

Impact of art therapy for cancer patients and survivors:  
Themes and quality of life

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A Thesis Submitted in Partial  
Fulfillment of the Requirement  
for the Master of Arts in Art Therapy Degree

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December, 2016

### **Abstract**

Numerous studies provided evidence to support the impact of art therapy with cancer survivors on quality of life themes during and after treatment. The use of qualitative and quantitative analysis suggested the presence of repetitive quality of life themes including exploration and expression of aspects of illness, learning something about self, focusing on experiences other than cancer, maintenance of self-identity, receiving social support, and gaining insight or revelation about the world. These themes previously identified by Zammit (2001), Borgmann (2002), Reynolds & Lim (2007) and others' research would continue to appear in the art process of cancer survivors. Results from a one-time survey assessing participants' art therapy experiences and impact indicated that participants did believe that art therapy increased their QOL, and that all themes did continue to appear with the most prominent themes being learning something about self, focusing on experiences other than cancer, and receiving social support.

### Acknowledgements

For their guidance, encouragement, and experience: Natasha Young, LMHC, ATR-BC and the staff at the CompleteLife Center at Simon Cancer Center, IU Health; Dr. Susan Ridley, CPS, CPRP, REAT, ADC, RA; Kathleen Sullivan MAAT, ATR-BC; and Dr. Jill McNutt, ATR-BC, ATRL, LPC, ATCS;

For their continued support, patience, and prayers: my mother, father, sisters, extended family, and close friends;

For providing me a space to stay during my internship and mentorship through the process:

Jessica and Nile Smith

*Thank you from the bottom of my heart.*

Author

Quinn Schantz

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## CHAPTER I

**Introduction****Problem Statement**

Singh (2011) found that art making assisted cancer survivors in gaining insight through art making and provided a haven away from constant reminders of cancer. Zammit (2001) found that art allowed a client to gain insights into the nature of their illness, express inner change, express emotional and physical pain, express resolution and celebration, and express newfound spirituality. Clients that Borgmann (2002) worked with found themselves performing self-help skills, continuing the journey of their lives, and organizing emotions during art therapy sessions. Furthermore, Reynolds and Lim (2007) found that art making allowed clients to symbolize their cancer experience, focus on non-cancer experiences, maintain personal identity, and preserve their “capable” social identity. McNutt (2013) identified five ways that medical art therapy had benefitted cancer patients, including maintenance of self-identity, perceptions of illness, meaning making, search for greater meaning, and self-efficacy and locus of control. Overlap of themes was noticeable in the research of these authors. Themes that the researcher identified included exploration and expression of aspects of illness, learning something about self, focusing on experiences other than cancer, maintenance of self-identity, receiving social support, and gaining insight or revelation about the world. Yet little research was found that integrated the research of Zammit (2001), Borgmann (2002), Reynolds and Lim (2007), and others to identify themes that continue to appear in the art-making experiences of cancer survivors who have participated in art therapy.

### **Research Questions & Hypothesis**

As research had some overlap in themes that arose in art therapy with cancer patients, the researcher wanted to find if these themes would continue to present in cancer survivors' art making process. Based on themes that appeared in previous studies (Borgmann, 2002; Reynolds & Lim, 2007; Singh, 2011; Zammit, 2001), the researcher created six themes. The themes apparent in past art and art therapy experiences were identified as "exploration and expression of aspects of illness," "learning something about self," "focusing on experiences other than cancer," "maintenance of self-identity," "receiving social support," and "gaining insight or revelation about the world." Based on these themes' appearances in past studies, the researcher hypothesized that it was possible for the themes to occur within the art therapy experience of other cancer survivors.

It was also hypothesized that art making through art therapy sessions would increase the quality of life for cancer survivors. In a randomized art therapy intervention group of breast cancer patients Svensk et al. (2009) found that there was a significant increase in quality of life, physical health, and psychological health. Visser and Hoog (2008) found that meaning making and general quality of life improved after participating in a course of Cancer and Creative Art. Results of increased quality of life would validate the importance of the themes that arise in art making with cancer survivors through art therapy interventions.

The hypotheses for this study were:

1. Reoccurring themes of exploration and expression of aspects of illness, learning something about self, focusing on experiences other than cancer, maintenance of self-identity, receiving social support, and gaining insight or revelation about the

world would present themselves in the art making of cancer survivors who participated in medical art therapy interventions.

2. Cancer survivors' quality of life would increase through participation in medical art therapy.

These hypotheses were tested through online questionnaires that were sent to adult cancer survivors from Simon Cancer Center.

### **Basic Assumptions**

Svensk et al. (2009) found that there was a significant increase in total quality of life, physical health, and psychological health in art therapy intervention with breast cancer patients. In addition, Visser & Hoog (2008) found that after participating in a creative art therapy course, clients identified that they had an increase of quest for meaning in life as well as improvement in quality of life. Various research of art making and art therapy with cancer patients identified themes that increased patients' emotional expression, distraction from illness, relaxation, social support, maintenance of self-identity, expression of inner change, developing awareness of personal metaphor, performing self-help, and finding a new view of life (Borgmann, 2002; Greece, 2003; Reynolds & Lim, 2007; Singh, 2011; Visser & Hoog, 2008; Wood, Low, Molassiotis & Tookman, 2013). Due to this research and the researcher's identity as an art therapy student, there was a general bias that art therapy would have a positive impact on cancer survivors.

Coming from a pragmatic viewpoint, the researcher was drawn to further development of the current understanding of art therapy's benefits for cancer survivors. The pragmatic viewpoint focused on using multiple ways of understanding to solve problems (Creswell, 2014). Both quantitative and qualitative data was collected through a questionnaire. The use of both

types of data collection utilized pragmatic freedom of choice and understanding of truth as “what works at the time” (Creswell, 2014, p. 11). Quantitative research was included to add to the current understanding of themes in cancer survivor art, which had largely been found through qualitative research. Open-ended questions were added to the questionnaire for cancer survivors to describe their personal art therapy experiences. It was proposed that important information regarding cancer survivors’ art therapy experiences could be collected through open ended questions, assisting in identifying new themes that arose in participants’ art making experiences. Furthermore, it was suggested that open-ended questions would provide participants the opportunity to further explain how art therapy increased quality of life.

### **Definitions of Terms**

**Cancer.** Cancer has been described as a disease in which a group of cells in an individual’s body grows uncontrollably (American Cancer Society, [ACS] 2006). The uncontrolled cells often form a tumor, which could either be harmful (malignant) or harmless (benign) (PRP Patient Resource Publishing [PRP], 2015). Cancer develops as malignant cells increase (PRP, 2015). When cancer cells continue to grow and produce new cells the normal cells within that part of the body are crowded out. Problems then occur in the part of the body where the cancer is growing (ACS, 2006). If the cancer cells travel to another part of the body it is said that the cancer has metastasized.

**Cancer survivor.** Although cancer frequently brings up thoughts of death, there are many instances of individuals receiving treatment and continuing to live (ACS, 2006). For the purposes of this research, a cancer survivor was any individual who has been medically diagnosed with cancer. The participants were either newly diagnosed, in treatment, or in remission.

**Quality of Life.** According to Liao et al. (2014), definitions for quality of life (QOL) vary. Although the definition of QOL differs between individuals, there were many similarities of criteria (Burckhardt & Anderson, 2003). This criterion included physical and psychological functioning, emotional state, interpersonal relationships, social life, and role functioning (Liao et al., 2014). Many consider QOL to be a patient's evaluation and satisfaction with his or her overall well-being (Burckhardt & Anderson, 2003; Liao et al., 2014). This research identified QOL as the participants' personal evaluations of their overall well-being. It was not assumed that themes experienced in art therapy increased QOL, but discovered through the research that participants did identify certain themes as having a direct impact on their QOL.

**Thematic Analysis.** The majority of the research was based on theoretical thematic analysis. Through theoretical thematic analysis, there was a focus of finding more information on the prevalence of previously existing coding frame. Braun and Clarke (2006) identified that theoretical thematic analysis differed from inductive thematic analysis, as inductive thematic analysis does not necessitate a previously existing coding frame. It was the researcher's belief that themes that had been identified in past art therapy sessions with cancer survivors would present themselves again in the art therapy of those participating in the study. The themes identified included exploration and expression of aspects of illness, learning something about self, focusing on experiences other than cancer, maintenance of self-identity, receiving social support, and gaining insight or revelation about the world.

### **Statement of Purpose & Justification of the Study**

The purpose of this study was to further research the positive effects of using art therapy and art therapy's impact of QOL with cancer survivors. The survey focused on the reappearance of themes, potential occurrence of new themes, and impact art therapy had on QOL to discover

what the cancer survivors' art therapy experiences were and if the art therapy experiences did impact QOL. By conducting this research, literature of art therapy with cancer survivors was increased and greater understanding of the effectiveness of medical art therapy with cancer survivors was developed.

## CHAPTER II

**Literature Review****Cancer Survivors' Experience**

**Distress.** Cancer survivors have encountered distress around the diagnosis and experience of life with cancer. According to the National Comprehensive Cancer Network (NCCN, 2014) distress exists along a continuum, with common feelings of vulnerability, sadness, and fear on one end; and increasingly disabling problems, such as depression, anxiety, social isolation, and existential or spiritual crisis on the other end. The broad range of the meaning of distress allows for it to be a less stigmatized word within conversation. Therefore, using the word distress with cancer survivors who are discussing their personal struggles has allowed for more open communication.

The NCCN defined distress as a “multifactorial unpleasant emotional experience of psychological, social, and spiritual nature that may interfere with the ability to cope effectively with cancer” (p. DIS-2). Distress has appeared in many forms including psychosocial changes that occur due to treatment, change of roles, and the sudden awareness of life being more fragile. Individuals with cancer may encounter isolation, thoughts about mortality and spirituality, physical illness, trauma to the body, and aggressive medical treatment (Malchiodi, 1993; Singh, 2011; Zammit, 2001). According to McLean (2011), some cancer survivors have experienced hopelessness, while others maintained hope. Although some individuals and families maintained hope, it was found that hope became a burden for survivors who felt pressure to be strong and positive in the challenging and confronting situations of cancer (Bugge, Helseth, & Darbyshire, 2009; McLean, 2011). In end of life stages, Furman (2011) identified greater need for trust,

dependency on others, feelings of inadequacy, loss of control, and fear of death. From this research it is evident that there are multiple factors that caused distress for cancer survivors.

Along with the psychosocial experiences that cancer survivors faced, they may have experienced side effects from the treatment they received. Chemotherapy and radiation has caused difficulty in breathing (Singer et al., 2013). Radiation has also caused pain, constipation, appetite loss, and decrease in social functioning. According to the American Society of Clinical Oncology (2016) chemotherapy has induced fatigue, headaches, muscle pain, stomach pain, mouth and throat sores, diarrhea, nausea and vomiting, constipation, blood disorders, nerve damage, changes in thinking and memory, sexual and reproductive issues, appetite loss, and hair loss. The distress that cancer patients experience leads to poorer quality of life and can even negatively impact survival (Brown, Levy, Rosberger, & Edgar, 2003; Kissane, 2009; Massie, 2004). Early screening and timely management of psychological distress has been shown to improve medical management and potential survival advantage (Carlson, & Bultz, 2003; Spiegel, 2012).

**Quality of life.** According to Liao et al. (2014), definitions for quality of life (QOL) vary. Although there was not a consistent identification of what QOL consisted of, many consider it to be a patient's evaluation and satisfaction with his or her over all well-being (Burckhardt & Anderson, 2003; Liao et al., 2014). Although the definition of QOL differs between individuals, there were many similarities of criteria (Burckhardt & Anderson, 2003). This criterion included physical and psychological functioning, emotional state, interpersonal relationships, social life, and role functioning (Liao et al., 2014).

The need for therapy among cancer survivors was evident through the research of cancer's negative effects on survivors' QOL levels. In a study conducted with brain tumor

patients, it was found that during treatment the patients' QOL was reduced by factors such as fatigue, depression, emotional distress, and existential tension (Pelletier, Verhoef, Khatri, & Hagen, 2002). In response to their findings, Pelletier et al. (2002) noted that therapeutic activity could improve QOL by helping patients create meaning out of their life situation. Pulgar, Alcalá, and Reyes del Paso's (2015) research of QOL in hematological cancer survivors found an increase of depression post diagnosis. In response to the decrease in QOL and increase in depression, Puglar et al. (2015) suggested that interventions focus on cognitive-behavioral therapy, social support, coping skills, and increasing optimism. Puetz, Morley, and Herring (2013) conducted a systematic review of randomized clinical trials of creative arts therapies (CATs) effects on psychological symptoms and QOL in cancer patients. The researchers identified CATs as music, dance/movement, and art therapies. Results from their study showed that CATs significantly reduced anxiety, depression, and pain during treatment. Furthermore, CATs significantly increased QOL during treatment (Puetz et al., 2013). The combination of increased QOL and decreased anxiety, depression, and pain gives further clarity and emphasis to the ability of CATs increasing QOL.

**Medical art therapy.** Malchiodi (1993) defined medical art therapy as the use of art expression and imagery with those who were physically ill, experiencing trauma to their bodies, or who were going through aggressive medical treatment. Although the theories and methodologies differ between populations, art therapists, and locations, it can be generally stated that medical art therapy was used as a diagnostic tool and a method of treatment. Medical art therapy was focused on the overall medical treatment of the patient, with a primary goal of treating presenting illness and physical conditions (Malchiodi, 1993).

Issues of psychological distress may also be addressed, as well as non-physical issues that present themselves due to the medical complications patients encounter. Non-physical issues may include depression, anxiety, and fatigue (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007; Nainis, 2008). McNutt (2013) identified five ways that medical art therapy had benefitted cancer patients, including maintenance of self-identity, perceptions of illness, meaning making, search for greater meaning, and self-efficacy and locus of control. Furthermore, social support through the medical art therapy experience may also provide needed space for self-expression and emotional support (Borgmann, 2002; Safrai, 2013; Singh, 2011).

Categories of psychological, emotional, social, and spiritual needs are apparently supported through medical art therapy (Bar-Sela et al., 2007; Borgmann, 2002; McNutt, 2013; Safrai, 2013). Although the physical needs of patients were the priority in medical art therapy, art therapists were aware of these other areas of need that may come up in through the art therapy process. With this awareness, art therapists were also able to provide patients with more exact support, assisting patients in enhancing their overall health.

### **Art Therapy with Cancer Survivors**

There have been a variety of studies on art therapy with cancer patients. While the majority of research supports the positive effects of art therapy, there have been a few research studies that indicate art therapy may not always be the most effective therapeutic option. More research on the usefulness of art therapy with cancer survivors was needed. Bar-Sela et al. (2007) found that cancer patients had a significant decrease in depression as well as some decrease in fatigue in post art therapy assessment. Bar-Sela et al. (2007) also measured for changes in anxiety, which did not occur due to their sample having low levels of anxiety from the onset of the research. However, Nainis (2008) did find a strong correlation between the use

of art therapy and significant decreases in anxiety. Nainis' (2008) research also supported Bar-Sela et al.'s (2007) research, as there was a strong correlation between the use of art therapy and the decrease of fatigue. Visser and Hoog (2008) found an increase of meaning making in life after cancer patients took a course in creative art therapy. The results of the study showed that creative arts increased meaning making even as activities of daily living decreased during the course of cancer. Ferszt, Massotti, Williams, and Miller (2000) found similar results through an arts program on an inpatient oncology unit with patients experiencing enjoyment, accomplishment, joy, and discovery of new talent.

Although much research points to the benefits of art therapy with cancer survivors, Geue, Richter, Buttstadt, Brahler, and Singer (2013) did not find the same results in their study of cancer patients in ambulant aftercare. The research conducted by Geue et al. (2013) focused on the effects of art therapy on psychological distress and coping over the course of 22 art therapy sessions. The methodology included questionnaires pre-intervention, post-intervention, and six months after intervention. The research also included a comparison group, which did not participate in art therapy interventions. The results of their study showed no change in depression scores for participants of the intervention group and a decrease in anxiety in both the intervention group and control group. Due to the similarity of decreased anxiety, and no change in depression, the researchers could not conclude that art therapy benefited cancer patients. Causes for these results may include the need for a bigger sample size or the effects of the interventions more adequately impacting locus of control or self-efficacy.

Despite Geue et al.'s contradiction to previous studies, past results showing art therapy was beneficial should not be dismissed. Geue et al. (2013) mentioned within their discussion that despite the evidence of no positive effects on depression or anxiety, participants within the

intervention group self-identified positive effects of art therapy such as personal growth, opportunities to express self, and increase emotional stability. Furthermore, research continues to show various ways that art therapy has been effective with cancer survivors. Through semi-structured interviews with cancer patients, Wood, Molassiotis and Payne (2013) found that art therapy increased coping skills, aided in communication, facilitated expression of feelings, assisted in development of new perspectives, and aided in distraction from worries. Participants even mentioned that the non-verbal aesthetic aspect of art therapy provided a distinct addition to verbal psychosocial support (Wood et al., 2013). These findings also aligned with the findings of Ferszt et al. (2000), specifically improved patient coping and improved patient communication with nursing staff.

From this research, it was evident that there were a variety of positive effects art therapy may have on cancer patients. Survivors' found a need to express their emotions, develop coping skills, or explore their identity through the art therapy process. Art therapists provided the needed space and guidance for self-expression, personal and spiritual exploration, and development or use of coping skills. Art therapists were trained to be highly aware of the time and space in which their clients met for art therapy sessions. The amount of time an individual, group, or family was in an art therapy session depended on the focus of the therapy and the specific time requirement to complete tasks in a sufficient manner (Rubin, 2011). In any space used, whether it be bedside or in an art studio, the art therapist needed to take into account how to arrange the space in a manner that allowed for patients to most easily create (Rubin, 2011). Art therapists considered proper art tools and adaptations for clients, and how to make the environment stimulating, safe, and inviting (Anderson, 1994; Rubin, 2011). Art therapists working in a cancer hospital setting also considered other treatments, the client's level of energy, patient's

frailty and susceptibility to infections, and personal preferences (Malchiodi, 1993). This attention to the details of surroundings and time allowed the patient to easily engage with the art making process.

A side effect of chemo that may have a particular effect on cancer patients participating in art therapy is neuropathy, nerve damage to the hands or fingers. Neuropathy has appeared in cancer survivors as a burning sensation, numbness, or shooting pain (American Society of Clinical Oncology, 2016). It can be expected that the cancer survivor experiencing nerve damage in his or her hands may experience working with art in a less enjoyable way, as creating art typically involves frequent use of one's hands. An example of the effects of nerve damage in relation to art making can be seen in pottery making, an activity that is typically viewed as a calming experience. Ceramic artist and cancer survivor, Sherry Kahle (personal communication, 2016), pointed out that while receiving treatment it can be difficult for those experiencing neuropathy to use the wheel to throw pottery. The friction of the clay between a cancer survivor's fingers has caused irritation in the past, and would most likely have the same impact other cancer survivors experiencing neuropathy (Sherry Kahle, personal communication 2016). Considerations of how side effects may impact cancer patients experience with art materials during the art therapy experience must be considered.

**Art therapy's benefits for cancer survivors.** Cancer patients have chosen art therapy for a creative outlet, emotional support, ability to assist in gaining a better sense of self, provision of something to do, communication of thoughts and feelings, spiritual support, challenge, and for it being the "least unattractive" therapy option (Wood et al., 2013). Furthermore, art therapy has been shown to decrease depression, anxiety, and fatigue levels among cancer patients (Bar-Sela et al., 2007; Nainis, 2008).

Through art therapy, patients have the opportunity for experiences of normalcy. When individuals have little control over their body, the treatments they were receiving, or activities of daily living, they could benefit from completing “cancer free” activities. Specific relief may come from the client’s ability to be involved in outward focused activities, hopefulness building activities, and activities that allow disengagement from the normal and cancer focused tasks of life (Reynolds & Lim, 2007). Art projects that may increase self-efficacy and normalcy could include extended projects, such as paintings on canvas, art journals, or participating in a group project such as a mural. The opportunity to develop mastery of the materials in these projects can result in self-efficacy as the client forms personal perception of controlling art making events (Malchiodi, 2012).

**Art therapy and symbolism.** Through the expressions of imagery, an individual who is open to connections beyond her individual self may experience personal healing through her art making. “Art therapy promotes the intimate connection between the mind and body, psyche and soma, [which] becomes apparent when exploring the imagery and art work of an individual with cancer (Barron[1989] as cited in Borgmann, 2002, p. 148).” When individuals allowed for this connection of body and psyche, they are surpassing the typical functioning known to western culture. Lovell (2001) identified the current form of understanding to be from a place of separateness, body separate from thoughts and soul. Singh (2011) found the use of art to promote clearer view of what cancer was to cancer patients and allowed more emotional expression. Art can meet these individuals where they were in their process with cancer and assist them through struggles they may be facing, while the art therapist can use his or her knowledge of therapeutic techniques and understanding of metaphors to assist cancer patients in safely processing through complex issues (Nainis, 2008).

Art therapists must be aware of the metaphors that arise in the art of their clients' work, including metaphors of spirituality and questions of mortality. Moon (2009) wrote that art therapists were metaphoreticians whose role was to see, listen to, interact with the symbolic graphic language and actions of clients, and also respond through metaphor. It was important that the art therapist tended to the client in their journey. If the client is looking to find personal answers she should be given enough space to develop her art and metaphor, the art therapist should spend a considerable amount of time observing the client and the art. Although, if the client asked for help in verbal or nonverbal way the art therapist should offer assistance in the least intrusive manner (Rubin, 2011). An art therapist may choose to attend to the individual through Moon's approach of listening to the image and relating to the client. The steps Moon (2009) used included looking to see what was literally in the artwork, exploring feelings the artwork evoked, considering possible symbolic meanings, listening to the client's story, and responding to client's story. The first three steps listed were steps for the art therapist to complete during observation, while the last two were completed during interaction with the client (Moon, 2009). As the art and journey will vary from client to client, this approach gives the art therapist a framework to guide the art therapy session and discussion. By completing these steps the art therapist can assist the client in fully engaging with her art and thoughts about the matter that is on her heart.

**Benefits of art making.** By spending time creating art, many cancer patients have found relief from loss of control, loss of self-efficacy, isolation, decreased self-esteem, and grief (Borgmann, 2002). Individuals who participated in art making found it provided an important source of subjective well-being as they gained a sense of vitality from their continued engagement with creative inspirations, planning, problem-solving, and development artistic skills

(Reynolds & Lim, 2007). While creating, artist participants can preserve “able” social identity, which offers social interests outside of cancer, relieves family from some concerns about well-being, enables reciprocal care through hand-made gifts, and provides a legacy or memorial (Reynolds & Lim, 2007; Singh, 2011). Additionally, art therapy may be the source of support for those who have limited access to their family, or no family (Safrai, 2013).

Young (personal communication, 2015) identified that art therapists must meet clients where they are at, as the needs of the cancer patient could range from self-soothing to addressing existential questions. This approach reflects Milton Erickson’s original approach of adapting therapy to compliment the personality, experience, age, and social environment of the client (Saudi, 2005). The client’s needs may be met through a variety of art techniques and materials. Bromberg (2003) found through a survey of medical art therapists in the New York metropolitan area that the most effective therapeutic techniques with cancer patients were writing, relaxation, and collage. Free choice artwork was found to be a popular technique, as well. Additionally, collage and paint were the most effective art materials, with collage, modeling clay, paint, pencils and watercolor also being popular (Bromberg, 2003). More research on the variety of art materials available to help cancer patients was needed.

## CHAPTER III

### **Methodology**

#### **Participants**

Participants were adults, 18 years of age or older, who were going through some stage of the cancer process. All participants received treatment and support services through Simon Cancer Center in Indianapolis, Indiana. Participants came from inpatient floors, outpatient infusion pods, open art studio groups, and monthly support groups. The varied locations and level of treatment in those locations allowed for a variety of art therapy experiences. For example, outpatient infusion pods at Simon Cancer Center were more of a public space than the private inpatient room. The location of where they participated in art therapy may have impacted what they felt comfortable expressing through art therapy. Those who underwent inpatient chemotherapy may have experienced side effects of treatment more than outpatient or monthly support group members. This difference may have impacted the level of involvement with the art therapy process. The variety of location and treatment factors allowed for the survey to include a diverse representation of cancer survivor experiences within art therapy.

#### **Research Design**

An online questionnaire was open through surveymonkey.com for nine weeks. The questionnaire was created to discover participants' perceptions of art therapy's effect on their QOL, and to find what themes came up in the art making process of cancer survivors. Through surveymonkey.com, the researcher was able to format a free survey of ten questions. The researcher formatted the survey to include a Likert scale question, multiple choice/multiple answer questions, and extended response questions. In creating the survey, the researcher made question 1 and 2 mandatory responses before submission would be accepted. This format was

included to make sure participants shared how their QOL was impacted by art therapy. By choosing to make question 1 and 2 mandatory, the researcher was able to collect as much information as possible on participants' perception of QOL after art therapy participation. Information on the specific themes experienced could have varied from one participant to another. Thus, questions 3-10 were created to allow participants to mark only the statements they agreed with. This allowed the researcher to gain an accurate description of participants' experiences. The researcher designed the survey so it could be taken on an ipad at the end of an art therapy session or accessed quickly from participants' computers. The set-up of the questionnaire allowed for easy access and quick completion.

Cancer survivors who completed the survey were required to have participated in at least one art therapy session. Two art therapy providers promoted the survey after art therapy sessions. The majority of the study's participants chose to use the ipad at the end of the session. Many individuals took the flyer with the link to the survey. Few who took the flyer completed the survey. After closing participant access to the survey, the researcher chose to upgrade to "Select plan" on surveymonkey.com. This choice allowed the researcher to export data results to Office Excel.

### **Research Instruments**

The online survey service surveymonkey.com was used to create a questionnaire due to its credibility for protection of participant answers, easy accessibility, and its ability to analyze data collected. Kern, Rivera, Chandler, and Humpal (2013) found surveymonkey.com useful for collecting data about music therapy services used with clients with Autism Spectrum Disorder. Similarly, the survey for the research presented here was interested in the experiences, or themes, that cancer survivors' encountered within art therapy.

This survey was used to identify the themes that arose most frequently in art therapy. The survey also measured the cancer survivors' perceptions of the impact of art therapy on their quality of life. The survey was set up using a variety of open-ended questions, rating scales, and multiple choice/multiple answer questions (see appendix C). The first part of the survey was a consent statement. The consent statement explained that participants could decline participation in the survey by exiting the surveymonkey.com webpage at any time before submitting their answers. By exiting the webpage before submission, the data would not be collected or used in the final results of the study (see appendix A).

Survey participants were asked to rate on a scale from 1 (strongly disagree) to 5 (strongly agree) if they believed that art therapy had increased their QOL and were asked to explain the rate they had chosen. Participants were then asked to identify statements that aligned with their art making experience while participating in art therapy. Statements were broken down into six sections. Each of these sections focused on one theme, including "explored and expressed aspects of my illness," "learned something about myself," "focused on experiences other than cancer," "maintained self-identity," "received social support," and "gained insight or revelation about the world." Each section included statements that reflected what might typically occur in accordance to the theme. Participants were asked to select any statement that reflected what they experienced during art therapy. An "other" option was also included for participants to record how a certain theme appeared in their art therapy experience, if different from the examples given. Participants who responded to the "Other" category in some of the questions shared answers that were not related to the question including one response that only had a period. There were several comments to other questions that were similar to the response "I do not feel I am into art." These responses did not clarify any other ways that art therapy had assisted the

cancer survivor within the specific categories of questions 4-9. Research did leave room in question 10 for participants who had an experience different than that presented within questions 4-9. This last question asked participants to share any other information on their experience in art therapy and the way in which art therapy impacted them. It is believed that at least one participant did not fully comprehend the instructions. Thus information that did not pertain to the specific questions was shared in the “Other” categories of every question, instead of saving responses for question 10.

### **Data Collection**

Art therapy practitioners at Simon Cancer Center offered participants flyers with a link to the survey as well as ipad access if the participants desired to complete the survey on site. Data was collected through surveymonkey.com. Data was kept anonymous during collection to protect the identity of the participants. Once participants submitted their surveys, the questionnaire was closed and participants could not access their answers for changes. Initial plans were to obtain twenty surveys. Due to changes in art therapy staff and the challenge of collecting surveys from physically ill patients, the minimum number of surveys requested was reduced to ten. The total number of collected surveys was sixteen. Data collection occurred from August 22, 2016 to October 17, 2016.

### **Data Analysis**

Through surveymonkey.com summaries of the data collected were available for the researcher to view. Data was exported through surveymonkey.com’s upgraded “Select plan” to Office Excel. The researcher reviewed data within Office Excel and found trends. The researcher also used thematic analysis to organize themes that presented in open-ended questions. From the collected data, the researcher collected a general sense of the information

presented in the open-ended questions (Creswell, 2014). After a general sense of survey responses was collected, including ideas and feelings involved in the writing, the researcher coded the data. Creswell (2014) described coding as the process of organizing data by bracketing text and labeling by a word representative of the category. The researcher identified themes from the information collected in coding of the open-ended questions. After identifying the themes of the open-ended questions, they were then compared and contrasted with the themes found in other researchers' findings of art therapy with cancer survivors.

### **Validity and Reliability**

According to Kapitan (2010) and Creswell (2014), a study has more validity if both quantitative and qualitative data is collected. In this study, qualitative data was found in extended response questions that allowed participants to explain their art therapy experience in their own terms. The majority of the questions in this survey were quantitative data, identifying the frequency of which different art therapy experiences arose in the art making process of cancer survivors in art therapy and calculating the participants belief of art therapy's affect on their QOL. Due to the survey being closed once submitted, the validity of the research was reduced. To allow for more validity, the study could have been changed to allow participants to re-enter the survey and add to what they considered to have experienced during their art therapy process.

### **Ethical Implications**

According the American Art Therapy Association (2013), art therapy researchers hold responsibility for respecting the dignity and protecting the welfare of research participants. Information about the survey, researcher's contact information, the school in which the research was run through, and instructions for the survey were provided at the beginning of the survey.

The researcher's information was included for those who wished to know about the research or receive information on the results of the study. If participants felt their well-being were being compromised, they had the contact information to reach out for help. Clear instructions were provided to assist participants with understanding the exact purpose of the study and allow participants to choose whether or not they wanted to participate in the study. Participants were informed that if they did not want to complete the survey, they could exit out of the survey before submitting their answers and their answers would not be calculated. All surveys remained anonymous to protect participant identification. These safe guards were put into place for the protection of participants' identity and to give participants control of their responses to the survey.

### **Researcher Bias**

The researcher had a bias belief that art therapy was a valid therapeutic process. This personal bias was based on the researcher's own understanding and experiences of art therapy being beneficial for many individuals including those who were going through cancer treatment or were in remission and strongly identified with their cancer survivor identity. This study was created on the bias of the researcher and the results of other art therapy research with cancer survivors. Thus, the survey had a positive bias towards art therapy as a useful therapy for cancer survivors. This bias limited the feedback from those who did not benefit from art therapy. The researcher did include one open-ended question at the end of the survey to allow participants to explain art therapy's impact. In this answer, those who did not benefit from art therapy could share any information they wanted that differed from the researcher's bias. To further reduce this bias, the researcher could have included interviews in the data collection process.

The majority of the research was biased by the theoretical thematic analysis. Through theoretical thematic analysis, there was a focus of finding more information on the prevalence of previously existing coding frame. Braun and Clarke (2006) identified that theoretical thematic analysis differed from inductive thematic analysis, as inductive thematic analysis does not necessitate a previously existing coding frame. It was the researchers belief that themes that had been identified in past art therapy sessions with cancer survivors would present themselves again in the art therapy of those participating in the study. To assist with reducing the theoretical thematic analysis, space was added into the survey to allow participants to add additional information to accurately represent their experience. Open-end questions allowed participants to identify new themes.

## CHAPTER IV

**Results****Demographics**

Surveys were collected from 16 individuals between August 22, 2016 and October 17, 2016. Due to the low number of participants statistical significance was not calculated. Good qualitative data was found through the survey, despite the setbacks caused by lack of participants. Participants were recruited from outpatient infusion pods, inpatient hematology floors, monthly support groups, and open art studios. Of those who participated in the survey, 13 were female, 2 were male, and 1 was unidentified. The age of participants ranged from 26 years to 78 years, with a mean average of 56 years. A majority of seven participants identified their ethnicity as White, one identified as Asian/American, one identified as African American, one identified as Hispanic, one identified as “Indian/Cherokee, Black, Irish,” and three did not respond.

When asked to identify the status of their cancer, a majority of five participants identified the status of cancer as being in “remission” (see Figure 1). The remainder of participants reported different responses to this questions, including; one “getting into remission,” two “in treatment,” one “stage 2,” one “stage 4,” one “Myeloma-it never goes away,” and one “no stage with CML.” Another response to status of cancer was, “unknown,” and the final two participants did not respond. This study had a greater number of cancer survivors with leukemia, with five who identified having leukemia (Figure 2). Three of those who identified having leukemia further noted their specific leukemia as Acute Lymphoblastic Leukemia, Chronic Myeloid Leukemia, and Acute Myeloid Leukemia.

Table 1

*Participants' Status of Cancer*

Status of Cancer	Number of Participants
Remission	5
Getting into Remission	1
In Treatment	2
Stage 2	1
Stage 4	1
Myeloma-It never goes away	1
No stage with CML	1
Unknown	1
No Response	2

Table 2

*Participants' Types of Cancer*

Types of Cancer	Number of Participants
Leukemia	5
Multiple Myeloma	3
Breast	3
Lung	1
Colon	1
Lymphoma	1
Unknown	1

Three of the participants identified as having Multiple Myeloma or breast cancer, with one participant each reporting a diagnosis of lung cancer, colon cancer, or Lymphoma. At least one participant identified having more than one type of cancer. One participant shared that the cancer was unknown at the time of the survey, and one more did not respond. Length of diagnosis ranged from 2 months to 27 years. Eight participants identified having cancer for less than a year. Five participants identified having been diagnosed with cancer between 1-3 years ago. Two individuals identified having been diagnosed over 20 years ago.

The majority of participants ( $n = 12$ ) identified participating in art therapy between 1-5 times. Three individuals identified participating in more art therapy. Three art therapy sessions was calculated to be the median number of art therapy session participation. The specific sessions of those who had participated in more art therapy included 15 sessions, 18 sessions, and 24 sessions. One individual did not respond.

### **Reoccurring Themes**

The data corroborated that all the reoccurring themes identified from the literature review did occur during cancer survivors' art therapy experiences. These included (a) exploration and expression of aspects of illness, (b) learning something about self, (c) focusing on experiences other than cancer, (d) maintenance of self-identity, (e) receiving social support, (f) gaining insight or revelation about the world, and (g) other explanations of art therapy experience.

Themes that were the most apparent within the art therapy session included "learning something about yourself," "focusing on experiences other than cancer," and "receiving social support." The statements that participants most acknowledged as part of their art therapy experience included "I learned that art is a coping skill for me" and "I relaxed through art making" with 68.75% of all participants, or 11 of all 16 participants, agreeing with both of these comments.

**Exploration and expression of aspects of illness.** Question 4 focused on exploring and/or expressing aspects of the participants' illnesses. The count of those who participated in this question was 14. The highest rate of identifying with a statement was 42.86%, or 6 of 14 participants, for the statement, "I explored and expressed what my illness is and its effects on me through art making."

Table 3

*Question 4. Exploring and/or expressing aspects of illness*

Answer Options	Response Percent	Response Count
I explored & expressed what my illness is and its effects on me through art making	42.9%	6
Art making helped me identify & express my emotions related to cancer	28.6%	4
Art making helped me identify & express my thoughts about cancer	35.7%	5
Other (please specify)	28.6%	4
		Answered question 14
		Skipped question 2

**Learning something about self.** All sixteen participants participated in question 5, which focused on learning something new about self. Results from question 5 showed that 68.75% of participants, 11 of 16, agreed with the statement “I learned that art is a coping skill for me.” Another large response was to the statement “I discovered a self-help skill while creating art” with 62.50% participants, 10 of 16, agreeing with the statement.

Table 4

*Question 5. Learning something about self*

Answer Options	Response Percent	Response Count
I learned something new about myself through art making.	37.5%	6
I discovered how to better meet my needs from the art I made.	12.5%	2
I discovered a self-help skill while creating art.	62.5%	10
I learned that art is a coping skill for me.	68.8%	11
I identified and surpassed personal barriers through the art making process.	18.8%	3
I discovered significant personal symbols or metaphors appearing in my artwork.	25.0%	4

I had a spiritual revelation that will impact me on a personal level.	18.8%	3
Other (please specify)	12.5%	2
		Answered questions 16
		Skipped questions 0

**Focusing on experiences other than cancer.** Results from question 6, focusing on experiences other than cancer in art therapy, showed that 68.75% of all participants, 11 of 16, agreed with the statement “I relaxed through art making.” One response offered in the “Other” category was “I have no pain but it was a distraction.” This comment suggests that art therapy can go beyond distraction from pain, to other areas where participants may have needed distraction. This theme was also supported by responses on how art therapy impacted participants’ QOL. Comments such as “The projects have given me time to be free of my illness...” directly support that art therapy assisted cancer survivors in focusing on experiences other than cancer.

Table 5

*Question 6. Focusing on experiences other than cancer*

Answer Options	Response Percent	Response Count
I relaxed through art making.	68.8%	11
I was distracted from pain and anxiety while I was creating art.	56.3%	9
I had an increase of enjoyment through art making.	50.0%	8
I found comfort in my art making experience.	56.3%	9
Other (please specify)	12.5%	2
		Answered question 16
		Skipped question 0

**Maintenance of self-identity.** Question 7 focused on maintaining self-identity. This question was skipped by one participant, which left 15 others to choose statements they agreed to be true within their art therapy experience. The statement that most individuals agreed with was “I felt more like myself after creating art,” with 60%, 9 of 15, agreeing.

Table 6

*Question 7. Maintaining self-identity*

Answer Options	Response Percent	Response Count
Through art making I maintained a part of me that was fading	33.3%	5
I felt more like myself after creating art	60.0%	9
I felt like I had more control of my life after creating art.	40.0%	6
I was able to define who I am through art making	46.7%	7
Other (please specify)	6.7%	1
		Answered question 15
		Skipped question 1

**Receiving social support.** The final question that had responses from all 16 participants was question 8, receiving social support in art therapy. The statement most identified with was “I felt supported by my art therapist,” at 62.50%, 10 of all 16 participants. The next comment with the most agreement was “Art therapy allowed me to preserve an “able” social identity,” at 56.25%, 9 of all 16 participants.

Table 7

*Question 8. Receiving social support*

Answer Options	Response Percent	Response Count
Art therapy gave me an opportunity to connect to other people who have cancer.	25.0%	4
Art therapy allowed me to preserve an “able” social identity.	56.3%	9
I found a valuable social connection through art therapy.	43.8%	7
I felt supported by my art therapist.	62.5%	10
I felt supported by others who were participating in art therapy.	31.3%	5
Other (please specify)	6.3%	1
	Answered question	16
	Skipped question	0

**Gaining insight or revelation about the world.** Question 9 focused on the theme of gaining insight or revelation about the world. Only 12 participants identified that they had experienced this theme. The statement with the most participant agreement was “My quest for meaning making has increased since I have created art in art therapy,” with 58.33%, 7 of 12 responding participants agreeing.

Table 8

*Question 9. Gaining insight or revelation about the world*

Answer Options	Response Percent	Response Count
I gained a greater view of humanity through art making.	16.7%	2
While making art I had a spiritual revelation that will impact the way I see the world.	25.0%	3
My quest for meaning making has increased since I have created art in art therapy.	58.3%	7
While making art I has a spiritual revelation that will impact the way I interact with others	33.3%	4
Other (please specify)	8.3%	1
	Answered question	12
	Skipped question	4

**Other explanations of art therapy experience.** The final question was an extended response for participants to share any other information on their experience in art therapy and the way they were impacted by art therapy. The researcher used thematic analysis by coding participants' responses. Only 10 participants chose to give further information about their art therapy experiences and its impact on the individuals who answered. The researcher identified an overall theme of encouragement from the art therapy experience as well as using art therapy as a chance to explore creative outlets and express oneself. Through coding the responses, the researcher identified six themes in the responses of participants. The themes included "discovering ability to make art," "positive emotions," "an outlet for expression," "interacting with people," "assistance in thinking in new ways," and "unhelpful." Two individuals identified a discovery in artistic abilities. One participant explained, "with art therapy I found there is a little artist even in me." This individual also identified that "by embarrassing [*sic* embracing] art you can have joy."

In total, five individuals shared positive emotions that came from art therapy. Other participants made comments such as, "made my day brighter and made me smile," and "helped fill voids in the day with a positive feeling." Two individuals identified that art therapy provided an outlet for expression. One comment showing this expression was "you can create any kind of art from what you are feeling...the more ways we have to express ourselves we can interact with other people." This comment also reflects the theme of art therapy assisting with interacting with other people, which was expressed by two individuals. Lesser present themes included one individual sharing that art therapy assisted in thinking "in a different way." The last comment was "art is good for some, but for me not sure it was helpful," showing that art therapy may not be the best option for all cancer survivors.

### Quality of Life

Two of the ten questions within the survey collected information on the participants' perceptions of how art therapy impacted their QOL. In question two, participants were asked to share how strongly they believed art therapy increased their QOL in a Likert scale format, with one stating "strongly disagree," and 5 being "strongly agree." The weighted average of these results was 4.31, showing that the majority of participants believed art therapy to be beneficial to their QOL. Of the 16 participants who answered this question, none disagreed with the statement "art therapy increased the quality of my life." Two participants found themselves feeling neutral to this statement, and the rest of the participants found themselves either agreeing with the statement or strongly agreeing with the statement.

Question three allowed participants to share with the researcher how art therapy impacted their QOL. All sixteen participants responded to the question, providing different responses to how art therapy impacted their QOL (see Table 1). Themes included finding an overall sense of relief, expression, and exploration. The sense of relief came from responses that suggested time away from illness, special time with someone, and relaxation. The sense of relief was most prominent amongst the participants' responses, while the senses of expression and exploration were outliers within participant responses.

Table 9

#### *Question 3. Responses to Art Therapy's Impact on QOL*

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The projects have given me time to be free of my illness. It has allowed me to have precious time with my son. Because of that there is great love in those projects.

Diversion from illness and treatment. Conversation and interaction with the art therapist was very enjoyable.

It makes you focus on other.

Reduced stress and made the experience more tolerable

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It takes your mind off of the cancer. It makes you feel normal and productive.

It gives you something to do with your hands, but it also gives your mind something to do so you don't have to be thinking "oh my god, am I going to die today," "how is this cancer going to impact me, "or am I going to be admitted."

I am not much into drawing and do not draw very good, but I decided to give it a try.

Sometimes it makes me express things I don't say.

It gives you understanding. Makes you feel happy.

It's not the actual art work, but being with someone who not a part of the cancer team makes you feel a little more normal. P.s. I did enjoy making the projects I made.

It gave me something to do for a moment.

It's calming

Relaxing, inspiring, passed time.

...

It's relaxing and a pleasant distraction from the cancer treatment process

It was very relaxing. I enjoyed all of the sessions.

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After collecting a general sense of question three data, the researcher began coding information by grouping responses with similar themes. The researcher found six ways that participants believed art therapy helped their QOL. Distraction from both cancer and cancer treatment was identified in six individual responses. Examples of these responses include, "The projects have given me time to be free of my illness..." and "...a pleasant distraction from the cancer treatment process." Another way that art therapy appeared to assist participants was through meaningful interaction with others. Three comments grouped to form this category, including comments such as "it has allowed me to have precious time with my son." Another way participants identified art therapy impacting QOL was through experiencing enjoyment. Comments that identified enjoyment included the words "happy," "enjoyed," and "inspiring," when explaining the art therapy experience. Participants also expressed that art therapy was relaxing, sharing that art therapy "was very relaxing," and "reduced stress and made the

experience more tolerable.” Two responses acknowledged that art therapy impacted QOL through making participants “feel normal.”

Three responses had acknowledged other ways that art therapy impacted QOL, yet these descriptions were not repeated in the rest of the responses. One participant identified that art therapy “sometimes...makes me express things I don’t say.” Another shared “I am not much into drawing and do not draw very good, but I decided to give it a try.” The final comment was “It gives you understanding. Makes you feel happy.” These comments suggest that art therapy may also affect a cancer survivor’s QOL through assisting with communication, providing an opportunity to try something new, and assist with gaining understanding. Although art therapy assisted a few with communication, new experiences, and gaining understanding, the majority of participants identified that art therapy assisted with QOL through distraction, meaningful interactions, enjoyment, and relaxation.

### **Results Summary**

All themes, including exploration and expression of aspects of illness, learning something about self, focusing on experiences other than cancer, maintenance of self-identity, receiving social support, and gaining insight or revelation about the world, did occur in the participants’ art therapy experiences. Themes of learning something about self, focusing on experiences other than cancer, and receiving social support were the themes with the highest identification from participants. Open-ended responses about the impact art therapy had on participants’ QOL also supported that art therapy specifically increased QOL through focusing on experiences other than cancer (distraction, enjoyment, and relaxation) and through receiving social support (meaningful interactions). Although fewer participants acknowledged the theme of maintaining self-identity through art therapy, two responses within the open-ended QOL question acknowledged that art

therapy increased QOL by assisting participants in feeling normal. The identification of art therapy resulting in “feeling normal” has been acknowledged as identity maintenance (Reynolds & Lim, 2007). Thus, this research also displayed that art therapy does assist with maintaining identity, and that maintaining identity increases QOL. This research suggests that the same experiences continue to appear in art therapy, that art therapy does increase QOL, and that the themes of experiences other than cancer, receiving social support, and maintenance of self-identity do increase QOL.

## CHAPTER V

**Discussion****Reoccurring Themes**

**Exploration and expression of aspects of illness.** Exploration and expression of aspects of illness was one of the themes experienced less by participants. Fourteen participants acknowledged that they explored and expressed what their illness was and how it affected them through art therapy. Two ways in which art therapy assisted participants in exploring and expressing their illness was through specifically exploring and expressing emotions and thoughts about cancer. The exploration and expression of aspects of illness through both emotions and thoughts has occurred before within art therapy research. For instance, Singh (2011) wrote that one of his patient's had "more to say.... Her paintings were louder. They had more to say" (pp. 162). Wood et al. (2013) found that art therapy assisted in emotional expression and thoughts related to having cancer. The results from this study and past research suggest that exploration and expression of aspects of illness is a theme that cancer survivors may continue to experience within art therapy.

**Learning something about self.** All sixteen participants responded to the statements about learning something about themselves through art. Some participants acknowledged that they discovered a self-help skill while creating, and some even learned that art was a coping skill. Other research suggested several ways art therapy became a coping skill for individuals in treatment (Ferszt et al., 2000; Reynolds & Lim, 2007; & Wood et al., 2013). Wood et al. (2013) found that art therapy assisted with coping with bad news about illness. Ferszt et al. (2000) and Reynolds & Lim (2007) found art therapy assisted cancer patients in coping with pain. The

results of this study provided continued support that cancer survivors do use art therapy as a coping skill.

The rest of the statements received fewer responses, yet were acknowledged as situations that occurred within art therapy. Participants did gain self-awareness through art therapy. Similarly, Wood et al. (2013) had a participant share that much self-awareness came from participating in art therapy for even a short amount of time. Although there were a smaller percentage of participants agreeing that they gained self-awareness, it provided more evidence that cancer survivors do learn about themselves while participating in art therapy. A few participants also agreed that they discovered significant personal symbols or metaphors appearing in their artwork. Borgmann (2002) also found that cancer survivors develop self-awareness through art therapy. Several participants also shared that they identified and surpassed personal barriers through the art making process. Although this theme can be seen in case studies (Borgmann, 2002), it might not appear as frequently as other experiences within art therapy. The participant of Zammit's (2001) case study showed that personal symbols and a spiritual revelation can be discovered while art making. Only 18.8% or 3 participants agreed that they had a spiritual revelation within art therapy. The combination of limited response to spiritual revelation and personal symbols suggested that it might not be as prevalent within art therapy.

**Focusing on experiences other than cancer.** Visser and Hoog (2008) found that 92%-94% of participants in their study found relaxation, concentration, and imagery exercises to be very useful and pleasant. The results of this study may suggest that art making in art therapy may be useful as a relaxation technique for some cancer survivors. It is important to note that participating in art may be stressful for some as one participant noted "Art comes hard for me.

At least I can say I tried it. Art I am sure is good for some, but for me it was stressful.” Despite the stress felt by this individual, results from this survey show that art therapy was a relaxing experience for 68.75%, or 11 of 16 participants. Not only was relaxation identified through theme-based questions but also from self-report in open-ended questions. Four of the sixteen comments in question three suggested that art therapy increased QOL through relaxation. Five more comments from question three focused on art therapy increasing QOL through distraction from cancer and treatment. Both relaxation and distraction were grouped under “focusing on experiences other than cancer.” The nine combined relaxation and distraction responses from question three suggest that using art therapy to focus on something other than cancer and treatment was a typical experience, and one that increased QOL for many of the study’s participants.

**Maintenance of self-identity.** Reynolds & Lim (2007) found that maintenance of self-identity came from the challenge of creating art and resisting being overly defined by cancer. Wood et al. (2011) discovered a defense and development of self, in which cancer threatens the cancer survivor’s identity and art therapy countered cancer’s challenge against the survivor. Statements within this study that were similar to Reynolds and Lim, and Wood et al. (2011) research included “through art making I maintained a part of me that was fading,” and “I felt like I had more control of my life.” These statements receive only a few responses. Participants also agreed that through art they maintained a part of themselves that was fading, that they felt like they had more control of their life after participating in art therapy. The most responses were to the statements “I felt more like myself after creating art.” Participants did not expound on the reason they felt more like themselves. It could be that participants were challenging themselves

or completing an activity that they formerly enjoyed completing as Reynolds & Lim found in their research with cancer survivors.

**Receiving social support.** The research presented within this study suggests that one of the main ways art therapy benefited cancer survivors was through social interactions. Several participants also identified that they found art therapy to increase their QOL through meaningful interactions with others. Comments from question three, such as “it’s not the actual art work, but being with someone who [*sic* is] not a part of the cancer team makes you feel a little more normal,” suggests that participants received social support and had increased QOL from social support received in the art therapy setting. The main ways participants found social support was through support from the art therapist and preservation of an “able” social identity through art therapy. Similarly, Reynolds and Lim (2007) found that art-making assisted cancer survivors in maintaining social identity. Social identity was found to come from mutual interests unrelated to cancer, relieving family of concerns of well-being, promoting reciprocal care through hand-made gifts, and providing a legacy or memorial (Reynolds & Lim, 2007). Visser and Hoog (2008) found that 43% of cancer survivors’ personal aim for first participating in art therapy was to connect with other cancer survivors. The ability to feel some normalcy and relate with others who are going through a similar process is important for cancer survivors. In addition to peer support, the importance of art therapist support was acknowledged by participants agreeing with the comment “I felt supported by my art therapist.” Wood et al. (2013) had one participant acknowledge that the art therapist’s emotional support was beneficial during the cancer experience. The combination of this research suggests that finding support both from peers and the therapist is an important aspect of the cancer survivors’ art therapy experience.

**Gaining insight or revelation about the world.** Only twelve participants responded to question nine, suggesting that the theme “gaining insight or revelation about the world” did not happen as much as other themes. A large amount of participants that responded agreed that their quest for meaning making increased since creating art in art therapy. This response supported the results of Visser and Hoog’s (2008) research, which identified that participants’ quest for meaning making increased after an art therapy course. Fewer participants agreed that they gained a greater view of humanity through art making, which suggests that there are not as many individuals who have these experiences. Singh (2011) found that one participant’s view of others around her changed as she participated in art. The results from these studies suggest that views of others and humanity can change through the art therapy process, but that it does not occur frequently. A limited number of participants agreed to the statements “while making art I had a spiritual revelation that will impact the way I see the world,” and “while making art I had a spiritual revelation that will impact the way I interact with others.” Zammit (2001) also shared that results of art making do allow newfound spirituality to occur. Overall, the results from this section show that insight or revelations can occur through art therapy, but it may not be as prominent as other themes that occur in art therapy with cancer survivors.

**Other explanations of art therapy experience.** Participants suggested no new themes. Participants did share uncertainties that arose, positive effects art therapy had on cancer survivors, and reinforced themes that had occurred. One individual did express that art therapy was not as helpful as it appeared to be for others. Other responses identified that participants were pleasantly surprised to find they had some artistic ability and that art making assisted them in having positive emotions. Finally, responses reconfirmed that the themes did occur during art therapy sessions.

Themes that were identified within question 10 responses included “maintenance of self-identity,” and “social support.” Responses that fell into the coded categories of “discovering ability to make art” and “assistance in thinking in new ways” appeared to fit within the theme “maintenance of self-identity.” Such comments included; “with the art therapy I found there is a little artist even in me. That by embarrassing [*sic* embracing] art you can have joy even in hard times,” “...I never really thought I could do any of these, but you find out how talented you are,” and “Makes me think in a different way.” These participants were able to express themselves and think in a different way. Such responses reflect Reynolds and Vivat’s (2010) research of chronic illness patients participating in art-making. Participants who were able to live beyond their illness described themselves as growing artists; whereas those limited by their illness or pain did not identify as artists (Reynolds & Vivat, 2010). Two other responses from question 10 reinforced the occurrence of the theme “social support” through showing that art therapy assisted with interacting with others or promoted spending time with others. Question 10 showed that art therapy generally had a positive effect on participants, reinforced the occurrence of certain themes, and showed no new themes appearing within the art making experience of those participating in the survey.

There is now more evidence that the themes that have occurred in past research do continue to appear in art therapy with cancer survivors, as participants noted that all themes were a part of the art therapy experience. Although all themes were identified as taking place within art therapy, the themes did not occur for every participant. This suggested that a cancer survivor might focus only on certain themes within art therapy.

### **Quality of Life**

The weighted average of question 2, an average of 4.31, showed that the majority of participants believed that art therapy increased their QOL. Other research that found QOL of life to be impacted by art therapy includes Visser & Hoog's (2008) retrospective assessment of QOL improvement which almost reached statistical significance. Results from Puetz et al. (2013), a systematic review of randomized clinical trials examined the effects of creative arts therapies showed significant increase in cancer survivor QOL. Question 2 showed that participants found art therapy to increase their QOL. The results of this study provided self reported evidence that participants had noticed an increase in their QOL from participating in art therapy. Thus, the results of question 2 provided more evidence that art therapy increases the QOL of cancer survivors.

Responses to question 3 suggest that increase in QOL comes from distraction, meaningful interactions, enjoyment, relaxation, and maintaining identity. These results aligned with Reynolds and Lim's (2007) findings that art making provided an opportunity to disengage from the cancer focused tasks of life and focus on experiences described as more positive and focused away from the "sick" aspect of their life. Participating in meaningful interactions fulfilled the QOL criterion of interpersonal relationships or social life (Liao et al., 2014). Distraction, enjoyment, and relaxation may have positively affected QOL as criterion of psychological functioning, and emotional state (Liao et al., 2014). Other responses to question 3 suggested that art therapy assisted in increasing QOL through assisting with communication, trying new experiences, and providing a way to gain understanding. Participants who shared these responses may have suggested that their QOL was impacted through psychological functioning, interpersonal relationships, social life, or role functioning (Liao et al., 2014). The

identified impacts of art therapy on QOL suggest that participants' art therapy experiences fulfilled interventions of social support, coping skill, and increasing optimism, interventions suggested to increase QOL with cancer survivors (Pulgar et al., 2015).

### **Limitations and Future Studies**

One of the main limitations of this study was the sample size. Due to the small size, the survey results were unable to be calculated for statistical significance. The lack of participants may have come from several factors. In a previous study by Taylor et al., (2015), high levels of fatigue among those who were in treatment for cancer decreased the completion of surveys. This fatigue came as a side effect from the cancer treatment that participants were undergoing. Similarly, this study may have received fewer participants due to fatigue as a side effect from cancer treatment. The effects of chemotherapy on patients' memories may have impacted those who intended to take the survey on their own time. Additionally, the researcher discovered that the site where research was conducted included many patients that were present for medical treatments other than cancer. This further limited the number of art therapy participants who could participate in the survey. In future studies, replicating this survey with a larger sample size would increase the validity of the results. The time available to complete the survey may be extended to assist in collecting a greater number of surveys with cancer survivors. As few individuals who took flyers completed surveys, future research may focus on only using ipads post art therapy sessions. By using ipads post art therapy sessions, participants would not forget to take the survey and the research would have a larger sample size.

The side effects of fatigue from cancer treatment also impacted participants' level of involvement. Research results indicated that many participants became tired by the end of the survey and did not include valuable information that may have enhanced the research. At a later

date participants who filled out the survey shared with the researcher more about the impact art therapy had on them while receiving cancer treatment. Participants' verbal explanations tended to be more in depth and cohesive than their written responses. There was no formal documentation of those conversations, thus information was not included in this research. Future studies may choose to include semi-structured interviews to collect information that is verbally shared in addition to the survey format. Further research on themes will assist art therapists in having a well-rounded understanding of what may happen with cancer survivors. Individualized data collection on how art therapy assists cancer survivors in exploration and expression of aspects of illness, learning something about self, focusing on experiences other than cancer, maintenance of self-identity, receiving social support, and gaining insight or revelation about the world may assist art therapists with further understanding how art therapy increases cancer survivors' QOL.

Finally, there was a general bias that art therapy would have a positive impact on cancer survivors. This was shown to be untrue for at least on participant who stated "Art is good for some, but for me not sure it was helpful." The layout of the survey may have swayed participants to have a more positive view of art therapy, as it only asked participants to indicate the positive effects that art therapy had on their life. Future studies may restructure the survey to allow participants to indicate how art therapy could better assist the cancer survivor.

## **Conclusion**

These results showed that the majority of cancer survivors who participated in this research found art therapy to be beneficial for increasing their quality of life. The self-report of increased quality of life shows the importance that cancer survivors find in art therapy validating art therapy's importance in the medical setting. No new themes were found. Yet, self-report of

participants continued to show that the themes (a) exploration and expression of aspects of illness, (b) learning something about self, (c) focusing on experiences other than cancer, (d) maintenance of self-identity, (e) receiving social support, (f) gaining insight or revelation about the world did reoccur in the art making experiences of cancer survivors. Participants in this study found art therapy to be most beneficial in “learning something about self,” “focusing on experiences other than cancer,” and “received social support.” Through this research art making within the art therapy setting has been shown to positively impact cancer survivors’ QOL in various ways. The reoccurrence of these themes validates the usefulness of art therapy with cancer survivors. As one participant of the study shared, “...just don’t stop doing what you’re doing.” With continued research and practice art therapists should be able to enhance the services they provide to cancer survivors, offering therapy that will provide cancer survivors’ with the most benefits during their cancer process.

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## APPENDIX A

**CONSENT STATEMENT**

This research study is investigating the themes and quality of life that art therapy provides for adult (age 18 and older) cancer patients and survivors and consists of an on-line survey. This study is a partial requirement of the class, AR591 – Research, for Quinn Schantz, a student majoring in Art Therapy at Saint Mary-of-the-Woods College.

The procedure involves minimal risk for the participants because no identifying information will be collected. Questions about themes experienced during your art making process in art therapy will be asked. These questions will include open ended questions, which will require a typed response, as well as rating scale questions on a likert-scale from 1 (strongly disagree) to 5 (strongly agree). Only the co-researchers, and principal researcher will have access to the survey responses, which will be maintained for a period of three years after publication of the results.

Participants may withdraw from the study at any time without penalty. The participants have the right to decline participation in the survey by not completing and submitting the on-line survey. By exiting out of the surveymonkey.com webpage before completion and submission of survey the participants results will automatically be discarded from the research.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on May 9, 2016.

If you have questions or concerns about this study, please contact the co-researcher, the principal researcher, or the chair of the Human Subjects Institutional Review Board.

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## APPENDIX B

**Survey Flyer**

## Art Therapy Survey

Quinn Schantz, student of Saint Mary-of-the-Woods College's Masters of Art Therapy program, is collecting research for her thesis.

This research is to measure how frequently different themes arise in the artwork of cancer survivors. It is also to measure if participants in art therapy find an increase in their Quality of Life after participating in art therapy.

We invite you to help in collecting information on your experience in art therapy! By participating in this study we will be able to learn more about the best ways to serve you here at Simon Cancer Center, and then put what we learn into practice!

**Please visit**

**<https://surveymonkey.com/r/H7QF6QN> to learn more and participate in this survey.**

Thank You for Your Participation!

*CompleteLife Center*

## APPENDIX C

**Survey Questionnaire**

1. Demographic Information
  - a. Age
  - b. Sex (female, male, other)
  - c. Ethnicity
  - d. Status of Cancer
  - e. Type of Cancer
  - f. How long ago were you diagnosed?
  - g. Number of art therapy session you have participated in
  
2. On a rating scale from 1 (strongly disagree) to 5 (strongly agree) please select the answer that best reflects your views.  
Art making in art therapy increased the quality of my life.  
Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)
  
3. Please explain your above answer, sharing any information on your art making experience that you believe would assist the researcher in understanding how art therapy impacted your quality of life?
  
4. Please identify any of the following statements that align with your art making experience with exploring and/or expressing aspects of my illness while in art therapy.
  - a. I explored & expressed what my illness is and its effects on me through art making
  - b. Art making helped me identify & express my emotions related to cancer
  - c. Art making helped me identify & express my thoughts about cancer
  - d. Other (please specify)
  
5. Please identify any of the following statements that align with your art making experience of learning something about yourself while in art therapy.
  - a. I learned something new about myself through art making.
  - b. I discovered how to better meet my needs from the art I made.
  - c. I discovered a self-help skill while creating art.
  - d. I learned that art is a coping skill for me.
  - e. I identified and surpassed personal barriers through the art making process.
  - f. I discovered significant personal symbols or metaphors appearing in my artwork.
  - g. I had a spiritual revelation that will impact me on a personal level.
  - h. Other (please specify)
  
6. Please identify any of the following statements that align with your art making experience with focusing on experiences other than cancer in art therapy.
  - a. I relaxed through art making.
  - b. I was distracted from pain and anxiety while I was creating art.
  - c. I had an increase of enjoyment through art making.
  - d. I found comfort in my art making experience.

- e. Other (please specify)
7. Please identify any of the following statements that align with your art making experience of maintaining self-identity in art therapy.
- a. Through art making I maintained a part of me that was fading because of cancer.
  - b. I felt more like myself after creating art.
  - c. I felt like I had more control of my life after creating art.
  - d. I was able to define who I am through art making.
  - e. Other (please specify)
8. Please identify any of the following statements that align with your art making experience of receiving social support in art therapy.
- a. Art therapy gave me an opportunity to connect to other people who have cancer.
  - b. Art therapy allowed me to preserve an “able” social identity.
  - c. I found a valuable social connection through art therapy.
  - d. I felt supported by my art therapist.
  - e. I felt supported by others who were participation in art therapy.
  - f. Other (please specify)
9. Please identify any of the following statements that align with your art making experience of gaining insight or revelation about the world in art therapy.
- a. I gained a greater view of humanity through art making.
  - b. While making art I had a spiritual revelation that will impact the way I see the world.
  - c. My quest for meaning making has increased since I have created art in art therapy.
  - d. While making art I had a spiritual revelation that will impact the way I interact with others.
  - e. Other (please specify)
10. Please share any other information on your experience in art therapy and the way in which it impacted you:

#### Resources for further therapy

CompleteLife Center at  
IU Health Melvin & Bren Simon Cancer Center  
1030 W. Michigan St.  
Indianapolis, IN 46202  
P: 317-944-0301  
CompleteLife@iuhealth.org

Cancer Support Community  
Central Indiana  
5150 West 71<sup>st</sup> St. Indianapolis, IN 46268  
P: 317-257-1505

Little Red Door Cancer Agency  
1801 North Meridian St.  
Indianapolis, IN 46202-1411  
P: 317-925-5595

Contact Information for Research Results

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