

ART THERAPY AND CANCER SUPPORT: PATIENT AND FAMILY

KATHERINE BRANTNER

UNIVERSITY OF WISCONSIN SUPERIOR

Abstract

The Cancer Resource Center where I did my internship functions with the financial support of a local foundation and community donations. The center is open to the public.

The terms of my practicum were that I spent three days per week at the clinic where the center is located with an average of twelve hours per week over Fall 2011 and Spring semesters 2012.

My intent was to cover all aspects of client care with the Resource Center as my physical and philosophical base, including the Children's Hospital, Oncology and Hospice Ward, the Fusion Center (Chemotherapy), Children's Cancer Center, and the waiting rooms. The center is where I hung my coat, checked in with my supervisor, and adopted the attitude of assisting cancer survivors (the term used by the center for all cancer patients), and their families as they went through the experience of cancer, using art therapy as my way of doing so. Each area presented its own unique challenges in applying Art Therapy to cancer treatment.

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Introduction

The Cancer Resource Center (Fig. 1) is like the hub of a wheel with spokes of support reaching out to support those within the cancer community. It is an information center in a quiet space set aside, but easily accessible to everyone who comes to the clinic or is associated with it in some way. It is also a touch point for those individuals or groups who have a special skill, service, or product that would benefit cancer survivors and their families.



Cancer Resource Center (Fig. 1)

When I first began searching for an internship working with children with cancer in a hospital setting, I did not know anything about the Cancer Resource Center. I was led to it through several contacts within different departments of the clinic. After my initial visit with the director she stated that having an art therapy intern was a completely new endeavor for them and asked me if I would be willing to start from scratch and work with her to develop a program. I agreed to do that.

In "Art Therapy in Palliative Care: The Creative Response" Wood states, "Palliative care aims to preserve a person's dignity and quality of life in the face of incurable illness". (Wood, 1998, p.12) She goes on to explain that the term palliative care does not completely describe working with people who have a diagnosis of cancer because through treatment with chemotherapy, radiotherapy, and surgery there is a chance the cancer will go into remission. The term in this case refers to the fact that the

possibility of death is experienced due to the threatening nature of the disease. This is the underlying ever-present reality when working with cancer patients. Palliative care also indicates the approach taken towards patients and caregivers, which is holistic. "The patient and their family are placed at the center of a circle of care which is itself made up of the various professions, agencies and informal caretakers most appropriate to provide for the specific patient. This model is described as patient-centered, patient-focused or patient-led care". (Wood, 1998, p.14) My theory base includes Person-Centered Theory by Carl Rogers which emphasizes the therapist's role as being "empathetic, open, honest, congruent, and caring as she listens in depth and facilitates the growth of an individual or group". (Rogers, 1993, p. 3) This theory is applicable when working within palliative care as having a life threatening disease does not exclude one from personal growth. If anything, it may accelerate the need for it.

In the US, Art Therapy as a profession began to take shape in the 1940's with literature of describing four leading writers: Margaret Naumburg, Edith Kramer, Hanna Kwiatkowska, and Elinor Ulman. Naumburg was referred to as the "Mother of Art Therapy". (Malchiodi, 2003, p. 9) All were based in mental health rather than medical care. "In Britain, Art Therapy began in the 1940's with a few artists using their skills to work with hospital patients suffering with a physical or terminal condition". (Waller, 1991 in Wood, 1998 p. 26) "There are many benefits of Art Therapy for palliative care including: help in adjusting to the diagnosis and resultant life changes, such as body image, pain management, ability to cope, maintenance of sense of identity, increasing quality of life, reassurance and support. There may also be issues that surface as a result of the illness that were previously unresolved". (Wood, 1998, p.29) I agree with Wood that caring for the emotional needs of the patient will result in giving him/her confidence in facing the cancer experience. This is the unique role of the Art Therapist in the professional team.

Discussion

My Theoretical Approach

My approach is basically non-directive. Theoretically I work from a base of Person-Centered Therapy, Family Art Therapy, Gestalt, Narrative, and Solution-Focused Brief Therapy. I believe that in allowing a client to draw what they feel led to express in the moment, they will communicate their most pressing need. I offered clients as much choice as possible at the clinic to empower them, because they had lost the ability to choose in so many areas of their lives through their diagnosis of cancer and treatment. This also fits in with Patient-Centered Care.

Large Waiting Room

With these perspectives in mind, I began my first semester of internship experience through observation and communication with people in the large waiting room of the cancer clinic as was suggested by my supervisor to see how people would respond. This was an environment where people were easily approached in a non-threatening manner. I introduced myself by name, role as art therapy intern, school, and showed them the art materials contained in a portable bag I carried with me. These included: colored pencils, water color pencils, color crayons, fat and skinny markers, colored ball point pens, water color paints, brushes, oil pastels, a large assortment of pre-cut magazine pictures, glue, scissors, construction paper, recycled greeting card fronts, tissue paper, and various sized tablets. People were free to respond with questions, conversation, and/or an attempt at making art. If children were waiting with adults, it was easy to sit down on the floor next to their family, which made everyone comfortable.



Learning to Watercolor (Fig. 2)

(Fig. 2) A boy, age three, was sitting with his mother, grandmother, and great-grandmother, who was there to see the doctor. He said he would like to make art and chose markers at first. As he worked he asked questions about what colors made other colors and tried to mix the markers. I asked him if he would like to try water colors. We spent time learning the steps of application and as he was able to express himself, he responded to the results with so much happiness. His mother was surprised at his enjoyment and skill. She said he was always trying to figure out how things worked at home, but it was his sister who was considered the artist and she had never seen him make art before. I suggested that he might like to paint at home and talked about how different people have different styles of art.



Having Fun (Fig. 3)

(Fig. 3) This little girl was about six years old. She was shy about making art and looked to her mother who encouraged her to go ahead. She asked what she should draw and I gave her some ideas to choose from. Something came to her mind and she got started drawing separate symbols on her paper with markers. She became a performance artist in that she timed her drawing process to engage her mother, father, and grandfather- grandmother was in seeing the doctor-in unexpected changes she made, which made the process fun; such as when she drew a red heart and then added 'Boooooo' to it. She would laugh as she went along, thoroughly enjoying the fun she was having. And her family had fun, too.

If adults chose to make art it was easy to pull over one of the end tables and place it in front of the chair. Sometimes I set up an open table on one side of the waiting room. (Fig. 4)



Corner of Large Waiting Room (Fig. 4)

Many patients waited with another person or group which made for lively conversations when the invitation to make art was offered. Because people were waiting for prolonged periods many of them were eager to talk to pass the time, but more than that, to ease their apprehension having to do with doctor's visits, test results, impending treatment, or being new to the clinic routine. Many people came from out of town, had gotten up early to make the trip, and spent most of the day at the clinic.

Fear of Art Theme Emerges

After several weeks in the large waiting room, a theme began to emerge from the responses to the invitation to make art or even just the mention of the word which was expressed in two common replies, "I am not an artist" and "I can't even draw a straight line!" This was accompanied by either laughter or an expression of fear as in "Oh No! I am not creative!" and physical gestures such as putting hands up as though to put a stop to it or a literal turning and backing away. One woman said she hated art class in school. To me, they seemed genuinely afraid. Natalie Rogers speaks to this fear people have about making art by sharing a story of a talented artist-therapist. She said that as a child, whenever she

was able to draw freely, which she loved, she got recognized for it. But when a teacher began to teach realistic drawing, she became frustrated and disappointed that the teacher was only interested in achieving that end and seemed not to care about the beauty and soul she put into her drawing. Soon afterward she felt inhibited about drawing. (Rogers, 1993, p. 19-20) Very few adults were open to making art even after hearing that one did not need to be an artist to do art therapy, and viewing the simple materials available. Even the caretakers sometimes tried to control the cancer patient's attempts. Part of my early learning became letting go of expectations that, contrary to students in the Graduate Art Therapy Program, not everyone loved to make art in exploration of their inner self! This was also a very different population from my previous internships with children and adolescents in school and after-school settings, and developmentally delayed clients and elderly in a community center setting.

What I did hear over and over again after their initial fearful reaction to art making, though, was, "I garden, or crochet/knit/embroider/carve wood/quilt/make crafts etc. Our conversations became a sharing time then, about what the creative process was like for them, and for some, about the apologetic feelings they had about their crafts, because they were considered less than art. Some were angered by this as well. The demographics of this population contained mostly married couples, age range 65-85, from Minnesota and Wisconsin, retired from life time employment, homeowners, with family and community connections. Art had rarely been a part of their lives, excepting a daughter or son who had chosen it for a profession.

Small Waiting Room

Moving to the small waiting area outside the Infusion Center offered another perspective. People waiting there were in transition and not apt to want to start anything, however if interested, I would

agree to wait until they were settled in for their chemotherapy and come in to their cubicle to work with them there. The chemotherapy treatment could take several hours.

Infusion Center

Walking through the Infusion Center became a regular part of my routine. From the circular thoroughfare, I would stop by each cubicle opening if the patient wasn't busy. I felt I needed to be very respectful of boundaries and not assume that, because they were patients in a chair with an open door I could just go in. The cubicles were a good size and each one had a large recliner chair where the person receiving treatment sat, two smaller chairs for caretakers and visitors, and a sink with a counter top, a mounted TV, and a nurse's station with a computer. The chemo was housed in a plastic bag that hung on a tall rack with wheels and fed intravenously into the arm of the patient. Sometimes a curtain was drawn. People usually passed the time by reading, sleeping, watching TV, visiting with family and friends, and for those with a view of the lake, looking out at the lake. I approached the patients with the same introduction, explanation, and invitation to make art as I had in the large waiting room. For the most part, I got a similar response. Many people smiled and thanked me while politely declining. A few others engaged in conversations spurred on by the mention of art and in the spirit of patient-based emotional care I stayed and talked from the doorway. Sometimes I went in and sat down in one of the visitor's chairs to listen to someone talk more in depth about their interests.

I was beginning to feel like an ambassador for art therapy, a healer of negative childhood art experiences, and an encourager for creativity in general. I was being humbled by these self-admitted "non-artists" who none-the-less put their heart and soul into expressing themselves creatively.

Winner addresses the issue of artist vs. non-artists saying that an artist has talent that is genetically pre-disposed to a special skill in music, visual arts, writing etc. She also says that an artist's personality is focused on problem solving, discovery, strength, independence, and the will to succeed. (Winner, 1982,

p. 35) She says that it is the *degree* to which a person pursues a *goal of artistic vision* that sets an artist apart from others involved in the creative process. (Winner, 1982 p. 33, 44)

In reference to Artists and the Expressive Arts, Natalie Rogers says, “We cheat ourselves out of a fulfilling and joyous source of creativity if we cling to the idea that we need to be “artists”: specialists who have fully developed the craftsmanship of expression. Instead the rest of us can use the arts to focus on self-expression and personal growth rather than developing a skill or mastering a medium”. (Rogers, p. 18-19)

To this point, the majority of adults I encountered were not open to expressing themselves through art, for various reasons; however, the majority of children didn’t think twice about it and chose easily from the materials I offered them. In some of them I saw a budding artist and in others I simply saw the unself-conscious of immediate experience.

Children’s Cancer Clinic (Fig. 5)

The Children’s Cancer Clinic and waiting room, was located between the large waiting room and the Infusion Center waiting area. I would spend time with children and their families at the small table.



Creative Name Painting (Fig. 5)

(Fig. 5) This little girl, age six, loved art making and it kept her attention until it was time to see the doctor.

Some children, like this little girl, wanted to make art over all the other things to do. The favorite material was markers. Most dove right in with ideas and ways to execute them without help. Their families, abstract shapes and colors, and personally meaningful compositions were labored over. Most loved art in school. Some expressed the darkness of their experience. In Gregg Furth's book "The Secret World of Drawings: A Jungian Approach to Healing Through Art" he quotes Elizabeth Kubler-Ross as saying, "Spontaneous drawings are one of the most radically effective yet accessible tools at the analyst's disposal". She continues, "The method was originally developed around the therapy of terminally ill young children, whose capacity for abstract verbal expression is not yet fully developed and thus who are most open to the symbolic means of communication represented by spontaneous drawings". (P. ix)

Children's Hospital

During my first semester of internship I heard of people I met at the clinic needing to go to the hospital, so as I began my second semester I asked my supervisor if I could experience that environment in an effort to understand the totality of the patient's experience. She made the contacts and set up tours for me of the Children's Hospital and the Adult Oncology Ward which included Hospice. One of the Child Life Specialists gave me a tour of the Children's Hospital. (Fig. 6)



Children's Hospital (Fig. 6)

Adult Oncology/Palliative Care Ward and Hospice

A few days later my supervisor walked me over to the Adult Oncology/Palliative Care Ward and introduced me to the Clinical Nurse Specialist who gave me a tour. The ward was complete with its own Oncologist, Pharmacist, Nutritionist, Social Worker, and Chaplain who all worked there regular hours. She invited me to the weekly all staff meeting the next week, which I attended. I was introduced to the staff and spoke with Hospice about what I was doing at the clinic. They took my contact information. I met with the Chaplain at length who understood the value of art therapy and was an enthusiastic advocate for all the creative therapies. All of this helped me to understand the holistic element of cancer care.

"My Office"

After having tried out all the different areas available for art therapy in my first semester, I decided that the hallway between the Children's Cancer Center and the Infusion Center was the best location to set up a more permanent station. It was a wide hallway with windows floor to ceiling overlooking the

lake. I discovered a portable table big enough for myself, my materials and two other people if necessary, that I could wheel out of storage and place in front of a bench for seating. I used two chairs from the puzzle table nearby for “clients”. I put my Art therapy flyer in an 8x12 stand up frame and displayed it. Because the table sat back from the main thorough fare, people could still walk past easily, yet they could stop if they were interested. Being just outside of the Children’s waiting room meant I was an extension of that space as well as making access easy for caretakers of those patients who were receiving chemotherapy in the Infusion Center. I felt very much at home in the space. It had a very comfortable atmosphere to it. I jokingly referred to my table and chairs as “my office” (Fig. 7) because now people knew where to find me. I added more days and longer hours and worked with a greater variety of people.



“My Office” (Fig. 7)

Following are a few of the people I worked with in this area.



Mom and Me (Fig. 8)

(Fig. 8) This little girl, aged six, expressed herself using happy images and bold colors. With oil pastels she drew herself and her Mom, who always accompanied her to the clinic. She said making art made the time go faster and she didn't have to just sit in the waiting room.



Daughter's Experience as Caregiver to Mom (Fig. 9)

(Fig. 9) A woman sitting in the Infusion Center waiting area came over and asked me how art therapy worked. After I explained it to her, she wanted to give it a try. She used water color pencils to draw symbols she described as the growth in her heart which represented her relationship with her Mom since she started caregiving, tears representing their grief and sadness over her mother's cancer, and a timepiece encased in glass to signify the time she was spending with her mother was precious. She said the art expression helped her to become clear about the decision to let other things in her life go to do this.

(Fig. 10) This little boy, age 7, drew his family using markers. His mother was very engaged and supportive of his art making and as it turned out had gotten an art degree. I saw how she was passing this on to encourage her children. In the family portrait he has a thick head of hair and is small next to his parents.



Family portrait (Fig. 10)



Self-Portrait (Fig. 11)

In his self-portrait (Fig. 11) he shows changes in his self-image due to the cancer treatments, he fills up the page with himself, and has a big smile on his face. I saw this as him asserting himself and showing his inner strength and normal personality.



Family Portrait (Fig. 12)

(Fig. 12) This little artist was happy to see me in the hallway, as we'd worked together before in the Children's waiting room. She chose large markers and proceeded to draw her family, concentrating with occasional smiles at me. Her dad is in the center with herself and her twin sister on the left and her older sister and mom on the right with pets in between. The parents paced the hallway as she drew, stopping by to comment on her picture. They finally stopped, sat down, and rested. A child drawing often normalizes a situation strained by cancer.

More In-Depth Case Examples

I have changed the names of the people to protect confidentiality.

Sheila

About a month after I began my internship, Toni, the clinic social worker, approached me about working with a woman, Sheila, who was dying of cancer. She had three children aged 18, 13, and 10, who she wanted to leave something to. I agreed to meet with her. Wood (1998) states: "One of the first things I noticed about working with people facing imminent death was the immediacy with which they seemed to 'plunge into the deep'." She continued, "It is as if the unconscious is fully aware that time is of the essence and there are pressing issues it is important to resolve before death." (p. 59) Two weeks later, I met with her in the Infusion Center. She was bedridden, so I pulled up a chair when she invited me to sit down. We hit it off immediately, with some things in common regarding our children. She asked about my materials and procedure. She was a portrait artist in pastel and charcoal, so she understood the "process". We agreed to meet again the following Friday in the Infusion Center. Meanwhile, she would think of what to do. The following Friday she wasn't in the Infusion Center as she had gone to the hospital. Two weeks passed and I inquired of Toni about Sheila. She was able to connect me with her in Radiology. We met and talked specifics about our collaboration. She wanted to give one truth to each of her children from their mother. I wrote them down for her. Toni had suggested book markers. I asked Sheila about it and she said that worked for her. We agreed I would make one book mark for each child with their truth on it, leaving room for her to write something personal on the back. We would meet again the following week, God willing. We visited a while longer. Toni had helped me understand how Sheila was being affected by all the drugs she was on and the disease process. She had some trouble remembering and staying on track with her thoughts. This information helped me help her, however, she really communicated well, in a short period of time, about her life. She had graduated

from the same college I was attending, in a different field, although her experience of personal growth was similar to mine. We talked about her expressing that experience in a piece of art after we finished her current project. When we were done, she asked me to wait while she stood up from her wheel chair to give me a heart-to-heart hug. Our meetings had been heart-to-heart and to the point. There was no time to waste. I learned from her that each encounter has significance in and of itself. That you can have and share the joy of connection in the midst of disease, that someone may have something on their heart that they need help implementing. This to me was a spiritual piece of art therapy. A week later I talked to Toni about Sheila's state of health. She said that she was not ready to give up yet because of her children. Toni said she would contact me. I suggested perhaps I could work with the children. I realized at this time that I was probably going to be doing the bulk of the work on the bookmarks and I wanted to represent Sheila's intent as best I could. I sat down with my collection of magazine pictures for collage and thought about each child as their mother had shared with me about them and her desires for them. I intuitively chose three images, cut them down to size, and glued them on stiff paper. Then I carefully printed their name and her message for each one in black fine lined marker. (Fig. 13) Six days later I connected with Sheila as she was coming to the end of another treatment in the Infusion Center and gave the book marks to her father, because she was unable to speak with me about them. Eleven days later Toni told me she'd been to Sheila's wake and that each of the three children had made a picture board for their mother's funeral with her truth for them on their book mark in the center. It was exactly what she wanted when we'd first started talking. I was touched so deeply by this I cried. (McNiff, 1992 in Malchiodi, 2003, p. 108) sees the arts as "...medicine for the soul, grounded in traditional uses of art throughout history to heal and transform human suffering." Art therapy with Sheila for her children was an example of medicine for Sheila's soul in the medical setting.



Bookmarkers for Sheila's Children (Fig. 13)

Katie

Katie was nine years old. I first met her at the Children's Hospital. She loved water color pencils and glitter pens after experimenting with collage, colored pencils, oil pastels, and markers. I saw her several times as she went through her treatment. Her art changed as she went through different phases of her illness, however, she kept returning to a stable theme of happiness and fun, which I came to see as her basic personality. (Fig. 14)



(Fig. 14) Self-Portrait

During a particularly hard time she showed me how she really felt through her art. (Fig. 15)



(Fig. 15) *Self-Portrait*

The enlarged, rounded head in the first drawing was different than her usual self-portraits in that it was different in shape and substance and floating above the ground. The second drawing is very different than her previous work in that it is abstracted and disjointed. There is evidence of her smile in the upper left hand corner with rectangular eyes. During this time Katie's body was not responding to treatment and her life was threatened, which showed in her drawings. I was honored that she had come to trust me enough to let those images surface in my presence. She did not talk about them and she destroyed them both soon afterward. I felt she was protecting her ability to cope by not hanging on to them, as well as protecting her parents. This type of wisdom was common in the child patients I came to know. Katie naturally understood the purpose of art therapy and used it to help herself through her cancer experience. Wood states: "The capacity to recognize and work with the subtle and often covert communications around facilitating patient's own meanings for their art work in the encounter between therapist and patient distinguishes art therapy from other situations in which the patient will engage in art activities. The art therapist's attention to emotional detail opens up the possibility for the patient to explore on a deep level within themselves." (Wood 1990; Connell 1992 p. 32)

Kristy

Kristy was a nine year old girl who I first saw standing by herself holding a large purse in the Infusion Center waiting area as I was setting up my table. She looked a little lost to me, so I approached her and after introducing myself, invited her to make art. She responded with obvious excitement saying that art was her favorite subject in school and that she was actually missing it that very day. She had anxiety, though, about the whereabouts of her mother and grandfather. It was her first time at the clinic-usually her sister came to help. I offered to help her locate her family and after we did that and she knew she had time to make something, she relaxed. She chose oil pastels and drew a simple, balanced composition. I saw her present state in her drawing in that she had a sun in the corner along with blue sky and rain. The larger, more mature flower could be her older sister, with the smaller, similar, not yet formed flower, herself. (Fig. 16)



Red Flowers (Fig. 16)

After she checked with her mom to see if she had enough time, she made another picture, this time with colored pencils. She showed me what her aunt, who she called, “a very good artist” had taught her.

I asked her to explain it to me and she said, “It is a hummingbird sitting on a branch with bunches of grapes for food”. (Fig. 17)



Hummingbird on a Branch (Fig. 17)

When we were done, I asked her if she would like to see where her grandfather would be getting his treatment and she said, “Yes” so after checking with the nurse in the Infusion Center, I took her into an empty chemotherapy room and explained the basic routine. When we returned to the art table, she asked me if I’d like to see a picture of the new puppy she was getting. I said I would. Then she wondered what I thought about two names she was thinking of. I gave her my opinion, which led to a thoughtful discussion on her decision making process. Then, her mom, who’d been concerned about the long wait, came pushing her grandfather in a wheel chair down the hall and Kristy happily showed them her art work. In my role as Art Therapist, I was able to help alleviate Kristy’s anxiety over being at the clinic for the first time and the seriousness of her grandfather’s illness, give her time to do things that were important to her, and assure her mother that she was looked after as she cared for the patient in the family.

Mia

I had many encounters with people of all ages, mostly young children, teens, and families, but some with a parent and adult children as well such as with Mia, a woman in her mid-fifties who had survived cancer once already in her life and now was faced with another grave diagnosis. She welcomed me into her family as though we'd known each other for years. She took to water color pencils immediately although she'd never done art before in her life. She drew visions she'd been having since the onset of this cancer of Jesus, angels, mountains, and water. (Fig. 18) I encouraged her two adult daughters to buy her some simple art supplies and the next time we met she had done ten pieces of work that she brought to show me. She was so excited and could hardly believe her own artistic abilities. She also drew pictures of her homeland which she'd left as a young woman to marry her American husband. Patients such as Mia, who know they are dying, are led to deal with physical, emotional, and spiritual issues. "Some patients instinctively know how to use the process of Art Therapy, making links between their image and their feelings. They are able to work at a deep level very quickly." (Wood, 1998 p. 65) Mia's daughters were glad to have the paintings as a keepsake. They also had never heard their mother talk in such detail about her homeland. One wanted to go visit there after seeing the painting and hearing about it. Wood (1998) states: "Spirituality is concerned with an individual's sense of themselves in relation to the history of their culture, the world in which they live, and the meaning they attribute to that position." (p. 17)



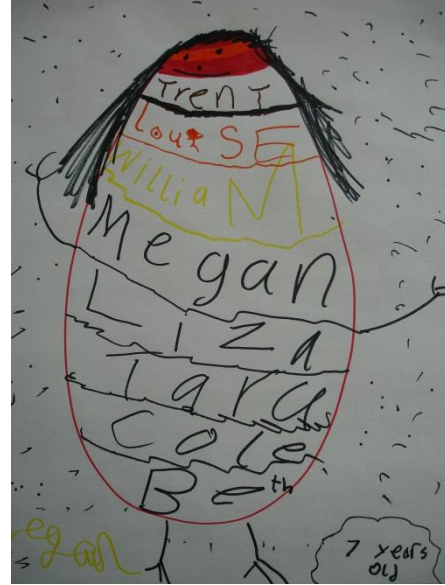
“Angel Mountain” (Fig. 18)

Family A

A family of eight children came in one day. The cancer patient was a boy, age 8. The oldest child was a boy, age 12. He drew himself as an FBI agent floating up in a parachute. (Fig. 19) He kept himself somewhat removed from the rest of the children.



FBI Paratrooper (Fig. 19)



Untitled (Fig. 23)

The final drawing from this family collection was done by the next oldest sibling, a girl, age 7, who also recorded the names of all the children, as her older sister did; only she contained them within herself as an egg shaped figure. (Fig. 23)

Family B

My director introduced me to a family on my first day of internship that had just recently begun chemotherapy for a six year old boy. The family included the mother, grandmother, Riley (patient), and his two year old brother, Zeb. She said Riley had been exhibiting uncooperative behaviors. I went into the Infusion Center and introduced myself to them. They invited me in to sit down and show them my art materials. Riley was not interested in making art. He said he wasn't interested in art or anything like it in school (he is in the first grade) or anywhere else. His mother said, "He doesn't express what is going on with him". She said he'd had mental health and behavior workers prior to his cancer diagnose. His mother said she would draw something. She chose colored pencils and attempted to engage him in the activity by asking for suggestions. While they were doing this I offered Zeb materials to color with. When it was time to stop, we agreed that I would save Mom's unfinished drawing for next time. Council

(1993) states: "When an art therapist is part of the overall treatment team, she or he can provide a uniquely humanizing influence in the midst of an experience that threatens the child's sense of self and trust in the world (Rollins, 1990). Also, the art therapist's evaluative skills can help the medical team identify psychiatric and behavioral problems that can affect a child's response to diagnosis and medical intervention." (p. 78)

The following Tuesday I saw Zeb with his grandmother in the Children's waiting Room. He recognized me and wanted to color again. He chose green construction paper, wanted to share crayons with me, and then wanted to go play with toys again. I went to the Infusion Center to find Riley and his mother and we picked up with drawing where we left off. He said he wanted his mother to color the curtains blue on the house she had drawn. She said, "Why don't you do it?" He agreed and finished the picture. As it turned out, he was very good with colors and drawing. He was noticeably excited to be working on the picture himself. He was very engaged and focused and enjoyed making the choices to draw and color it the way he wanted to. He put a rainbow roof on the house. He became so involved in what he was doing that he had a hard time stopping when his treatment was over and it was time to leave. He wanted to take it home when I gave him the choice and I made sure he signed it. Before he left he spontaneously gave me a hug.

The following week I met with them in the Children's waiting room. Riley was happy to see me and excited to make art. This time he chose water color. He made a rainbow, "ground" (sidewalk) and a person, and a person who turned out to be him. A "stickperson" he said. He asked me about his hair color. "What color is it now?" he asked. I answered him, "Light brown with blond". He said brown was the color of his hair before. It had fallen out with the chemo. He chose blue, and then said it looked like a hat. I agreed and said I liked it. His self-image had changed as a result of being sick. He tired easily in the hour we spent and was suffering with cold symptoms. After seeing the doctor, he went into the

Infusion Center. I stayed behind and spent time with his brother. He was all over the place. We did some coloring. He chose white construction paper and a white crayon. I offered him other colors and he chose grey. I offered him a black piece of paper for the white and grey crayons, naming colors to teach him. He looked quizzically as his markings showed up on the black paper and then wanted to go wash his hands, twice. He drank some juice, offered me plastic fruit from the toy fruit bin, took my blood pressure with toy medical equipment and watched the fish in the aquarium. I left to go to the Infusion Center, showing the staff Riley's picture. They all smiled and told me where he was. This was a sign to me that they were pleased with his change in demeanor. I brought him his picture, he was happy to have it, and he wanted to hold it. I saw him progressing in his art expression and trust of me. He was very interested in the art process and it gave him something positive to focus on.

The next week I met with the clinic social worker who told me I have "grounded" both of the boys through my work with them and said, "They are a really neat family".

The next time I see them Riley is just finishing up and so, even though he wanted to, we could not make art that day. Zeb reached up to have me pick him up from the chair-barricaded Infusion Center cubicle they were all in. Five year old sister, Ellie, was with them. I held Zeb and talked with mother-Riley had been in the hospital for the last 2-3 weeks. The family will stay in town in case he develops a fever and needs to go straight to the hospital again and he will be back every day, for now.

At the end of the week I am able to spend the entire one-and-a-half hour treatment time in with the family. Riley and Ellie were sitting together in the treatment recliner. They are fourteen months apart; Riley being the older of the two. I set them up on the side swing arm tables with water color because Riley wanted to teach his sister what he learned in our last session. He showed her how to use the water dish to rinse out the brush when you are changing colors, and to dab the brush on the paper towel to

remove excess. I noticed how he took charge of things and people, including adults. He was so commanding it is easy to forget that he is only a six year old boy.



Ellie's Brother Zeb (Fig. 24)



Riley's Brother Zeb (Fig. 25)

He did one water color and then told Ellie what to paint and how to paint it. They were both painting pictures of their brother Zeb. Ellie's painting had several colors and symbols (Fig. 24) while Riley's is of a figure standing on a rock with an arch reaching over its head and the full name printed out on top. (Fig. 25) Both paintings showed me something of their individual relationships with their younger brother.

Riley switched to colored pencil for his next activity. Ellie finished her painting and did the same, but then became bored and got up out of the chair.



Ellie's Drawing (Fig. 26)



Riley's Drawing "Grandma in Blue hair" (Fig. 27)



Riley's Drawing (Fig. 28)

Ellie's artwork stood out to me in contrast to Riley's in that she put more objects on the page, used one color, green, for everything and then drew a sun in yellow and outlined what I think were clouds in the yellow from the sun. (Fig. 26) Her figure was also more substantial than a stick figure and showed emotion in an open mouth and outstretched arms. Riley continued drawing using the back of his sister's drawing and then asked for more paper. When I asked him about the content, he clammed up tight and shifted his focus to mom and grandma. I sensed that he feels vulnerable to having people 'read' his art work, because he doesn't feel safe with that. All of his own drawings to this point were similar: a house with many windows, a yard, and a stick person who in the first picture is blue and is named 'Grandma', (Fig. 27) and in the second (Fig. 28) two figures are red with the name of his brother at the top. All of three of the women in the pictures look like his grandmother. In the meantime, I sat with Zeb. He liked the colored pens. He repeated the names of colors and enjoyed the sound the pen made when he clicked it. He did a big scribble and wanted me to do the same, before moving on to something else. Ellie and Zeb began to play together. Ellie told me she would like to do something next time, and after seeing what I have in my bag. She said she would like to make a book.

The following week, I was on my way over to the hospital with my supervisor and the social worker when the family came into the Resource Center. Riley had been asking for me and wanted to make art, so I sat right down there and we spent an hour together. Mom looked over the reading material in the center, grandma played a game on her mobile device, Zeb, who's head had been shaved to be like older brother, was all over-he colored, tried water color, spilt water, needed my undivided attention, so we looked at the greeting cards I was re-cycling for collage and named birds/kitties/teddy bear etc. This kept him occupied and away from destroying Riley's projects: water color cards for his older sister, Abra, and Zeb, two cards he'd made using the re-cycled cards, one for his grand-parents. Once Riley started making cards for people, his imagination soared and that was what he wanted to do. It was very comfortable in this "zone of creativity" and I think he felt making cards was safer than expressing himself through drawings. Riley was a thinker. He took his time and made decisions about his art work. I was going to take a photograph of him-I'd gotten the permission slip signed-but suddenly they had to go see the doctor, which is the way things went at the clinic. Riley gathered up his cards and took them with him (he's learned to do this). On their way back through the clinic grandma told me they were on their way to the hospital and couldn't stop for the photograph. I said that was ok, he got everything done and had it with him. She said they would be back next week and I said I would look for him. It was so important for Riley to be able to take what he made with him. I felt that by having something he made while at the clinic helped him to cope with what he was going through and part of that for him was to be thinking of giving to others. That part of Riley, his will, that seemed far older, who took charge of things, needed to be allowed to make choices, based on him alone, during the art making process. He needed to be independent of his mom and grandmother in this way. He was grabbing on to something that was life affirming in the midst of his life-threatening experience. Fosarelli (2006) states: "It is important for parents and teachers to help a child discover an area (or areas) in which he/she has competence, or better yet, an area at which he/she can really excel. Finding even one such area helps to

build a child's self-esteem, for if a child can see him/herself as competent in one area, he/she can muster the courage to explore other areas; if he/she believes that he/she can succeed in one area, he/she can believe that she can succeed in another." (p. 68) Helping a child with cancer reach a developmental goal helps strengthen him/her in the face of the disease and improves their well-being. It also helps to balance and normalize their experience.



Recycled Greeting Cards for Card Making and Collage (Fig. 29)

The next week we all ended up in the hallway across from the Children's waiting room where I had set up my art table and put out re-cycled cards and other materials. (Fig. 29) Riley picked out materials and took them to the floor near the table where he and I had worked before. He asked a Child Life Specialist student volunteer that he was spending time with, if she would work with him there. Then Zeb wanted to do that too, so I helped him set up. Zeb was up and down, so it was a mixture of art and pushing the child-size grocery cart filled with plastic vegetables and fruit back and forth. He parked it and began distributing it one-by-one to a gentleman waiting to go into the Infusion Center. The man interacted with Zeb like a grandfather would, by naming each piece to help Zeb learn. After each encounter Zeb would stand up straight, stick out his chest, lift his head, and smile. Riley was called into

the Infusion Center and I was able to calm him about not being done with his project by assuring him I would come in with his materials after he was settled in for his treatment. I'd needed to repeat this several times before he would leave. He asked the nurse for the room number and gave it to me to make sure I knew where to find him. I went in after cleaning up my table. Riley was sitting in the recliner chair and patted the space next to him, gesturing for me to sit in the chair with him. I drew in my breath and looked at grandma, who smiled and nodded, so I sat down in the chair with Riley. This was a multi-layered experience:

1. I was immediately placed in the position of the person who has cancer and is receiving chemotherapy. With loss of distance from the patient, my initial reaction was fear.
2. I helped Riley not feel alone with this experience.
3. It showed me his perspective on all the surrounding activity.

I was conscious of needing to keep a personal boundary even at this close proximity, by keeping my arms to myself. My natural instinct was to put my arm around this brave child who tried so hard to be in control. At one point, I had to reach my arm around him and I felt that he would have liked to lean into me like a child would with a parent or other family member, but I resisted this as per a recent practicum discussion on having professional boundaries with our clients, especially young children. I was not a family member, and, I was giving him something of value by sitting with him in the chair. After we worked on his cards for a while, Riley got out of the recliner chair and sat on a higher level chair on wheels across from me, still hooked up to the chemo. This seemed to give him the perspective of me being the patient in the chair and him having some power in the situation. Along this line, when it had taken a longer time than usual to start the chemo, he had gotten out of the chair and gone into the hallway to find out what the hold-up was. Once on the chemo, different people had come in to test his blood. He told me at this point that I needed to step out of the room and wait outside the curtain. I said

I would come back in a little while. When I went back in, I gave him the card I had made while we were working on them together. I said it was for him. He acted surprised and touched by this. Several of the re-cycled Christmas card fronts I had were religious. Riley picked out those for the most part. His grandmother said, "He knows Jesus". She had taught them, she said. Riley agreed with this. We talked then, about Jesus. The Child Life Specialist came in with Zeb. Riley wanted her to come and sit with him in the chair, so I got up and sat in another chair. The room was filled with people. There was talk of waiting for test results. There were several conversations as we waited. Then, all of a sudden, the results were in and there was a big rush to take Riley over to the hospital. The family gathered up everything in the room and packed it into the wheelchair and stroller. Zeb was tired. Riley scrambled to keep his things together and close to him. I emptied a manila folder from my bag and gave it to him to put his artwork and cards in. In the rush, his mother had put them in his lunch box and he got mad at her for doing that. I offered to let him borrow the box of narrow markers and return them next time as he had carefully chosen three more card fronts and blank pages to make more cards. He took them. His mother said he would have markers and glue at the hospital but he insisted. He also insisted on taking an orange band that had been used for a procedure he'd had. As I walked out with them, Zeb got upset because someone else had pushed the handicap button to open the doors. He threw himself on the floor and started to cry. He could not be consoled until grandma came back and let him push the button to re-open the doors. As it was time for me to leave, I went and got my coat and hat in the Cancer Resource Center. As I got off the elevator to go outside, I saw them standing in the downstairs lobby. Grandma and mom had glanced my way and returned to their conversation. To me they looked lost, stressed, and exhausted. Zeb stood crying. Riley sat in the wheelchair that was piled high with their coats and belongings. Looking at them from a distance, I saw a portrait of a family strained to the max by their child's cancer. It was in stark contrast to the freedom I felt in being able to leave the building

and go back to my life untethered by the disease. I felt I had been given this family to teach me about Family Art Therapy.

About four weeks later, Zeb walked by the Resource Center, saw me, and waved. "Come on", he said. He was with a staff member who was glad to see me, as the doctor examining Riley had asked her to occupy Zeb. I was able to spend time with him one-on-one making art in the Children's waiting room. He painted, as he'd wanted to do before when Riley needed my full attention. We had many little instructive lessons. He tried so hard to go beyond his capacity. Riley came in from his doctor's visit and said "Valentine's Day card!" We made one with him doing most of the work. He chose a magazine picture with lots of hearts on it, water color paper, and construction paper. He made it for his sister, asking grandmother to put a dollar in it for her. He went into see the doctor again and when he came out told me that he had taken the dollar out of the card and put it in his pocket, but he wasn't feeling right about it, so he'd put it back in the card. We talked about it. I said maybe he could ask grandma for another dollar for him. He did that. Grandma's reply was in the negative. We talked again. He said he "loved money" and was struggling to do the "right thing". I said it would be better to do the right thing even though it was hard. He added to the card, after his name, "from family". This inner moral struggle showed me that Riley had perhaps been influenced by his grandmother's Christian teaching. However, the depth of his struggle, ability to articulate his conflict, be honest with me about it, and revert from dishonest behavior to honest *and loving* behavior seemed beyond his six years. Fosarelli (2006) states: As children of this age start school they will do what is right to avoid punishment or please significant people in their lives." (p. 73) "The goal", she says, "is to do the right thing even when one is alone is just beginning at this age and will take years to become entrenched." (p. 75) I believe I witnessed the beginning of this in Riley.

Two weeks later I saw Grandmother. She said Riley would be having open heart surgery. When I talked to Toni the Social Worker about Riley, she said he'd come through the surgery well and would take some time before starting chemo again. I asked her how she managed to keep good boundaries and take care of herself doing this work, as I was feeling very close to this family. She said it was a day to day decision making process.

When Riley, Zeb, Mom, and Grandma came back to the clinic, everyone was happy to see them. I gave Riley the card I'd made him, which he scanned intently. There wasn't time to start a project and he asked if he could take some materials with him, because there weren't any where they were staying. I helped him make up an art "care package" to take with him-enough materials to make a couple of cards-one for their new little dog. He asked for more pictures of Jesus to make a card for his grandmother. I felt bad that I didn't have anymore 'Jesus' cards. I had been taught for so long to remain religiously neutral in my work, that I had not anticipated this situation. A week later I heard Grandma call my name to say "Hi" from the Children's waiting room. Riley was busy playing with the toys, so I continued on my way to see someone else. His hair was growing back.

I saw the whole family at the Special Event the Children's Cancer Clinic held for families in the spring. I thought of how despite the enormous difficulty of Riley's cancer and open heart surgery, and all that it involved, they had been, and were continuing to be, given an extremely positive, nurturing, and supportive experience, one that would impact their lives positively forever. I felt that my time with them was done and that the Art Therapy had been a significant part of that nurturing experience.

Groups

Post-Treatment Group

I held a bi-weekly post-treatment session with a cancer survivor who wanted to explore, mentally and emotionally, anything within herself that could possibly lead to a re-occurrence of her cancer. She took a pro-active, holistic approach to remaining cancer free. We built on this theme using different mediums, meditation, and her poetry. She was a very self-motivated person who was comfortable with therapy.

This collage was an inspiration for a poem. (Fig. 30)



Mangrove Trees (Fig. 30)



Eradicating Free Floating Cancer Cells (Fig. 31)

This painting, (Fig. 31) came as a vision during our meditation. She described the image as one of an alternative cancer treatment she'd heard about. When our time together was ended, she said she had worked through and seen a lot about herself. She had also made changes in some of her unhealthy eating habits, which was a goal of hers when she started coming.

Family Caregiver Group

I facilitated a caregivers group of two women. I gave more directives in this group at their request. One woman was nervous about going to visit her mother in another state, who had recently been diagnosed with cancer, because some time had passed between visits and she had some past issues with abuse.

One directive I gave her was to draw a self-portrait and color it in according to best qualities. (Fig. 32) This proved to be a good way for her to connect with those qualities within herself and she'd felt strengthened by it.



Positive Attributes (Fig. 32)

Another directive I gave her was to place herself in the center of the page and circle herself with her interests. This showed her what a full life she had on her own. (Fig. 33)



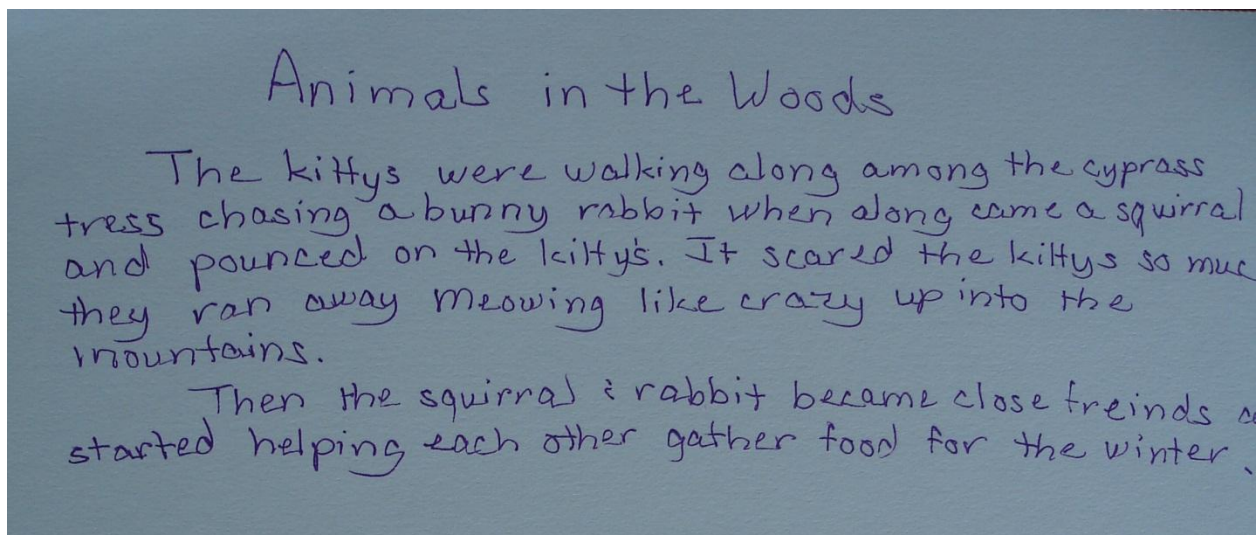
My Interests (Fig. 33)

She made a collage of her favorite images. (Fig. 34)



Favorite Things (Fig. 34)

She added a narrative to her collage. (Fig. 35)



Narrative for Collage of Favorite Things (Fig. 35)

Doing these activities helped her to gain confidence and strength as she saw her adult identity more and more clearly. She remarked that she hadn't realized these things about herself before, but with them all put together like this, she saw what an accomplished person she was.

The other woman, age eighty, had not done any visual art before and wanted to give it a try. When her water color pencil drawing looked to her as if it belonged "to a six year old" we were able to discuss her life and I was able to explain how our art can get lost in childhood.

Hospice Group

I was called to co-facilitate the last meeting of the St. Mary's Hospice Grief Group, which had been meeting for a year, by leading an art activity. In the second half of the meeting, after their sharing, reading, and meditation I gave a directive to draw something in relation to the previous hour and/or regarding feelings and thoughts on this being their last meeting together. The women both chose water color pencils and expressed how they felt now compared to when they came in. The first woman said



Sailboat on Park Point (Fig. 36)

she felt much more peaceful now than when she first came in and drew an image of sailing along the shore of Park Point. (Fig. 36) The second woman said that she had been able to start doing things she loved again, such as planting a garden and making quilts. She was also able to enjoy life again, even though the grief was still there along with the sunshine. (Fig. 37)



Things I Love and Enjoy (Fig. 37)

Both women said the art had helped them to express the change in their lives.

Display Board

I made a display board (Fig. 38) which described Art Therapy, including (with their permission) samples of art work people at the clinic had done. I left it up for several weeks near my table. This drew a lot of attention and proved to be a good teaching tool. I also created a brochure as an assignment in school, for educational and personal information about my credentials.



Display Board (Fig. 38)

Why Art Therapy Was Effective With This Population

Without using art I would not have been able to work with this population, because it can be emotionally so heavy. As the art making helped others cope with cancer, it helped me be of help to them. Art brought joy into hard situations. It gave me a way to bring the life force of creativity into life-threatening situations and because of this; I discovered that the families of the patients I worked with often quite naturally became a part of the healing process, whether they were participating in the art making or not. Working with families adds more complexity to this already complex situation; however, I find the extra effort worthwhile in that the positive results are also multiplied. As in all Art Therapy, the work does require a high level of sensitivity from the Art Therapist. I needed to make the conscious decision several times to not make a request to take a photograph of the clients' work, because of the

vulnerability I felt in the patients and families I worked with. I do not take the ethics of doing soul work lightly. I especially found this to be the case with Family B in which the cancer patient, Riley age 6, had such resistance to sharing the content of his drawings.

Cancer affects the family system, not just the individual. It creates a crisis and this upsets the equilibrium of the family. I saw how stressful it was for everyone and I saw how bringing art making through a trained art therapist into the situation helped balance out the anxiety, exhaustion, boredom, and overall burden of the families, which then helped the patient. Art Therapy does this through creating a focus on a life affirming activity. It engages the person on a deep level and this concentration is calming to the mind and the body. If there are issues complicating the family dynamics, the non-verbal expression of them can help to let them go, giving more energy to the task at hand. When the art activity is shared, it brings families closer together and this bonding gives them strength to endure.

Because of the high level of resistance I encountered from adults I approached to make art, I wondered if an adult needs to be an artist to fully understand the implications of the art process in art therapy. Artists will make art for their own therapy while in the midst of a crisis, because artists problem solve states Winner (1982) "In the process of fashioning a work of art, artists continually confront problems that must be solved." (p. 32) Why would art making help non-artists? Knill (1978; Knill et al., 1995 in Malchiodi, 2003) proposes that "...the connection between self-expression through the arts taps the healing power of imagination and is a fundamental phenomenon of human existence." (p. 108) It appeared to me that the majority of adults I approached in the clinic needed to *not* open up to their emotions during the immediacy of chemotherapy in order to cope. For many who did, I found that it was to help them with their experience of cancer and not for issues that were previous to their diagnosis. Wood (1998, p. 78-79) speaks to this, "Most people are not looking for 'therapy'. They find themselves diagnosed with a life-threatening illness and their primary concern is with treatment and

cure of cancer. Most people are psychologically intact although the impact of a diagnosis of cancer and subsequent events quite naturally produces an emotional disturbance in many.” She continues, “So it is not a corrective form of treatment that needs to be offered since the patient is not fundamentally maladjusted. Here it can be added that this is the reason why the mode of working is not deeply analytical, but more of a *holding and facilitating* (italics mine) process in order to support a development of the patient’s own understanding.” Perhaps the idea of therapy was part of the reason people were not open to the art.

Role of Art Therapist

I found the role of the Art Therapist in the medical setting met people’s needs for connection: to themselves and to others. I feel Malchiodi (2003) confirms my experience with children and adults when she states, “Art Therapy in the medical setting offers the potential for humanizing the health care experience and empowering patients to engage their intuitive, creative wisdom in the work of getting well. Listening to patients and helping them find ways to tap their inner resources through art expression is the cornerstone of art therapy. Medical art therapy offers a modality that is at once comforting, challenging, and enjoyable, giving children hope and a voice in expressing their experience of serious and life-threatening illness.” (p. 217-218)

Burt (2012) encourages Art Therapists to move forward in their thinking as our society changes, “As the medical environment in our hospitals and clinics has changed in response to postmodern ideologies, new opportunities are opening for medical art therapy. Patients have been empowered to take charge of their treatments through informed decision making and access to vast amounts of information made available through technology, and they are choosing to use complementary therapies. If art therapy is to become a viable option for symptom management, there must be open-mindedness both on the part of the established medical community to bring this modality to patients and by the art therapy community

to do the kind of empirical research that demonstrates to the medical community the efficacy of art therapy for symptom management.” (p. 187) Perhaps when Art Therapy becomes more respected in the medical setting, it will lose its stigma.

Wood (1998) speaks to the role of art in healing, “The presence of art in hospitals is now understood to be important, to create an environment for healing.” She continues with an example of empirical evidence, “An ingenious study by a geographer called Roger Ulrich at the University of Delaware compared the post-operative recovery of twenty-three matched pairs of patients and found that patients with vibrant surroundings and a view of trees and gardens from their hospital beds recovered faster, and needed fewer pain killers, than those with dull surroundings.” Wood ends with a suggestive thought, “Perhaps art therapists have an ancillary role here, to raise the awareness of hospital managers to the importance of art in relation to healing.” (p. 43-44)

Art Therapy by trained Art Therapists provides necessary support to patients in treatment for cancer. What we have to offer patients completes their care by making it holistic individually and relationally. I found that my training as an Art Therapist and my theory base of Person-Centered, Family Art Therapy, Gestalt, Narrative, and Brief Solution-Focused Therapies worked well together to be of service to patients and their families.

Conclusion

I believe in the healing power of Art Therapy, because I have experienced it in my own personal process of healing. My experience at the Cancer Clinic as part of their support system through the Cancer Resource Center showed me that art therapy made a difference for cancer patients and their families. As an Art Therapist Intern I was able to bring my skill set into life threatened situations and use art to affirm life, not just in general, but individually and personally. Creativity alone is life affirming. Art Therapy with a trained art therapist becomes a way to minister to the whole person and get to the heart

of the matter at hand for him/her. It isn't whether their art is "good" or "bad", but the expression of self that counts, along with the sharing of the experience with someone who understands the language of symbols, metaphors, color, object size, open space, and emotional expression.

The patients and families I worked with may or may not have had issues previous to their diagnosis of cancer that would have benefitted from therapy; that was not the focus. The focus was on the immediate experience of coping with cancer and yet, the art therapy experience affected the whole person in a positive way through strengthening their capacity to face the cancer, healing emotions by externalizing them, reinforcing their own life energy and identity, connecting to others, learning new things, and having fun.

I had a chance to work with a wide variety of people. I saw how my personality and skills fit well in this environment. I was able to apply my theories and trust my intuition in real life situations and experience successful outcomes. I learned a great deal more than I knew when I began the internship. What meant the most to me, though, was that I was able to make a real difference in peoples' lives. I was an effective vehicle of change. I saw change manifested in the lifting of someone's mood, calmed anxieties, the dawning of awareness, a feeling of connection to another, or change of perspective that allowed healing to take place. Through this process of helping others as an intern at the Cancer Clinic, I developed self-efficacy. Kerig & Wenar (2006) state, "Bandura introduced the concept of self-efficacy which reflects the fact that individuals come to anticipate not only that a given behavior will produce a given outcome, but more importantly, whether or not they can successfully execute such a behavior. Thus people fear and avoid situations they believe exceed their coping skills, and they behave with confidence in those situations which they believe themselves capable of handling. Therefore, self-efficacy influences both the choice of action, and persistence in the face of obstacles." This internship gave me confidence in my abilities as an Art Therapist.

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Additional Resources

Colleen Baggs, BSN, Cancer Resource Center Program Manager

Terry Mahoney, LICSW, OSW-C, Oncology Social Worker

Ellen Hufschmidt, MA, Family Grief Support-Hospice Patients and Families

Susan E. Loonsk, MFA, MA, ATR-BC, MATP, Professor, Dept. of Visual Arts

Gloria Eslinger, MFAIA, MA, ATR, Assistant Professor, Dept. of Visual Arts

Kathy Hubbard, MFA, Ph.D., Assistant Professor, Dept. of Visual Arts

Fellow Practicum Students