Art Therapy and Identity for Women in Post-Treatment for Breast Cancer

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Abstract

A breast cancer diagnosis is an epiphantic event that alters the course of life and disrupts self-identity leaving women feeling bewildered or confused about how to put the experience into perspective. Art therapy, the use of art making in a therapeutic session to increase psychological adjustment (Glinzak, 2016; Wood, Molassiotis, & Payne, 2011), is one way to encourage better coping skills (Boehm, Cramer, Staroszynski, & Ostermann, 2014) and result in better self-esteem and self-worth (Caddy, Crawford, & Page, 2012). Art therapy uses the “voice” of art (Cobb, & Negash, 2010) as a nonverbal way to access and express innate or unrecognized emotions in a way that is helpful for people who find it difficult to articulate verbally. This paper outlines a program of six sessions of group art therapy to help women reeling from a breast cancer experience review their past, and begin to anticipate a future with new and adaptive ways of coping. The sessions draw on the theoretical perspectives of Alfred Adler’s Individual Psychology to address spiritual and existential distress brought on by the cancer experience. Although art therapy and creative experiences will not meet every person’s need for support after a cancer experience, the art therapy support group is an effective, structured, and viable option for psychosocial support and encouragement during or after a difficult period.
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Art Therapy and Identity for Women in Post-Treatment for Breast Cancer

Identity, as a human construct, is a combination of valued physical and psychological traits that are developed in each person over time. Moreover, identity is created in the interactions we have with others and is a mixture of objective and subjective characteristics that may or may not be true according to outside observers and our own perceptions. Identity is practiced and refined in social roles such as mother, spouse, friend, athlete, and employee, among others (Reynolds & Prior, 2006). Identity is developed over a lifetime of experiences and interactions with other people. Identity progressively matures through adolescence and adulthood, and becomes generally stable over the course of life (Meeus, 2011; Neacsiu, Herr, Fang, Rodriguez, & Rosenthal, 2015; O’Connor & Barrera, 2014) unless a catastrophic event occurs. Thus, a cancer diagnosis, which qualifies as a catastrophic event, is an assault not only on the physical body, but also an assault on personal and social identity (Reynolds & Prior, 2006).

This paper begins at the intersection of self-identity, cancer, and art therapy with the questions, “Can art therapy help navigate changes to self-identity after a cancer diagnosis?” and “Can art therapy help women to better cope with their cancer experience, to reduce anxiety and promote a stronger sense of well-being?” The purpose of this literature review provides a foundation for the suggested curriculum that will offer a meaning-oriented intervention using art therapy for women with a breast cancer experience. The goal is to assist women with a breast cancer experience to create or recreate a stronger sense of personal identity. Group therapy is the conduit to reframe the cancer experience to be one of strength; to see the cancer experience as an opportunity for growth and personal development in place of distress and hopelessness. The
intervention is also an opportunity to rediscover a sense of belonging within a small group of women who share similar experiences.

**Identity**

There is no single, simple definition or measurement of identity. Identity is still best understood as a way of finding meaning in life and fitting into the world (Neacsiu et al., 2015). The most common source of identity is found in everyday roles through which meaning and purpose are found, such as wife, mother, career or job. When these well-established identity roles are diminished or extinguished there is a profound sense of loss of identity (Adorno & Brownell, 2014; Ulrich, 2013).

When an individual’s world is rocked by a life-shaking event, her identity is also severely compromised (Neacsiu et al., 2015). According to Karnilowicz (2011), a life-shaking event can also be called an epiphany. The source of an epiphany originates from a range of experiences such as living through a natural disaster to receiving a cancer diagnosis. Epiphanic points of change are disruptive and potentially debilitating. Life-changing events call into question coping skills that were previously adequate in dealing with a stressful situation, but now the ability or inability to cope or manage in the overwhelming circumstance can have a correlation to a drastic and uncharacteristic change in attitude and style to handle the disruptive event (Karnilowicz, 2011).

**Cancer Diagnosis**

A cancer diagnosis is a traumatic event (Karnilowicz, 2011). Cancer is a disease that carries a stigma that frequently alters the nature of social relationships and leads to social isolation (Adorno & Brownell, 2014). Adding illness and end of life existential concerns to a friendship creates a barrier that leads the cancer patient to experience feelings of isolation and
loneliness. Isolation and loneliness are especially significant when the friend or family member does not relate to the felt experience of cancer, and makes comments that limit dialogue (Pertl, Quigley, & Hevey, 2014).

Once diagnosed with cancer treatment is often immediately enacted. Although the post-diagnosis experience is different for each person, the months following diagnosis are filled with attending a plethora of medical appointments. In addition, the patient with cancer must contend with taxing physical side effects of cancer treatment such as nausea, neuropathy, and fatigue. Cancer treatment is often an intense experience lasting six months to a year or longer (McCann, Illingworth, Wengström, Hubbard, & Kearney, 2010) depending on the specifics of the diagnosis and the patient. Treatment entails scans (e.g., PET, CT, MRI), chemotherapy, radiation, and surgery. In addition, many oncologists recommend women continue hormone therapy for five to 10 years beyond active cancer treatments.

Unfortunately for many women with a breast cancer experience life does not return to homeostasis once the initial barrage of treatment is over. Lingering effects of cancer treatment often continue to permeate daily living (Pertl et al., 2014). To the breast cancer survivor’s surprise, there is no going back to the old, normal life; finding a new normal must be found (Shaw, 2016). The life before cancer no longer exists. For most cancer patients in the post cancer treatment phase, the realization that life will not return to what it was prior to the cancer diagnosis is profound. This realization requires a recalibration of identity that was disrupted by the cancer experience (McCann et al., 2010).

Individuals with a cancer diagnosis need to tell their story. The ability to share their cancer story allows individuals to renegotiate their identity, and storytelling provides an opportunity to a way to examine meaning in their experience (Pertl et al., 2014). Creating art is a
methodology used to share personal stories and communicate information that is difficult to express verbally. In this way, interventions such as art therapy or other expressive art interventions support the emotional needs of breast cancer patients (McCann et al., 2010).

**Identity and Cancer**

Some people incorporate their cancer experience into their identity and define themselves as “cancer victim,” “cancer patient,” or “cancer survivor,” while others actively reject these labels (Park, Bharadwaj, & Blank, 2011). Since cancer is now classified as a chronic illness the term “survivor” has dubious meaning. Surgeons may state unequivocally that cancer has been fully removed after surgery, but for the breast cancer patient oncologists rarely offer the term “cancer free” or cured. The challenge for the breast cancer “survivor” then becomes one of redesigning a lifestyle and identity inclusive of the cancer experience. Moreover, individuals must create coping skills to cope with fears about a reoccurrence of cancer. Changes to lifestyle and identity require alterations to dreams and goals in the present, and also for the future (McCann et al., 2010).

Women experiencing a cancer diagnosis begin to question their identity as they discover daily activities they can no longer perform due to the physical effects of cancer treatment. These realizations are verbalized as “I used to be able to…” statements. The source of regret in these statements includes relatively small changes or abilities previously taken for granted (Ulrich, 2013) such as the ability to garden or play ice hockey. Regardless of the magnitude of change, each new loss adds more evidence to the loss of identity. A greater sense of loss to identity occurs when “I used to be able to…” coincides with a job or career loss due to cancer treatments or the side effects of the treatment. For example, breast cancer surgery to remove cancerous lymph nodes in or near the armpit results in weakened arm strength and limited arm movement.
Inability to regain arm strength and movement means the massage therapist or chiropractor can no longer adequately perform the job for which she was trained.

Many women treated for breast cancer undergo drastic physical changes in an effort to fight the cancer. A woman may feel her identity is compromised with unwanted body transformations such as the loss of hair from chemotherapy, and the removal of one or both breasts from a mastectomy. The shock of these physical changes is re-experienced each time the mirror reflects the bald head, or the scar from the surgery, and the ever-present changes are an ongoing reminder of the experience of the illness (Piot-Ziegler, Sassi, Raffoul, & Delaloye, 2010). Body deconstruction from surgery raises questions about the new physical body image such as, “Is that really me?”, and requires reconciliation with the new look; an acceptance of a new body image as part of a fresh identity (Koszalinski & Williams, 2012).

Beyond appearance, body deconstruction and reconstruction for a woman experiencing breast cancer triggers existential questioning (Piot-Ziegler et al., 2010). Doubts and uncertainties arise regarding her perception of self, her values, how she now perceives her relation to society and her role as sexual partner. Radical surgery of a mastectomy may be life saving, but it also causes a woman to reconsider her definition of femininity, and how to be feminine without a breast (Piot-Ziegler et al., 2010). The loss of a breast affects identity on a personal level (“who am I without a breast?”), and on multiple social levels (“how will the radical surgery change intimacy with my significant other?” and, “how does society view me as feminine if I do not have a breast?”); (Piot-Ziegler et al., 2010; Reynolds & Prior, 2006).

**Art Therapy**

Art therapy is the use of art making in a therapeutic session with the goal to increase well-being and better psychological adjustment (Glinzak, 2016; Wood, Molassiotis, & Payne,
2011), as well as encouraging development of coping skills (Boehm, Cramer, Staroszynski, & Ostermann, 2014). Caddy, Crawford, and Page (2012) reported that participation in art therapy results in better self-esteem and self-worth. Unlike traditional talk therapy, art therapy is a compelling non-verbal way to resolve vacillating emotions about a cancer diagnosis (Reynolds & Prior, 2006). Images created in an art therapy session symbolize feelings that are difficult to describe with words (Boehm et al., 2014; Jones & Browning, 2009).

Art therapy uses the “voice” of art to express or uncover conscious and unconscious emotions (Cobb & Negash, 2010). The use of art as a nonverbal method to access and express innate or unrecognized emotions is helpful for people who find it difficult to articulate. Beyond voicing unspoken emotions, the process of making art can be a way to find personal growth, insight, and transformation in order to live a more meaningful life (Story, 2007).

**Art Therapy and Breast Cancer**

Sharing deeply personal matters or beliefs with other people is difficult. The added complexities of discussions regarding death, dying, and reduced life expectancy are significantly more difficult conversations. Often, the response is to avoid speaking about both the physical and existential aspects regarding the cancer experience, which increases a tendency for women with breast cancer to isolate (Adorno & Brownell, 2014; Pert et al., 2013). Regrettably, not talking about a devastating illness or its impact is not only likely to hinder the ability to cope with the disease; it also inhibits the ability to learn beneficial new skills (Friedman, 2010). Using art therapy to express emotions and examine beliefs that are not easily put into words is documented as a clinical intervention with a creative process that raises awareness of and expression of deep emotions (Nainis et al., 2006).
Participation in art therapy sessions is one way to actively pursue the healing process. Boehm et al. (2014) reported art therapy interventions for breast cancer patients are significantly effective in reducing anxiety. The research demonstrated a strong correlation between the creative process of art therapy itself and diminished anxiety. Making art is relaxing and stimulating, and temporarily channels thoughts away from distressing circumstances. Furthermore, Boehm et al. discovered anxiety over control is significantly reduced for women with breast cancer who participate in the arts therapies.

Art therapy is increasingly used to help cancer patients and survivors to process the intense emotions that connect to the cancer experience. For example, many cancer patients experience a loss of meaning in life, which, in turn, increases anxiety and depression often linked to cancer diagnosis and treatment. The loss of meaning in life is synonymous with other terms, such as: spiritual loss (Ando, Imamura, Kira, & Nagasaka, 2013), loss of self or identity (Pertl et al., 2013), or an existential crisis (Harper, 1972). Ando et al. (2013) reported that a loss of meaning in life is correlated with a reduction in quality of life. Positive psychological well-being, then, comes with having a life-purpose and a sense of personal identity; two critical factors to sustain when coping with the shock of a cancer diagnosis (Diehl & Hay, 2013). Art therapy as a clinical intervention (Nainis et al., 2006) complements medical treatment and helps maintain psychological constancy (Glinzak, 2016), which in turn, contributes to reconstructing a positive identity (Pertl et al., 2013).

Art Therapy and Identity

Art-making is an intervention methodology used to regain a positive self-image and realize personal growth, two crucial factors in a sense of well-being and identity (Reynolds & Prior, 2006). Given that self-identity is formed by experiences in relationships (O’Connor &
Barrera, 2014), and identity offers a sense of meaning and purpose found in life (Neacsiu et al., 2015), it is no wonder that traumatic illness and emotional distress (which can come from illness) result in feelings of isolation and meaningfulness. Art therapy, and the therapeutic use of imagery, restores a sense of an individual’s of purpose and connection to the world (Moon, 2009), and thus assists to recalibrate a sense of identity.

Making art is a way to spark dialogues with family and friends (Rhondali, Lasserre, & Filbet, 2013), who otherwise find a conversation regarding cancer intimidating. Art making is a way to engage in a sense of normalcy, and talk about non-cancer related topics of mutual interest (Reynolds & Prior, 2006) with people unfamiliar with the repercussions of living with cancer, thereby contributing to a positive sense of social identity (Reynolds, Lim, & Prior, 2008).

Within the cancer community, art therapy initiates discussions about the experience of breast cancer. It is important to bring language to and define emotions that are common among women with similar experiences, especially for those who have difficulty finding words to express themselves. Visual imagery translates symbolism into language, and creates emotional distance (Reynolds et al., 2008). Additionally, cancer patients increasingly seek complementary therapies including art therapy (Nainis et al., 2006) with Glinzak (2016) reporting patients experience decreased stress after an art therapy intervention.

Both inside and outside the cancer community, artistic self-expression is an activity imbued with meaning that simultaneously contributes to identity maintenance and reconstruction (Reynolds & Prior, 2006). The process of making art, as well as the final product, the art itself, holds psychological and social meaning that helps a cancer patient adjust to the effects of a life-changing illness (Reynolds et al., 2008).
Theoretical Perspectives

Although relatively few cancer patients suffer from acute psychological distress, all cancer patients are familiar with some level of existential discomfort in encountering their own mortality, and other feelings of loss or anxiety due to the cancer diagnosis (Lee, Cohen, Edgar, Laizner, & Gagnon 2006). The effect of cancer on well-being can be seen on multiple levels: physical, psychological, emotional, social, and spiritual (Adorno & Brownell, 2014; Ulrich, 2013). Even though the risk for anxiety and depression is higher for women with breast cancer than among the general population (Hart, 2010) treatment for cancer too often focuses on physical well-being, and does not fully support psychological, emotional, social, and spiritual needs.

Lee et al. (2006) used the term meaning-making to confront issues of mortality, death anxiety, and acknowledgement of losses incurred through a cancer experience. The ability to find meaning from a cancer experience allows for discovery of ways to overcome physical challenges and observe personal growth. Addressing the emotional experience along with treating physical symptoms aligns with Alfred Adler’s theory of Individual Psychology; to increase betterment of individual health by incorporating the whole person, mind and body, for greater psychological well-being (Britzman & Henkin, 1992).

Alfred Adler’s Individual Psychology

Alfred Adler’s whole person approach to well-being was to treat both mind and body for optimal wellness (Britzman, & Henkin, 1992; Kern, Gfroerer, Summers, Curlette, & Matheny, 1996). Adler’s holistic viewpoint establishes the framework for total wellness that entails lifestyle, unity of personality, social interest or belonging, compensation, and striving (Kern et al., 1996). Stress is created when one or more of these concepts are not met, and distress is
exacerbated when coping skills are inadequate (Kern et al., 1996). An integrated person regularly attains these constructs.

**Lifestyle.** Chandler (1991) wrote that lifestyle is the way in which personal goals and intentions are set based on life experiences. Lifestyle expresses the inner creative ability to interpret life experiences through use of personal power. Learning to use personal creative power increases a sense of dignity, self-worth, and faith in self (Chandler, 1991). With this personal power comes the capacity to create new realities, to have a lifestyle conducive to recognize strengths, have meaningful goals, and achieve and maintain positive change, all of which support identity maintenance and reconstruction.

**Unity of personality.** Kern et al. (1996) surmised that there is a significant relationship between personality characteristics and the ability to cope with stress. The study validated a link between personality variables and stress coping resources, specifically the link between lifestyle (based on early childhood experiences), social interest or belonging to better cope with stress.

**Social interest or belonging.** Feeling part of a group (e.g., family, friends, community) increases the likelihood to be cooperative, optimistic, and confident in communicating and working well with others. Kern et al. (1996) used the key phrase, *interpersonally skilled*, to describe people who demonstrate characteristics that aid them to feel belonging within a group.

There is a correlation and a cycle between having a greater sense of belonging, and demonstrating social interest or a community feeling (Curlette & Kern, 2010). Increased social interest comes from a sense of belonging, and a sense of belonging increases community feeling. This “fitting in” or the perception of belonging to both family and community has relevance for being able to cope in many areas. Better coping skills decrease stress, which leads to a better immune system and better health (Kern et al., 1996). O'Connor and Barrera (2014) found that
social context is an important factor in a stable self-identity when dealing with parental loss due to cancer, and the ability to positively reframe the experience to find new roles, meaning, and personal growth.

People living through the cancer experience are often surprised to discover a change in their social environment. They lose contact with some friends (and even family members), and in contrast, new supportive friendships are built around the distressful circumstance. However, losing established relationships upsets a sense of belonging. A diminished sense of belonging adversely affects healthy functioning (Ferguson, 2010), and contributes to a disruption of identity. A sense of belonging is especially important when dealing with a cancer diagnosis; it enables better coping patterns and resources (Kern et al., 1996), and minimizes the sense of isolation that often results from a cancer diagnosis.

Compensation. It is well documented in literature that a body compensates for a weak muscle by overdeveloping a nearby muscle. The body continues to function, but does not operate optimally (Niemuth, 2007). In the same way, feelings of inferiority may be compensated with avoidant or other safeguarding responses or defense mechanisms that show up in life as low self-esteem or poor self-concept (Carlson, Watts, & Maniacci, 2006). When stress is encountered the overworked muscle gives out, or the individual with poor self-concept opts out of community involvement (social interest) and the sense of belonging plummets.

The stress of a cancer diagnosis requires major adjustment to identity (Park et al., 2011) as it relates to mortality and vulnerability, and past ways of compensating for a weak self-concept are no longer sufficient once a cancer diagnosis is given. Therefore, the ability to maintain or reconstruct identity can be a factor in long-term survival and quality of life (Park et al., 2011).
**Striving.** Adler describes two ways of striving, or ways of approaching life. The first is "horizontal striving," to cooperate with others and build social interest and community feeling; striving for the betterment of the community. The second is "vertical striving," to competitively pursue life exclusively for personal enrichment, often at the expense of others (Carlson et al., 2006).

The full cancer experience requires identity to be reconstructed and reintegrated into a new self-concept. When personal narrative, or *striving*, is focused on identity with the cancer diagnosis it appears health difficulties tend to be long-term (Park et al., 2011). However, Park et al (2011) also found that being open to share the cancer experience predicted better well-being.

**Spirituality, Existentialism and Existential Distress**

Existential matters and spirituality seem to be synonymous for cancer patients; the terms are used interchangeably. Henoch and Danielson (2009) referenced Strang’s (1997) research on existentialism to note that the word “cancer” is closely associated with death, suffering, and loss. Thus, the word and the experience of cancer frequently trigger existential thoughts and concerns. Unfortunately, there is little time to process the emotions and existential thoughts brought on by the illness until active treatment is completed.

With the established sense of self in the arenas of relationships, work, future dreams and mortality, and purpose disrupted, the lived experience of a cancer diagnosis and treatment causes a wavering of personal meaning in life and purpose, a diminished sense of peace, and a weakening of relationships with others (Henoch & Danielson, 2009). Self-preservation after a cancer diagnosis requires great effort and several shifts in identity (Karnilowicz, 2011; Park et al., 2011).
When existential anxiety is raised as mortality is considered, and a review of life’s meaning, purpose, goals, and values is conducted (Story, 2007). Group art therapy can be beneficial to help facilitate and organize these thoughts into a new, cohesive lifestyle.

**Group Art Therapy**

Alfred Adler was an early implementer of group counseling and group therapy (Ferguson, 2010). An Adlerian-based group therapy program is not only the very essence of Adler’s social interest – it is the antithesis of loneliness. Participating in group therapy increases social interest (Dreikurs, 1976), and develops “intimate personal relationship[s], a network of friends…and an overall feeling of community” (Brough, 1994, p. 41). A caring community is particularly needed for the person undergoing or coming out of cancer treatment who is feels alienated and out-of-sync with previously close friends and family.

Dreikurs (1976) promoted the use of art as part of an Adlerian group approach to minimize isolation, especially when group members encourage and inspire one another to change attitudes from discouraging to hopeful, and from an attitude of insufficiency to one of adequacy. Dreikurs (1976) has all group members participate for optimum group interaction and socialization wherein group members advise and help one another.

According to Dreikurs (1976, p. 69), “painting can become a medium through which a therapist can influence the behavior, the mood, and the attitudes of patients.” Art therapy, as an intervention, treats emotional distress and promotes a relaxing “breathing space” (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007). This “breathing space” helps patients reflect on their beliefs and hopes, and offers the individual to consider life more positively (Ando et al., 2013).
Methodology

The impetus to design this program began after working with people who shared how their identities were disrupted by a cancer diagnosis. Most people in cancer post-treatment felt they had experienced good oncology care but were struggling with existential anxiety. Some people also spoke of having a sense of isolation as connections and relationships with several friends and family members diminished with the onset of treatment. Based on the literature available, the goal of this curriculum is to propose an art therapy support group to help recalibrate a sense of identity, and provide meaning making out of a cancer experience. The tenets of this support group meet the need expressed by Hart (2010) as being “a helpful tool for [its members] to deal with emotions, cope with stressful and traumatic experiences, increase self-esteem, gain a sense of control, reduce stress and anxiety, and promote spiritual well-being” (p. 140). Completing treatment for cancer is cause for celebration. However, the end of cancer treatment signals the beginning of future health uncertainty, which is not adequately addressed in the literature regarding the cancer experience (McCann et al., 2010).

Target Population

This six-session program is designed to work with women in post-treatment for breast cancer. Being in post-treatment allows for time to pass after the shock of the initial diagnosis and the completion of treatments so side effects will not be much of a factor in preventing participants from attending all sessions. Furthermore, post-treatment intervention offers the participants a chance to consider how life has changed, and is an opportune time for exploration and self-discovery, particularly when done in a collaborative and supportive group setting.
Assumptions and Limitations

Lee et al. (2006) acknowledged existential approaches may present beneficial psychological benefits, but existential approaches also require additional readiness and motivation on behalf of the patient to take part in deep self-exploration. The art directives for each session are designed with regard to the research of Lee et al. (2006); in particular, the sequence and tasks of the each session build a sense of depth and security in order to delve into fearful concerns or beliefs centered on the cancer experience. Developing readiness and group cohesion creates an atmosphere of confidence to review the troublesome facets of the lived breast cancer experience. Thus, it is best if group members attend all sessions to receive maximum benefits.

Art therapy is a social and creative experience (Dreikurs, 1976); therefore, timing and group cohesion are imperative to the success of the group and must be established early on for the group to feel comfortable making art and sharing felt experiences. Limiting the group members to women in post-treatment for breast cancer naturally encourages group unity through shared experience. For example, the shared language of the breast cancer experience is established, as discussed previously in this paper.

Overview of the Curriculum

The goal of the program is to offer art interventions through a series of six sessions to help women in post-treatment for breast cancer negotiate a sense of identity after a distressing experience that resulted in unwanted physical changes. According to Lee et al. (2006), this psychological readjustment can be beneficial in a period of confusion and distress. An outline of each session is offered for review and consideration.
Session One

**Objective:** Review the past; begin to recognize the cancer experiences that contribute to a disruption of identity, and introduce a way to cope with existential concerns.

**Topic.** This goal of this session is to learn to know each other, and start the group cohesion. Group cohesion begins by each woman introducing herself with a brief telling about her cancer experience. The telling of each story is prompted by placing colored dots on a timeline to depict diagnosis various aspects of treatment. It is important to hear the narrative each woman tells, and she begins to see her experience in context with other group members.

**Art Directive.** The overall art directive is introduced, which will be referenced throughout the sessions – the creation of a figure in the shape of what could be a warrior or a spiritual warrior.

The definitions, differences, and similarities of battlefield warrior and spiritual warrior are reviewed. There are two pieces to the figure, which will represent life before and after cancer. The figure will be joined together, and the group is asked to consider the space in between the two pieces to represent the inner, emotional aspect of her experience. For this session, the group is invited to peruse magazines and begin to collect images and words to collage on to their figure.

**Discussion Questions.** If the group is chatty, then group cohesion is enhanced. Allowing the discussion to flow throughout the creative time will further develop group cohesiveness. If conversation is stilted or awkward, the facilitator is encouraged to mention significant local or world events that occurred during the seasons of their treatment. This encouragement will assist group members to put their illness into context with the world outside their sphere.
Session Two

**Objective:** Demonstrate art materials available; review past and current emotions about the cancer experience with art and body movement; offer art as a new tool to cope with and express emotions.

**Topic:** This session will explore feelings about the cancer experience through an introduction to a variety of art materials. Art stations (10 – 12) are set up with different media and one large piece of paper at each one. Group members have timed rotations to experience the media at each station. The goal of this rotation is to introduce each member to various art media by making marks or lines on paper. This group exposure to a variety of media will help inform choices and selection of media to use on the warrior figure, which will continue in future sessions. Using only one sheet of paper for each media further contributes to the group’s cohesion, as each person draws on the same paper. Working on the same pieces of paper enhances social interest though collaboration; seeing the marks of others is also inspiring and motivating to intentionally make similar or different marks.

The facilitator demonstrates at each session, offering ideas on how to make marks with each particular media. Further suggestions can be given such as, use your non-dominant hand, hold the art implement at an angle or on its side, think about larger motor movement moving the whole arm instead of just the wrist or hand, consider how the media moves – is it smooth or rough across the paper? The facilitator helps expand the concept of line by considering line might look like: dashed, dotted, straight, curved, wide, narrow, wavy, straight, soft, dark, or implied. By offering suggestions, the facilitator prompts thoughtful mark making responses, perhaps expanding the meaning of what “line” entails.
Art Directive. A short meditation may be incorporated to calm anxieties and ease into the art directive. The group is invited to reflect on their cancer experience, and make marks or lines to express feelings and emotions about it.

After all rotations are complete each member is requested to select a station where the marks most speak to her experience, and to stand in front of that station. Then, each person is invited to feel the movement of that line in her body, and move her body to express what that line might look like through movement. For example, in movement, a dotted line might look like small jumps, or a curving line might resemble swaying.

Discussion Questions. Opening discussion will reference how therapy can be difficult and awkward work, but growth and insight usually come out of navigating challenging situations. People new to art therapy may feel intimidated by lack of artistic education or recall a memory of shame about previous attempts to make art. It will be noted that there is no expectation or shame for past art efforts; this is an art experience.

After the art directive experience is completed, discussion questions may include: What kind of lines did you make, and what kinds of emotions do they represent? (Angry/serene, orderly/confused, busy/quiet, rhythmic/lyrical, etc.) What kind of a movement was needed to draw the lines? What kind of tool best expressed your feelings? (Paint, markers, oil pastels, chalk, etc.) Based on this experience, do you feel the memory of your cancer experience any differently? Does your definition shift verbally, emotionally, experientially? The goal is for group members to notice their experience; to bring words to the felt emotions either from this art experiential, or emotions from the experience of having had cancer.
Session Three

**Objective:** Envision identity before and after cancer as well as consider in what way or manner identity has been disrupted; this art experiential will begin to integrate identity.

**Topic:** Use the bridge metaphor to think in terms of identity, and investigate the existential gap that lies between life before cancer and after cancer; the old, normal way of participating in life, and the current, newer life.

**Art Directive:** Draw a bridge. The bridge directive is adapted from a projective technique used for assessment in art therapy by Ronald E. Hays, MA, ATR, and Sherry J. Lyons, MS, ATR.

**Discussion Questions:** What kind of bridge have you drawn (wooden, concrete, swinging, etc.)? How wide is the bridge (big enough for a car, or a walking bridge)? What lies under your bridge? How big and deep is the gap? What have you drawn on either side of the bridge? Which side do you most strongly identify? Where are you? Have you crossed the bridge?

Session Four

**Objective:** Anticipate the future by looking for new high points in life.

**Topic:** Map the “new normal” of life after cancer.

**Art Directive:** Draw a map of your life showing new markers or milestones that have appeared in your life after treatment ended. This directive is based on Patti Digh’s book, *The Geography of Loss: Embrace What Is, Honor What Was, Love What Will Be*, in which the reader is invited to draw maps as new ways to reflect on grief and loss.

**Discussion Questions:** What is showing up that has importance and relevance to how you now live? What do these new markers represent? How have new milestones shown up in life? Are there any markers for follow-up checkups: What sort of emotions do they bring up? Are
there new joys? Recognizing this is not the map you wanted to help you chart your path, are you able to use it to help you get to where you want to go? Can this map help you identify with a new course for living? How does this help you think about identity?

**Session Five**

**Objective:** Observe and honor resilience that has come through the cancer experience.

**Topic:** Recognize the inner beauty and strength that comes out of living through the cancer experience.

**Art Directive:** Use your hand and arm to trace the trunk and beginning branches of a tree. Add more branches, leaves, and roots. On each leaf, write a strength, coping skill, activity, or person that has helped you get through your cancer experience. Along the roots write the things (rituals or experiences) and names of people that ground you and keep you centered. The genesis of this directive comes from the House-Tree-Person Test, originally developed by John N. Buck as an art therapy assessment.

**Discussion Questions:** How deep do your roots go? Where do your roots get sustenance? How do you flower or blossom? What kind of growth do you have or show? Where are you growing? In a lush garden? Between cracks in a sidewalk? A lone tree in a field? In what ways can you identify and recognize strength and resilience in your life?

**Session Six**

**Objective:** Summarize the sessions, and provide closure.

**Topic:** Complete creation of Spiritual Warrior/ Identity Doll and provide closure to terminate group.

**Art Directive:** Complete Spiritual Warrior/ Identity Doll upon final review of warrior concept, and with the notion of holding both before and after experiences of cancer, join the two
figure pieces together into one.

**Discussion Questions:** How does this figure represent you? What lies between the now-joined figures? Are they completely joined, or do they need to be able to open up? Have you been able to shift your sense of identity to be one that includes being a strong spiritual warrior, with resiliency and hope?

**Conclusion**

An Adlerian art support group is an unusual and encouraging way to provide an opportunity to put context around the cancer experience, and may minimize its traumatic memory. The program is organized to review the past, and anticipate a future with new and adaptive ways of coping, greater resilience, and an integrated self-concept (Diehl & Hay, 2013).

Reynolds and Prior (2006) quote Corbin and Strauss (1987) about the essential process to distinguish what aspects of identity be retained from life before cancer, and what new aspects can be added to give new connotation to [identity]. An art therapy support group is one way to support that identification and growth.

While this program is designed to work with women in post-treatment for breast cancer, it is hoped that the format of the directives in this program would also be beneficial for people in groups of mixed cancer diagnoses, or other people dealing with the trauma of an epiphanic event that disrupts self-identity (Karnilowics, 2011).

All cancer experiences are individual. No curriculum or program presupposes that art therapy and creative experiences will meet every person’s need for support to encourage personal growth and resilience in identity after a cancer experience. This curriculum is presented as one option among many for psychosocial support and encouragement during or after a difficult period.
References


ART THERAPY AND IDENTITY


experiences of women with breast cancer within the first year following diagnosis.


Appendix

Art Therapy Session One

Art Therapy Session Two

Art Therapy Session Three

Art Therapy Session Four

Art Therapy Session Five

Art Therapy Session Six