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Art therapy with three women diagnosed with cancer

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Introduction

Cancer can cause multiple psychological crises, including loss of control, loss of self-efficacy, isolation, decreased self-esteem, and grief. A cancer diagnosis always feels urgent to patients and families. After patients learn that they have cancer, life seems out of balance ([American Cancer Society, 1993](#)). The author will provide rationale for using art therapy with women cancer patients to enhance coping strategies that involve taking positive steps toward improving their quality of life, understanding their illness and its effect upon them, and taking appropriate steps to deal directly with their disease.

Illness-related art therapy

Research studies on illness-related therapy have yielded the benefits of crisis intervention, short-term individual therapy, behavioral techniques, education programs, group therapy, and stress management for cancer patients ([Postdone, 1998](#)). A primary focus of illness-related therapy is coping skills training that allows the patient to take control to improve her own quality of life ([Serlin, Classen, Frances, & Agell, 2000](#)). Art therapy promotes the connection between physical and mental health by offering the patient a means in which to express herself in private through art. It provides a concrete model of what the patient is experiencing that can serve as a permanent reminder of her strength and courage.

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Psychological aspects of cancer

“A diagnosis of cancer stirs up a host of difficult issues and feelings, many of which are actively avoided. Avoiding the expression and examination of threatening thoughts and feelings has deleterious consequences” ([Serlin et al., 2000](#), p. 128). Illness and hospitalization entail the relinquishment of mobility, productivity, and achievement in favor of a more passive role. This may cause the patient to view him/herself as helpless. Personal worth is challenged by loss of physical functions or bodily alterations, and isolation is experienced as the family and social network find it difficult to handle reactions to the diagnosis, thus failing to provide the support the patient needs ([Kern-Pilch, 1980](#)).

The patient must also be aware of the likelihood that he/she will experience a grief or mourning period that may seem like depression. It is necessary for the patient to mourn for the loss of him/herself as a healthy person and the loss of certainty in his/her life ([American Cancer Society, 1993](#)). Cancer diagnosis and treatment are processes that require time. After adjusting to treatment regimens, the patient must then adjust to new physical realities.

Physical impact of cancer

The initial diagnosis of cancer can be devastating. Treatments for the disease are not kind to the mind or the patient’s physical being. Although some cancer treatments are less severe than others, all treatments take a physical toll on the body. Minor effects include loss of appetite, muscle pain, and dizziness. Major effects include amputation, reconstructive surgery, and hair loss.

Psychosocial impact

Psychosocial problems with cancer include isolation experienced as the family and social network find it difficult to handle reactions to the diagnosis, thus failing to provide the support the patient needs (Kern-Pilch, 1980). As well, both the patient and the family may have problems communicating with doctors and nurses, leading to a lack of understanding about the illness and the treatments (Kern-Pilch, 1980).

Research has proven that cancer patients experience poor interpersonal functioning for at least 1 year after diagnosis and tend to adopt symptoms of negative attitude, anxiety, and physical problems related to stress (Penman et al., 1996). Recent research suggests that psychological interventions involving structured training in the use of specific coping skills may help patients adjust to their psychosocial disruption of cancer (Kern-Pilch, 1980).

Case study I

Lisa was 32 years old when we first met for art therapy. She was a single White female who had undergone three of six expected chemotherapy treatments in response to breast cancer. She was diagnosed early after a self-breast exam, and had undergone a partial lumpectomy and reconstructive breast surgery. Lisa was in relatively good health and was of good spirits.

One of our art therapy sessions appeared to be especially beneficial to Lisa. In it, she dredged string in

black ink, and placed it on one half of the page, with a small piece sticking out. Then she folded the other half so that the string was in between both sides. She then pulled on the loose string until the entire piece was out of the paper. She discarded the string and unfolded the paper. The pulling of the string blended the marks, leaving textures and shapes that she had not predicted. She appeared to be amused, and discussed the shapes in the context of Rorschach blots. She then chose to paint over the dual images that appeared with a light overcoat of diluted black ink with a brush (see Fig. 1).

After this warm-up effort, she was invited to try it again, this time filling the shapes with watercolor. She was much more invested in the second try, and painted the dual images in a manner that appeared to be two eyes staring at each other across to fold of the page (see Fig. 2).

A third string pieces was successful. She was able to incorporate the unpredictability of the string, and combine it with expressive watercolor. She further demonstrated her understanding of the session by applying her ability to free associate as she had done with the “Rorschach blots.” She discussed the manner in which the shapes mimicked the form of her own breast and reported that the breast on the left was her healthy breast, and the one on the right was the cancerous breast (see Fig. 3).

Case study II

Tess was 42 when she became an art therapy client. She had recently been diagnosed with stage 3 ovar-

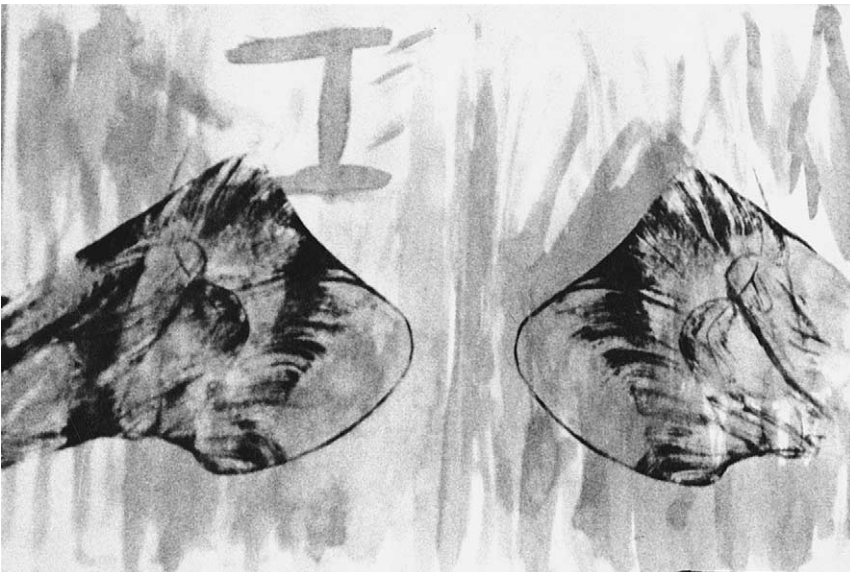


Fig. 1. Lisa's preliminary string drawing.

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