Art Therapy: Journal of the American Art Therapy Association, 25(3) pp. 115-121 © AATA, Inc. 2008

Approaches to Art Therapy for Cancer Inpatients: Research and Practice Considerations

Nancy A. Nainis, Chicago, IL

Abstract

Common symptoms reported by cancer patients include pain, fatigue, breathlessness, insomnia, lack of appetite, and anxiety. A study conducted by an interdisciplinary research team (Nainis et al., 2006) demonstrated statistically significant reductions in these cancer symptoms with the use of traditional art therapy methods. The study found a strong correlation between the use of art therapy and a significant decrease in tiredness and anxiety. This paper reflects on the author's participation as the art therapist who conducted the art therapy interventions used in the study. It considers approaches to art therapy interventions for cancer survivors and their particular needs relative to the creative process and symptom management. The paper also discusses the question of why some cancer patients refuse art therapy when it is offered to them on the inpatient unit.

Introduction

In the larger realm of mind-body therapies and cancer treatment, art therapy is considered a complementary therapy. Complementary therapies help control a patient's symptoms and improve overall well-being by working in conjunction with other treatments and supporting mainstream cancer care. Mind-body therapies are based on the theory that the mind and the body are always mutual and bidirectional. These therapies use techniques like visual imagery or biofeedback that help people link mental processes with different systems of the body (Achterberg, Dossey, & Kolkmeier, 1995). Studies have shown that mind-body therapies have been effective in helping individuals deal with symptoms of pain, nausea, and anxiety (Cassileth & Deng, 2004).

I was the art therapist in a study conducted by Judy Paice and an interdisciplinary research team at Northwestern Memorial Hospital in Chicago that investigated the impact of art therapy on cancer symptoms of an inpatient cancer population. The results of the study showed statistically significant reductions in most cancer symptoms when correlated with the use of art therapy (Nainis et al., 2006). Information obtained from the study can help begin the process of defining the best uses of art therapy for symptom management; the study's positive outcome points the way toward validating the art therapy services to administrators of hospitals and medical clinics. However, as discussed in this paper, the study also raised some questions that call for further investigation.

This paper summarizes some of the research on art therapy with cancer patients and discusses the particular needs of the cancer inpatient population relative to the creative process and symptom management. I will reflect on my participation as the art therapist who conducted the art therapy interventions used in the study. In addition, I will review reasons for why cancer inpatients may refuse to participate in art therapy as part of their treatment.

Review of the Literature

It has been well documented that art therapy is a helpful tool for cancer patients and their families. In the early 1990s, Johnston (1993) reported on the effects of a program at the London Regional Cancer Center to help children whose parents were dying of cancer. Concurrently, Councill (1993) described the use of art therapy for both assessment and treatment of pediatric cancer patients who were dealing with emotional issues relative to bone marrow transplants. Breslow (1993) demonstrated how art therapy helps cancer patients by reinforcing positive coping behavior while increasing their self-esteem and their sense of control. These benefits have been reaffirmed and expanded on by published accounts of several other programs (Heiney & Darr-Hope, 1999; Peace & Manasse, 2002). As Malchiodi (1999) affirmed, art therapy can be a support for medical as well as behavioral health patients.

Art interventions with the cancer population are used in multiple formats and modalities. The spectrum of creative healing spans individual therapy to support groups to participation in community art exhibits of artwork created by cancer survivors (Deane, Fitch, & Carman, 2000; Gabriel et al., 2001; Ponto et al., 2003). For example, Lane and Graham-Pole (1994) began a program at the Shands Hospital at the University of Florida that brought in artists to conduct workshops and work one-on-one with patients and families.

A growing body of research suggests that art therapy helps to improve a person's ability to cope with the difficulties of cancer treatment and adapt to stressful and traumatic experiences (Deane, Carman, & Fitch, 2000; Favara-Scacco, Smirne, Schiliro, & Di Cataldo, 2001; Gabriel et al., 2001; Mulcahey & Young, 1995; Trauger-Querry &

Editor's note: Nancy A. Nainis, MAAT, ATR-BC, LCPC, NCC, is formerly the Director of Expressive Arts Therapies with the Oncology and Palliative Care Unit at Northwestern Memorial Hospital, Chicago, IL. Correspondence concerning this article may addressed to the author at nancynainis@yahoo.com

Haghighi, 1999). Art therapy has been shown to counteract the effects of the illness by strengthening self-identity (Luzzatto & Gabriel, 2000) and promoting spiritual and emotional well-being (Gabriel, 2001). Among caregivers and family members of cancer patients, art therapy has been used to decrease anxiety and to reduce stress (Walsh, Martin, & Schmidt, 2004; Walsh & Weiss, 2003).

In the field of nursing, Predeger (1996) examined a sample of eight breast cancer patients who approached art expression from an explicitly feminine perspective and found that the process allowed them to transcend the negative aspects of their illness. By shifting a participant's focus from his or her illness to a positive creative activity, art therapy can lower stress and aid in pain management (Trauger-Querry & Haghighi, 1999).

Although there are a number of published accounts of the benefits of art therapy with cancer patients, there are few controlled studies. Monti et al. (2005) contributed preliminary evidence of the benefits of art therapy by gathering data on the efficacy of a psychosocial group intervention for cancer patients called mindfulness-based art therapy (MBAT). One hundred and eleven women with a variety of cancer diagnoses were paired by age and randomized to either an 8-week MBAT intervention group or a waitlist control group. As compared to the control group, the MBAT group demonstrated a significant decrease in stress-related symptoms and higher health-related quality of life.

Art and creativity help cancer patients and their families and caregivers in a multitude of ways, but the lack of consistency in the design of outcome studies makes it difficult to draw specific conclusions about art therapy's effectiveness with oncology inpatients. To address these limitations, an interdisciplinary research team led by Judy Paice investigated the use of art therapy in a diverse sample of 50 adults from an inpatient oncology population, most of whom had been diagnosed with leukemia or lymphoma within the prior 2-3 years (Nainis, et al., 2006). A quasi-experimental, pre-posttest methodology was used to determine art therapy's effectiveness in relation to pain, anxiety, and a variety of other symptoms common to the cancer inpatient population. The instruments used to measure physical and emotional symptoms associated with cancer were the Edmonton Symptom Assessment Scale (ESAS) and the state portion of the Spielberger State-Trait Anxiety Index (STAI-S), which specifically measures how a patient described his or her psychological state at the time of the intervention (Spielberger, Gorsuch, & Lushene, 1970). The modified ESAS is a 10-item patient-related symptom numeric scale developed for use in symptom assessment of palliative care (Rees, Hardy, Ling, Broadley, & A'Hern, 1998).

Results showed that there were statistically significant reductions in eight of nine symptoms measured by the ESAS, including the global distress score. Nausea was the only symptom that did not change as a result of the art therapy session. Pre and post intervention anxiety measures showed statistically significant differences in most of the domains measured by the STAI-S. The study found that art therapy was strongly correlated with a statistically significant decrease in tiredness and anxiety. This was the first study to demonstrate reduction in tiredness, although art therapy has been found to reduce anxiety in prior studies (Luzzatto & Gabriel, 2000; Walsh, et al., 2004; Walsh & Weiss, 2003).

Art Therapy Interventions for Cancer Patients

There are particular challenges in designing an objective study given the nature of art therapy and, by extension, in developing art therapy programs to support the patients' management of cancer symptoms. Understanding the vulnerability of oncology patients and being able to address their needs is critically important for any art intervention to be successful. As cancer spokesperson Michael Lerner (1996) poignantly stated, having a cancer diagnosis "is similar to that of a soldier who is given orders by his officers to parachute into a jungle war zone without a map, compass, or training of any kind" (p. x). Numerous types of cancer, treatments, and information have boggled and confused the minds of many patients. The illness typically challenges the finances, relationships, and beliefs of those living with it. Therefore, the art therapist designing treatment needs to be educated about all aspects of the cancer experience in order to be able to help patients navigate the harsh world of cancer.

In my role as the art therapist in the study, I provided art therapy with cancer patients in their individual rooms, using a cart that held a variety of arts and crafts materials. Infection control is an important consideration with cancer patients who have suppressed immunity due to their diseases and their treatments. In fact, some patients have no white blood cells at all when chemotherapy ends and they may be very susceptible to minor infections that healthy individuals can stave off. Therefore, it is best not to bring the art cart fully into the patient's room, but to keep it near the doorway in order to prevent it from being contaminated or contaminating the patient. All art materials that I used in the study were either brand new or cleaned with an alcohol rub to kill any microbes that could spread infection. It was important that all supplies were bacteria and fungus free. As many items as possible usually are given to the patients to keep in order to minimize sharing and passing on of disease.

Another consideration is the use of odorless art materials. Cancer patients are often extremely sensitive to smells, which can trigger nausea or headache. New staff members on the cancer units where I work have been asked to refrain from using any perfumes, strong smelling cosmetics, or aromatic cleansers in order to avoid irritating patients. This issue should be carefully considered before selecting art projects for cancer patients.

To minimize potential interruptions, each patient's nurse may be consulted prior to the art therapy session to make certain that the patient has no conflicting procedures or activities scheduled. Although critical for the research study, this practice also is valuable in the design of an effective art therapy intervention. The patients' treatment plan

while in the hospital typically involves numerous tests and procedures that may take the patient out of the room or demand privacy. Finding an hour of time to do therapy with a patient often is a challenge in itself.

To keep the art therapy interventions as consistent as possible for research replication, I used a scripted introduction to the art therapy session and a list of all the materials and projects that were available on the cart was given to the participant (Table 1). These materials were selected to give a broad choice of media that would help the patient experience both structure and flexibility in the creative process. Having these options empowers patients with control and choice. The materials themselves are a joyful experience for many patients, who enjoy all the beautiful colors and textures of papers and paints.

Different art materials allow for different types of emotional statements (Malchiodi, 2002; Pratt & Wood, 1998). Often collage materials such as magazine pictures, decorative shapes, yarns, feathers, beads, and jewels are perceived as non-threatening for patients who are reluctant to engage in artistic expression. The use of these materials in particular tend to be experienced by cancer patients as a process of taking the fragmented pieces of their lives and bringing them together into some sense of order. Drawing materials such as pencils, colored pencils, charcoal pencils, oil crayons, marker pens, and pastels give patients a variety of controlled media to delineate their thoughts onto paper. Paints, by contrast, are more fluid and can be used to make bold statements that express more emotion. Clay is another excellent choice because it is a tactile and sensual material that brings in a third dimension to the expression.

Art therapists also may consider offering crafts to cancer patients, such as making stained glass "sun catchers," beading jewelry, or decorating frames and boxes as these have the added advantage of producing functional as well as aesthetic results. Such activities are very empowering for patients, especially if they are feeling stripped of worth by their illness. Making an object that they can use or give away as a gift validates their sense of capability.

Table 1 Art Cart

Art Therapy Supplies	
• **Cards/Envelopes**	• **Drawing (cont.)**
• **Clay**	• Pencils
• **Collage**	• Marker pens
• Fancy papers	• Oil crayons
• Feathers	• **Jewelry/Beads**
• Felt	• **Journals/Sketch pads**
• Foam shapes	• **Paper pulp masks**
• Glitter glue	• **Painting**
• Glue sticks	• Finger paint
• Magazines	• Stained glass
• Pipe cleaners	• Tempera
• Sequins	• Watercolor
• Tissue paper	• **Rainsticks**
• Yarn	• **Stained glass sun catchers**
• **Drawing**	• **Stamps**
• Charcoal	• **Wooden boxes**
• Color pencils	• **Wooden frames**
• Pastel chalk	

When the patient's goals are the guiding factor in the art therapy session, the art therapist needs to be vigilant in order to notice if and when these goals change. Often, as the patient begins to work with art materials, underlying feelings triggered by the process of art making can cause a shift in the focus of the session. What starts out as a fun distraction from medical problems may become an outlet for deeper emotions. This is the point at which the art therapist's knowledge of therapeutic techniques and understanding of metaphor allows the patient to safely process the complex issues that emerge.

Patient Responses to Art Therapy

During my involvement in the study, I found that even among a diverse patient group with a wide range of ages, educational histories, ethnic backgrounds, diagnoses and length of disease, most cancer patients were very receptive to art therapy (Nainis, et al. 2006). There was no measurable difference in comfort level or interest in continuing art therapy by any of these demographic variables. This suggests that art therapy may be appropriate for a wide variety of patients.

Despite the fact that most of the participants in the study had never before experienced art therapy, a large majority (92%) stated that they would consider doing art therapy again. Most stated that art therapy benefited their overall well-being because it distracted them and focused their attention on something positive. Over a third of the subjects responded that the therapy was calming and relaxing: 12% felt that it was productive and worthwhile, and 24% found it to be a pleasant activity. Only 6% commented that the art therapy had no effect. One patient remarked:

> It gets you into something you have never done before; it was fun. More than just relaxing your mind off stuff, it put my concentration into something other than illness. It made me feel worthwhile.

Another said:

> It made me feel human, not just a person with cancer…like I can do things still. I was thinking about childhood and happy times; I wasn't thinking about bad times. It made me forget about what was happening and made me realize I might pull through.

Most of the participants in the study felt comfortable making art. Common reasons that cancer patients offer when describing their experience with art therapy are the comfort they feel with the art therapist's approach, a prior experience with making art that was positive, or, conversely, the fact that making art is a new and interesting experience for them. Several patients have told me that making art gives them a feeling of control and allows them to express their feelings without words. One participant in the study

Figure 1
9" x 12" watercolor and pen & ink image by a 61-year-old man with relapsed Hodgkin's Lymphoma after two prior stem cell transplants

Figure 2
9" x12" charcoal drawing by a 30-year-old woman with newly diagnosed Acute Lymphoid Leukemia

stated: "I was comfortable because I can express myself and do things I never tried before and realize I can do them…I just have to try." Only two of the participants said they were not comfortable with making art, stating that they had no talent or skill and did not like what they produced.

I found it surprising that most patients in the study chose to draw or paint rather than select a less intimidating media. By contrast, Bromberg's (2000) survey of cancer patients found that most patients were more receptive to collage techniques than painting and drawing. Could the directness of these media be more satisfying to intensely ill patients? Many patients wanted drawing lessons to improve their ability to express their ideas. They hoped to continue drawing or painting and appreciated the sketchbooks and pencils I gave them to keep for future use.

One patient had had many watercolor lessons prior to his hospitalization and said that he wanted to teach me what he had learned. He commented that it made him feel good to "teach the teacher." His watercolor of stark trees against a bright orange sky (Figure 1) conveyed some of his frustration with being confined to a hospital bed. Another young woman drew a tangled web of lines (Figure 2) that reflected her feelings of confusion and frustration about her interrupted life and the harrowing treatments that she was undergoing.

Several patients chose to make bracelets or decorate frames for family members or medical caregivers. This activity empowered them in creating something of value that they could give to others during a time when they had been forced to depend on others for many of their most basic needs. One woman painted a mask and decorated it with jewels, glitter, sequins, and feathers (Figure 3). She was astonished that it turned out so lovely and commented that she didn't think she was capable of creating something so attractive. Looking at her finished product gave her a feeling of satisfaction. These projects revealed the patients' competence despite their multiple losses due to disease and treatment.

Painting sun catchers or using coloring book pages also may give people a safe framework in which to create. By selecting their own colors and painting in the design, patients can enjoy an activity of self-expression without feeling obliged to have drawing skills. One patient had me help him draw the image he wanted on a piece of paper. He traced the image with liquid lead on a sheet of transparent plastic and then spent hours filling in the picture with stained glass paints. He continued to paint these transparent paintings during the rest of a long hospital stay for a stem cell transplant. His mother said that these projects made quite a difference in his attitude. Prior to art therapy treatment his mood was very depressed.

Several other patients could not use their hands because of extreme swelling. In one case, I painted under a patient's direction a scene of the lake peeking out between the tall buildings that she could see out of her window. She chose the composition, colors, and textures while I painted the picture and she was delighted with the results. She reflected that even though she wasn't directly involved in creating, she was still a participant involved in the process, determining colors and perspective.

One woman had me paint a frame in her choice of colors and she completed the project by placing decorative embellishments herself. Another patient had me draw a portrait of his wife while he watched. In all these circum-

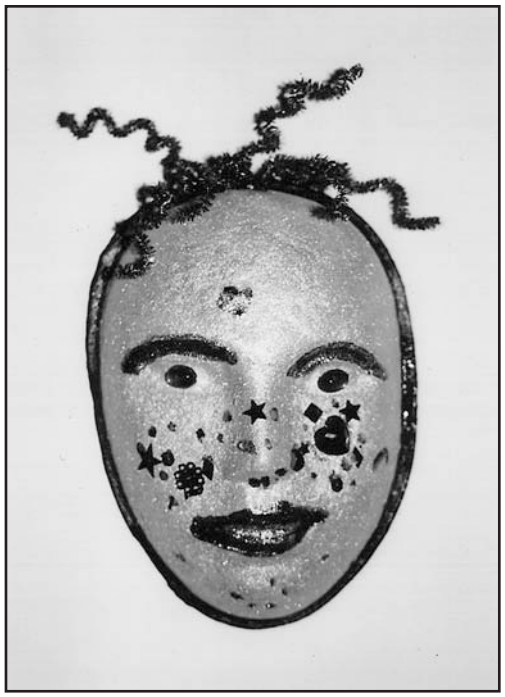

Figure 3
Paper pulp mask decorated by a 45-year-old woman with metastasized breast cancer

stances I employed my "artist-self" as referred to by Rubin (1984), by using my abilities as an artist, therapist, and teacher, allowing the patient "to actualize his creative intentions" (p. 106).

Some patients are not interested in doing art making. With these people I usually use an album I have assembled of magazine photos of images of nature, people, homes, food, and animals. I invite them to look at these pictures and select what attracted them. Looking at these photos usually lead to discussions about their lives. One man, for example, looked at a photo of a beautiful model and remarked on how much he loved his wife, and how he wanted to spend more time with her after the stem cell transplant was completed.

Reluctance Toward Trying Art Therapy

Of the 116 cancer survivors who were invited to be in the study, more than half refused art therapy, stating they were not interested or were feeling too poorly to participate; one patient reported having a previous negative art therapy experience. This is an issue that was made tangibly clear by the study and is worth noting for art therapists working with this population. Clearly it would be beneficial to understand the obstacles that keep so many patients from even trying art therapy. This is especially relevant because most of the subjects who did participate had never done art therapy prior to this study and the majority who tried it stated that they would like to do art therapy again.

Langer (2005) posited that two of the main roadblocks that keep people from developing their creativity come from a belief that there is a single "right" way to do things and that one needs "talent" in order to engage in artistic activities. Rather than risk making mistakes or embarrassment, people often feel safer by abstaining from any creative endeavor. Furthermore, being artistic continues to be associated with being mentally ill due to the specter of Freudian psychoanalysis in labeling the creative process as a defense mechanism (Dacey & Lennon, 1998).

I have also found that cancer patients are very vulnerable emotionally because of the pain, distress, and/or medications they have taken. Thoughtless actions or comments that might normally be ignored can activate buried feelings of insecurity; all the good achieved through art therapy can be negated and harm can be done to the patients. During the course of the study this was made very clear by a handful of incidents. In one case, a participant had her art product drawn upon by someone else as a joke. The offender did not realize that she had crossed a personal boundary and that her action had upset the patient to the same extent that making the object had originally relaxed her. In another incident, a staff member noticed that a patient had made gifts for other staff and demanded that the patient make a gift for her. The patient could not satisfy this person's request and felt upset and guilty. Once a creative product had been made, that product becomes an extension of the artist, who is susceptible to being hurt by thoughtless evaluations and demands. Thus, it is understandable that some cancer survivors are hesitant to allow themselves the pleasure of the creative process.

According to Mate (2003), repressed emotions, especially anger, appear to be one of the risk factors for cancer. It may be that this population is more inclined to avoid self-expression than other groups. Thus, it is very important for the art therapist to help patients overcome their apprehension and to feel comfortable. Educating hospital staff about the benefits of art therapy and the proper ways to interact with the participants and products of the art process is essential in providing the participants with safe and effective art therapy treatment. I have found greater motivation on the part of patients to participate in art therapy when their physicians and nurses are knowledgeable and supportive.

Many participants in the research study found the approach of the art therapist to be the primary reason they were comfortable with art therapy. During the session, I assured them that whatever they chose to do was appropriate and I consistently emphasized that there was no right or wrong way to do their projects. Their own cancer symptom management goals set the stage for the sessions. Having chosen projects that most interested them, the patients appreciated the suggestions I offered to help them achieve success. Much of our time together was spent teaching art techniques that gave patients feelings of accomplishment. For those with prior art experience, art therapy built on that expertise to help them feel at ease with the creative process. For others, the new and interesting experience of art allowed them to be comfortable with art therapy. When reluctance was surmounted, most people in the study reaped the benefits of art therapy.

Conclusion

There is emerging evidence that art therapy may help reduce a broad spectrum of symptoms among a diverse population of cancer inpatients. However, future research is needed to identify those patients who might experience the greatest benefit, the duration of the effects of this approach, and the optimal number of sessions needed to produce long-term effects. Once this information is clarified, art therapy can be prescribed more frequently as part of the symptom management protocol for the care plan of cancer patients.

Despite growing evidence of art therapy's value in the treatment of cancer patients, it is not clear at this point as to the exact nature of the mechanism that makes people believe they're better off after the therapy. One possibility is that distraction plays a major role in alleviating pain and its effects. The process of creating a piece of art seems to draw the patient's attention away from often overwhelming feelings of affliction. But other issues seem to be involved as well. I have observed that during the process of creating, patients are inspired to talk openly about their problems. Patients are encouraged to interpret their own art at the end of each session, and in doing so they frequently discuss feelings they might have otherwise kept to themselves. Patients who might not have been able to articulate their fears to a therapist, or who never would have considered going to a psychologist, use their artwork as a vehicle to express their fears. This suggests that more than distraction is at work in the treatment of cancer survivors with art therapy. Research is needed to understand more precisely what is happening during the creative process that produces art therapy's effects.

The purpose of the study referenced in this paper was to measure the general impact of art therapy on the symptoms of cancer. I kept personal notes on the projects selected by the patients. However, because of issues of confidentiality and in order to maintain the double-blind study, I did not know which patient's scores matched the chosen activities. Consequently, I was not able to determine if certain activities impacted certain symptoms more than other activities. This is an area that needs to be addressed in future studies. To begin to know the best ways to use art therapy for symptom management, it will be important to see if certain symptoms respond better to specific art methods or if each individual has unique needs. It would also be useful to know if there is an optimal number of sessions of art therapy that would achieve the best results.

Cancer patients are being empowered to become more involved in their own treatment plans and information is now broadly accessible via the Internet that was not as easily available in the past. Thus, evidence-based practice is more essential than ever before. Evidence obtained from outcomes research still provides the criterion used to determine the most helpful treatments. If art therapy is going to take its place as a viable treatment for cancer symptom management, art therapists must continue to search for information that shows how art therapy is a beneficial tool for cancer patients healing. Once a solid foundation of data supports the use of art therapy for cancer symptom management, doors will open for more comprehensive studies aimed at understanding the physiological and chemical activities that the creative process activates.

The suggestions and insight I have offered in this paper resulted from reflections on my role as the art therapist on an interdisciplinary research team that attempted to identify the efficacy of art therapy in the treatment of cancer symptoms. I realize, of course, that an understanding of the mysterious qualities of the arts will always require different approaches. Empirical studies can only go so far to enlighten artists about the nature of creativity. More scientific methods will allow us to understand how the mystifying actions of creativity can connect to the human brain and body, and will further illustrate the complementary effects of mind-body therapies on cancer treatment. This information also will give credibility to art therapy so that physicians and hospital administrators can justify the cost of employing art therapists. We are in an age of integration where advances in learning may come from joining bits and pieces together rather than breaking them apart. Art therapists have much to contribute in the design and practice of effective interventions that support the discovery of how the creative process can be an integral part of the treatment of medical illness.

References

Achterberg, J., Dossey, B. M., & Kolkmeier, L. (1994). *Rituals of healing: Using imagery for health and wellness.* New York: Bantum Books.

Breslow, D. M. (1993). Creative arts for hospitals: The UCLA experiment. *Patient Education & Counseling, 21*(1-2), 101-110.

Bromberg, E. L. (2000). Art therapy survey results. Abstract retrieved July 26, 2008 from www.arttherapy.org/Research/online_articles.html

Cassileth, B. R., & Deng, G. (2004). Complementary and alternative therapies for cancer. *Oncologist, 9*(1), 80-89.

Councill, T. (1993). Art therapy with pediatric cancer patients: Helping normal children cope with abnormal circumstances. *Art Therapy: Journal of the American Art Therapy Association, 10*(2), 78-87.

Dacey, J. S., & Lennon, K. H. (1998). *Understanding creativity: The interplay of biological, psychological, and social factors.* San Francisco: Jossey-Bass.

Deane, K., Carman, M., & Fitch, M. (2000). The cancer journey: Bridging art therapy and museum education. *Canadian Oncology Nursing Journal, 10*(4), 140-142.

Deane, K., Fitch, M., & Carman, M. (2000). An innovative art therapy program for cancer patients. *Canadian Oncology Nursing Journal, 10*(4), 147-151.

Favara-Scacco, C., Smirne, G., Schiliro, G., & Di Cataldo, A. (2001). Art therapy as support for children with leukemia during painful procedures. *Medical & Pediatric Oncology, 36*(4), 474-480.

Gabriel, B., Bromberg, E., Vandenbovenkamp, J., Walka, P., Kornblith, A. B., & Luzzatto, P. (2001). Art therapy with adult bone marrow transplant patients in isolation: A pilot study. *Psycho-Oncology, 10*(2), 114-123.

Heiney, S. P., & Darr-Hope, H. (1999). Healing Icons: Art support program for patients with cancer. *Cancer Practice, 7*(4), 183-189.

Johnston, C. (1993). Art, play-therapy programs help children whose parents are dying of cancer. *Canadian Medical Association Journal, 149*(10), 1528-1530.

Lane, M. T. R., & Graham-Pole, J. (1994). Development of an art program on a bone marrow transplant unit. *Cancer Nursing, 17*(3), 185-192.

Langer, E. J. (2005). *On becoming an artist: Reinventing yourself through mindful creativity.* New York: Ballantine Books.

Lerner, M. (1996). *Choices in healing: Integrating the best of conventional and complementary approaches to cancer.* Boston: The Massachusetts Institute of Technology Press.

Luzzatto, P., & Gabriel, B. (2000). The creative journey: A model for short-term group art therapy with posttreatment cancer patients. *Art Therapy: Journal of the American Art Therapy Association, 17*(4), 265-269.

Malchiodi, C. (Ed.). (1999). *Medical art therapy with adults.* Philadelphia: Jessica Kingsley.

Malchiodi, C. (2002). *The soul's palette: Drawing on art's transformative powers for health and wellbeing.* Boston: Shambhala.

Mate, G. (2003). *When the body says no: The cost of hidden stress.* Toronto, Canada: Knopf.

Monti, D. A., Peterson, C., Shakin Kunkel, E. J., Hauck, W.W., Pequignot, E., Rhodes, L., & Brainard, G. C. (2005). A randomized, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer. *Psycho-Oncology, 15*(5), 363-373.

Mulcahey, A. L., & Young, M. A. (1995). A bereavement support group for children: Fostering communication about grief and healing. *Cancer Practice, 3*(3), 150-156.

Nainis, N. A., Paice, J. A., Ratner, J., Wirth, J., Lai, J., & Shott, S. (2006). Relieving symptoms in cancer: Innovative use of art therapy. *Journal of Pain and Symptom Management, 31*(2), 162-169.

Peace, G., & Manasse, A. (2002). The Cavendish Centre for integrated cancer care: Assessment of patients' needs and responses. *Complementary Therapies in Medicine, 10*(1), 33-41.

Ponto, J., Frost, M., Thompson, R., Allers, T., Will, T., Zahasky, K., Thiemann, K., Chelf, J., Johnson, M., Sterioff, S., Rubin, J., & Hartmann, L. (2003). Stories of breast cancer through art. *Oncology Nursing Forum, 30*(6), 1007-1013.

Pratt, M., & Wood, M. J. M. (1998). *Art therapy in palliative care.* London: Routledge

Predeger, E. (1996). Womanspirit: A journey into healing through art in breast cancer. *Advances in Nursing Science, 18*(3), 48-58.

Rees E., Hardy J., Ling J., Broadley K., & A'Hern, R. (1998). The use of the Edmonton Symptom Assessment Scale (ESAS) within a palliative care unit in the UK. *Palliative Medicine,12*(2), 75-82.

Rubin, J. A. (1984). *The art of art therapy.* New York: Brunner/Mazel.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *The state trait anxiety inventory manual.* Palo Alto, CA: Consulting Psychologist Press.

Trauger-Querry, B., & Haghighi, K. R. (1999). Balancing the focus: Art and music therapy for pain control and symptom management in hospice care. *Hospice Journal – Physical, Psychosocial, & Pastoral Care of the Dying, 14*(1), 25-38.

Walsh, S. M., Martin, S. C., & Schmidt, L. A. (2004). Testing the efficacy of a creative-arts intervention with family caregivers of patients with cancer. *Journal of Nursing Scholarship, 36*(3), 214-219.

Walsh, S. M., & Weiss, S. (2003). Online exclusive: Art intervention with family caregivers and patients with cancer. *Oncology Nursing Forum Online, 30*(6), 115-120.