing “a contingent response to the stresses of the illness and treatment or is reflective of a premorbid personality profile,” (Phipps & Srivastava, 1996, p. 526). Unfortunately, it is difficult to isolate these experiences and determine if the cancer diagnosis or treatment is directly contributing to a child’s mental health complications, or if it is merely a contributing factor to their preestablished profile. For this reason, research regarding quality of life and mental health with pediatric oncology populations should continue to thoroughly measure stressors and identify if these can be attributed to the cancer experience or normal development and other life events.

Conclusion

Pediatric oncology patients experience a large number of disruptions to normal routine, development, and quality of life. Patients can experience several mental health complications such as depression, post-traumatic stress symptoms and disorder, and anxiety (Yilmaz, et al., 2014; Katz, 2015; Akimana, Abbo, Balagadde-Kambugu, & Nakimuli-Mpungu, 2019). This population typically undergoes vigorous treatment for physical health through chemotherapy, radiation therapy, and surgical interventions. With increased survival rate in pediatric patients, it is important to recognize the mental health outcomes and treatment that this population is lacking access to.

During the focus on physical health and treatment trajectory, many children are not able to comprehend the procedures and changes that they are enduring. Often patients experience

physical deterioration, invasive procedures, painful side effects, immobilization, discomfort, and boredom during this period (Wadeson, 2000). Psychological interventions are vastly important in addressing any complications that arise for patients, and art is an effective and appropriate tool to do so.

Art therapy as a mental health practice has been utilized with various populations, including hospitalized youth. Art is perhaps one of the most natural languages for children to communicate through and is beneficial for expression during this time of existential questioning and vulnerability. With working with a trained professional, patients can find an outlet to “express the fears that hospitalization can engender, both in its frightening procedures and their removal from the familiarity of home and family,” (Wadeson, 2000, p. 143).

“Art therapy can offer some release to children during the frightening clinical procedures which accompany diagnosis and treatment, and it can help to ease the suffering of the child and his parents during the terminal phase of the illness,” (Waller & Sibbett, 2005, p. 126). This thesis explored themes and interventions that have been integrated into mental health treatment for pediatric oncology patients and survivors. Art therapy themes that are beneficial for this population include: exploring art as a coping skill, enhancing communication, and finding a sense of control.

The relationship between the patient and the art therapist is essential for beneficial practice and outcomes. In some cases, a therapist or mental health clinician might be the only adult on a treatment team that is not directly administering pain to the child. “Art making and a trusting relationship with an art therapist who does not administer medications or painful tests can help to alleviate the difficulties they are facing,” (Wadeson, 2000, p. 143). Whenever

possible, art therapy should be led by a trained professional, however art directives can also be integrated into various mental health treatment structures.

Painting and handcrafting are both methods of creating that are “easily implementable interventions to improve the overall HRQoL in pediatric cancer patients,” and should be included in the plan of care for these patients (Abdullah & Abdulla, 2018, p. 183). Researchers conducting a study on depression and quality of life in a painting art therapy program concluded that watercolor painting is “feasible in daily practice, and should not be denied from cancer patients receiving active treatment,” (Bozcuk, 2017, p. 68). If there is not an art therapist in a hospital setting, “health care providers of oncology departments need to be familiarized with art therapy techniques for children with cancer by conducting awareness courses,” (Abdullah & Abdulla, 2018, p. 184).

Overall, this thesis presents the idea that more routine and accessible psychological intervention services will help address distress and assist in coping with changes to self-image and role among pediatric oncology patients (Zhang, Xiao, & Chen, 2007). Art therapy should be regularly offered to pediatric oncology patients during their treatment and remission periods to process their experience, address mental health complications, and manage physical or psychological symptoms. As art therapists, we can “engage the creative process to ease the pain of the losses that are experienced throughout, and for those children who are able to recover, we can help them to overcome the trauma of their struggle with the illness” (Waller & Sibbett, 2005, p. 126).

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THESIS APPROVAL FORM

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Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: **Emily Golubowski**

Type of Project: Thesis

Title: **How Can Art Therapy Be Utilized to Improve the Mental Health and Quality of Life of Pediatric Oncology Patients?**

Date of Graduation: **May 16, 2020**

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

Thesis Advisor: **Annette Whitehead-Pleaux**
