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Art in cancer care: Exploring the role of visual art-making programs within an Energy Restoration Framework

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ABSTRACT

Purpose: In contrast to art-therapy, little is known about the role of art-making for people who have been diagnosed with cancer, and even less is known about program-based art-making. This study explored the experience of participation in a visual art-making program for people during and after cancer treatment in the Northern Territory of Australia.
Method: A longitudinal, qualitative, single cohort study was undertaken. Eight women diagnosed with breast and/or ovarian cancer participated in weekly art-making sessions over eight weeks, facilitated by two professional artists. Data were collected before, during and after the sessions by interviews and group discussions. The Energy Restoration Framework was used to document and analyse the benefits of participation in terms of the a priori themes of: Expansive, Belonging, Nurturing and Purposeful.
Results: The four a priori themes were retained and an additional attribute of an energy restoration activity called Stimulating was added, along with sub-themes, which broadened and deepened understanding of the art-making experience within cancer care.
Conclusions: Involvement in an activity that was expansive, new, beautiful and fascinating was highly valued in addition to the appreciation for being with and belonging to a supportive and accepting group facilitated by dynamic artists. There is much scope for continued research and promotion of art-making programs as an adjunct to cancer treatment.

1. Introduction

There is a growing body of research and evaluation literature about the use of various art-forms in cancer care. The most commonly reported arts interventions are music therapy (Aasgaard, 2001; Hilliard, 2006; O'Callaghan and McDermott, 2007; Dvorak, 2011; O'Callaghan et al., 2012) and art therapy (Forzoni et al., 2010; Ando et al., 2013; Wood et al., 2013). The literature demonstrates that on the whole, there are positive associations between engagement in art or music therapy and the improvement of cancer patients' mental health and wellbeing (Geue et al., 2010).

Art-making is different to these overtly therapeutic art-forms. Art-making (which, for our purposes encompasses craft-making) involves the active creation of art or craft, in a range of formats and contexts. Art-making can be a personal, solo pursuit, or a structured activity that involves individuals or groups working with artists or crafts-persons to create art-works. Art-making can be understood as creative expression that aims to bring pleasure, new knowledge and skills to the individual. There is no overt emphasis on the facilitation of in-depth thinking or the uncovering and exploration of emotion as there is in art therapy (Collie et al., 2006). Art-making is focused on the art itself, and the value of working with tactile materials to express emotion and identity (Collie et al., 2006). Art-making has been found to enhance self-worth through providing challenges and achievements (Reynolds and Lim, 2007). It has been used in health care contexts for some time, in both incidental and more purposeful ways (for example: Cowell et al., 2011; Mische Lawson et al., 2012a, 2012b; Singh, 2011).

It is well recognised that a diagnosis of cancer can have a

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devastating impact on a person's physical and emotional wellbeing which is observed and experienced as pain, fatigue, depression and anxiety (Dodd et al., 2001; Barsevick, 2007). Cancer-related fatigue, in particular, is an almost universal side effect for the person affected by cancer (Rosman, 2009). Medical and pharmacological treatments such as psycho-stimulants, anti-depressants and central nervous system agents have limited value and are insufficient for most people (Kirshbaum, 2010; Peuckmann-Post et al., 2010). In terms of benefits attributed to non-pharmacological approaches, the research evidence in support of physical exercise has been steadily improving in terms of rigour, reliability and validity. After many years of small, single cohort studies, it is now recognised by an updated Cochrane Review (Cramp and Byron-Daniel, 2012) that moderate, aerobic physical exercise can reduce some of the adverse effects of fatigue and improve well-being for people who have cancer.

However, concern still remains for those who have experienced cancer related fatigue, yet are not in a position to participate in moderate, aerobic exercise as the Cochrane Review purports (Cramp and Byron-Daniel, 2012). Kirshbaum and Donbavand (2014) explored an alternative non-pharmacological approach to the management of fatigue within palliative care settings, which incorporated and adapted the work of Kaplan, an environmental psychologist (Kaplan, 1995, 2001). Kaplan's Attention Restoration Theory (ART) is based on distinguishing between 'directed attention' and 'involuntary attention'. Activities that draw heavily on a person's energy resources, where one needs to concentrate and 'attend' to the task relate to the aspect of 'directed attention'; these activities require effort to stay focused and ignore peripheral influences or stimuli. Examples of 'directed attention' would include listening to a lecture, providing counselling or walking on a tightrope. If these activities are done for a long time, without sufficient breaks, then fatigue can set in. In contrast, activities that are associated with 'involuntary attention' are perceived as being effortless and can promote the restoration of energy to a person. Examples of 'involuntary attention' could include looking at a waterfall, unconsciously doodling on paper or singing along to a favourite song.

Kaplan identified the attributes of restorative activities for healthy populations in the USA as: *Being away* (from routine), *Fascination* (interesting), *Extent* (of engagement) and *Compatibility* (with the individual) (Kaplan, 1995). Kaplan's work promotes restorative, environmentally based interventions that take place in nature. As a result of their qualitative research with people experiencing fatigue related to illness in the UK, Kirshbaum and Donbavand (2014) refined the characteristic attributes of restorative and energising activities to: *Belonging, Expansive, Nurturing* and *Purposeful*, referred to as the Energy Restoration Framework. They found that the joy of contributing and feeling part of a community or group (*Belonging*) and the need to feel safe and nurtured in some way (*Nurturing*) were important additional qualities that could be promoted and encouraged by health care practitioners as part of a fatigue management plan.

While art-therapy in cancer care has been the subject of a substantial amount of research, there is much less known about the role of art-making for people who have been diagnosed with cancer, and even less known about program-based art-making. From the limited research available (Ennis et al., 2017) it appears that art-making programs are varied. They range from single session facilitated art-making activities in a hospital setting (Mische Lawson et al., 2012a, 2012b) through to weekly programs involving sculpture, multi-media, painting, drawing and mosaic-making which can last from six weeks to six months (Sabo and Thibeault, 2012; Predeger, 1996; Heiney and Darr-Hope, 1999; Heiney et al., 2017; Garland et al., 2007). The benefits of these programs have included decreases in mood disturbances and stress (Garland et al., 2007), decreases in treatment related symptoms (Mische Lawson et al., 2012a, 2012b), learning about 'self' and identity through creative expression (Heiney and Darr-Hope, 1999; Predeger, 1996; Sabo and Thibeault, 2012), the support and acceptance of a group (Predeger, 1996; Collie and Kante, 2011; Heiney et al., 2017), and sense of 'fun' and distraction (Collie and Kante, 2011; Cowell et al., 2011).

Further research is needed to explore and understand the benefits of a group art-making program for people who have had a diagnosis of cancer. In particular, we wanted to explore the energy-restoring attributes of art-making using the emergent Energy Restorative Framework as the conceptual framework within the cancer care arena. From an attention restoration perspective, art-making workshops facilitated in a safe and encouraging art-space, amongst a group of supportive people would encourage and promote 'involuntary attention', or just plain fun and enjoyment for participants.

2. Aims and objectives

The aim of the study was to explore the experience of participation in a visual art-making program for people during or after cancer treatment in the Northern Territory of Australia, using a framework for energy restoration.

The objectives of the study were:

1. To set up and facilitate an eight-week group experiential visual art-making program for people who have been diagnosed with cancer.
2. To document and analyse the participants' experiences of the arts program.
3. To interpret the findings using the Energy Restoration Framework.

3. Methods

3.1. Design

A longitudinal, qualitative, single cohort study was proposed that welcomed people in the Northern Territory of Australia who have been diagnosed with cancer of any type and at any point of treatment or recovery. This design was deemed appropriate at this exploratory point of the research continuum, to document experiences of the participants and to advance the application of the Attention Restoration Theory (ART) to a cancer population, using the Energy Restoration Framework.

3.2. Sample

A convenience sample was selected through local community networks, media and the Cancer Council NT (Northern Territory), who sent out a brief email and flyer about the study. Interested people were asked to contact the study coordinator, who explained the purpose and plan of the study, which included free facilitated arts and crafts sessions over an 8 week period, and determined eligibility for participation, before passing on contact details to the university based researchers. Eligible participants had a diagnosis of cancer, were receiving or had received (within the past two years) any mode of treatment, were at least 18 years old and could speak and understand English. No exclusions were made based on site or stage of disease. Prospective participants were given a written information sheet and offered a pre-study information interview by one of the researchers, which led to fully informed written consent. Participants were told that they could withdraw