Holistic Practices for Families Affected by Cancer

A Literature Review

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Holistic Practice for Families Affected by Cancer

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Abstract

The research presented in this literature review can help art therapists present peer-reviewed research on the effects of holistic art therapy and its impact on the brain through the use of fMRI technology, as well as additional quantitative studies. Individuals diagnosed with cancer (and their families) experience stress through psychological symptoms including anxiety, depression, and traumatic stress symptoms, or physical symptoms such as fatigue, increased pain, or impaired sleep (Monti et al., 2013). Holistic practices can provide opportunities for self-expression, help clients facilitate coping strategies, and improve self-regulation (Monti et al., 2012). Art therapy helps both children and adults affected by cancer manage stress by offering an opportunity for individuals to reflect on their situation and develop a deeper understanding of it (Jones & Browning, 2009). Art therapy uses metaphor and visual art as a tool for communication and expression while also allowing individuals to make connections with others (Jones & Browning, 2009). A literature review with an experiential component has been conducted on this topic to help determine how holistic practices (i.e., mindfulness, kinesthetic movement, and psychoeducation) combined with art therapy can support oncology patients and their families with mental health related symptoms associated with the diagnosis. A critical analysis of peer-reviewed research studies, as well as specific examples of directives that children and families who are affected by cancer can use, are included in this project. The experiential component of this project consists of an art therapy workbook that clients affected by cancer can use within or outside of the therapeutic environment with support from an art therapist.
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Dedication

I would like to dedicate this project to the clients that I have had the opportunity of working with, the organizations that have given me the experience and skills to work with diverse populations, and the clinics and organizations that are completing active research on beneficial treatment approaches for families affected by mental illnesses and long-term illnesses such as cancer.
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Holistic Practices for Families Affected by Cancer

Cancer’s Impact on Families

Receiving a cancer diagnosis can affect a person physically, psychologically, and emotionally. Cancer dramatically impacts the individual going through treatment and in addition, it affects the family, social, work, relational, and other systems of the individual. This may include a person’s nuclear family, extended family, friends, and any other people who are connected with and care for that individual. Throughout the treatment process, children may have a difficult time understanding medical terms, roles, and responsibilities in the family, and families experience a variety of changes and losses. Treatment modalities include surgery, chemotherapy, radiotherapy, and hormonal therapy, which can either be used alone or in combination (El Sayed & Badr, 2014). Individuals with cancer and their families may experience grief, physical loss (i.e., hair, feeling, or body parts), loss of intimacy, anxiety, or depression.

Grief and Loss

People living with cancer and their families may experience a variety of limitations including but not limited to role and responsibility changes, grief and loss, physical loss, financial stress, loss of intimacy, loss of identity, and psychological or emotional stress. Typical existential concerns that patients may experience include uncertainty, loss of control, feeling a burden to others, and loss of meaning (Vehling & Mehnert, 2014). Individuals with cancer may experience impacts such as loss of meaning and purpose, feelings of personal failure, and a sense of helplessness and hopelessness (Vehling & Mehnert, 2014). These losses can impact quality of life, functioning, affect, and decisions or transitions within family life. As a counselor, it is important to recognize the impact cancer has on families based on their unique experience.
In addition to side effects that may come along with cancer, many family members experience a sense of role and responsibility change in their household. Partners or other family members may become caregivers for the person who has cancer, which involves caring for the individual with the disease in a more hands-on way. One of the transitions a caregiver may go through is the experience of grief and loss. Allen, Haley, Small, Schonwetter, and McMillan (2013) noted that loss is individualized, which supports the finding that many caregivers have significant psychological distress following the death of a loved one. When experiencing a loss, it is encouraged or required that hospice departments offer bereavement services for one year following a loss to help the caregiver develop coping mechanisms and grieve the loss of his or her loved one (Allen et al., 2013). Nonetheless, Allen et al. (2013) found that only 30% of bereaved caregivers and less than half of those with symptoms of a depressive disorder utilize these services.

Additional risk factors that may contribute to symptoms of depression and psychological distress include younger patient age and lower social support satisfaction (Allen et al., 2013). When addressing questions and concerns, it is vital that caregivers receive adequate education on care, side effects, and the grieving process to prepare them for legacy work and death. Allen et al. (2013) found that fewer years of education, less patient impairment, and more caregiver symptoms of depression were associated with an increase in symptoms of depression one year following loss, while younger patient age, fewer years of education, symptoms of depression, and less social support were associated with higher levels of grief. One tool that may help assess a caregiver’s well-being is through incorporating indicators of the caregiver’s social support networks and symptoms of depression on risk assessments (Allen et al., 2013). This may help
counselors and other mental health professionals indicate any additional support a caregiver may need, which would allow him or her to provide outside resources or services for the client at risk.

Another limitation that cancer patients can experience is a sense of isolation, loneliness, or loss of identity. Swartzman, Sani, and Munro (2017) focused on individuals in remission and how they viewed themselves in relation to their family and how other members of the family responded to conversations about cancer. Family connections may be one of the few social relationships that an individual maintains throughout diagnosis and treatment (Swartzman et al., 2017). Through the use of surveys, Swartzman et al. (2017) asked participants questions about who they believe should provide support, when support is needed most, and how to offer it. It was found that family identification and constraints had statistically significant effects on posttraumatic stress after cancer (Swartzman et al., 2017). This finding stresses the importance of familial and social support to decrease isolation and increase identity construction.

**Physical loss.** In addition to posttraumatic stress, individuals with cancer may also experience a variety of physical losses. Physical loss may include, but is not limited to, loss of hair, loss of breasts or penis, loss of mobility, loss of energy, or loss of senses through sense of smell, taste, or neuropathy (touch). In a study conducted by Vehling and Mehnert (2014), cancer patients felt that how they appeared to others had changed significantly, felt they “no longer had control of their life,” and “could no longer carry out important roles” (p. 285). From these physical and emotional losses, a sense of demoralization may become present. Demoralization is separate from depression in that individuals typically focus on the feeling that nothing can be done with a loss of hope and meaning, while the core symptoms of depression (i.e., loss of interest andanhedonia) are typically not present (Vehling & Mehnert, 2014).
Existential concerns may become overwhelming to some clients, which add to the feeling of helplessness, incompetence, being a burden to others, or failure (Vehling & Mehnert, 2014). As roles or responsibilities of the household may change, many times individuals with cancer may lose their sense of purpose or what gives them meaning in life. Vehling and Mehnert (2014) emphasized that valuing an individual’s life story and helping them reflect on sources of personal meaning may help rebuild new meaning and emphasize their sense of purpose. Therapists can do this by assisting the client in recognizing their valuable contribution in life.

Upon receiving a cancer diagnosis, it is possible that household roles and responsibilities may shift. A change in roles can become a stressor for caregivers as routines of the family may be different, which may cause emotional distress and a financial burden (Mosher, Bakas, & Champion, 2013). When biological families are smaller, or families do not have extended social supports, much of the stress falls upon the immediate family. Thus, considerably more distress results from reduced support from others and places an increase in the risk of these families (Mosher et al., 2013). After completing the Medical Outcomes Study SF-36, which measures health-related quality of life, and the Bakas Caregiving Outcomes Scale, which determined perceptions of positive and negative changes in their lives, caregivers reported that they experienced a variety of negative changes due to caregiving (Mosher et al., 2013). These included negative emotional and physical health consequences, reductions in time for social activities, a decreased level of energy, and a reduced ability to cope with stress (Mosher et al., 2013).

In addition to negative health consequences, it was found that some individuals living with cancer felt that they had also gained an increased appreciation of life, greater empathy for others, and closer relationships with others (Mosher et al., 2013). This finding highlights the
insight and appreciation that can be gained through a cancer diagnosis but is an area that needs to be studied further. Mosher et al. (2013) indicated that it is crucial for clinical care providers to determine how to best meet caregivers’ needs in addition to the individual with a cancer diagnosis. The above studies support the idea that the physical part of loss not only affects the individual with cancer but the entire family system. Careful mental health considerations of the impact of a cancer diagnosis on a family member’s experience must be assessed.

Financial loss. As medical treatment has become more expensive in recent years, financial burden and hardship have become more frequent for families affected by cancer, which may also create strain or stress between partners. Cagle, Carr, Hong, and Zimmerman (2016) conducted a study on financial burden among US households affected by cancer at the end of life and found that approximately one third of families used all or most of their savings on treatment. Financial burden was associated with, but not limited to, insurance coverage, changes in employment, unexpected out-of-pocket expenses, declarations of bankruptcy, and treatment for severe pain or nausea (Cagle et al., 2016). Many caregivers quit their jobs or work part-time to take care of their loved one, which leaves expenses to a single income or savings.

Financial burden has a strong effect on treatment choices and options for services for treatment such as chemotherapy (Nipp et al., 2016). These financial choices include spending less on leisure activities, borrowing money, having family work more, and can deplete savings or cause debt (Nipp et al., 2016). When individuals or families use coping mechanisms that may negatively affect additional parts of their lifestyle, it may harm the quality of their care or well being. Suggestions that care providers could recommend for families experiencing financial burden might include seeking aid from a charitable organization as well as getting a loan to benefit the family with cancer-related costs while providing relief and reducing financial strain.
(Cagle et al., 2016). In addition to support for financial needs, support for practical needs including health care management, support groups, or counseling that inform families about the costs, benefits, and limits of their insurance coverage should be offered for families (Cagle et al., 2016). This includes providing frequent patient and family distress screenings and ensuring that families are receiving consistent information and answers to their questions to offer valuable tools to navigate the financial impact of a cancer diagnosis (Cagle et al., 2016).

**Emotional and Psychological Impact**

**Depression.** In addition to the variety of losses that families experience, many individuals living with cancer or their family members experience symptoms of depression or anxiety. It has been suggested that 30-40% of oncology patients are affected by a mental disorder that is often unrecognized and, therefore, untreated (Cardoso, Graca, Klut, Trancas, and Papoila 2016). Mental disorders may be unrecognized due to the physical losses patients experience, decreased sleep or appetite, loss of hope or purpose, and worry about the future. As mentioned, women with breast cancer may undergo surgery to remove their breasts or alter their body parts, which can be symbolically significant (El Sayed & Badr, 2014). Losing one’s body parts may cause major emotional stress to females whose self-identity and role-identity are important to them and are threatened and lost (El Sayed & Badr, 2014).

El Sayed and Badr (2014) conducted a study to identify psychological factors of depression and anxiety and their relationship with social support and functional status. They found that breast cancer patients who received surgery experienced high levels of both depression and anxiety, which led to an inability to work, trouble meeting the needs of the family, and work becoming less fulfilling (El Sayed & Badr, 2014). One element that may be helpful for individuals who are experiencing a loss of identity or symptoms of depression is
social support. El Sayed and Badr (2014) found that those women who had more social support were less emotionally distressed and had developed more adaptive coping mechanisms than those who did not. These findings stress the importance of providing access to social supports to patients and families to benefit their overall well-being during these critical experiences.

**Anxiety.** Individuals living with cancer may also experience increased levels of anxiety due to fear of recurrence, hopelessness, uncertainty, or loss of control (Gold et al., 2016). Thoughts about the future and what is yet to come concerning a diagnosis can increase the severity of anxiety. Anxious thoughts can add to sleep deprivation, fatigue, and depression, which can significantly impact one’s quality of life (Yennurajalingam et al., 2016). Gold et al. (2016) found that individuals who reported having depression and anxiety had greater difficulty coping with their disease and treatment, had lower physical, psychological, and social well-being, and reported less overall support from others and lowered quality of life. In relation to energy levels and quality of life, it was also determined that those individuals with terminal illnesses may be getting enough sleep each night but may be perceiving inadequate rest and fatigue due to their depression and anxiety (Yennurajalingam et al., 2016). These studies present how anxiety can severely impact day-to-day functioning within physical, psychological, and social domains, which emphasizes the importance of holistic health treatments as a supplement to medical care.

Higher levels of anxiety were found in people with negative social support or impaired physical activity (Cardoso et al., 2016). This may be due to the lack of felt support from others, increased isolation, increased individualized caregiving, and lack of endorphins in the brain. Psychological distress interferes with the ability to cope with cancer treatment since individuals with high stress and low quality of life may feel alone and experience an increase in hopelessness
and uncertainty (Cardoso et al., 2016). Cardoso et al. (2016) found a strong association between being diagnosed with a more advanced cancer stage and having depression or anxiety. This may be due to the level of hopelessness when diagnosed with an advanced stage of cancer. Individuals with advanced stages of cancer may benefit from early detection of mental health problems to receive adequate support (Cardoso et al., 2016).

**Intimacy.** Physical losses may negatively impact intimacy and sexual well-being during one’s cancer journey. The physical and sexual changes that individuals with cancer face during treatment may affect their identity, self-esteem, and body image. In men in particular, Ussher, Perz, and Gilbert (2015) found sexual changes following treatment of both prostate and testicular cancer included erectile dysfunction, diminished genital size, weight gain, reductions in sexual desire and enjoyment, and negative body image. Women with gynecological or breast cancer experienced vaginal pain or dryness and negative feelings of sexual un-attractiveness, which led to reductions in sexual desire (Ussher et al., 2015). Psychological consequences may include lower quality of life, higher levels of distress, feelings of inadequacy, and changes to sense of masculinity or femininity while emotional effects may consist of distance between couples, feeling unwanted, negative thoughts about sexual contact, and difficulty with communication (Ussher et al., 2015). As is noted, the sexual changes these individuals and their partners face in multiple domains create stress or strain on the relationship itself.

**Treatment Approaches**

**Psychoeducation and Grief and Loss**

Providing psychoeducation and detailed treatment information to both patients and caregivers can help answer any questions, ease anxiety, and prepare the client and his or her caregivers for the next steps. It is no question that patients themselves are affected physically,
psychologically, and emotionally although family caregivers also experience burdens in these domains and often have unmet informational and psychological needs (Hudson et al., 2012). Psychoeducation can help decrease caregiver burden, increase caregiver quality of life, and increase knowledge of patient symptoms (Hudson et al., 2012). Psychoeducation can be offered both individually or in groups. One benefit to individual psychoeducation is that therapists can tailor it to the client’s specific treatment plan; however, group psychoeducation can also be helpful as it normalizes the experience and allows both clients and caregivers to speak and connect with others who are going through a similar situation.

**Groupwork.** Psychoeducation provided through a group format allows for connection with others, promotes the sharing of experiences, and often requires fewer resources than individual work (Hudson et al., 2012). Hudson et al. (2012) provided psychoeducation on the definition of palliative care, the typical role of caregivers, support services available to assist caregivers, preparation for the future, and self-care strategies that caregivers can use. All participants reported at least one benefit with the most common interest being related to information about palliative care support services (Hudson et al., 2012). There was also a significant improvement in the level of preparedness from the pre-evaluation and post-evaluation (Hudson et al., 2012). The information presented in this study demonstrates the need for increased psychoeducation within therapeutic services. Providing detailed information on the resources available to caregivers and preparing them for their roles can help decrease stress for all members of the support system as well as the client.

As a cancer diagnosis changes both the client and caregiver’s lives in every domain, it is important to recognize the need for support from each family member as well as how parents’ thoughts and actions can affect how a child may cope with their illness. Parents of children with
long-term illnesses often have difficulty balancing caring for their child and other responsibilities, which results in stress, worry, mood disturbance, and family arguments (Eccleston, Fisher, Law, Bartlett, & Palermo 2015). When parents have significant emotional distress of their own and engage in problematic responses to children’s pain behaviors, it affects how they interact with one another as well as the child’s view of their illness (Eccleston et al., 2015). Therapists can help parents develop adaptive problem-solving strategies while also encouraging them to be agents of change in the management of their child’s chronic illness (Eccleston et al., 2015). This study takes a systemic approach by suggesting that therapy should include both the client and his or her family members or caregivers.

**Individual.** Although group therapy and psychoeducation sessions can help connect clients and families who are going through similar experiences, individualized treatment can help families get their specific questions answered and focus on the individual needs of the client more closely. Those with a cancer diagnosis typically experience a type of nonfinite loss, which can be defined by a loss that is contingent upon development, time, and on a lack of hope, wishes, and expectations (Brosi, 2006). Beginning in childhood, humans start the process of receiving and constructing narratives about their lives (Brosi, 2006). Every person becomes attached to specific patterns or ways of living that are comfortable and becomes attached to the expectations of his or her life, which is greatly impacted by a cancer diagnosis (Brosi, 2006).

When a person experiences a nonfinite loss, they must adapt and begin developing a new narrative, which can cause stress and anxiety (Brosi, 2006). Collaborative therapy can help clients develop a “new normal” rather than a “who I should be” (Brosi, 2006, p. 196). Individual psychoeducation can also help the client feel more comfortable with the unknown by preparing them for what may or may not come. Individual psychoeducation can act as an aid in assisting
clients in developing a new narrative because it includes information that is backed by research and can be tailored to each client’s needs.

**Art Therapy**

In addition to receiving chemotherapy and radiation, many individuals living with cancer take various medications for pain management. Healthcare professionals typically depend on opioid treatments to reduce pain although these medications come with many side effects including constipation, nausea, exhaustion, respiratory depression, and sexual dysfunction (Bao et al., 2014). The need for additional support for individuals living with cancer is becoming well recognized. Therapists can implement extra support through alternative types of therapy and psychosocial support. The role of art therapy is also becoming more established in the treatment of cancer because it provides an alternative type of treatment that does not require words yet still allows clients to express their thoughts and emotions. Art therapy uses art-making as a way to communicate through creative expression and symbolic metaphor rather than making aesthetically pleasing pictures (Jones & Browning, 2009).

Since art therapy uses a process that does not require words, it provides an opportunity for clients to reflect on their current situation and develop their understanding of it (Jones & Browning, 2009). It is an art therapist’s job to provide a guiding hand in the therapeutic process by helping each client develop an understanding of his or her situation. Art therapists can contribute to treatment teams while also developing treatment plans for both individual patients and families. Art therapy can be especially helpful for those with a cancer diagnosis as the shock and fear that cancer evokes as well as the disruption of life often makes verbal communication difficult (Jones & Browning, 2009). In this way, art therapy can be viewed as a “mind-body
intervention” because its inherent non-verbal opportunity for expression is especially valuable (Klagsbrun et al., 2005, p. 111).

**Art therapy and neuroscience.** As noted, individuals living with cancer may experience anxiety, grief, loss, and uncertainty. Art therapy can be used to help clients cope with big feelings and may have a positive influence on the overall functioning of the body (Klagsbrun et al., 2005). The Expressive Therapies Continuum (ETC) is a framework that can be used to help clients process and organize experiences with art media into various categories that mirror and reflect brain processing (Hinz, 2009). The ETC includes four levels that affect the functioning of both the left and right hemispheres of the brain. These include kinesthetic movement, perceptual activities, and cognitive tasks that require the left hemisphere to function as well as sensory experiences, affective or emotional activities, and symbolic directives that require the right region to function (Hinz, 2009). The ETC supports how we can optimize brain functioning via engagement with various media and materials.

As noted, art therapy can also have a positive impact on how the brain functions, rewires itself, and how the brain and body connect. Monti et al. (2006) suggested that art directives can activate the right hemisphere through sensory activity, which leads to greater awareness of emotional responses, while the left hemisphere can engage through the verbal articulation of what the image may represent. This finding demonstrates how art therapy engages the two hemispheres of the brain and how it can help clients make meaning of their experiences. Each level of the ETC requires higher complex processing with the last level being the creative level, which serves as an integrative function (Hinz, 2009).

In addition to using the ETC in session, therapists may also use Mindfulness-Based Art Therapy (MBAT) to help clients develop adaptive coping mechanisms and learn calming skills.
Monti et al. (2012) had participants engage in a resting period, a neutral task for the control variable, meditation task, stressor task, and an additional resting task. During the study, changes in the brain included increased cerebral blood flow (CBF) in the left insula, right amygdala, right hippocampus, and bilateral caudate, which are all involved in meditation tasks and emotional processing related to anxiety (Monti et al., 2012). This study provides information on the benefits of research-based opportunities for improving self-regulation via mindfulness practices (Monti et al., 2012).

Art therapists can use tools such as the ETC and MBAT to promote optimal brain functioning. Therapists can assist the client in reaching all of the levels of the ETC and using materials that enhance each level to match the current needs of each client. Examples of materials that are more fluid and, therefore, may trigger more of an effective response include watercolor or chalk pastels (Hinz, 2009). Materials that are cognitively based include colored pencils or collage items. To help clients reach optimal brain functioning, therapists start with materials that clients prefer and slowly move them along the continuum.

**Art therapy and grief and loss.** As noted previously, all individuals affected by cancer experience grief or loss in various capacities and degrees of impact. An art therapy directive that has been effective to address grief and loss is to think of an obstacle and imagine placing the obstacles outside of the self (Klagsbrun et al., 2005). Clients are invited to imagine an image to symbolize this. This directive allows clients to create a visual of placing their challenge outside of themselves, which may help them take a step back and allow them to separate from their problem. This directive also encourages the client to view their problem from a new perspective and separates the problem from the person.
Klagsbrun et al. (2005) also asked participants to create an art lifeline that expressed the ways they had used creative expression in various phases of their lives. Each participant was asked to use a shape or different type of line to represent their feelings during those periods or transitions on their lifelines (Klagsbrun et al., 2005). This directive encourages reflection on patients’ journeys while also helping clients connect common experiences or difficulties with others in the group. The activity can also help clients identify leisure activities or hobbies to use as coping methods.

The creation of a mandala using markers, pastels, or collage items can help clients focus on self-care and identifying resources (Klagsbrun et al., 2005). Klagsbrun et al. (2005) offered multiple art therapy directives in which one participant found it effective to confront her fears rather than deny them. Many participants also indicated that they experienced improvements in their overall quality of life (Klagsbrun et al., 2005). Art therapy directives can help clients determine and identify the areas they would like to grow in and assist them in utilizing their resources.

Individuals diagnosed with terminal illnesses face many challenges including losing their sense of purpose, hope, and what they will leave behind. Legacy work in art therapy can be a way of connecting the client and their support system, while also addressing the unknown, through the development of a legacy book, family tree, or through the development of more permanent work such as handprints. Legacy work can be extremely effective for people living with cancer, caretakers, and those living with loss because it is a way to honor the loved one (Rutenberg, 2008). Talking about end of life in therapy can help give patients and family members the chance to discuss their emotions and grieve together in a safe place.
Although all humans face losses every day, the intensity of facing the end of one’s life can cause loss of faith, hope, autonomy, and meaning in life (Rutenberg, 2008). Using a hand casting technique can help patients use the creative process to become aware of deep emotions and express these emotions while also assisting clients in bringing meaning and a new perspective to their lives within the support of a therapeutic relationship (Rutenberg, 2008). It can also give families a tangible object to keep and help them find some acceptance in the grief and loss process. Legacy work in art therapy can help clients develop a new sense of purpose while also creating a significant-symbolic object that offers patients the opportunity to leave a lasting impact on those around them.

**Art therapy and pain management.** Pain negatively affects quality of life, impedes cancer recovery, and can result in client and family distress (Jibb et al., 2015). Klagsbrun et al. (2005) found that the use of movement can help those living with cancer cope with bodily pain or symptoms, reduce fatigue, provide relief from somatic symptoms, and decrease depression and anxiety. Art therapy sessions can integrate movement through a warm-up or check-in activities. Mohammed (2016) found that movement and exercise can also help prevent the shortening of muscles, contracture of the joints, and improve lymph and blood circulation after having a mastectomy. Providing time for movement within sessions may help clients cope with psychosomatic symptoms, provide bi-lateral stimulation, and help get clients into their bodies. During sessions, clients can be directed to monitor the needs of their own body and only do what they feel comfortable with (Klagsbrun et al., 2005).

Mohammed (2016) conducted a study to determine how exercise affects the functional status of women after having breast cancer surgery. Activities such as bathing, dressing, cleaning, cooking, working, amount of job responsibility, and engagement in community
activities defined functional status (Mohammed, 2016). Mohammed (2016) found that after engaging in exercise or movement, there was a significant difference in the level of pain intensity, shoulder movement, and functional status. This study indicates that exercise can be helpful in pain management and help with the overall quality of life.

**Mindfulness-based art therapy.** The 5-year cancer survival rate has reached 80-95% in many countries, and therefore survivors may develop long-term physical and psychological effects of the disease itself, or its treatment, which creates a need for alternative types of therapy (Zainal, Booth, & Huppert, 2013). Mindfulness is the practice of focusing on the present moment. Many people living with cancer report high levels of unmet psychosocial needs and stress, exhibit poor coping strategies, and have inadequate social support (Monti et al., 2006). Mindfulness can be connected with movement-based practices through breathing exercises and light stretching to facilitate a connection with the body and encourage movement (Klagsbrun et al., 2005). Clearing a space is a mind-body tool used for insight and stress reduction and has been associated with improvements in body image and a decrease in depression among cancer patients (Klagsbrun et al., 2005).

Mindfulness Based Art Therapy can help encourage self-regulation in a way that is not confined to verbal processing (Monti et al., 2013). Art therapy can incorporate mindfulness through guided meditation or visualization. Specific directives that can be used as warm-ups in sessions to help clients become present include embodied well-being through the representation of responding vs. reacting to stress, body scan meditation where the client is directed to notice how their body is presenting, and matching attention with breath (Monti et al., 2006). This can help clients notice how they are feeling coming into the session, which may help guide what clients should work on during that time. Practices such as a guided body scan or sitting
meditation can be completed at home as well with an audiotape recording or prompt (Monti et al., 2006). This may be helpful for clients who are currently going through chemotherapy or radiation and may have difficulty consistently making it to sessions.

Amplified stress in those with cancer has been associated with increased morbidity, decreased immune function, increased relapse, and decreased quality of life (Monti et al., 2013). Stress may be manifested through anxiety or depression, as well as physical symptoms such as fatigue, increased pain, and impaired sleep (Monti et al., 2013). Since receiving a cancer diagnosis can be highly stressful and can also increase thoughts of uncertainty, mindfulness can help individuals living with cancer focus on the present moment. Furthermore, mindfulness practices may help clients foster self-regulation skills through focused attention and acceptance of self in the present moment (Monti et al., 2006).

Mindfulness-based stress reduction (MBSR) is a psychoeducational training that was initially developed for chronic pain patients (Zainal et al., 2013). Participants learn effective ways of coping with their emotions by becoming aware of their thoughts, feelings, bodily sensations, and the world around them (Zainal et al., 2013). Since MBSR helps clients focus on the present moment, it can help cancer patients concentrate less on the past and lessen worry about the future (Zainal et al., 2013). Zainal et al. (2013) found that practicing MBSR helped women with breast cancer decrease their anxiety, depression, and stress, and improve sexual difficulties. The practice of specific mindfulness or art therapy directives can help those affected by cancer develop adaptive coping mechanisms and increase his or her quality of life, and when done in conjunction, can reduce the mental health symptoms associated with a cancer diagnosis.
Individual Psychology

Researchers have conducted a variety of studies on what happens in the body during the development and treatment of cancer and why humans receive a cancer diagnosis, although a lot of research has been inconclusive. The loss-depression hypothesis suggests that emotional trauma of separation or loss precedes the development of cancer along with feelings of helplessness (O’Connor, 1987). O’Connor (1987) found that 72% of cancer patients experienced a loss of a central relationship anywhere from eight years to a few months before the onset of the disease. This may explain the tie between cancer and emotional and physical stress and why some partners or family members receive a diagnosis after a loved one has passed. Other variables that may contribute to the development of cancer include stress and changes in hormonal balances, which may lead to an increase in the production of abnormal cells (O’Connor, 1987).

The life changes listed above impact the body physically, mentally, and emotionally. These changes are consistent with Individual Psychology, which states that an illness is not purely a physical problem, and the uniqueness of each individual causes variations in every illness (O’Connor, 1987). Adler believed that the whole person needs to be studied to give recognition to the creativity of individuals and how it may be contributing to their illness (O’Connor, 1987). In this sense, Individual Psychology suggests not to treat the disease by itself but rather the patient as a unique human being (O’Connor, 1987). By taking an Adlerian approach, clinicians can recognize how the whole client is impacted by their diagnosis, while clients can better understand how the decisions they make and how they use coping mechanisms may be affecting their quality of life.
Social Interest

Cancer patients often experience isolation during treatment because many hospitals have protocols to help prevent the risk of disease due to decreased immune function. Cancer survivors experience stress related to fears of relapse as well as a variety of psychosocial problems that negatively impact their quality of life across physical, emotional, relational, vocational, and spiritual domains (Shannonhouse et al., 2014). The isolation during treatment, fear of relapse, and problems in various life domains may result in symptoms of anxiety or depression. Since many cancer patients feel alone during their treatment process, social support seeking as a coping mechanism for depression, anxiety, and stress is imperative to healing (Hill, 2016).

Having a strong support network can help individuals affected by cancer cope with stress, understand the effects of treatment, and provide support and understanding for the pain, grief, and loss that come with a cancer diagnosis. Support can be exhibited in multiple ways including emotional support through sympathy and understanding, through support groups, as well as instrumental support through information and psychoeducation (Hill, 2016). Support groups for cancer patients and survivors are designed to decrease feelings of isolation, increase coping, and reduce mental health stressors and symptoms related to the diagnosis (Shannonhouse et al., 2014). Hill (2016) found that patients with higher levels of social support are more likely to use healthcare and support services, which may be due to decreased levels of helplessness and hopelessness.

Shannonhouse et al. (2014) used the wheel model, which emphasizes the life tasks and sense of meaning and purpose in life to determine what strategies and group experiences contributed to positive support group outcomes and changes in holistic wellness. It was found that members in support groups desired help in transitioning to life after treatment and showed
an increased connection with those who had also received a diagnosis, treatment, and side effects (Shannonhouse et al., 2014). Participants also desired connection, knowledge, resolution, motivation, prevention, and exploration (Shannonhouse et al., 2014). Support groups and social support seeking can be beneficial for gaining social interest since it can help participants focus on connecting with others and empathizing with members of a community. Participants in the finding your new normal group experienced a variety of emotions including guilt, surprise, frustration, gratitude, and validation-empowerment, which indicates how after the group participants focused on feelings of connection rather than the trauma from their own cancer experience (Shannonhouse et al., 2014).

One change that hospitals, hospice care, and clinics can make is through ensuring that risk assessments include indicators of caregiver’s social support networks to ensure that the caregiver and patient both have adequate support (Allen et al., 2013). Since all cancer experiences are unique to each individual, it is essential that organizations and clinicians provide opportunities for social interest and support for all individuals. The aforementioned articles provide research on how social support groups can help cancer patients and those in remission want to share their experience and help others through engaging in community activities. When facilitating support groups, clinicians must be aware of the varying degrees of trauma survivors have experienced during their treatment, and how feelings of guilt or sadness may come up if one member perceives their journey as less of a hardship (Shannonhouse et al., 2014). Normalizing and processing all feelings and encouraging members to adopt strength and courage from each other’s stories rather than compare can be an opportunity for posttraumatic growth (Shannonhouse et al., 2014).
Holism

The biomedical model suggests that a single cause has a single treatment when in reality chronic illness is variable depending on several biopsychosocial factors including biomedical, personality, coping, and cultural factors (Sperry, 2008). A holistic approach to healing takes all aspects of an individual into consideration, accepts the client for who they are, and looks past the physical or mental diagnoses of an individual. The biopsychosocial model views treatment through a holistic lens because it proposes that clinicians take all levels of a person’s functioning (e.g., biological, psychological, and social areas of well-being) into consideration to fully understand them (Sperry, 2008). With a cancer diagnosis, the surveillance theory suggests that cancer develops when the immune system does not destroy the cancer cells properly and takes environmental, lifestyle, genetic causes, and psychological factors into account (Zimpfer, 1992).

A holistic approach to wellness emphasizes the mind-body connection and notes how an individual is not made up of parts but how each function of the body affects another. Adler’s work on inferiority complex and lifestyle, which incorporates the biological dimension through organ inferiority and temperament, the psychological aspect through lifestyle convictions, and the social dimension through the family constellation demonstrate this idea (Sperry, 2008). In relation to chronic illness, the interaction of stressors, coping efficacy (i.e., how individuals use safeguarding patterns), and reduced biological functioning can affect disease status and the patient’s lifestyle beliefs about oneself, the world, and the future (Sperry, 2008). Holistic practices within the treatment of cancer include visualizing treatments as working to defeat the disease, education for more accurate beliefs about the progress and treatment of cancer, the adoption of a healthier lifestyle with exercise and nutrition, and an idea that the body has a built-in will to restore itself (Zimpfer, 1992). Education about holistic health and wellness can be
beneficial to cancer patients because it provides information on the mind-body connection and encourages the client to recognize his or her strengths and understand one’s lifestyle through a holistic lens. This encourages clients to take responsibility for their well-being and learn they have the power to take better care of themselves to lead a healthier lifestyle and prevent or recover from illness (O’Connor, 1987).

As mentioned, many times clients lose their sense of purpose when given a cancer diagnosis. Social support groups can allow cancer patients to find meaning by gaining social interest. Allowing oneself to actively listen and understand another person’s journey while also seeking to help others can help cancer patients find a new sense of purpose and can help lead them toward finding peace. Relief in tension and finding balance in lifestyle is essential within the healing process (Zimpfer, 1992). A holistic approach to counseling can help the client feel a sense of mutuality in trust and understanding, help the client foster a sense of control in a situation that seems out of control, and can help the client learn to do things that are meaningful to him or her in the present moment (Zimpfer, 1992). Once a client has found balance in his or her own life, her or she begins to show emotional progress and reach out to help others (Zimpfer, 1992).

**Life Tasks**

The life tasks of Individual Psychology indicate the primary areas of life in which a human is either succeeding and has strengths in or is striving to improve. Adler’s Individual Psychology and the life tasks emphasize the power of personal choice and the unique lifestyle of each human being, the universal connection between human beings, the importance of a positive and encouraging life, and the importance of social interest and relationship (Carlson & Englar-Carlson, 2017). The life tasks make up the whole of a person, which can help therapists
understand how a person views themselves, others, and the world. All persons have areas in which they have strengths as well as areas for growth.

Success in life tasks may be dependent upon where an individual is developmentally and what types of experiences he or she is currently going through. It is through one’s lifestyle that they select the methods for coping with life’s challenges (Carlson & Englar-Carlson, 2017). It is when a person is having difficulty meeting their standards in any of the life tasks when they may seek support. This relates to Adler’s vision of psychology of growth, where people can strive to overcome difficulties and change their lives (Carlson & Englar-Carlson, 2017). Therapists can work with clients to help them understand their lifestyle through an emphasis on encouragement, search for positivity, mental health, relationships, the concept of social interest, and consideration of cultural and contextual factors (Carlson & Englar-Carlson, 2017).

**Social.** One can accomplish the social task through satisfying relationships with others (Carlson & Englar-Carlson, 2017). This can include relationships and support networks among various groups. Since humans are social beings, this task influences how one performs within the other tasks. Social skills may include, but are not limited to, collaboration, patience, empathy, active listening, and social interest or helping others.

A person loses his or her sense of creativity and independence when he or she is too concerned about the expectations of others and rely on others’ opinions to make decisions (Johansen, 2017). To accept oneself and engage in a community, one must become self-determining and independent, which forms the foundation for feelings of self-esteem, inferiority, superiority, security, and relationships with others (Johansen, 2017). The development of social interest can help clients use their creativity to choose alternative methods of dealing with life and help bring them meaning and purpose, which can enhance the other tasks of life (Carlson &
Englar-Carlson, 2017). The social task of life is a crucial element to focus on in the treatment of cancer because support networks and opportunities for social interest can help individuals regain hope and purpose in life.

**Work.** The work task includes how each person works with others and finds meaning or purpose in the work that they do to serve others. A person realizes the work task when work is meaningful and satisfying, and in which humans can use their creativity to develop new ideas (Carlson & Englar-Carlson, 2017). When a person receives a cancer diagnosis, the work task can be one of the main parts of life that is affected. Cancer patients may need to take time off of work to pursue treatment or due to exhaustion and pain, which can affect a family financially and emotionally. Financial losses due to changes in the work task may impact other tasks of life such as love and self. Relationships with health care staff become significant for the person diagnosed with cancer and may play a significant role in healing.

**Love.** One addresses the love task by learning to love oneself and another (Carlson & Englar-Carlson, 2017). The love task does not only include love shown with a partner but also with family and other communities. A cancer diagnosis impacts the love task through changes in roles and responsibilities, intimacy, and connection. Similar to the social task, positive relations with others in the love task is a dimension that ranges from feeling distant and having few and low trust relationships to experiencing warm, satisfying, and trusting relationships with others (Johansen, 2017). A trusting relationship must also be shown in the therapeutic setting for a client to feel safe and be able to go deeper into the work.

**Spiritual.** Although not discussed as frequently, a person can achieve the spiritual task in multiple ways. Spirituality can be practiced through religion but does not need to be. One may exercise spirituality through connection from religious practice, but ultimately spirituality
defines itself by a sense of connection with something bigger than oneself (Shannonhouse et al., 2014). Spirituality links directly to one’s sense of self and sense of purpose in life, which makes it beneficial to those who are diagnosed with cancer (Shannonhouse et al., 2014). Spirituality can specifically help cancer patients focus on positivity and hope, and finding a higher power can offer comfort and healing during the cancer journey.

**Self.** In addition to spirituality, success in the self task is essential to one’s lifestyle, as this is what drives and affects all the other tasks. Adler believed that everyone must come to a conclusion about themselves, which impacts daily functioning (Johansen, 2017). Johansen (2017) used well-being therapy to help clients identify and record thoughts or negative self-talk that interfere with well-being, which is similar to identifying self-discouraging attitudes and beliefs. A sense of purpose and self-acceptance of positive and negative qualities relate directly to the self task (Johansen, 2017). These are both necessary to move toward healing and may support the creation of new narratives that offer a deeper sense of meaning in life.

Regarding a cancer diagnosis, purpose and meaning in life can change because a diagnosis influences all life tasks. A cancer diagnosis shifts a person’s lifestyle in ways that they may lose their sense of self. Therapy can help persons with cancer accept their current situation, while also encouraging them to find strength and a sense of purpose, which will help them succeed in the other tasks of life. As noted previously all of the life tasks influence and connect; however, it is how each client perceives their success in each area and makes connections with others that truly changes and adapts one’s style of life.

**Adlerian Art Therapy**

Adlerian art therapy focuses on treating the whole person through providing art directives that help encourage a client to explore and better understand his or her lifestyle. Specific goals
of using art with an Adlerian group approach are to alleviate isolation through participation, change attitudes of discouragement to hope, help individuals become task-oriented (e.g., focused on the tasks of life) rather than self-oriented, and help clients develop a sense of belonging (Dreikurs, 1976). One art therapy directive that can help encourage a sense of community is the *carousel painting*. This directive allows clients to get up and move, find rhythm, and become a cooperating member of a group by continuing what has been painted before and adding to each group member’s work of art (Dreikurs, 1976). Within group therapy, clients may also be asked to present a series of paintings or artworks that represent themselves, in which the group decides what that group member is telling about themselves (Dreikurs, 1976). The group asks the person what resonates with them, which is congruent with early recollections and can develop a theme for how that person presents in the group or shows up in life (Dreikurs, 1976). Adaptations can be made for variations in ability and stages of the cancer diagnosis.

How a person creates art and what materials they are drawn to can give insight into how they navigate through life. Using new materials and trying something new can help get clients out of their comfort zone and potentially discover a unique ability. The discovery of a new ability diminishes feelings of inferiority, increases feelings of worth, and can be a coping mechanism that clients can use outside of the therapeutic environment (Dreikurs, 1976). A group experience through art making can help produce feelings of belonging, reflection, and expression. It is through this that individuals affected by cancer will begin healing.

**Discussion**

**Implications for Practice**

Receiving a cancer diagnosis can affect both the patient and his or her family through physical, emotional, and psychological domains. It is suggested that anywhere between 12-40%
of caregivers experience poor mental well-being, which includes elements of depression and complicated grief (Allen et al., 2013). This statistic emphasizes the need for alternative methods of support for both patients and their caregivers. There is a growing need for treatment options that help clients process the psychological and social adjustments necessary for living with a long-term illness (Klagsbrun et al., 2005). Since there is an increased risk for developing symptoms of anxiety and depression, and financial burden among other losses affect clients and their families, clinicians and clinics should ensure that patients have adequate support systems and services available to them. Support may include individual, group, or family support services through an emotional support group, or therapy, which introduce specific tools to clients that align with their individual needs.

**Recommendations for Future Research**

Future research should include studies with diverse populations and increased numbers of participants. This includes more extensive studies that are representative of both women and men with cancer who have a lower income or education, those who have diverse cultural backgrounds, and those patients who are non-Caucasian. Future studies should also include younger patients since they may report different psychosocial needs and concerns (Hill, 2016). Including individuals from diverse populations can help ensure that treatment is provided on an individualized basis and also help discover specific types of therapy or approaches that may be more beneficial to particular populations. In addition, it may be helpful for future research to include studies that focus on the correlation between significant loss and a later cancer diagnosis to connect the health consequences from grief and loss.

Additional studies should consider how art therapy sessions and alternative types of therapy can include holistic practices. Various studies completed on holistic health and wellness
that are directly related to art therapy can help art therapists and clients identify tools and support services that can enhance the therapeutic environment and experience. Future studies should include ongoing research on patients with different types of cancer and at various stages. Increasing the number of longitudinal studies can help support research that is complete and ensure that the treatment is helpful over time. This may be especially important for those patients who are in remission.

**Conclusion**

This literature review presents information on the importance of social support and alternative types of healing for those who are impacted by cancer. It is essential that future research continues to explore the long-lasting benefits of various types of therapy and include multiple populations to develop a database of information that may benefit future patients (Bao et al., 2014). The research presented in this review can help art therapists, clinics, and organizations understand the effects of holistic art therapy on the brain as well as how clients can reach optimal brain functioning with the support of therapeutic services. Art therapy provides directives for expressing representations in a tangible and personally meaningful manner (Monti et al., 2006). Art therapy can be a beneficial tool for those facing cancer because it allows them to create a tangible piece of art without the need to express oneself through words. This research demonstrates how alternative types of therapy (i.e., mindfulness, art therapy, movement, and psychoeducation) can be incorporated into the therapeutic setting to enhance services provided and help increase clients’ quality of life.
References


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Holistic Practices for Families Affected by Cancer
an Experiential Component

Presented to
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In Partial Fulfillment of the Requirement for
The Degree of Master of Arts in
Adlerian Counseling and Psychotherapy

By
Tori A. Carter

Chair: Erin Rafferty-Bugher, LMFT ATR-BC
Reader: Katie Kinzer, LPCC ATR-BC

July 2019
Art Therapy and Mindfulness Workbook

for Individuals Facing Cancer

By

Tori A. Carter
This workbook has been created to provide holistic art therapy directives to individuals who are affected by cancer. The directives in this workbook should be used by individuals who have existing therapeutic relationships with an art therapist. It may be used at home, in a hospital, during therapeutic services, or in any other environment of the individual’s choice. A licensed art therapist should facilitate any directives completed with a group. Art therapy is a beneficial type of treatment for those with a cancer diagnosis, as it provides an alternative model of therapy when words are not enough. Art therapy can help those with cancer cope with anxiety, grief, loss, and uncertainty, and improve quality of life (Klagsbrun et al., 2005). The art therapy directives and holistic approaches (i.e., breathing and movement activities) presented in this workbook can be used and adapted as a tool for decreasing stress, exploration of one’s life journey, and improving one’s quality of life.

This workbook incorporates art therapy and mindfulness directives that target optimal brain functioning. The directives in this workbook emphasize different levels of the Expressive Therapies Continuum (ETC). Directives that allow the left hemisphere to function include kinesthetic movement, perceptual activities, and cognitive tasks. Those that enable the right region to function involve sensory experiences, emotional activities, and symbolic directives (Hinz, 2009). If a participant feels stuck or has an emotional response triggered while completing this workbook, the author suggests he or she process with an art therapist about how to develop a better understanding of his or her current situation.

An art therapist should advise participants about where to begin and continue in the workbook dependent upon their unique experience and current situation. Participants are invited to complete any or all of the directives based on how they feel each day. There may be directives in this workbook that may not align with or feel right for each participant. However,
there may also be directives that can benefit participants based on their unique experience.

Although the activities are designed to be completed both inside and outside of a therapeutic setting, the author suggests that participants seek support from a licensed art therapist if they are unsure of the process, have additional questions, or would like to explore the directives in further depth. This workbook presents information and directives that have been backed by research. Participants can find a list of articles in the reference page at the end of this workbook.
The first page of this workbook provides a cover template for you to use. Chosen by the author, the cover template has been left blank to allow for individualization and personalization of this workbook. You may develop a title and cover art using materials of your choice, and fill in space with colors, shapes, or images that represent your life journey and experiences. The title and cover art can be added to or changed throughout the completion of this workbook and completed at any time you are comfortable.
Receiving a cancer diagnosis affects an individual physically, psychologically, and emotionally, and also, affects the family, social, work, and relational systems of the individual. Different types of losses may include but are not limited to changes in responsibility, physical loss, loss of intimacy and identity, and emotional stress. Social support can help individuals with cancer face these transitions and challenges and can come from family members, friends, neighbors, health care professionals, or those going through a similar experience.

**Directive:** Support Tree

**Directions:** Create a support tree using one or more materials of your choice (i.e., markers, magazines, pastels, pencil, watercolor, tissue/construction paper). Your support tree may include family members, friends, or any other supportive people in your life. You may also include what you may imagine or wish your support tree to look. One way to create a tree is by using your forearm to create the trunk and fingers for the branches. An example is provided below.

**Materials:** A material of your choice (i.e., markers, magazines, pen, pastels, pencil, watercolor, construction paper, etc.)
Create your tree here:
Once you have completed your support tree, fill out the following prompt (Kinzer, 2017). You may also use this prompt for other directives in this workbook.

<table>
<thead>
<tr>
<th>What I think</th>
<th>How I feel</th>
<th>What I need</th>
</tr>
</thead>
</table>
Directive: Your Cancer Character
Directions: If your cancer was a character, what would he or she look like? Use clay or found objects (i.e., toilet paper tube, string, pipe cleaners, empty Tupperware, construction paper, etc.) to create a character. If you do not have access to these materials, you may also use a writing utensil and a piece of paper to draw your character. 

Materials: Clay or found objects

Once you have created your character, answer the following questions.

What is he/she like when they are angry?

What is he/she need to feel calm?

What does he/she need from others?

What is his/her least favorite activity?

What is his/her favorite activity?

How does he/she interact with others?

As both the individual with a cancer diagnosis and their caregiver(s) experience stress and changes in roles and responsibilities, it is essential that those with cancer receive adequate education and information from doctors, therapists, or organizations.

**Directive:** Letter to Cancer

**Directions:** Write a letter to cancer that includes your thoughts, feelings, and any questions that you may have.
In addition to those diagnosed with cancer, caregivers can also experience poor psychological well-being, which includes depression and grief (Allen et al., 2013). Parents also play a crucial role in how their child adapts to living with a long-term illness (Eccleston et al., 2015), which emphasizes the importance of adequate education and support for all parties.

**Directive:** Embracing Change Through Art

**Directions:** Gather a variety of fake or real flowers. Apply paint onto the flowers and then push them straight down onto a piece of paper to create a print. Continue to make prints changing colors if you would like. Once you finish printing, dip your thumb in the paint and make a thumbprint to create a leaf next to one of your flowers. If you are working with another person or a group of people, pass your art piece around until each person has put a thumbprint on each person’s painting.

As the seasons change and plants and flowers regularly change and grow, this project can represent the change and transitions that one experiences during a cancer diagnosis. You may choose to do this directive alone, with your family, or with someone who supports you.

Note: If this directive is completed within a group, it should be facilitated and processed further with an art therapist.

**Materials:** Fake or real flowers, paint, paintbrushes, and paper

**Reflection:** Throughout your journey, how have the changes and transitions you have experienced allowed you to grow? How can things in our lives change in unexpected ways? How do you stay connected to your family or those who support you? If you worked with someone else, what did it feel like to work together to create a piece?

Write your reflection on the next page.
Write your reflection from the “Embracing Change” directive here:
Individuals diagnosed with cancer face challenges, including loss of a sense of purpose, meaning, and hope. It is important for individuals living with cancer or in remission to practice self-care and participate in activities they enjoy. Focusing on the present moment and moments of joy can help lower stress. Positive changes that individuals with cancer have noted from their diagnosis include increased appreciation of life, greater empathy for others, closer relationships with loved ones, and more positive self-perceptions (Mosher, Bakas, & Champion, 2013).

Mindfulness is the practice of focusing on the present moment. Mindfulness prompts can be connected with movement through breathing and light stretching to create a connection with the body (Klagsbrun et al., 2005). Mindfulness interventions have been shown to reduce anxiety, depression, and psychological distress, as well as increase immune function and quality of life (Monti et al., 2012). If you choose to engage in mindfulness throughout this workbook, do so based on your level of comfort.

**Mindfulness Prompt: Five Senses**
The five senses prompt is based on mindfulness exercises provided by Therapist Aid (2015), which can be found in the reference section.

- **Notice five things that you can see.**
  Look around you and bring your attention to five things that you can see. Pick something you hadn’t noticed before, like a pattern or a small crack on the wall.
  Write them here:

- **Notice four things that you can feel.**
  Bring awareness to four things that you are currently feeling, like the texture of your pants, the feeling of the breeze on your skin, or the smooth surface of a table where you are resting your hands.
  Write them here:

- **Notice three things you can hear.**
  Take a moment to listen and note three things that you hear in the background. Sounds may include the chirp of a bird, the hum of the air-conditioning, or the faint sounds of traffic from a nearby road.
  Write them here:

- **Notice two things you can smell.**
  Bring your awareness to smells that you usually filter out, whether they’re pleasant or
unpleasant. Notice the smell of a nearby restaurant, flowers, or freshly cut grass. Write them here:

• Notice one thing you can taste. Focus on one thing that you can taste right now, at this moment. You can take a sip of a drink, chew a piece of gum, eat something, or notice the current taste in your mouth. Write it here:

**Directive:** Self-Care Mandala

**Directions:** Create a mandala using markers, pastels, collage items, or a material of your choice. Choose images, words, or lines that remind you of your self-care resources or activities of interest (Klagsbrun et al., 2005).

**Materials:** Medium of your choice (i.e., markers, pastels, collage items, etc.)
Create your mandala here:

Reflection: What activities do you enjoy doing most for self-care? How do you feel your self-care routine has changed since your diagnosis?

Write your reflection here:
The life tasks of Alfred Adler’s Individual Psychology emphasize the areas of life in which a human has strengths in or is striving to improve. As all persons have areas in which they have strengths in, as well as areas of growth, Alfred Adler’s vision of psychology of growth suggests that people can strive to overcome difficulties and develop new narratives (Carlson & Englar- Carlson, 2017).

**Directive: Self-Care Wheel and Goal**
**Directions:** Look at the self-care wheel (attached on next page) and choose one area that you think is going well and one area that you would like to work on this week.

Fill out the sheet below from Thought Co (2019). As you fill out the prompt, try to acknowledge and accept each aspect of yourself, including positive and negative qualities (Johansen, 2017). Remember that everyone can work toward something that gives them meaning and purpose. This can be a weekly reflection. Notice how you progress.

My Goal is:

My Target Date is:

To reach my goal, I will do these three things:

1. 

2. 

3. 

I will know I’ve reached my goal because:
Two things that will help me stick to reaching my goal are

1.

2.
Directive: Cut-up Found Poetry

Directions: Begin by choosing answering the prompt: “What does ______ look like to you?” You may select a word from the list below or come up with your own word.

Using a color that reminds you of the word of your choice, create a background on a piece of paper using colored pencils, oil pastels, markers, watercolors, etc. Choose additional words that remind you of the original word you chose. These can be written or cut out of magazines. Once you have selected all of your words, which may include your unique word, glue them onto your background to create a poem. The poem does not need to make sense grammatically, as what is important is that the words hold meaning for you.

Words may include:
- hope
- strength
- belonging
- resiliency
- peace
- happiness/joy
- growth
- courage
- passion

Materials: paper, colored pencils, oil pastels, markers, watercolors, scissors, liquid glue or glue stick, pens, or magazines.
Directive: Mindfulness

Directions: Come to the edge of your seat. Place your feet flat on the floor and your hands in a comfortable position perhaps on your lap facing down to feel more grounded or facing up to receive energy. Begin to focus on your breathing. Picture your breath moving in a circular motion, sending your breath through your body. Breathing in through your head, and as you breathe out, push your breath down to your feet. As you breathe, begin to think about a safe place for you. How does this place look? Maybe it’s your room, a familiar vacation spot, the lake. In your head, I want you to create a picture of the views of your place. Bring yourself there. How does it smell, feel, sound? What are the colors, textures, and details around you? Are there other people there? Once you are ready, bring yourself back to the present space.

Reflection: Write a reflection about what this mindful activity felt like for you. Describe your safe place and what makes it safe for you. If words cannot describe this experience, use color, shape, and line to explain your safe space.

Complete your reflection here:
Directive: Self-Esteem and Identity

Directions: Fill out the prompts below. Buchalter (2015) presented this prompt as a way to become more aware of attitudes, values, and behaviors. As you complete each part, try not to judge your answers or spend too much time on each one.

I like myself because:
- I am…
- I have…
- I can…
- I did…
- I achieved…
- I will…
- I know…
- I want to…
- I love…
- I like…
- I appreciate…
- I consider…
- I understand…
- I act…
- I had…
- I learned…
Receiving a cancer diagnosis may threaten existential human needs through the diagnosis itself, treatment, survivorship, recurrence, or terminal illness (Vehling & Mehnert, 2014). When diagnosed with cancer, individuals may lose their sense of identity or purpose, and work to develop a new one, which can lead to unawareness of one’s body. Although two people may have the same cancer diagnosis, his or her cancer story and experience is unique and separate from anyone else’s. Vehling and Mehnert (2014) emphasize the importance of finding meaning and purpose in life, including after a cancer diagnosis. In addition to having a unique experience, everyone wears multiple masks every day (Corrington, 2012). Individuals may change their mask depending on the people they interact with or their environment.

**Directive:** Mask Making

**Directions:** What we communicate to others may be different than how we feel on the inside (Corrington, 2012). Begin by writing a list of how you believe other people see you and how you present yourself to others. You will use this list for the outside of your mask. Use materials or colors to represent these characteristics.

Next, write a list of characteristics you believe you have, how you see yourself, your personality, and things people may not know about you. Begin thinking about how you may express these. Examples include using your favorite color, expressing the trait of caring by using something soft, using map pieces to represent travel, or using flowers or leaves to represent a connection with nature. You will use this list for the inside part of your mask.

**Materials:** You can make your mask with paper, cardstock, a pre-made mask, or with plaster. Use the materials that you have access to and feel comfortable using.

![Image of a mask with various decorations and words like "confidence," "beautiful," and "love."](https://www.pinterest.com/pin/361765782557420227/?lp=true)


**Reflection:** Write your reflection on the next page.
Write your reflection from the mask making directive here.

How do the two parts differ? Which part are you more comfortable with and why? What questions do you have about the process or how these characteristics may affect your interactions with others?
The alteration or removal of body parts during treatment can lead to significant emotional stress and loss of identity (El Sayed & Badr, 2014). As mentioned above, it is essential that individuals who feel this sense of loss either work toward finding their identity again or begin creating a new one. Identifying strengths can enhance the development of a new identity. Many times humans do not discuss strengths due to focus on the past or future; however, identifying and utilizing strengths can help individuals find the courage to work through difficult life experiences.

**Directive:** “I am” Identity Project

**Directions:** Make a small circle on a piece of paper and write the words “I am” in the center. Draw lines coming out from the circle around the page. Color in or decorate the sections created by the lines using colored pencils, markers, watercolors, scrapbook paper, or a material of your choice. Look through magazines and find words that you believe describe your strengths to create an affirmation piece by gluing them in the different sections of your paper.

**Materials:** paper, markers, colored pencils, magazines, scissors, and glue sticks

**Reflection:** Which part of your identity are you most proud of and why? How has your identity changed since your cancer diagnosis? What are characteristics that you possess that others may not know?

Write your reflection here:
All individuals diagnosed with cancer and any people connected with that person experience grief or loss. Loss can show itself through physical loss, loss of intimacy, loss of senses, financial loss, anxiety, or depression. The creation of a flower pot can be used as a container to hold the emotions connected with significant transitions, a burial space for a loss or transformation that has impacted you in some way, or as a way of representing new growth.

**Directive:** Paint Drip Flower Pots

**Directions:** Choose a large plastic cup, container, or flower pot. Create a hole or cover up an existing hole with a piece of tape. Place your cup or flower pot upside down on top of a surface where it can dry (i.e., tray or tinfoil). Fill up small cups (number of your choice) approximately halfway with liquid glue. Choose one color of paint for each cup and add one or two drops of paint in each cup of glue. Stir the glue and paint together. Taking one cup at a time, pour half of each small container into a large cup, layering the colors. Once you have made it through one cycle, continue with the rest of the glue in each cup, continuing with a pattern. Once you fill your large cup, flip it on top of the bottom of your cup or pot and hold for 10-15 seconds. Lift the cup with the paint off the pot to watch the colors move around. You can lift your base cup or pot and move it around to cover the surface of your choosing.

1. Fill your cups up halfway with glue and one color of paint.

2. Fill your large cup up with half of each color, creating a pattern.

3. Once your large paint cup is full, place the cup upside down on top of your pot. Let the paint flow down the sides.

**Materials:** small cups, large cup for paint, Elmer’s glue, tray or tinfoil, large cup, container, or flower pot.

**Reflection:** Complete your reflection on the next page.
Complete your reflection from the Paint Drip Flower Pot directive here:
What are some of the losses that you have experienced directly? If you could dedicate your pot to one or more people, who would it be and why? How has this person or people touched your life?
Directive: Mindfulness – Draw your Breath

Directions: Choose a drawing material of your choice and place it onto the paper. Take a moment to notice your breath. Begin to visualize your breath as a line, while letting your hands move around the page. Spend a few minutes playing with different types of lines as you find your breath. Maybe you make it a bit faster or slower. Notice how your lines change.

On a new sheet of paper, focus on deep, slow breathing. Breathe in through your nose and out through your mouth. Again, draw lines to represent your breath. Maybe you leave your drawing material on the paper to create a continuous line or create a new line for each breath. Continue for a few minutes to bring yourself into the environment you are in and feel connected with your breath and body.

Materials: drawing material and paper
Directive: A Perfect World

Directions: On a piece of paper, trace two circles. One circle will be a planet that you picture as your “perfect world.” Inside or alongside the planet, you can write words or descriptions of how this may look. In or alongside the other planet, write down words that describe your current life. You may choose to paint or color the planets on top of the words or leave them as they are. You may also want to paint the background black to represent space and add stars by using a paintbrush and white paint and pulling the paintbrush back with your fingers to splatter it on.

Materials: paper, paintbrush, paint, and a writing utensil

Reflection: Once you have created your galaxy and planets, reflect on your experience. What is different about the two planets? How do they overlap or connect? Although the two planets may look different, all plants, animals, creatures, and space are all connected. What are some of the positive changes or experiences you have noticed throughout your journey?

Write your reflection here:
Receiving a cancer diagnosis can leave people with many questions and worry about the future. Focusing on the present moment and what one has control over can be helpful throughout the treatment process. Adequate support and psychoeducation can also help individuals living with cancer cope with stress, understand the effects of treatment, and provide support and understanding for the pain and loss that one experiences.

**Directive:** Circle of Control

**Directions:** Draw a large circle on a piece of paper. On the inside of the circle, cut out pictures from magazines or write down words of parts of your life that you have control over. On the outside of the circle, cut out pictures of images or write down words of parts of your life you do not have control over.

**Materials:** pen/pencil, a large sheet of paper, magazines, scissors, and glue stick

**Reflection:**
What images are most important to you? Which areas of your life that you do not have control do you find most frustrating? What strengths can you draw from the parts of your life in which you have control?

Write your reflection here:
Directive: Mindfulness Prompts

Directions: You may choose to answer the following prompts. If you wish to complete more than one, you do not need to complete them in order. These prompts came from the mindfulness directives in *The Mindfulness Journal*, which are listed in the resources below.

1. As I sit quietly, I notice each breath I take, paying attention to the intake of air through my nose and into my lungs, and the slow exhalation as I release the air through my nose. As I continue this mindful breathing, I notice my body…

Write your response here:

2. Today I sit quietly for a few moments and notice my thoughts as they float by in my mind. I don’t judge them, I watch and notice. What do I observe about my thoughts?

Write your response here:

3. Today I sit in a quiet spot inside or outside in nature. I close my eyes and take a few deep breaths. Then I listen. I notice all of the sounds around me. This is what I heard and experienced while I listened to what was around me.

Write your response here:
Legacy work in art therapy can help individuals living with cancer bring meaning and new perspective into their lives (Rutenberg, 2008). It can help individuals living with cancer develop a new sense of purpose, while also creating a symbolic and tangible object that allows those with cancer to leave a lasting impact on those around them. As legacy work, grief, and loss are topics that often hold deep emotions, the author suggests that individuals using this workbook speak with a therapist if he or she feels they need to process their emotions further.

**Directive:** Legacy Tree

**Directions:** Similar to the directive above, create another tree by using paint to create a handprint, or by tracing around your hand. For this tree, reflect on the lessons you have learned throughout your life thus far, the experiences you have had that have shaped you, and what you would like to share with others.

**Materials:** Paint, paintbrush, markers, pencil, or pen, and paper.

**Reflection:** How are the two trees different? How are they the same? When you think about your legacy tree, what has been left behind for you, and what do you want to pass along?

Write your reflection here:
**Directive:** Self Intention

**Directions:** Create an intention for the day or week. An intention can be a goal that you would like to reach or something you want to consider as you move throughout your day. Intentions can be set hourly, daily, weekly, monthly, or yearly. Examples include today or this week I would like to, laugh, go on a walk, complete an art directive, or try something new.

Write your intention here:

**Directive:** Self Intention Color Study

**Directions:** Choose a color that matches this intention or speaks to you at this moment. Find shades of this color in magazines or tissue paper and rip or cut out shapes or strips to glue on a piece of paper. Once you have filled your paper, write your intention on the top.

**Materials:** magazines, paper, scissors, and a glue bottle or glue stick
Directive: Mindfulness and Emotions

Directions: Share one thing that has been challenging for you this week and one successful moment or something that went well. You may complete this directive as many times you feel comfortable.

Share here:
Mindfulness: Feeling Grounded

Directions: Find a flat rock and place it on the surface in front of you. Place your feet flat on the floor and your hands in a comfortable position perhaps on your lap facing down to feel more grounded or facing up to receive energy. Take this moment to feel your feet and how they connect to the floor below you. Roll your shoulders up and back, and then picture a string going from your bellybutton all the way up to your head. Begin to focus on your breathing, breathing in through your nose, and out through your mouth.

Place your hands face up on the table. Take this moment to truly notice how your hands feel while placed on the table. Pick up your rock and put it in your hands. Notice how the weight changes. Take a moment to feel the stone, focusing on the texture, the temperature, and any other aspects you notice about it. What does it feel like to hold the rock in your hands? As you hold your rock, think about what makes you feel safe. What makes you feel grounded?

Develop an intention for the day and write one word or phrase that represents this intention on your rock. As a reminder, an intention is a guiding principle for how you want to be, live, and show up. People may choose to set intentions for weeks or a lifestyle; however, for this directive focus on what matters to you most at this moment. Words may include calm, peace, hope, love, play, experiment, challenge, etc.
Directive: Gratitude Cards

Directions: Decorate a tag or small piece of cardstock or thicker paper by using different materials such as markers, pastels, tissue paper, scrapbook paper, paint, etc. Write or cut out words from a magazine or book to create a gratitude statement on your card.

Materials: any material(s) you would like to use to decorate the background, glue stick, scissors, magazines, old book(s), and cardstock

Reflection: What aspects of your current situation make it difficult to feel a sense of gratitude? How can the people or parts of your life that you are grateful for help you cope with your current situation?

Write your reflection here:
Positive relationships with others is a dimension that ranges from feeling distant and having few and trusting relationships to experiencing warm, satisfying, and trusting relationships with others (Johansen, 2017).

**Directive:** Growth Through Change

**Directions:** Identify a relationship that you would to grow stronger. It can be a relationship with a partner, family member, friend, coworker, or another individual. Make a background using materials of your choice that represent your current relationship with this person. After you have completed the background, rip your piece into small pieces. Next, find the outline of the butterfly on the next page and fill it in with your parts or create a piece of your own.

**Materials:** paper, material of your choice, and a glue stick

As you finish the directive, reflect on how butterflies change and how your picture changed. How can relationships in our lives change after unexpected events and throughout our lifetime? You may reflect on these questions in addition to the prompt below.

**Reflection:** What is one inspirational word that you attribute to this person? What is one step you could take in regards to letting this person know what you need from them? What is one thing you could do to further this relationship?

Write your reflection here:
**Closing**: When you are finished with the workbook or have come to a stopping point, please fill out the statements below.

Which directive did you enjoy completing most and why?

Which directive was most difficult for you to complete? What would you change?

Which directive gave you the most insight? How did it help you?

What would help you move forward?

The below statements are based on a closing ritual used by Klagsbrun et al. (2005).
What I received from this directive is…

What I received from this workbook is…

What I will carry forward in the future is…
References


Relationship to social support and functional status among patients with breast cancer surgery. *Journal of Nursing and Health Science, 3*(4), 54-63.


