



ELSEVIER

The Arts in Psychotherapy 30 (2003) 229–238

THE
ARTS^{IN}
PSYCHOTHERAPY

Art therapy on a bone marrow transplant unit: the case study of a Vietnam veteran fighting myelofibrosis

Molly Greece, MS^{*,1}

Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY, USA

Abstract

At this time in history, the medical world is beginning to accept holistic approaches to aid in the psychosocial treatment of its patients. This is particularly true for cancer patients. Art therapy is one such psychosocial intervention that provides many possibilities for healing for such patients. This case study examines the art therapy experience of one such patient, a 52-year-old male in medical isolation after having received stem cell transplantation (SCT) to treat myelofibrosis, a life-threatening illness. The patient was a Vietnam Veteran and had a history of alcohol abuse. This study examines how the patient's history impacted his state of mind during hospitalization and isolation and how this was reflected in his artwork. Art therapy provided a means of examining this patient's past traumas so that he could then move into examining and living in the present moment. It also provides an example of how art therapy moves beyond the means of art making as healing to the world of metaphor and mental imagery as healing agents in a therapeutic process.

© 2003 Elsevier Inc. All rights reserved.

Keywords: Art therapy; Cancer; Stem cell transplantation (SCT); Bone marrow transplantation (BMT); Psychosocial support; Isolation; Life-threatening illness

Introduction

As the medical world begins to accept a holistic approach to the treatment of individuals with physical disease, more psychosocial interventions are being offered to patients in the medical setting, particularly cancer patients. While cancer patients in general experience similar psychological issues and needs, many of their issues will be unique to their particular disease and mode of treatment. Stem cell transplantation (SCT) and bone marrow transplantation (BMT) are two modes of treatment that are similar in both physical procedure and psychosocial effects for

the individuals who undergo them. Both procedures may be used to treat various blood disorders such as leukemia, Hodgkin's disease, lymphoma, as well as diseases such as breast cancer and multiple myeloma (Andrykowski & McQuellon, 1998; Andrykowski et al., 1999).

Andrykowski et al. explain the physical procedure and psychosocial ramifications for SCT,

Transplantation of hematopoietic stem cells obtained from bone marrow or blood is employed in the treatment of a variety of serious, life-threatening, primarily malignant diseases... Potential problems span the spectrum of QOL domains and represent a range of physical, functional, emotional, and social difficulties. In addition to the well known physical late effects of SCT, such as graft-versus-host disease, pulmonary problems, and rheumatoid disorders, problems with fatigue, sleep, sexual and cognitive function, and psychological and interpersonal adjustment have been identified. (Andrykowski et al., 1999, p. 1121).

* Present address: 16 High Street, Croton-on-Hudson, New York, NY 10520, USA.

E-mail address: moma_g@msn.com (M. Greece).

¹ The author is also an Art Therapist at StoneWater Sanctuary in Croton-on-Hudson, New York, and Phelps Hospice in Sleepy Hollow, New York.

BMT is also a serious procedure with various ramifications for the individual undergoing the procedure. Andrykowski and McQuellon explain,

Bone marrow transplantation (BMT) is a complex medical procedure in which blood cells . . . in bone marrow are infused into a patient following high-dose chemotherapy and/or radiotherapy. Because BMT is associated with life-threatening physical morbidity, lengthy convalescence, and social isolation, the potential for significant psychosocial morbidity is high. (Andrykowski & McQuellon, 1998, p. 289)

While SCT and BMT are similar in nature, most of the research and literature in the field focuses on the psychosocial effects of BMT. Therefore, much of the research referenced in this article is related to BMT, however, it is widely accepted, and has been the author's clinical experience, that the psychosocial ramifications for an individual undergoing SCT are similar to that of an individual undergoing BMT.

Because of the serious nature of SCT and BMT, it has been found that with transplantation comes the potential for an increase in psychological distress such as anxiety and depression (Baker, Marcellus, Zabora, Polland, & Jodrey, 1997; Sasaki et al., 2000). Coping mechanisms, such as perceived personal control, have been correlated to psychosocial morbidity (Fife et al., 2000). While in isolation, the patient may have "severe side-effects of nausea, vomiting, and pain as a result of mucositis" (Gabriel et al., 2001, p. 114). The normal stay on the hospital floor for SCT patients and BMT patients ranges from four to six weeks, but if complications arise it can be longer.

While the SCT and BMT experience is clearly a time of psychosocial distress, few sources have examined psychosocial interventions with this population. Irene Rosner David and Shereen Ilusorio wrote about their experience working with tuberculosis (TB) patients in isolation and stated "Patients benefit from the artistic expression of their emotions not only regarding the disease and prognosis, but also regarding the unique experience of isolation" (Rosner David & Ilusorio, 1995, p. 30). The main difference between the isolation experience for SCT or BMT patients and TB patients is that SCT and BMT patients are being protected against the germs others may give them while TB patients are being protected from giving germs to others. This needs to be kept in mind when you are working with patients in isolation as the psychological ramifications of the isolation experience differ. Gunter (2000) wrote about the use of art therapy with children undergoing BMT. But only one study has examined the use of art therapy with adult BMT patients in isolation (Gabriel et al., 2001).

The work of Gabriel et al. (2001) indicates that art therapy with adult BMT patients in isolation "... can be used to fulfill a variety of needs: (a) to strengthen positive thoughts, (b) to resolve distressing emotional conflicts, (c) to deepen the awareness of existential and spiritual issues, and (d) to facilitate communication with relatives and friends" (p. 122). As a graduate art therapy intern working with adult SCT and BMT patients at a cancer hospital in New York City where the work of Gabriel et al. had taken place, I decided for my thesis to conduct a broader study examining the BMT psychosocial experience from the patients' point of view (Greece, 2002).

The purpose of this study was to explore what psychosocial interventions were appropriate for this population. Also important was to examine *how* art therapy should be approached when working with this population. A convenience sample ($n = 11$) of adult BMT patients consisting of five men and six women were interviewed regarding their isolation experience. Four areas of psychosocial experience were examined: verbal interchange, activities, body-oriented care, and self-expression. It was found that 82% ($n = 9$) of the sample stated a benefit from having someone to talk to, 73% ($n = 8$) stated a benefit from having things to do, 54% ($n = 6$) stated a benefit from body-oriented care, and 54% ($n = 6$) stated a benefit from self-expressive outlets. This indicated that there are several psychosocial interventions applicable to this sample including art therapy. It was also found that art therapy sessions with this sample should be verbally oriented, passive in activity, mindful of the body, and expressive in nature (Greece, 2002). The findings serve as a compliment to the findings of Gabriel et al. that art therapy with adult BMT patients in isolation can be an appropriate and useful intervention (Gabriel et al., 2001).

The particular case presented here is one example of how art therapy can be useful for an adult SCT or BMT patient in isolation. Mr. A's art therapy experience provides insight into the complexity of the human psyche when faced with a life-threatening illness and shows how eloquently one's psyche can display itself when given the opportunity to engage in the act of creation.

Method

Case history

This case study is based upon Mr. A who participated in individual art therapy sessions over a period of three months. Mr. A was a 52-year-old male who was admitted for SCT on September 10, 2001. The Patient Coordinator recommended him for individual

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات