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The Benefits of Art Therapy on Stress and Anxiety of Oncology Patients During Treatment

Capstone Thesis

Lesley University

May 5, 2021

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Art Therapy

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Abstract

Within the last ten years research on art therapy and its positive impact on oncology patients' stress and anxiety during treatment has been minimal. Oncology patients whether they are children or adults when diagnosed experience similar reactions due to their diagnosis, treatment, and in some cases end of life care. The current question is whether or not art therapy does have a positive impact on decreasing the stress and anxiety with oncology patients while undergoing treatment. Deane, Fitch & Carmen (2000), discussed art therapy as a healing art that is "intended to integrate physical, emotional, and spiritual care by facilitating creative ways for patients to respond to their cancer experience" (Deane, 2000, p. 147). Additionally, overall improvement of the patient's quality of life (QOL) were explored by Rossana (2021). This literature review intends to present the relevant research on how art therapy has had a positive impact on an oncology patients' stress and anxiety during treatment as well as a positive impact on their QOL.

Keywords: art therapy, oncology patients, end of life care, quality of life, stress, anxiety, stress and anxiety, during treatment

The Benefits of Art Therapy on Stress and Anxiety of Oncology Patients During Treatment

Introduction

It has been reported by the National Cancer Institute that in 2020, it was estimated that 1,806,590 new cases of cancer were diagnosed. Also, in 2020, it was estimated that 606,520 people also died from cancer (National Cancer Institute, 2020). Some of the most common types of cancer are “breast cancer, lung cancer, prostate cancer, colon cancer, melanoma of the skin, bladder cancer, kidney cancer, endometrial cancer, leukemia, pancreatic cancer, thyroid cancer, and liver cancer” (National et al., 2020). According to the National Cancer Institute (2020) the mortality rate in men is higher than in women, “189.5 per 100,000 men and 135.7 per 100,000 women” (National et al., 2020). Worldwide, cancer is leading cause of death. “In 2018, there were 18.1 million new cases and 9.5 million cancer-related deaths worldwide” (National et al., 2020).

The literature review on the benefits of art therapy to improve the levels of stress and anxiety in cancer patients that are undergoing treatment still needs further research. Hall (2018) discussed the creative and culturally sensitive counseling for children suffering from cancer and undergoing treatment. “All children realize at some point that they are dying” (p. 2). Not every child can express in words to process or discuss their feelings surrounding this topic. Using art and other creative means is something that is extremely beneficial to patients and their families. Sungeun (2020) investigated the impact that art therapy had on child patients and their families in Korea. According to Sungeun (2020) “art therapy improved communication between terminal cancer patients and their family members” (p. 184).

Literature Review

Deane, Fitch, & Carman's (2000) study examined the innovation of art therapy as a program for cancer patients. The research elaborates about art therapy as a healing art and "intended to integrate physical, emotional, and spiritual care by facilitating creative ways for patients to respond to their cancer experience" (p. 147). Art therapy for patients with cancer is aimed to provide support during times of stress related to all aspects of the cancer journey. The research was conducted at the end of each of the three rounds of chemotherapy. Deane et al. (2000) "all developed an interview schedule composed of questions related to the structure, process, and outcomes of the program" (p. 147). The findings of the study were both positive and negative in different ways. Findings related to the process findings such as organization, strengths, and weaknesses of the art therapy program. Also, the patient's ability to achieve their goals and regarding their personal growth were very positive.

The sample size was two males and 19 females ranging in ages from their 30s to their 70s. Each session of the 16-week program was 2 hours long. One of the main drawbacks from this study is none of the researchers or authors were licensed art therapists. The use of expressive therapies, especially art therapy is something that Councill & Ramsey (2019) elaborated on in great detail as well as gave a few case studies on the topic and was conducted by licensed clinicians.

Councill & Ramsey (2019) discussed how art therapy can be used as a psychosocial support for children during their palliative care. Councill & Ramsey (2019) focused on studying a "4-year-old boy's journey in art therapy after his cancer had returned, which ultimately despite the many surgeries, radiation treatments, and chemotherapy claimed his young life" (p. 40). Councill & Ramsey (2019) created four phases that go along with their study. Phase 1, being

about diagnosis, receiving the bad news, and seeking comfort during treatment as well as end-of-life care. With a cancer diagnosis they chose to have the participant Ben (a pseudonym) do some easel painting. Councill & Ramsey (2019) noticed that,

he mixed colors, painted with both hands at the same time, named shapes and lines, and experimented with brushes of different shapes and sizes. They were using art therapy to adjust to new people and the new routines associated with his care. (p. 40-41).

In Phase 2 Councill & Ramsey (2019) hinted about reorganization and release of anxiety and frustration. When Ben found out the news that the tumor returned, they expressed themselves with an outburst of anger. The art therapist let Ben use clay as the medium to get out his anger, to give Ben the opportunity for the free expression of anger they needed. Phase 3 is stabilization, safety, and control. With this phase Ben learned how to channel his night terrors by making a dreamcatcher with the art therapist and hanging it over his hospital bed. Then in the final phase, Phase 4 consisted of end-of-life support and legacy. Ten days before Ben passed away his family learned that no further treatment was available. Three days before Ben passed away the art therapist helped Ben, his parents, and his sister create plaster casts of their hands. “As the family transitioned from hope for cure to end of life, art therapy allowed them to process both facts and feelings and find a sense of equilibrium in a time of great distress” (p. 44). Art therapy was helpful in helping clients and their families through the tough road of diagnosis, treatment, and end-of-life care and its positive impact on the family’s lives.

Rossana (2021) investigated the effectiveness of single group sessions based on art therapy for adult cancer patients to help reduce anxiety and distress before cancer treatments. This study documented how “psychological support may help to reduce anxiety and help to build

effective coping strategies, decrease depression, and improve the patients' quality of life" (p. 35). The art therapy sessions were around 90 minutes on average and held in the same unit each time, to create a routine for the patients. The facilitators were indeed psychotherapists with expertise in art therapy. The art therapy interventions focused on three main components: "(1) the production of spontaneous artwork; (2) the eliciting of individual self-reflections connected to the artwork; (3) a shared meaning-making within the group" (p. 37).

The main reason for this study was to evaluate the effectiveness of art therapy interventions for "cancer patients in the oncology unit that participated in one of twenty-seven 'one-off' art therapy sessions" (p. 38). Each patient was asked about how they liked the intervention, and each patient gave a rating on a four-point scale: "0= *none*, 1= *a little*, 2= *quite enough*, 3= *very much*" (p. 38).

The results overall were positive. The majority of the patients said the art therapy interventions had a positive influence on their overall well-being.

Elimimian (2020) explored the influence of art therapy on the psychological distress experienced by patients undergoing chemotherapy. "The effects of treatments such as surgery, radiation therapy, and chemotherapy can be very effective when trying to eradicate the cancer cells; however, psychologically it can be draining and very debilitating for patients undergoing these types of treatments" (p. 2). Psychological distress is something that also affects the patients' quality of life and their satisfaction with care. According to the National Comprehensive Cancer Network (NCCN) defined distress as "being, along a continuum, ranging from common or normal feelings of vulnerability, sadness, and fears, to problems that can become disabling, such as depression, anxiety, pain, social isolation, and existential and spiritual crisis" (p. 2).

Elimimian (2020)'s the method of measuring the distress and moods that patients were feeling was with four visually similar thermometers: Pain Assessment Thermometer, NCCN-based Emotional Distress Thermometer, Depression Thermometer, and an Anxiety Thermometer. It was all based on a scale of 0 to 10. Zero being no distress, depression, anxiety, or pain and ten being the worst possible distress, depression, anxiety, or pain (p. 3).

Katja (2014) discussed art therapy and its impact on anxiety, depression and quality of life for breast cancer patients. "The use of the artistic media as a means for therapy offers patients a way to communicate experiences, feelings, and needs, which are hard to express verbally" (p. 2). Something that has been a fairly new concept is the use of "complementary and alternative medicine (CAM)" (p. 1). In the realm of cancer and specifically breast cancer in this case, anxiety and depression are the two most common symptoms due to the impact that treatment has on the body and mind. Using art therapy to cope with these symptoms and the impact of the patients' quality of life was what made this study different than others about patients with breast cancer. The results of this study showed that art therapies had a positive effect on anxiety and depression but not so much on the quality of life.

The main reason for this study being in this literature review is that art therapies do have a significant impact on reducing anxiety and depression. In Katja (2014) mentioned that,

1) "the process being perceived as relaxing due to the creative activity, 2) allowing the therapeutic relationship to be about oneself while feeling listened to, and 3) the patient-image-art triadic relationship supporting the expression of emotions (in this case) through the painting and its symbolic function" (p. 4).

Fu's (2020) study covered the topic of how art therapy affects women with gynecological cancer. The art interventions used included "music, painting appreciation, drawing, creative

artwork generation, printmaking, mandala, collage, storytelling combined with dancing and crafts, writing poems, and composing tone” (p. 2). The length of the sessions was between 30 to 90 minutes, and they also varied in one-on-one sessions to about ten group members at any one time. The sessions were facilitated by an art therapist. Fu’s (2020) research indicated that doing individual music therapy sessions may be effective in reducing the symptoms of depression and fatigue related to cancer.

However, Fu (2020) maintained that the research on art therapy remains insufficient and unable to draw solid conclusions on the benefits of art therapy and its effect on women with gynecological cancer. Fu (2020) highlighted the “importance of promoting art therapy within a medical setting and needs to be better integrated into that setting” (p. 8).

Walter (2005) explored the use of art therapy with a late adolescent, 19-year-old Caucasian female who was diagnosed with lymphoma. Therapeutic sessions met weekly with the art therapist at the hospital. From what the art therapist reported, the client Mary (a pseudonym) really liked art therapy and felt she could express herself well with it. Mary initially created mandalas that seemed to,

Contain and depict her sense of despair, hopelessness and helplessness. Using the circular form of the mandala, they created watercolor faces, expressing sadness and frustration about having to live at home and longing for the previous year when they had been healthy and had an active life away at college (p. 139).

Towards the end of Mary’s treatment, they opened up so much that they felt they could share such vulnerable art works in such a public setting such as on a hospital floor/ wing. Mary went into creating art pieces about their relationship with their mother. Mary felt like they were

being suffocated and not being able to be independent, which, in their last session Mary seemed more at ease and created an art piece of a tree. Which when described by Mary it represented,

growth and a contrast to the earlier images she did previously. There were two branches coming from the tree representing a divided path. It further represented their future after their treatment and two potential paths, one in which they would return to their college in another part of the country and another in which they would attend college near the hospital in order to be close by for follow-up appointments (Walter, 2005, p. 145).

Walter (2005) touched briefly upon the aspect of how adolescents process or express their feelings about the types of events they go through.

Hall (2018) discussed the creative and culturally sensitive counseling for children suffering from cancer and undergoing treatment, however, “all children realize at some point that they are dying” (p. 2). On the other hand, not every child has the words to process or discuss their feelings surrounding that grave notion. Using art and other creative means is something that is extremely beneficial to patients and their families. Hall (2018) provided useful frameworks for creative activities grounded in a historical context of art therapy that accounted for the patient’s cultural identity.

Hall (2018) discussed interventions that can be used to support cancer patients reduce pain, stress, and anxiety by using materials such as: beading, using drums, using art, playing games, using music, and poetry. Hall’s (2018) qualitative study provided rich descriptions of the benefits of integrating art therapy with oncology patients and their families.

Abdulah & Abdulla (2018) examined the effectiveness of group art therapy on quality of life (QOL) in pediatric patients with cancer in Iraq. The study looked at 60 children aged 7-13 years old who were previously diagnosed with malignancy. The experimental group was 30

patients, and the control group was 30 patients from 2017 in Iraq. The patients in the experimental group participated in painting and handcrafting art therapy conducted by a fine artist for a one-month-period. The dimensions of health-related quality of life in both study groups were measured through the KIDSCREEN-10 Index after project completion. The participants and patients from the experimental group were significantly more physically active and energetic, were less depressed and emotional, and had fewer stressful feelings. They also had better overall health status. However, the children's overall interaction with other children, parents, and healthcare providers and their perception of cognitive capacity for school performance were not significantly different between the two groups. The findings suggested that exposure to painting- and handcrafting-based art therapy improves the overall health-related quality of life in children with cancer.

There were positive results to this study including being able to express themselves and how they were feeling while getting treatment and proving how impactful insight on how art therapy can improve the on quality-of-life care for cancer patients.

Councill (2019) focused on the experience of children in a medical setting through art therapy. When a child is diagnosed with a serious illness it can be pretty difficult.

The hospital setting alone can be very stressful to both the child and their family. Hearing about all of the new medical terminology, which sounds so foreign can be overwhelming.

One of the great values of art therapy is its capacity to call attention to the patient's strengths (p. 227).

That can make the child feel more confident about their feelings and also making their feelings feel valid. Councill (2019), noted that medical art therapy has been known to be very effective in hospital, outpatient specialty clinics, and support centers (p.227).

Being able to create in group settings can also bring a sense of community to the facilities as well. “Creating group projects consisting of piecing other’s individual artwork to create one large art piece something that can also be a sense of hope and a sense of security for those struggling” (p. 230-231).

Raybin, Barr, Krajicek, & Jones (2019) examined the concept of art therapy being used with children with cancer to reduce distress. “Integrative therapies are an ideal modality for nurses to advocate for reducing distress and improving quality of life (QOL) for children with cancer” (p. 91). “Creative arts therapy is a type of integrative health that may improve QOL in this population” (p. 91). Children naturally communicate through drawing so using this form of support and coping mechanisms helps to improve their QOL care. Every study showed the connections that when a child is able to find meaning in the cancer experience through creative expression the children experienced reduced stress by participating in the arts to help them to live in the moment and to reduce worry about the past or the future. Creative arts also improve coping with physical symptoms. “Children’s pain and nausea were improved in a randomized controlled trial of 16 children with cancer receiving six weekly 1-hour dance, music, and art interventions compared with a volunteer’s attention” (p. 102). Raybin, Barr, Krajicek, & Jones (2019) relied on nurses to conduct arts-based interventions. This created a limitation to the study as it was not noted that the nurses possessed any training in art therapy.

Golubowski’s (2020) thesis explored experience of children undergoing cancer treatments. The author affirmed that “a child will be faced with numerous operations, treatments, illness spells, and tests that can and will be viewed by the child as traumatic, overwhelming, and painful” (p. 7). A child will need some sort of interventions in order to decrease their anxiety, stress, and to help gain the coping skills to help them endure all of the pressures that cancer will

put on them. “The use of creative arts therapies is known to be successful with the pediatric populations for many reasons” (p. 7). One of which being that most children don’t know how to verbally express themselves and to be able to process their feelings in a way where they would be able to verbalize if they could. “Using, for example, art therapy to help them express how they are feeling and what they want to “say” is very beneficial for the child” (p. 7).

The depth provided by Golubowski’s (2020) thesis regarding the expressive arts therapies, specifically art therapy, hint to beneficial treatment outcomes for children undergoing cancer treatments and the stressors they face. Golubowski (2020), also put an emphasis on the importance of art therapy and how diverse it can be based on the interventions, the materials, and the execution of the materials. Using expressive arts therapies as a powerful tool, which leads to the next article by Bilgin and Ozdogan (2018).

Bilgin and Ozdogan (2018) discussed the benefits of art therapy as a tool to be address the realities of death and dying due to serious disease or illness. Incorporating art therapy into the treatment milieu can help patients visually express complex feelings. “Art therapies are among the complementary therapies intended for improving the quality of life of patients” (p.47). Marian (2015) discussed the creation of art for oncology patients is more about expressing through color in order to express their feelings about themselves and their connection to the disease. Marian (2015) noted that the American National Institutes of Health in which researchers observed the effects of art therapy on oncology patients. It was found that “the art therapy process was significantly good for psychosocial complaints such as anxiety and depressions, and that it contributed to the quality of life of the patients” (p.105).

As discussed before, death and dying for oncology patients is something that is a reality for many to have to think about and discuss with relatives, friends, and caregivers. Mortazavi

(2018) hinted that the unpleasant emotion that results from existential concerns about one's death.

Mortazavi (2018) discussed death anxiety (DA) and the high levels of psychological distress, specifically concerns around death and dying, cancer patients experience. The entire study talked about something called death anxiety (DA).

Death Anxiety is described as the unpleasant emotion resulting from existential concerns and defined as a significant anxiety about one's death that can impair the daily life of an individual (p. 387).

Some of the main consequences discussed were the unresolved psychological and physical distress which can be affected by multiple factors,

for example: general health issues, cultural background, religious aspects, physical suffering, and the presence of chronic diseases to name a few (p. 387).

The study elaborated about the effectiveness of art therapy for reducing anxiety. It was found to be very promising and has helped so many oncology patients and their families to express how they are feeling about the entire situation regarding the patients and their loved ones.

Park & Song (2020) examined the connection between art therapy and its use as a communicative practice for patients and their family members in hospice palliative care in Korea. Park & Song (2020) discussed about how cancer, in this case "destabilizes family systems and lead to changes in family relationships, roles, and communication" (p.183). The issues that can arise from this diagnosis will impact the entire family, so it is pertinent to deal with these issues with both the patients and the family members and/or caregivers involved. The goal of art therapy in a medical setting like this hospice facility is to improve the psychosocial care and to

improve the quality of life as best as possible. One of the great things found in this research article was that patients can gain such confidence and a sense of accomplishment when completing artwork alone. However, when creating with family members it brought a sense of togetherness to both the patient and the family member(s) involved.

Participants, hospice palliative care patients, were paired with a family member to create the relationship dynamic of the art therapy experience by create together and also creating for themselves at the same time, while also, conversing while creating if they wanted to. The participants were informed that they could withdraw from the study at any time. The intervention was offered to terminal cancer patients and their family members in pairs and it was going to be a total of four sessions once or twice a week. The time duration of the sessions varied from 20 to 50 minutes depending on the physical capabilities of the patients. There was a total of 17 participants from six families, included in the study and the age ranged from 38 and 77 years of age.

Overall, the hypothesis of whether or not art therapy would improve the levels of stress and anxiety as well as the positive impact on end-of-life care and how it also impacted the family dynamics, intimacy, and relationships was found to be accurate. Their levels of stress and anxiety decreased while their end-of-life care increased making things like these art therapy sessions enjoyable and beneficial for the participants end-of-life care. Park & Song's (2020) findings have been supported and noted in previous studies.

Shella (2018) noted improved mood, reduced levels of stress, anxiety, and pain among oncology patients who engaged in bedside art therapy sessions during acute hospital treatment.

According to Shella (2018) hospitalizations can be a stressful and an anxiety inducing time especially if it is a sudden illness, for example, cancer. Shella (2018) asserted that art

therapy “can assist in reducing anxiety through not only the mindful and soothing use of art materials, but through the feelings of attachment and comfort created by the triangular relationship between the art, the art process, and the art therapist” (p. 60). The main documentation of the results of this study was the use of the Rogers’ Happy/Sad Face Scale, in which there is a chart with five faces on it 0 being no symptoms and 4 meaning worst possible symptoms, which was one of the instruments used during this study to gather data. The researchers used three main categories to collect data: Mood, Anxiety, and Pain. Participants were asked for their ratings in all three categories before creating their artwork and afterwards.

Shella (2018) emphasized patient choice in the use and decision making of the materials emphasis on patient choice in regard to the use and decision making of the materials. “During sessions therapists noted that patients would bring to discuss worries or concerns throughout the session, even if the artwork didn’t reflect the concerns mentioned” (Shella, 2018, p. 60). As at the beginning of the session, the patients were also asked to rate their mood, anxiety, and pain at the end of the session.

In total, 195 patients were a part of this study. The study sample was mainly female (n=166) and the average age was 16 to age 45. There was an overall improvement with pain, mood, and anxiety levels between the start and end of the art therapy sessions within all patients. The results “aligned with the hypothesis that mood would be improved, and anxiety and pain reduced after participation in an art therapy session at the patient’s bedside” (p. 62).

Something worth noting about some of the limitations regarding Shella’s (2018) study are the Rogers’ Happy/Sad Faces Scale was chosen due to the convenience. It would have taken a lot of time to receive permission on a different type of research tool. There also could have been “potential bias due to differences in approaches based on which researcher was doing the

intervention. So as a result of these things further research is deemed necessary to better understand the impact of art therapy on hospitalized patients” (Shella, 2018, p. 63).

Kaimal (2019) examined the positive outcome of using arts-based interventions to help support patients’ and their caregiver’s psychological needs and how it may decrease stress and increase compliance (p. 154). During this study, coloring sheets were provided but the participants were able to choose which coloring sheet they would complete. “The participants then colored for 45 minutes and were notified by the facilitator when there was only 5 minutes left to color. In regard to the results of the caregivers there were improvements across all outcomes” (p. 157).

“The findings indicate that even a brief single session intervention could result in significant improvements in measures of affect, anxiety, stress, burnout self-efficacy and creative agency, although this should be replicated in a larger study with further investigation into the differences between family and professional caregivers due to their distinct emotional burden” (Kaimal, 2019, p. 160).

Kaimal (2019) helped to inform this thesis on the basis of how to use other instruments to gather data and how the patients therapeutic experience can somehow be measured on a scale.

Discussion

In regard to the literature review, there is still a lot of research that needs to be done. Given the opportunity to create a project or in-person intervention to be done and then researched would have been very beneficial to the research of this thesis, but due to COVID it wasn’t an option. More of a hands-on approach to this thesis/ research question would have been ideal. There weren’t many studies done specifically on how art therapy positively impacts the stress and anxiety levels of oncology patients while undergoing treatments. More of the research

was generalized and encompassed the “creative arts therapies” rather than just art therapy. The main themes that ran throughout this literature review is that research has been done in regard to this field of expressive arts therapies and its positive impact on oncology patients, but honestly not enough. When discussing about the research, there needs to be more done specifically with art therapy and its impact. There also needs to be more tools to be able to record and assess how things impact patients and participants of the interventions. There was the Rogers’ Happy/Sad Face Scale and the four thermometer scales but those were the only two found in the literature. Another thing that is lacking is the way the data is being gathered, and by whom. In most if not all of the literature discussed in this thesis the researchers were not licensed art therapists. They were either nurses, physicians, activities coordinators, or on-site staff personnel. Which is a major problem in conducting and recording this research.

The recommendations for further research needed to be done, should be on how to create more data gathering tools. Scales based on a 0 to 5 measuring point are great but there needs to be a more in-depth way of gathering and measuring data. By creating some sort of survey or maybe some sort of neurological test would be an interesting approach. For others interested in this thesis topic it is encouraged to go and further the research. Like mentioned previously creating a new data gathering tool is the ideal next step towards understanding and fully grasping if art therapy does have a positive impact on stress, anxiety and quality of care in oncology patients undergoing treatment. In this literature there needs to be a more qualified researcher doing these directives and recording them properly. There needs to be a licensed art therapist conducting the directive as well as recording the data. Unlicensed professionals are what can disrupt the data gathering process.

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THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: Helen Shiepe

Type of Project: Thesis

**Title: The Benefits of Art Therapy on Stress and Anxiety of Oncology Patients During
Treatment**

Date of Graduation: 05/20/2023

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

Thesis Advisor: Kelvin Ramirez, PhD, ATR-BC, LCAT