Using Art in Occupational Therapy with People Who Have Cancer: A Qualitative Case Study

Jennifer R. Dochod
Grand Valley State University
Case Study:

USING ART IN OCCUPATIONAL THERAPY WITH PEOPLE WHO HAVE CANCER: A QUALITATIVE CASE STUDY

By

Jennifer R. Dochod

MASTER OF SCIENCE THESIS

Submitted to the Occupational Therapy Program at Grand Valley State University, Grand Rapids, Michigan in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE IN OCCUPATIONAL THERAPY

2007
USING ART IN OCCUPATIONAL THERAPY
WITH PEOPLE WHO HAVE CANCER:
A QUALITATIVE CASE STUDY

By:
Jennifer R. Dochod

October 3, 2007
ABSTRACT

OBJECTIVE. To explore the role of art, with a small group of people who have cancer, as a means provide distraction from pain, to help express feelings, and to assist in making connections with others.

METHOD. Using a randomized sample from Gilda's Club, a support center for those with cancer, in-house social workers recruited two participants to take part in a small group case study conducted by a master's level occupational therapy student.

RESULTS. Two participants enrolled in the art class conducted by the researcher. Predetermined questions gathered through participant interviews and class discussions provided the data. Although the participant number was small, the findings were in full support of the assumptions made by the researcher. Art can be used in therapy to help those with cancer to decrease preoccupation with pain, express feelings, and can assist in connecting with others.

CONCLUSION. This study determined that there was a role for art in occupational therapy for use with people who have cancer. Art was shown to be useful as a means to provide distraction from pain, to help express feelings, and to assist in making connection with others.
ACKNOWLEDGEMENTS

Upon completion of this research and finalizing my graduate studies in Occupational Therapy, I wish to acknowledge those who offered assistance in the preparation of this manuscript.

From the University, a special thanks to my committee chair, Cynthia Grapczynski, Ed.D. for her patience, time, guidance, and expertise and for her encouragement to broaden my horizons as to new practice areas for occupational therapy. An extra special thanks to my friend and writing advisor, Nancy Crittenden, who spent many long hours helping me edit this manuscript. I thank her for her time, expertise, patience, and support. I would also like to thank Beth Nelson and Gilda’s Club for providing the participants and location for this case study.
DEDICATION

This manuscript is dedicated to my parents, Janis and Walt Dochod, whose unconditional love, support, and patience has gotten me through these last few rough years. And, I thank them for believing in me, when I sometimes didn’t believe in myself.
TABLE OF CONTENTS

I. Chapter 1 – Introduction
1. Context and Background ................................................................. 1-4
2. Problem Statement ........................................................................... 4-5
3. Purpose Statement ............................................................................ 5
4. Significance Statement ...................................................................... 5-6
5. Research Questions .......................................................................... 6

II. Chapter 2 – Literature Review
1. Introduction ........................................................................................ 7-10
2. Philosophy of Occupational Therapy ............................................. 10-21
3. Traditional Role of Occupational Therapy for those with cancer .. 22
4. Art as Treatment in Occupational Therapy .................................... 22-23
5. Art Therapy ........................................................................................ 23
6. Art \textit{in} Therapy ............................................................................. 24-25
7. Conclusion and Implications for this Study ................................... 26-27

III. Chapter 3- Methodology
1. Study Design .................................................................................... 28-29
2. Role of the Researcher ..................................................................... 29-30
3. Study Site and Subjects .................................................................... 30-32
4. Equipment and Instruments ............................................................. 32-33
5. Validity/Reliability ........................................................................... 33-35
6. Procedures ........................................................................................ 35-37
7. Data Analysis ................................................................................... 37-39
IV. Chapter 4- Results & Data Analysis

1. Techniques of Data Analysis.................................................40-43
2. Results.................................................................................43-49

V. Chapter 5- Discussion & Implications

1. Introduction.........................................................................50-51
2. Discussion and Implications..............................................51-53
3. Interpretation of Findings................................................53-54
4. Application of Practice and Education............................54-56
5. Limitations..........................................................................57-59
6. Researcher Perception of the Encounter...........................60
7. Conclusion..........................................................................61

VI. References...........................................................................62-66

VII. Appendix

1. A- Consent Form..............................................................67
2. B- Pre- and Post- Interview Questions..............................68
3. C- Class Discussion Questions.........................................69
Cancer. It is a single word that can send fear throughout one’s body and turn the
d世界 upside down. A diagnosis of cancer can be devastating and overwhelming.
According to Strobel (2002), in our society, cancer is often seen as a debilitating disease
full of pain and misery. Furthermore, he stated that feelings of depression, emotional
distress, anxiety, and hopelessness often accompany the diagnosis.

According to the American Cancer Society (2005), an estimated 1.3 million
people were diagnosed with cancer in 2004, and almost 100% of them accessed at least
some type of traditional health care. According to Rebeiro (2001), however, traditional
medicine heavily focuses on the physical being while often neglecting a person’s mind
and spirit, which are equally important. Early in the 20th century, Meyer (1922/1977)
recognized that people who are ill require more than physical care. Specifically, Von
Langsdorff (1983) identified that people who are terminally ill need to connect with
others; Breines (1989) identified the need for a sense of control over one’s circumstance;
and Spencer, Davidson, and White (1997) identified the need for hope. Clearly, there is a
need for a more holistic approach in the treatment of people who have cancer.

Rebeiro (2001) further noted that while many professions claim to be holistic and
client-centered, it is occupational therapy that is truly holistic. Occupational therapy is
used to maximize the client’s independence and increase quality of life. Occupational
therapists consider many aspects of a person including body, mind, and spirit. Rebeiro
goes on to say that occupational therapists are client-centered in that treatment is
developed by collaborating with the client around the uniqueness of the individual's
needs and occupations. Clients with cancer need this type of holistic approach because
the whole person is impacted by cancer in ways that are unique to each individual.

People with cancer are recognizing the limitations in the abilities of the traditional
medical profession and its main focus on the physical being. Consequently, those with
cancer are seeking out alternative treatments. Some of these include Chinese medicine,
psychotherapy, movement therapy, homeotherapy, and art therapy among others (Kimby,
Launso, Henningsen, & Langgaard, 2003). According to Kimby et al., when traditional
medicine fails, or doesn’t meet patients’ complex needs, they seek out alternative
treatments such as those mentioned.

The use of art in therapy is identified as a form of alternative treatment (Kimby et
al., 2003). Traditionally, art therapy has been used with people who have mental illness,
which focused on the end product of the art, as a way to gain insight into the psyche and
to aid in diagnosis (Lloyd & Papas, 1999; Ulman, 2001). More recently, art has been
showing up in hospitals and clinics with a different focus. The process of creating art is
becoming more valuable than the end product. Nurses have been using it at bedsides as a
distraction from pain (Walsh & Weiss, 2003), and research studies have been looking at
the use of art as a diversional activity to help decrease side effects of cancer treatment

Even though the term diversional activity, in reference to occupational therapy,
has gained a negative connotation over the last several decades, diversional activity can
benefit many populations. The use of diversional activities, such as art, can be helpful for those with cancer to divert their attention from pain, fears, and dwelling on one’s fate (Friedland, 1988; Von Langsdorff, 1983). Diversional activity can help fill the excessive leisure time that is often experienced by those with cancer. Fidler (1996) explained that there is a sense of satisfaction and well-being associated with engaging in activity. Art activities can also be a venue for both self-expression and reflection (Friedland, 1988). For the purpose of this research, the researcher chooses to define art as a unique, creative, subjective, expression of feeling as in a tangible object such as a drawing, painting, or sculpture. When words just aren’t enough, artistic expression through a variety of media can help fill in the gaps. All of the information and experiences that come with the diagnosis of cancer can be hard to process. Creating art can serve as a way to make sense and reflect on the information and experiences (Fidler; Friedland).

In the historical beginning of occupational therapy, early occupational therapists recognized the value of arts and crafts and their restorative power. They readily used arts and crafts as treatment modalities for their clients (Barker-Schwartz, 2001). Unfortunately, when occupational therapy experienced a paradigm shift toward the medical model in the late 1940s and early 1950s, the richness of arts and crafts, and the use of occupations for treatment in general were devalued. The medical model molded occupational therapy treatment to focus on more medically-based protocols such as splinting (Clark, Wood, & Larson 1998). It also altered the approach from a holistic one to looking only at the diseased or dysfunctional part of the client (Trombly, 1995).
Occupational therapy's most recent paradigm shift in the 1990s brought back the holistic approach and the emphasis on occupation as the mode of treatment (Hooper & Wood, 2002; Keilhofner, 1997; Whiteford et. al., 2000; Yerxa, 1993). The importance of a holistic approach and occupation was brought about in part by the development of the new discipline, occupational science. Occupational science has helped to legitimize the practice of occupational therapy through the inclusion of scientific methods of research and data collection to support the value of occupation to human life. It was recognized that focusing on the physical body was simply not enough to meet the complex needs of human beings (Clark, 1997, Clark, Wood, & Larson, 1998; Yerxa, 1993).

People with cancer have the same physical, emotional, expressive, social, and spiritual needs as everyone else. For example, there is still a need to maintain relationships and connect with others (Rebeiro, 2001). Occupational therapy's holistic approach recognizes all of these needs. When occupations are interrupted by circumstances such as illness, these occupations need to be adapted, altered, or relearned to again satisfy needs with the whole person in mind. This interruption increases the social deficit experienced by cancer patients. Von Langsdorff (1983) explained that because they are often unable to go about their normal work and social routines, people with cancer tend to be isolated from family, friends, and co-workers.

**Problem Statement**

The problem is that isolation, social deficit, and ill use of time among people with cancer is not adequately addressed by traditional medicine. People with cancer are faced with excessive leisure time and an inability to use time creatively. Consequently, ill use
of time may lead to dwelling on one's fate, resulting in depression (Thompson Healthcare Company, 2003). Art, as a mode of treatment within occupational therapy, can help meet some of these needs. Art can be a distraction from pain, a way to fill time productively, an avenue for self-expression, and a way to communicate without words. With the renaissance of occupation, the 21st century is the opportune time in the occupational therapy profession to again explore the use of occupations (Hooper & Wood, 2002; Keilhofner, 1997), such as art. Art is a medium that is extremely adaptable and powerful in its ability to be communicative, reflective, and restorative (Lloyd & Papas, 1999; Walsh & Weiss, 2003).

**Purpose Statement**

Because of the nature of major illnesses like cancer or other life-altering conditions, people have difficulty dealing with and expressing feelings. The purpose of this research is to explore the role of art with people who have cancer in terms of its role to provide distraction from pain, to help express feelings, and to assist in making connections with others.

**Significance Statement**

According to the American Cancer Association (2005), the number of people who are diagnosed with cancer is steadily growing from year to year. Those with cancer are demanding more than traditional medical treatment for the physical body. They are looking for supplemental and alternative therapies (Kimby, et al., 2003) to meet the needs of the mind, body, and soul. The use of art in therapy, considered an alternative therapy, could meet some of the complex needs of those with cancer. It could positively impact a
person’s overall cancer treatment. The use of art in therapy has the ability to help the
person divert attention from dwelling on his or her fate, to aid in self-expression, and to
recognize the importance of engaging in meaningful occupations.

Because there is limited research in the field of occupational therapy regarding the
use of art with adults who have cancer, the value of this research could be significant.
Due to paradigm shifts in occupational therapy, the profession is renewing the
importance of using meaningful and/or purposeful occupations unique to the individual
while treating the whole person (Hooper & Wood, 2002; Keilhofner, 1997). Therefore,
this is an opportune time to include the use of art with people who have cancer in
occupational therapy’s scope of practice. The research from this study could also spark
the interests of other occupational therapists and lead to further research in this area.

Research Questions

The primary question is: could art be used within occupational therapy to help
meet the needs of those with cancer? Sub-questions include:

1. Could art be used by occupational therapists to distract clients from pain?
2. Could the use of art help people who have cancer express feelings?
3. Could art, within the context of occupational therapy, assist in connecting
   with others?
ART IN OCCUPATIONAL THERAPY

CHAPTER 2
LITERATURE REVIEW

Introduction

The researcher anticipated finding at least some literature documenting the use of art in occupational therapy with people who have cancer. However, it was quickly found that the search for literature on this topic was a daunting task because no single article on this specific topic was found. The following key words and key phrases were used in varying combinations to locate pertinent articles in Medline and PsychInfo databases: "occupational therapy", cancer, psychosocial, art, and "quality of life." There were drawbacks to each combination. Often, the word art was being interpreted as the art and science of, or state-of-the-art. The articles that actually pertained to the use of art in occupational therapy were geared toward mental health clients and children. The search with "occupational therapy" and "quality of life" yielded a majority of articles related to older adults, specifically those with dementia. When cancer as a key word was added to "occupational therapy," articles more specific to certain types of cancer and self-care issues were found. Again, the lack of findings was disappointing, yet not totally surprising.

There was insufficient research on the topic of using art in occupational therapy with people who have cancer. Therefore, the researcher focused on individual lines of inquiry to make assumptions that could lead to a reasonable theoretical foundation for the role and benefits of art in occupational therapy for people who have cancer. Toward
that end, the organization of this paper involves eight major sections. First, a brief history of occupational therapy will be presented. Next, the philosophy of occupational therapy and its core concepts will be presented. Art as treatment in occupational therapy and the traditional role of treatment in occupational therapy for those with cancer will follow. Next, literature that relates to the needs and treatment of people with terminal illness will be surveyed. Then, the focus of this review will shift to the use of art as therapy and as a mode of treatment. This review will conclude with the distinction between art therapy and art in therapy and implications for further study.

Brief History of Occupational Therapy

The late 1800s and early 1900s gave rise to the arts and crafts movement. During this time, the Industrial Revolution caused society to move away from individualized craftsmanship and more towards mass production. Occupational therapists believed that there was therapeutic value, both mentally and physically, in the use of arts and crafts and so they picked up the use of arts and crafts as a therapeutic medium (Barker-Schwartz, 2001). In an interesting, anecdotal article, occupational therapist Chaffee-Scardamalia (2002) noted that clients gained satisfaction from creating a tangible object with their own hands. Early occupational therapists used arts and crafts with disabled veterans during World War I to aid in physical and mental restoration (Barker-Schwartz). However, because the outcomes of the use of arts and crafts weren’t always apparent and the need for scientific support for treatment approaches was growing strong, the use of arts and crafts fell to the wayside (Chaffee-Scardamalia).
In the 1940s and 1950s, occupational therapy experienced a paradigm shift. Influenced by the medical model of reductionism, occupational therapy was challenged to legitimize itself through science. The shift to the reductionism model slowly eroded the richness of occupation-centered treatment (Clark, Wood, & Larson, 1998; Rebeiro & Allen, 1998). Instead of holistically treating a person, occupational therapists looked at parts and systems and relied on protocols that proscribed treatment for specific deficits. This led to more medically-orientated treatment methods such as splinting and positioning for optimal performance (Kielhofner, 1997). As a result of support from the medical model, occupational therapy was given medical merit. However, the richness of arts and crafts occupations was lost, and remediating impairment became the main focus of occupation (Trombly, 1995).

A similar shift from pragmatism to structuralism came about in the middle of the 20th century. This shift was again influenced by the medical model of reductionism (Whiteford, Townsend, & Hooking, 2000). Pragmatism, which promotes a holistic view of active engagement as a mode for treatment, was pushed aside. Structuralism focused treatment on the parts of an individual that were injured or diseased. Rightfully so, occupational therapists were discouraged by their loss of focus on treating a patient holistically (Hooper & Wood, 2002; Keilhofner, 1997).

It wasn’t until the end of the 20th century that the importance of occupation was reborn (Hooper & Wood, 2002; Keilhofner, 1997; Whiteford et. al, 2000). From the vision of Elizabeth Yerxa, the study of occupation as a science was begun (Clark, 1997).
Occupational science is an academic discipline that focuses on the concept of the human as an occupational being. Occupational science has helped legitimize the practice of occupational therapy through the inclusion of scientific methods of research and data collection to support the value of occupation to human life (Clark, Wood, & Larson, 1998; Yerxa, 1993). Occupational therapy as a profession began to stand on its own merit; it no longer needed to depend solely on the medical model for validation.

Ramsey (2004), who authored a position paper for the American Occupational Therapy Association (AOTA), reports that the biopsychosocial model, which combines some of the applicable core values of the medical model with the social model of health, is evolving in the 21st century. For example, splinting is a medically-based treatment used by occupational therapists to correct an injury or defect of the upper extremities in order to gain or increase function. Splinting can be used to allow a patient to hold a paintbrush and create art for self-expression. This model offers a holistic perspective in its view of disability, health, and function, which further strengthens occupation as a foundation of treatment. Occupational therapy recognizes that the mind, body, and spirit are complexly interwoven and that treatment models need to consider the whole person; the biopsychosocial model fits this criteria.

**Philosophy of Occupational Therapy**

**Client-Centered**

Rebeiro (2001) reiterated that occupational therapy is unique from other professions in that it is truly client-centered. This means that clients are directly involved
in setting goals, and treatment is tailored to meet their unique needs. Furthermore, Rebeiro says that other professions that claim to be client-centered consider mainly the material body and have treatments that are “one-size-fits-all.” A founding father of occupational therapy, Meyer (1922/1977) pointed out that in occupational therapy, the whole person and his or her daily self-care, work, and leisure occupations are carefully analyzed for their individual uniqueness.

Trombly (1995) noted that occupations have many significant qualities such as cultural meaning, pace, a beginning and an end, and many contextual components. Trombly went on to describe occupations as being either purposeful or meaningful. For example, an occupation such as baking a cake from a mix for dessert is purposeful. In addition, Trombly described meaningfulness as present in activities that people see as important, which could include family and cultural traditions. For example, making a cake from a family recipe for your daughter’s first communion could be considered meaningful. Meaning is assigned by the individual and can be a significant motivator for participating in an occupation. Therefore, treatment goals and activities are based on meaningful and purposeful activities identified by the client. Meyer (1922/1977) and others (Unruh, Smith, & Scammell, 2000) also recognized that occupations help people meet the drive within to seek purpose and meaning in life.

Role of Occupations

Breines (1989) explained that people have a need to feel that they make a difference in their lives or the lives of others. They have a need to somehow influence
the world through their choice of occupations. At the same time, explained Breines, occupations give people a feeling that they are taking their places in the world. A sense of purpose is also gleaned by this engagement. Furthermore, Breines noted that occupations help fill a need to be active and contribute to the world.

According to Fidler (1996), there is an innate drive to engage in activities that have meaning. Engaging in occupations that have meaning and give the person a sense of mastery and competence increases quality of life, self-esteem, and self-efficacy (Fidler). Gage & Polatajko (1994) define self-efficacy as the relationship between attained skill and the quality of performance. They explained that a person’s belief in their abilities impacts performance and influences the person’s willingness to participate in future occupations.

Meyer (1922/1977), in his historical and foundational paper, supported the use of pragmatism, a major learning philosophy underlying occupational therapy. Pragmatism promotes learning through active engagement. It values the practical experience of engaging in occupations over passively thinking and reasoning because of the therapeutic worth of performing the steps within the occupation. In addition, Meyer stated that pragmatism allows the client to assign meaning to the activity. In other words, an occupation can be broken down into steps that can help a client work on certain skills to help him/her either physically or mentally. Meyer valued this active engagement over the inactivity of talking or reasoning that is often done with psychologists and social workers.
Meyer (1922/1977) stated that our performance, work, and choice of occupations often determine identity. Christiansen (1999) added that occupations help to shape a person’s identity and are the principle mechanism through which people develop and express their personal identities. Meyer concluded that the need for purposeful or meaningful activity in everyone’s life is an important component of occupation. He believed that activity impacts self-confidence and self-esteem; it also shapes personal values and beliefs. To contribute to the development of a positive self-identity, activities should be challenging yet provide the opportunity to be successful. Through experiencing a variety of occupations, individuals grow and develop as human beings.

Another view of activity presented by Friedland (1988) is that activity can decrease stress and increase relaxation. Even though the article was written 15 years ago, this seminal research was of high quality and still applies today. Unruh, Smith, and Scammell (2000) agreed that activity has the ability to draw one’s attention into the experience at hand, essentially diverting one’s attention. Art could be an example of an activity of this type. Friedland suggested that the diversion provided by artistic activity allows the client to let go of some stress by getting into a more relaxed state. While diversion was commonly used in occupational therapy, over the years it has developed a bad reputation (Friendland). However, escaping by getting lost in activity makes it possible to temporarily get away from stressful events.

Early occupational therapists used a diversional approach with the mentally ill (Unruh, Smith, & Scammell, 2000). One reason for this is that a person cannot
participate in a functional behavior or occupation and, at the same time, participate in
dysfunctional behavior or occupation; therefore, active participation in functional
occupations can decrease dysfunctional behavior. Occupations help clients structure their
time and provide a sense of purpose (Crist, Davis, & Coffin, 2000). Occupations that
initially are distracting ultimately result in purposeful and meaningful occupations that
give clients a foundation for feelings of productivity, purpose, creativity, competence,
confidence, and balance (Burke, 1998).

Similarly, Walsh and Weiss (2003) found art to be an adaptable medium with
many possibilities. It has long been recognized in occupational therapy that there is a
sense of satisfaction, achievement, and pride in working with one’s hands. Just as
occupation is natural to humans so is the desire to create. Humans both need and want to
make things – to engage in art (Rhyne, 2001). Fidler (1996) explained that engaging in
activity gives people a sense of satisfaction and well-being

Mind, Body, and Spirit

Rebeiro (2001), as mentioned earlier in this review, stated that most professions
focus on the physical body, often excluding the mind and spirit. Meyer (1922/1977) and
others (Rebeiro; Spencer, Davidson, & White, 1997) proclaimed that the essential core of
occupational therapy is the treatment of the whole person: mind, body, and spirit. The
mind, body, and spirit are complexly interwoven and this trilogy is central to everything
occupational therapists do in therapy. Rebeiro stated that occupational therapists simply
cannot isolate just one part of the individual. While the body is simply the material part
of the individual and often receives the most attention, the mind is the control center of the body that reasons, feels, thinks, and perceives. She wrote that the mind is also the window to the spirit, which is the essence of the individual. Unruh, Smith, and Scammell (2000) explained that the spirit gives us clues as to who we are now and who we will become.

Occupational therapy recognizes not only spirit, but also spirituality as an integral part of being human. Spirituality means many things to different people. Collins, Paul, and West-Fraiser (2001) and Taylor, Mitchel, Kenan, and Tracker (2000) conducted surveys with a random sample of at least 250 occupational therapists each. Their findings were similar: occupational therapists frequently address the spiritual needs of their clients. According to both studies, while religious beliefs are included, spirituality is a much more encompassing concept. Beliefs and values make up a large part of spirituality as does how a person makes meaning and purpose of life and illness. In addition, Taylor et al. found that fears and beliefs about death and dying are spiritually based. These authors also found that while many health professionals often overlook spirituality, occupational therapists work extensively with clients’ spiritual beliefs. According to Taylor et al., occupational therapists use spiritual interventions such as having clients write in a spiritual journal, recommending spiritual readings, using spiritual language or concepts, suggesting meditation, praying for and with clients, and using “healing touch.”
Impact of Occupation on Health

Spencer, Davidson, and White (1996) explained that there is a direct correlation between one’s ability to adapt to change and quality of life. The inability to adapt to change leads to an interruption in the balance of interrelated occupations. According to Yerxa (1998), health is not viewed as merely the absence of illness or injury, but as having a collection of skills that allow people to adapt to new life circumstances, like a serious illness, while maintaining a balance of occupations. Adaptability also reflects the possibility of quality of life, despite chronic impairments (Yerxa). There are many circumstances that lead to life changing events, and a serious illness such as cancer is one example. According to Von Langsdorff (1983) cancer disrupts all of the primary components of daily occupations and quality of life, and the ability to adapt to new life circumstances impacts healing and health.

Friedland (1988) explained that humans are occupational in nature and the disruption of occupations impacts health. This disruption of occupations may be due to health impairments, such as cancer. The occupations that are disrupted or discontinued have potential to be restored through occupational adaptation of the activity or task. This involves altering the steps or requirements of an occupation to fit the unique needs of the person. Consequently, restoration of health can be aided by restoration of occupations. The connection between occupation and health again reaffirms the impact of occupations on our lives. Breines (1989) pointed out that people interact with their environment using their skills to meet psychological, social, and spiritual needs of their own and others.
Breines went on to explain that psychological needs include increasing self-esteem and competence. Physical needs include releasing energy and staying fit. Social needs include finding a connection with others. Spiritual needs include time for reflection. As people satisfy these needs through daily occupations, they grow and develop a healthy lifestyle. Engaging in purposeful and meaningful occupations that use these skills is a sign of health in our society (Crist, Davis, & Coffin, 2000).

**Needs and Treatment of People with Terminal Illness**

**A Need for Connections with Others**

People with terminal illnesses have the same physical, emotional, expressive, social, and spiritual needs as everyone else. However, the majority of the literature reviewed supported the fact that in the medical field, the physical needs take precedence over all others (Rebeiro, 2001). Rebeiro went on to say that while the field of psychology is concerned with the emotional aspects of health, the social and expressive needs of people with terminal illness tend to be overlooked. For example, there is still a need to maintain relationships and connect with others.

Cancer also has a stigma attached that can make others, at least temporarily, withdraw from the person with cancer almost as if he or she is afraid of “catching” it. This withdrawal could add to the social deficit experienced by cancer patients. Von Langsdorff (1983) said that people with a life threatening illness are often unable to go about their work and social routines, which isolates them from family, friends, and coworkers. Due to these interruptions in normal occupations, along with anxieties about the
illness, treatment schedules, fatigue, and possibly impaired self-worth, people with cancer tend to further withdraw from their environment (Von Langsdorff). At this point, the person may be faced with excessive leisure time, and an inability to creatively use this time may lead to dwelling on one's fate, resulting in depression (Thompson Healthcare Company, 2003; Von Langsdorff). People who are ill lose some part of their identity through loss of occupations (Meyer, 1922/1977). When abilities or occupations are interrupted by circumstances such as illness, occupations need to be adapted or relearned to again satisfy needs (Von Langsdorff).

According to Pratt and Wood (1998), an occupational therapist's role in meeting an individual's end-of-life needs often focuses on increasing quality of life. This can be done through decreasing isolation and increasing a connection with others who are possibly in similar situations. Anxiety, shock, and fear often block verbal communication (Pratt & Wood). Expression of thoughts and feelings through art, and eventually discussion, can promote the development of meaningful and supportive relationships (Shriner, 1998; Sooy-Griswold, 1998). Compatibility of circumstances, knowing that others share similar situations, allows people to feel that they are a part of a "larger whole" (Unruh, Smith, & Scammell, 2000).

A Need for a Sense of Control

According to Breines (1989), people, including those with cancer, have a need to have a sense of control over their circumstances. Controlling life roles and seeing past an illness or disability are essential functions of the mind and are necessary for the spirit
(Rebeiro, 2001). Restored and or adapted occupations can help return some of the control people with serious illnesses may have lost (Breines). During these times of crisis, people tend to reflect more critically and inwardly about meaning and purpose in life. If clients feel that their actions are contributory, they perceive their lives as having meaning and continue their involvement in those activities (Breines).

A Need for Hope

There is a cognitive aspect of hope that involves rationalization of possibilities explained Spencer, Davidson and White (1997). The spiritual aspect of hope isn’t just religious, but embodies the idea of the essence of life and what carries on after death. There are ways that occupational therapists incorporate hope into the treatment plan by involving all three aspects of the human beings: cognitive, emotional, and spiritual (Spencer, Davidson & White).

Treatment of People with Terminal Illness

Nearly a century ago, one of the founders of occupational therapy, Adolf Meyer (1922/1977), recognized that medicine alone cannot solve everything or address the existential issues facing people with terminal illness. Even with the many scientific advances of modern medicine, that is still true – drugs can’t solve everything (Meyer). There is some help in the field of psychology. According to Friedland (1988), the humanistic school of psychology attempts to help clients with existential issues such as finding meaning in life. It also supports helping the client detach from his/her illness and focus attention on something away from the self. But again, there are still gaps in
treatment because neither field (medical nor humanistic school of psychology) connects all three: mind, body, and spirit (Friedland).

Alternative Therapies

Kimby, Launso, Henninsen, and Langgaard (2003) found that people who have cancer are increasingly seeking out alternative treatments because their complex needs are not being met by traditional medicine. Some examples include acupuncture, vitamin regimens, Chinese medicine, homotoxicology, psychotherapy, homeotherapy, nutrition therapy, movement therapy, and art therapy (Kimby et al.).

According to Kimby et al. (2003), when traditional medical treatment fails or doesn’t meet people’s complex needs, they seek out these alternative treatments. The type of alternative treatment chosen is impacted by gender, education, occupational status, type of cancer, purpose for seeking unconventional treatment, metastatic spread, opinion regarding alternative treatment, and previous use of unconventional treatment. Findings of Kimby et al. concluded that women who have higher education and are seeking relief from symptoms are the population most likely to seek individualized unconventional treatment. And, within that population, those with breast or gynecological cancer most often seek alternative treatment. Another study conducted by Walsh and Weiss (2003) described the use of art by nurses as an intervention to increase quality of care of cancer patients and their caregivers. The nurses introduced art at the patient’s bedside to both the patient and caregivers. Nurses used a variety of media and
projects that fit the person and the situation. While one study doesn’t constitute proof, it does demonstrate the adaptability and usefulness of art.

The Thompson Healthcare Company (2003) created a successful program for people diagnosed with cancer at Stanford University Medical Center, which was run by nurses and social workers. It focused on decreasing side effects such as nausea, fatigue, and pain while increasing endurance, strength, general mobility, and quality of life. The program exemplified a majority of objectives about which occupational therapists are generally concerned. Four objectives of the program at Stanford included: psychosocial support, optimization of physical functioning, vocational counseling, and optimization of social functioning. The Stanford program developed a schedule of classes and workshops that included light exercise, coping with side effects, yoga, stress management, guided imagery, meditation, nutrition, breathing, and gentle movement. This pilot program was free to cancer patients. The researchers also recognized that because of the expense of cancer treatment and decreased income, typical clients had limited resources to pay for extra services that aren’t covered by insurance. Therefore, while these programs were successful and benefited clients, the clients didn’t continue with the programs when there was a charge for the programs. The researchers concluded that lack of continued participation was mainly the result of the lack of financial resources (Thompson Healthcare Company).
Traditional Role of Treatment in Occupational Therapy for Those with Cancer

Traditional occupational therapy treatment for those with cancer was found to relate more to the era of the medical model. One study by Romsaas and Rosa (1985), in particular, looked mainly at the inpatient setting of acute care and rehabilitation. The study demonstrated that traditionally, in this type of setting, occupational therapists seemed to place a heavy emphasis on the physical needs of their clients such as physical daily living skills, range of motion, and adaptive equipment. Not surprisingly, this study demonstrated this weighted emphasis on the physical being common to the medical model. The study was inconclusive regarding treatment in outpatient or community settings. The authors also acknowledged that there is limited documentation in the literature regarding occupational therapy’s role in outpatient, inpatient, and community settings. The researchers recognized that there is definitely a role in the care of patients with cancer and acknowledged that more research is needed to define that role.

Unfortunately, in the last decade, research has continued to focus on self-care issues (Romsaas & Rosa).

Art as Treatment in Occupational Therapy

Historically, art as part of therapy, specifically occupational therapy, has been used with children and those with mental illness (Lloyd & Papas, 1999). Revealing unconscious feelings was a basis for its use. Traditionally, art as a part of occupational therapy was used in hospitals, but it is slowly expanding to private practice (Ulman, 2001). An adapted version of traditional art therapy is now being used in cancer centers,
clinics, and senior centers (Chafee-Scardamalia, 2002). According to Llyod and Papas, there is limited research on the validity of the use of art in occupational therapy and this may be why its use has declined. An important aspect of using art as a treatment modality is to express its use in client goals and outcomes. More studies are needed to generate additional information. This could potentially lead to evidence-based-practice findings in published literature, which would add merit to art as a treatment modality in occupational therapy.

**Art Therapy**

It is important that *art therapy* and *art in therapy* are differentiated. According to Ulman (2001), art therapists work in a variety of settings with all types of people who have a broad range of problems. Consequently, the term *art therapy* is not clearly defined. In fact, even art therapists have difficulty deciding on a definition of *art therapy* and who is a qualified art therapist. Art therapy emerged as a profession in the 1930s due to an interest in analyzing the artwork of the mentally ill (Ulman). Traditionally, it was used in hospitals where it was valued for it’s expressive and communicative qualities. It was believed that through art unconscious feelings could be revealed. The therapist led analysis and interpretation of the artwork that aided in diagnosis, treatment planning, and evaluation (Lloyd & Papas, 1999; Ulman). The use of art in assessment was in line with the way psychologists use its projective abilities as a means to diagnose and plan treatment (Lloyd & Papas).
Art in Therapy

The difference between _art therapy_ and _art in_ therapy is that _art therapy_ focuses more on the projective ability of art and interpretation of symbols, whereas _art in_ therapy focuses on art as an activity, a process, a form of communication, and an avenue to self-awareness (Lloyd & Papas, 1999). _Art in_ therapy values the artistic process of creating the art piece. Emphasis is placed on developing artistic skill and productively filling time (Chafee-Scardamalia, 2002). _Art in_ therapy sees art as an expressive tool that allows people to convey feelings in a new way (Pratt & Wood, 1998). It encourages clients to communicate with and without words (Ulman, 2001). Art becomes a means of communication in the therapeutic relationship and allows a physical display of insight and hidden emotion (Lloyd & Papas; Pratt & Wood).

Art can provide a distraction from pain, both physical and mental (Chafee-Scardamalia, 2002). According to Friedland (1988), art can be used as a distraction to help those with depressive disorders replace negative thoughts and occupations with ones that are more pleasurable. In addition, Walsh and Weiss (2003) recognized that art activities seemed to decrease anxiety and boredom in clients while increasing communication. Creating art is found to be relaxing and interactive with others. There are visual and tactile benefits to creating art and adding to one's personal space. And, quiet times of “doing” can also provide opportunity to reflect about one’s place in life (Unruh, Smith & Scammell, 2000). Engaging in occupations, such as art, contribute to life satisfaction and wellbeing (Fidler, 1996). Gage and Polatajko (1994) go on to say
that people gain a sense of satisfaction and achievement from participating in occupations at which they become successful. Occupational therapists know how to adapt activities, such as art, to ensure success.

Just as occupational therapists value doing and experiencing, similarly Rhyne (2001) heralded the power of the art experience. She explained that creating art allowed her to be fully in the moment and experience the lines, forms, and colors that are unique only to her. Through art, people can connect their past, present, and future selves; through the art experience, one is able to get in touch with one's authentic self.

Getting in touch with one’s authentic self is also important in occupational therapy. It helps identify what is important to the client and aids in telling the person’s “story.” (Christiansen, 1999). Rhyne (2001) reasoned that by the time we become adults this authentic self is lost because people are coerced into conforming to some standard of behavior that dictates how they should think, feel, and react. Consequently, sometimes adults need to increase perceived self-efficacy, belief in their abilities, in regards to creating art (Gage & Polatajko, 1994). Rhyne recognized the value of the art experience and how it allows for rediscovery, insight, and spontaneity. Similarly, occupational therapists are rediscovering the powerful and potential use of art in occupational therapy. They are also recognizing the importance of the art experience, over the finished work of art (Friedland, 1988; Lloyd & Papas, 1999).
Conclusion and Implications for This Study

As seen in this literature review, there are definite gaps in the literature when it comes to the use of art in occupational therapy. The lack of findings, especially regarding the use of art in occupational therapy with patients who have cancer, increasingly fueled a desire to conduct a study. It seems simple to see the clear connections between the three: occupational therapy, art, and people with cancer. The researcher's hypothesis is that art has a place in occupational therapy when treating patients with cancer. The following is why the hypothesis could be true.

Occupational therapy is returning to its roots and again embracing the use of occupation as treatment (Hooper & Wood, 2002; Keilhofner, 1997; Whiteford et. al, 2000). Therefore, the 21st century is an opportune time in the profession of occupational therapy to again explore the use of art. This return to occupational therapy's roots provides the opportunity to use arts and crafts as modes of treatment for a variety of populations.

As discussed in the literature, people with cancer are seeking out alternative treatments and realizing the medical profession focuses on the physical being (Kimby et al., 2003; Thompson Healthcare Company, 2003). Clearly, traditional medicine is not meeting all of a person's needs. Furthermore, the whole person—mind, body, and soul—is complexly interwoven and all aspects of the person need to be uniquely considered (Rebeiro, 2001). It is finally being recognized that a person needing treatment is more than a physical being. Occupational therapy treats the whole person, as does art.
Art is a medium that is adaptable and powerful in its ability to be communicative, reflective, and restorative (Lloyd & Papas, 1999; Walsh & Weiss, 2003). As humans are occupational beings, humans are creative. Humans are naturally compelled to work with their hands (Pratt & Woods, 1998). Art allows this. Whether through painting, drawing, or sculpting, a person is able to make a visual record of thoughts, feelings, or fears that are unique to only him or her (Rhyne, 2001). Artwork can also be a very meaningful gift to friends and families. It is powerful to have this tangible object created by the person they love. Unfortunately, the use of art in treatment has been declining for several reasons. One of the reasons is that there is a lack of research that gives validity to the use of art. Another reason is that art programs tend to be the ones that are cut first when budgets are tight.

Occupational therapy is an innovative profession with much to offer its clients. Because it treats the whole person—mind, body, and soul—and is individually tailored to meet the complex needs of the client, modes of treatment need to be equally innovative and unique. The adaptability and almost endless possibilities of art media allow for this innovation and individuality.
CHAPTER 3
METHODOLOGY

Study Design

After defining the problem and determining the research questions, the researcher chose to conduct a case study using a qualitative approach. Qualitative research is a specific form of inquiry that seeks to gain an understanding of a phenomenon by using multiple methods of data collection that are humanistic and interactive. These methods of data collection include open-ended interviews, document reviews, and observations by the researcher as well as observations made by participants (Creswell, 2003). Qualitative researchers are interested in discovery, understanding, insight, and interpretation (Merriam, 1991). Typical of the social sciences, qualitative research is chosen over quantitative research because the researcher seeks to gain an understanding about the complexities of interrelationships over cause and effect explanations.

In general, qualitative studies are holistic, empirical, and interpretive. Holistic refers to examining the well-developed context and to understanding phenomenon specific to the subject. Empirical refers to being field orientated and naturalistic, with emphasis on observation. Interpretive refers to the researchers role in evaluating the data (Stake, 1995). In several ways, this approach parallels the principles of occupational therapy. Occupational therapists look at the whole person, natural contexts included, use observations and narratives to gain an understanding, and interpret findings to develop treatment goals.
According to Merriam (1991), a case study is a type of qualitative research that is conducted in a natural setting and demands active participation by those involved. It is a systematic way to inquire about a specific phenomenon as experienced by a specific person or persons. This research used case study methodology to describe the in-depth experiences of a small group of adults with cancer. There are many advantages to conducting a qualitative case study (Creswell, 2003). Those particular to this study include the researcher interacting with the participants, interpretations drawn from direct observation, and analysis that is a synthesis of the experience of the group (Creswell, 2003). The case study design is appropriate because this researcher sought to understand the uniqueness of the situation, group members, and interrelationships through interpreting data collected from observations and interviews.

The Role of the Researcher

According to Stake (1995), case researchers in qualitative research play several instrumental roles. *The case researcher as teacher* is dedicated to delivering information to the readers. *The case researcher as advocate* is determined to present a message from the findings that the readers should believe. *The case researcher as evaluator* searches for both merit and shortcomings of the case. *The case researcher as biographer* recognizes the importance and uniqueness of the participant’s “life stories.” *The case researcher as interpreter* values making observations that result in new connections. *The researcher as constructivist* believes that knowledge is constructed rather than being discovered. The researcher, throughout a study, takes on many of these roles. Using a
variety of these roles, this researcher will interpret and present the data that she has observed, evaluate the case’s merits and shortcomings, and advocate for the findings.

Beyond the multiple roles defined by Stake (1995), Merriam (1991) emphasized the significant impact that the researcher has on the case study. Biases, values, and interests of the personal-self are extremely difficult to separate from the role of the researcher-self (Creswell, 2003). This researcher’s impact is significant because her personal biography impacts interpretation. As an artist herself for many years, the researcher has always known that she wanted to incorporate art into whatever she did. For the past year and a half, the researcher has been volunteering at Gilda’s Club, a cancer support center, where she has been teaching a watercolor workshop for those impacted by cancer. As an occupational therapy student, the researcher easily saw the connection between art and occupational therapy and the possibility of using the combination with cancer patients. The researcher’s experiences at Gilda’s Club have helped shape this study.

Study Site and Subjects

The site chosen for this case study was Gilda’s Club of Grand Rapids. Gilda’s Club is a privately-funded cancer support center developed nationally in remembrance of Gilda Radner, an actress/comedienne who died from cancer. It is a place that caters not only to the person with cancer, but also to all ages of family and friends who are impacted by cancer. Gilda’s Club offers lectures, classes, support groups, and workshops free of charge. Doctors and nurses conduct lectures regarding treatment and new
advancements in medicine; nutritionists give classes in healthy eating and cooking; social workers lead support groups for both adults and children; and workshops vary from knitting to decorating flower pots and from drawing to painting watercolors. There are only a few paid staff at the center. This includes three social workers and the program director. The rest of the staff are volunteers who provide a variety of services including answering phones, providing on-site childcare, making shawls for members who are in the hospital, cooking, cleaning, organizing fundraisers, providing individual support, and sending cards. This site was chosen because Gilda’s Club seems to recognize and address the needs of the whole person, so their philosophy and approach parallels the principles of occupational therapy.

The researcher approached the program director of Gilda’s Club with a proposal to conduct a case study. After hearing the details of the study, the program director was very interested. She said that she fully supported the study and assisted in locating members of Gilda’s Club to participate. A sample of convenience consisting of four to five volunteers who met the researcher’s criteria was sought. The program director used her opinion of appropriateness in recommending potential volunteer participants. An informed consent agreement (Appendix A) was signed by each of the participants.

Inclusion criteria for participants was as follows:

- over the age of 18
- diagnosed with cancer in the last six months
- not in full remission
• an interest in art
• available for the four weeks of the study

Due to the nature of the illness, the researcher recognized a possibility that participants might drop out. The study was continued even with a small number of participants.

Because the participants knew that the purpose of the group was to use art, the people who volunteered already had an affinity to art. As a result, there was the potential to bring skewed biases and expectations. Following the tenets of Merriam (1991), the researcher chose a small sample size in order to create an intimate setting and to nurture honest and open relationships among the group participants in a short amount of time.

**Equipment and Instruments**

Most of the equipment needed to conduct the study already existed at Glida’s Club. There was an art room that seats participants face-to-face at a large table. Water containers and masking tape were available. Supplies that need to be purchased included watercolor paper, watercolor paints, and brushes.

The researcher is a primary instrument in a qualitative case study (Creswell, 2003; Merriam, 1991). Data collection and analysis are both mediated through the researcher. The researcher of this case study analyzed the total context, adapted techniques to the situation, processed data immediately, and made clarifications as the study evolved.

The researcher felt that it was also important to point out the unique and caring relationship that develops between the client and the occupational therapist, or in this case the participant and the occupational therapy student. Peloquin (1993) noted this
unmatched relationship and went on to point out the depersonalization that is often typical in traditional medicine. Occupational therapists do not rely on impersonal methods and protocols to make meaningful connections with their clients (Peloquin). The researcher felt that this relationship had an impact on the study. This relationship was considered for its impact on the data and subsequent analysis.

Validitv/Reliability

All research strives for results that are valid and reliable. In qualitative research case studies, validity refers to the extent to which a study actually measures what it says it measures. In general, reliability refers to the extent to which findings can be replicated. According to Merriam (1991), both of these concerns can be approached through carefully examining the study’s organization, process, data collection, analysis, and interpretations.

External validity refers to the extent to which the findings of the case study can be applied to similar situations. This is also termed generalizability. Merriam (1991) explains that for the case study researcher, external validity is difficult because the case study is chosen to understand the in-depth experiences of a specific person or group. Therefore, in a case study situation, it is more realistic for the reader to ask how usable are the findings. The projected value for this study was its foundation for the use of art within occupational therapy with people who have cancer and for further research.

According to Merriam (1991), internal validity refers to the extent that one’s findings match reality. It is the researcher’s obligation to present a picture of how the
participants in this study viewed themselves and their experience in the class and to ensure that the researcher’s interpretations also made sense and was acceptable to the participants. It was also the researcher’s responsibility to represent the multiple construction of realities that the participants displayed in an adequate and accurate fashion. Therefore, Merriam states that *internal validity* is usually high in qualitative case studies.

Reliability, in the traditional sense, is not possible because human behavior is never static. Merriam (1991) explains that replication of the same study with different people would not yield the same results. Although, it is a possibility that following replicable steps for conducting a similar study may in some ways yield similar results. Instead, reliability in a qualitative study, particularly a case study, is looked at more along the lines of *dependability, consistency* and *credibility*. Merriam goes on to say reliability exists, if, when others can read the study, they can say that the results are dependable and consistent given the data presented. On the issue of *credibility*, Merriam states that the researcher has confidence in the truth of the findings of this research (Merriam). Creswell (2003) agreed with Merriam’s explanation. In this study, the researcher has spent extensive time interviewing and observing the participants. Therefore, she believes that the findings were determined by its subjects and conditions, rather than by the researcher’s bias or perspective.

Merriam (1991) has been the main source for looking at the logistics of qualitative case studies. She discussed several techniques for ensuring both internal and
external validity. This researcher has chosen to use techniques that combine both. First, the researcher used *member checks*—taking the researcher’s interpretations to the participants to see if they agree. This was a continuous process throughout the case study. Second, *researcher bias* was addressed by clarifying biases, assumptions, worldviews, and theoretical perspectives. Third, *researcher position* involved making clear the reason for the study, identifying theory, assumptions, and the reason for the selected social context.

**Procedure**

The program director at Gilda’s Club selected three people who met the predetermined criteria and contacted them with information about the study. They were instructed to contact the researcher if they were interested in participating. They then contacted the researcher by phone to communicate their interest in being study participants. The researcher informed prospective group members about the study and invited them to participate. Each volunteer participant was expected to be available for all four weeks and to participate in pre-and post-interviews. The fifteen-minute interviews involved five predetermined, open-ended questions (Appendix B). Because one of the initial group members could not continue to participate, alternate people were contacted by the program director but no one else could participate.

The group members participated in a four-week class that met once a week for three hours. Each class involved three sections centered on introductory techniques in watercolor, practicing watercolors, and group discussion. The focus of each of the
classes involved: learning a new skill, occupying time, expressing feelings, coping, re-defining self, re-engaging in activities of daily living, and socializing.

The first class, an introduction to watercolors, included group introductions and purpose of the study, introduction to watercolors: materials, colors, shapes, and designs, time for practicing watercolors using a small still life of fruit, and time for discussion of their art experience. The second class involved learning techniques for creating texture in watercolors, practicing watercolors in non-objective painting, and concludes with a group discussion of their artwork and activities of daily living, balance, and wellness. The third class began with an introduction to using colors and shapes to express feelings, practicing painting feelings in watercolors and ended with a group discussion on individual artwork and coping skills. A homework assignment was given: self-expression through a self-directed project. In the last class, there was time to finish the project, to present and discuss their self-directed artwork, to have a group discussion about re-defining self after cancer, and to debrief and process feelings associated with this group.

During the artwork discussion time, each participant presented her artwork and was asked five questions centered on self-expression (Appendix C).

They were as follows:

1. Tell me about your painting.

2. How has painting this picture allowed you to express yourself in a way that you haven't been able to do before?

3. With whom would you like to share your painting? Why?

4. What did you learn about yourself while working on this painting?
5. What did you learn about your relationships with others while working on this painting?

Also at this time, the other participant was expected to ask questions and provide constructive feedback.

Data Analysis

According to Creswell (2003), there are four main sources from which to gather data. These include interviews, observations, documents, and audiovisual materials. The researcher of this study conducted pre- and post-interviews with the individual participants, recorded observations and comments throughout the entire study, and audio taped the discussion portion of the weekly class.

Merriam (1991) states that the purpose of interviews is to get information about how the individual participant perceives and interprets the world around them. The semi-structured interviews in this case study consisted of five open-ended questions (Appendix B). The researcher audio taped the fifteen minute interviews, as well as wrote down questions, comments, and observations.

The bulk of the class time, art instruction, and studio time was not audio taped; only the discussion portion was audio taped. Throughout each of the three-hour classes, the researcher wrote down her observations. During the discussion time, the participants were asked for their observations and the researcher checked her observations with the group.
Collection of data and data analysis is a dynamic process that occurred throughout the entire case study. Without some analysis of data during the study, other data gathered had the potential to lack focus (Creswell, 2003; Merriam, 1991). While analysis occurred throughout this case study, it was at the end of the study that the collected data was then coded and interpreted to look for themes that gave insight into the in-depth experiences of a small group of adults with cancer. After categories were developed, the data was read in its entirety to look for the most prominent aspects. From the analysis of the data, a theory evolved that gave the data meaning and helped to explain the experiences of this small group.
The researcher conducted an art class specifically for a small group of people with cancer. The overall data collection format was designed with an emphasis on obtaining a better understanding of the role of art in terms of providing distraction from pain, helping to express feelings, and assisting in making connections with others. The researcher hoped that through discussions during the art class that dialog would support the important role that art can play in the cancer experience. The researcher also hoped that the data gathered would lend future support to the therapeutic use of art with cancer patients by occupational therapists.

This chapter will provide a description of the process the researcher used to analyze data transcribed from discussions during the art class. The researcher will also discuss the results of the data analysis. These results will be discussed in the organization of three categories: self-discovery, decreasing preoccupation with the disease process, and connecting with others.

Techniques of Data Analysis

After informed consent was given (Appendix A) and prior to the first class, the researcher completed interviews with two participants. Both participants were females who had been diagnosed with breast cancer. One, who had been recently diagnosed, was in her early sixties and was 10 days post surgery. The other participant, who was in her early forties, has been battling breast cancer for the past five years. It metastasized to
different parts of her body, and most recently to her brain. She was two months post surgery. The interviews lasted approximately ten to fifteen minutes. Participants responded to five predetermined questions, listed in Appendix B. Occasionally the researcher would restate the response of the participants to ensure clarity of the researchers understanding of the participant’s response. Interviews were audio taped to ensure accuracy of the data collected.

In addition to gathering data from individual interviews, discussions among group members and the researcher occurred during the art classes. The discussions centered on a second set of five predetermined questions (Appendix C). Again, the researcher occasionally restated the responses to ensure clarity. The discussion portion of the art classes were also audio taped to ensure accuracy. Upon completion of the discussions, the tape was transcribed word for word by the researcher to be used in data analysis.

The Coding Process

According to Merriam, (1988) in a qualitative design, it is the researcher’s role to look for emergent topics, or categories, as one analyzes the collected data. While qualitative data analysis does not rely on a numeralistic approach, it does require the researcher to direct working hypotheses, hunches, and educated guesses to analyze the data. It is important to recognize that while data analysis was an ongoing process throughout data collection, the majority of analysis was completed after the data was collected.
Step One

Following the transcription process, the researcher performed a qualitative content analysis on the responses. She began by reading the transcription. This allowed the researcher to get a picture of the data as a whole in the context of the questions.

Step Two

The researcher then physically cut up the responses, sentence by sentence. The researcher examined the responses out of context and put like responses together. Early on four categories emerged, and the researcher used them to sort the remaining responses. The researcher faced a challenge because not all of the sentences fit clearly into one category, sometimes part of a sentence went in one category and a part in another category. The initial categories were self-expression, distraction from pain, connecting with others, and relaxing activity.

Step Three

In a second round of data analysis, the researcher and the faculty committee chair member, with qualitative expertise, worked together to negotiate the placement of some sentences in certain categories. The researcher used a highlighter to further dissect the sentences into phrases. The phrases were then added to the relevant categories. After further discussion, it became apparent that two of the categories, relaxing activity and self-expression, were very similar. The researcher was able to create broader categories to include similar items. This resulted in four categories being condensed into three. The final three categories were named self-discovery, decreasing preoccupation with the
disease process, and connecting with others. During this process several themes emerged.

The operational definition used for self-discovery was: the act or process of understanding, finding, or creating oneself including feelings and experiences. Reoccurring themes that emerged from the self-discovery category included skill development, activities that elicited good feelings, and self-expression.

The operational definition used for decreasing preoccupation with the disease process was: the process by which a person reduces reoccurring thoughts of illness. Reoccurring themes that emerged from this category included not focusing on sick feelings, forgetting about pain, and time use. Time use was further broken down into relaxation, doing things one wants to do, and busy schedule.

The operational definition used for connecting with others was: making a bond and communicating with family, friends, and classmates to share thoughts, feelings, and time. Reoccurring themes that emerged from the connecting with others category included sharing with others and receiving comments, and being seen in a different light, and being a part of a group.

Results

This section will report the findings of the interviews and the class discussions as identified by the three categories and relevant themes, by using specific quotes extrapolated from the participants’ responses to the pre-determined questions (Appendices B and C).
Category One: Self-discovery

This category examined the participants’ process of self-discovery. This process entailed understanding, finding, or creating oneself including all of the things participants encountered relative to feelings and experiences. As stated before, the pertinent themes noted in this category were skill development, activities that elicited good feelings, and self-expression.

Theme: Skill Development

The theme of skill development included the participants’ learning a new artistry. The participants learned how to paint with watercolors. They learned about mixing colors, shading, and creating texture. When the researcher asked a participant if she had benefited from the class, she replied “I have definitely benefited from this class...in that I’ve learned how to use watercolors.” The other participant responded to a similar question by saying “the best thing about participating in this study was learning more about watercolors and perfecting my skills” and “it was learning some new skills with watercolors.”

Theme: Activities that elicited good feelings

Doing activities elicited good feelings was another theme found under this category. The act of doing art affected mood. Both participants said that they found painting to have a positive effect on mood. One participant responded “(painting) makes me feel really good...” and “when I get compliments on my paintings, it makes me
happy…and I want to do more.” The other participant explained “…it made me realize that this would be a good thing for me to do every week.”

Theme: Self-expression

Self-expression was the theme with the most responses under the category of self-discovery. Both participants talked about painting as an outlet for feelings. One said that by engaging in these art activities “it’s been a good outlet for a lot of feelings.” The other one said, “I feel as though I need to be in a certain mood to do certain paintings.”

The data gathered in this theme supported the use of colors as a way to express feelings. One of the women stated “I have deep colors of blue, purple, and green to express feelings of sadness… well, I just like the multitude of colors…colors seem to relate to feelings for me. The other participant expressed her happiness and pride in her work by saying, “…it’s been an outlet for creativity. I like how this painting turned out. It’s a keeper.”

Category Two: Decreasing preoccupation with the disease process

This category looked at reducing reoccurring thoughts of their illness. Often people who are seriously ill become absorbed into the disease process. In informal discussions, both participants shared thoughts and concerns on what was happening to them, including what was going on with their bodies, their thoughts regarding their fate, and the treatments they were receiving. Negative feelings and pain often pervaded their thinking. Themes that emerged in this category were not focusing on negative feelings,
forgetting about pain, and time use. The theme of time use was further broken down into three sub-themes: relaxation, doing things one wants to do, and busy schedule.

**Theme: Not focusing on negative feelings**

The participants in this study talked about how cancer made them feel. They mentioned feeling "down," "frustrated," "uncertain," "scared," and "sometimes hopeless". Both participants realized that by focusing on painting they were less likely to focus on the negative feelings. One participant stated, "...you kinda forget everything else; you focus in on what you’re doing and that helps me and I forget about cancer for the time being." The other one said, "Yeah, I got focused on what I was doing in the moment so I forgot about anything else" and "...at least (the negative feelings) lessen a bit."

**Theme: Forgetting about pain**

Another key theme in the category of decreasing preoccupation with the disease process was forgetting, at least for the time being, about the pain of having cancer. According to the participants, the process of creating art helped them to “be in the moment” and focus their attention away from how they were feeling physically. One participant stated, “...all morning I’ve felt really pukey from this medicine...just before we were done I was sitting here thinking that I haven’t been nauseous all this time.” And "I feel better when I focus on other things.” Many times the participants expressed their amazement about how they were distracted from their pain while creating art. The other participant stated, “I was really surprised that when I came to class a couple of weeks
ago. I didn’t feel very well and I wasn’t going to stay for class, but before I knew it time went by and I was feeling better, and that was really good.”

**Theme: Time Use**

The last theme in this category is time use. This refers to how the participants spend their time. This theme was further broken down into sub-themes: relaxation, doing things one wants to do, and busy schedule.

The participants recognized the importance of relaxation in their lives. One participant stated, “I just think (painting) is a relaxation type of an activity that is good for me.” The other stated, “Painting is, well, kinda soothing.” and “I feel relaxed once I get into the class.”

Another sub-theme was doing the things one wants to do. Both participants explained that it was important to make time for the things that one enjoys. One participant noted, “…I really enjoyed (painting), it is something I would love to continue at home….“ The other participant stated, “…it got me out of the house for three hours to do something for myself….“

The last sub-theme that emerged was having a busy schedule. Both of the participants explained that they had very busy schedules because of doctor appointments, family commitments, and household demands. Some supporting statements for this sub-theme included: “It is so hard to take the time out….“ and “If I don’t actually schedule time and put it on my calendar, my day gets filled up with other obligations.” One of the
participants explained, “I don’t have that much time for myself. If I didn’t come here for three hours, I would just be at home doing laundry.”

Category Three: Connecting with others

Making bonds and communicating with family, friends, and classmates to share thoughts, feelings, and time is a basic need for anyone. This was noted by both of the participants. They explained that they were off from work, away from friends and family during treatments, and their fatigue level prevented them from doing normal social activities. In this category of connecting with others, three themes emerged. These themes included sharing with others and receiving comments, being a part of a group, and being seen in a different light.

Theme: Sharing with others and receiving comments

The opportunity to share thoughts and feelings is an important part of connecting with others. The participants mentioned how much they valued the comments from the group, family, and friends when they shared what they had created. One participant stated, “I shared (the painting) with my family, they really enjoyed it” and “my husband said he loved the colors, he said that it looked like I had a lot of fun.” The other participant stated, “I will share it with my family and friends, or anyone who wants to look at it.”

Theme: Being part of a group

Both participants talked about the isolation that accompanies cancer due to fatigue, treatment schedules, and decreased participation in regular activities of daily life.
living. Opportunities to connect with others can be far and few between. One participant stated, “I made myself be with other people…it feels good when I’m not too tired to be with other people.” The other participant explained, “…I just kinda enjoy being with a group….” Both of the women in this study commented on the connections they made with each other and the researcher. One of the participants stated “Well, I enjoyed being with the group….”, “It’s nice to paint with other people, to have company, so you’re not just sitting home alone” and “I like working and talking with both of you.” The other participant stated, “I enjoyed having someone with cancer to talk to.”

**Theme: Being seen in a different light**

Having fun and being seen in a different light was the last theme that emerged from the category of connecting with others. This was particularly pertinent to the participant who had three young teenagers. The participant commented on the connections she had made with her children through her artwork. She stated, “My family was surprised how I did (the painting), my kids saw that mom can do more than cook and clean.” She also noted the connection that she had made with her son through her artwork, “…I think my kids were impressed and my son, that same night, got out his art stuff with me and started to work….”

**Conclusion**

In summary, the data clearly provided a positive relationship to the researcher’s original questions. Despite the low number of participants, the data gleaned from this study was powerful. Both of the participants stated that they had a positive experience.
The purpose of this research was to explore the role of art as a means to provide distraction from pain, to help express feelings, and to assist in making connections with others among people who have cancer. According to the literature, the medical profession often concentrates on the physical body (Rebeiro, 2001). However, people with cancer are demanding more from their treatment; they want care that treats the mind, body, and soul (Kimby, Launso, Henningson, & Langgaard, 2003). Meyer (1922/1977), Rebeiro, and Spencer, Davidson, & White (1997) state that the essential core of occupational therapy is the treatment of the whole person. The researcher believes that through art, occupational therapy can help meet the complex needs of people with cancer in many ways. This research has focused on the use of art in therapy by occupational therapists to (a) distract people, with cancer, from pain; (b) give them a way to express feelings; and (c) make connections with others.

The needs of a person with cancer are complex. Definitely the physical body needs to be treated, but professionals cannot deny the impact that cancer has on the whole person (Kimby, Launso, Henningson & Langgaard, 2003). The occupational therapy profession is based on a client-centered approach that treats the whole person—mind, body, and soul (Rebeiro, 2001). For this reason, occupational therapists could play an integral part on an oncology treatment team. As a student researcher, the goal of this case study was to explore the role of art with people who have cancer in terms of its ability to
provide distraction from pain, to help express feelings, and to assist in making connections with others.

During the past four decades, occupational therapy has gained merit through the medical model. Within the last decade, there has been a renaissance in emphasis on purposeful and meaningful occupations (Trombly, 1995; Clark, Wood, & Larson, 1998). Likely, Csikszentmihalyi (1990) proposes that, when a person is engaged fully in a meaningful activity, the mind can only think or focus on one thing. He explains this as being in a state of flow, where the person reaches a sense of inner harmony. Art, is a purposeful and meaningful occupation that has been overlooked for over half a century (Whiteford, Townsing, & Hocking, 2000).

While often readily used with children and people with mental illness, art (Lloyd & Papas, 1999), which is an adaptive medium and a powerful tool, is rarely used with other populations, such as those with cancer. While art therapy focuses more on the product of art and it’s interpretive and diagnostic value (Rhyne, 2001), art in therapy values the process of doing art. Art therapy is a field in itself, but it is often cut from programs due to budget cuts. Occupational therapy, on the other hand, has a broader scope of practice, and is often seen as essential therapy service (Clark, Wood, & Larson, 1998).

**Discussion and Implications**

The first question the researcher asked was, could art be used by occupational therapists to distract clients from pain? According to the findings, this question was
positively answered. Both of the participants in this study verbalized their surprise that while they were distracted with the art project their consciousness of pain went away. When the mind is preoccupied by another activity, it less able to focus on the pain that it is feeling. The idea of diversional activity is not a new concept in occupational therapy. It was used in the early twentieth century by occupational therapists treating war victims to distract them from their pain and anguish (Barker-Schwartz, 2001). Over the recent years, the term *diversional activity* has been given a bad name because people assumed that the diversion was a pointless activity (Barker-Schwartz; Friedland, 1988). On the contrary, the researcher did not use purposeless activity to divert the participants’ attention. Creating artwork was something that these women were interested in and found meaningful. They enjoyed learning a new skill and took great pride in their work. This research question was fully supported by the findings in this study, and is also supported in the literature.

The second question was could the use of art help people who have cancer express feelings? This question was supported by the findings of this study as well as by the literature (Paice, 2006). The researcher talked to the participants about expressing feelings through several methods such as talking, journaling, and art. Specifically, the researcher and participants discussed ways to express themselves through art. The group did a specific exercise on expressing feelings through art, during this session the researcher played music appropriate to the different feelings we were working on. The researcher made it clear that it was their own painting and that they were in control of
what they put on their paper. Both of the participants noted that painting anything of their choice gave them the freedom to express themselves through color and forms. More specifically, they said that it was their choice of colors that allowed them to openly express themselves non-verbally.

And, the final question was could art, within the context of occupational therapy, be used to assist in connecting with others? No literature was found related to art in occupational therapy assisting people to connect with others, however, this question was supported by the findings of this case study in two ways. One, through doing art, the participants connected with each other and the researcher during informal discussions; and two, participants connected with family and friends by sharing their work. Both of the participants expressed their pride in sharing what they had created.

**Interpretation of Findings**

The findings of this study helped give validity to questions asked by the researcher at the beginning of the case study. All three of the research questions were positively supported by the findings of the data analysis. In this section, interpretation of findings, researcher perceptions of the encounter, problems or difficulties, and an area being overlooked will be discussed.

It is important to make note that the conductor of this research was an individual, who had little experience in oncology. While there was only one researcher to gather the data, to analyze the data, and to interpret the results, a member of the researcher's
committee functioned as a second reader. This allowed us to discuss the findings and compare our thoughts, and for her to verify the researcher’s findings.

While the findings were from a very small group, the data supported all but one assumption. The researcher made an assumption, supported by the Thompson Healthcare Company, (2003), that people with cancer have too much time on their hands. This assumption was false according to both of the participants. They both stated that they were sometimes overwhelmed with their schedules. They had many doctors’ appointments, rigorous treatment schedules, and family commitments all while experiencing an enormous amount of fatigue.

The bulk of the data from this research did support the important assumption that art could be used in therapy to benefit those with cancer. Art in therapy can be used to distract those with cancer from pain, preoccupation with the disease process, and to help them connect with others.

Application of Practice and Education

There is a steadily growing number of people with cancer. However, because the majority of cancer treatment in the United States still focuses on the physical body, the complex needs of people with cancer are often not met. The future of cancer treatment is in a holistic approach to care (Kimby, Launso, & Langgard, 2003).

Rebeiro (2001) recognizes that while many professions claim to be holistic and client-centered, occupational therapy is truly holistic. Occupational therapists recognize the needs of a whole person—mind, body, and soul—in the context of their environment.
As client-centered professionals, occupational therapists develop treatment plans by collaborating with the client around the uniqueness of the individual’s needs and occupations (Rebeiro).

People with cancer are recognizing the limitations of traditional medical treatment and are seeking out alternatives to meet their needs (Kimby, Launso, Henningsen, & Lannggaard, 2003). Art therapy, considered an alternative treatment, has traditionally been used as a diagnostic tool with people who have mental illness (Rhyne, 2001). However, art in therapy could be used by occupational therapists to benefit many people with a wide variety of ailments, cancer being one of them.

People with cancer, or any other serious illness, have a tendency to concentrate on how the illness makes them feel. Their thoughts are on the treatments that they are receiving and what is happening to them, including what is going on with their bodies and their concerns regarding their fate. Negative feelings and pain can pervade their thinking (Strobel, 2002). Appointments and other obligations consume their time. They sometimes withdraw and isolate themselves from others; this can be intentional or unintentional. Physical or emotional isolation leads to a lack of opportunities to share their thoughts and feelings and connect with others (Strobel; Von Langsdorff, 1983). Art in therapy is an alternative treatment that can address these needs.

Art in therapy focuses more on the process of creating art and its ability to impact a person’s life. Through creating art, people with cancer can deal with some of the issues that face them, such as the need for self-expression, connecting with others, and
distraction from pain. Art can be a powerful tool to be used within occupational therapy for the benefit of people with cancer, or with any life-threatening disease process that causes pain and isolation from others.

Another possible application is to education. The use of expressive art and the value of the process of creating art are often overlooked by University curricula. This case study may provide merit for teaching the use of art in therapy to students. For example, the use of art in therapy with people who have a life-threatening illness could be taught as a module within the mental health section. A series of class sessions could focus on looking at a variety of art mediums and ways to adapt them to the clients' circumstances. Because not all students are artistically inclined, the instructor and the students could brainstorm for artistic activities and then choose one to demonstrate for the class. They could get ideas from public library books on creating art, visiting the art department at the university, or by going to an art store. The instructor should be someone with an occupational therapy and art background. This way, the instructor could be a resource and reinforce the basis that it is the process that matters most. The instructor would also incorporate activity analysis and the ability to make adaptations

Discussion and Implications for Further Research

Generalization is limited because this descriptive study consisted of a small, sample of convenience. However, because the participants in this study identified issues pertinent to the cancer experience, the findings may provide a framework for other
researchers to build on. Because there is a gap in literature, this study could kindle other studies related to occupational therapists using art in therapy with those with cancer.

A suggestion for further research includes conducting a similar qualitative study with a larger, more randomized sampling of people with cancer. This would allow for generalization of the study to a broader population of people with cancer. A larger, more randomized sample may also assist occupational therapists in developing therapy goals using art as a treatment modality.

There are several suggestions as to ways to increase the sample size. A longer recruitment phase would allow the opportunity for a larger group to form. Four weeks was too short a span of time to get the word out about the class. Another possibility is to involve additional cancer centers, such as hospitals, to increase the prospective participant numbers. A place to start would be to contact the social workers from the other cancer centers. Changing the class to an evening time may also help increase the number of prospective participants because it wouldn’t interfere with treatment schedules.

Another suggestion for further research would be to extend the date from diagnosis. One of the criteria for prospective participants was that they had to have been newly diagnosed within the last six months. Broadening the time frame from six months to a year, will increase the number of prospective participants and is less likely to interfere with the intensive treatment schedules of the newly diagnosed.
Interviewing occupational therapists who currently work with people who have cancer could be beneficial. Through this interview process, the researcher could examine the role that an occupation-based therapist plays on an oncology treatment team. This could help the researcher further develop the structure of the class.

Limitations

In any research there are limitations. This research is not exempt. In the field of occupational therapy, qualitative methodology is a common form of research. In doing the research discussed in this paper, which involved exploring the role of art with people who have cancer in terms of it’s role to provide distraction from pain, to help express feelings, and to assist in making connections with others, much consideration and care were used to assure trustworthy results.

Limitations existed due to indirect access to participants. The researcher had to depend on the social workers at Gilda’s Club to refer prospective participants. Side effects, treatment schedules, class duration, and transportation issues also limited access to prospective participants. There were little variations in the participants. Both were women diagnosed with breast cancer who had supportive families that were close by, were from middleclass families, and had children. Both had been members of Gilda’s Club, a support network with a holistic approach. These factors may have contributed to limited findings.

The literature and research on this topic was extremely limited. There was not one article on occupational therapists using art in therapy with people who have cancer.
The researcher had to build the literature review with seminal research and piece together other articles related to parts of the topic. There were no studies upon which to base the case study.

A considerable length of time had passed (twelve months) between the literature review and the research proposal endorsement. While the researcher used sources that were the most current at the time, cited seminal research when appropriate, and chose literature that was peer-reviewed, the considerable span of time may have resulted in additional research that could have been cited. In contrast, there was a relatively short amount of time (one month) between research proposal approval by the Human Subjects Review Board at Grand Valley State University and the time when the class was scheduled to be carried out. The researcher believes that this limited amount of time negatively impacted the ability of the coordinator of Gilda’s Club to identify and contact prospective participants who met the criteria for this study.

One of the requirements for participation was that individuals had been diagnosed within the last six months; this requirement limited the field of prospective participants because when people are newly diagnosed they are overwhelmed by feelings that accompany a diagnosis, doctors’ appointments, and treatment schedules. Based on the requirements for the study and conflicting schedules with class time, only three participants were willing and able to participate. Due to a new treatment schedule, the third person dropped out immediately.
Participants of the study were asked to complete an interview before the study started. The purpose of this interview was to establish a baseline and together information that allowed the researcher to tailor classes to each participant’s individual needs. But, due to the late addition of two participants to the group, all of the interviews were not conducted before the study started, and the researcher had insufficient information available. In addition, it was difficult for the researcher to interpret whether or not the participants were genuinely giving accurate reports or if they were reporting what they thought the researcher wanted to hear. While the study was the first qualitative research conducted by the researcher, several measures were taken to insure data integrity. These factors should be carefully considered by anyone interested in completing future research with this population.

**Researcher Perceptions of the Encounter**

The researcher was struck by the intensity of this powerful encounter. The relationships formed by the researcher and the participants were candid and deep. The researcher felt that the participants let their true selves emerge, both their tribulations and their unique beauty. Their daily struggles were humbling.
On the last day of class, the participants were asked to come with a project of their own choosing to be finished in class for a final discussion. One participant came to class with hers almost finished. The other participant, who recently had brain surgery, arrived with nothing and felt defeated by the week she had experienced. The researcher was able to help her choose a project that matched her ability level and was one that she would be successful at. The participant began to paint, step-by-step, with the researcher. By the end of class, the participant had a serene picture with a tree, rocks, and water of which the participant was extremely proud of. The researcher displayed it on the easel. She was almost tearful when she said, “I can’t believe I just painted that. It is beautiful. It will hang in the living room, an everlasting gift to my family.” Weeks after the study was ended the researcher phoned the participants to let them know of an art show at Gilda’s Club. The participant, who had been unable to start the final painting, had a relapse and was unable to talk to the researcher on the phone, but the husband expressed his gratitude for the class and that last painting.

Conclusion

In conclusion, this case study demonstrated clear support for the use of art by occupational therapists. The many journal articles found in the literature review also supported it. The research questions were answered, and there are implications for further research, practice, and education in occupational therapy. My perception of this case study is that there is a real need for holistic care, and art is such an adaptable medium that could help fill the gaps in traditional medicine and holistic care. As the
researcher, I hope this case study sparks interest in others to continue the research, to adopt to their scope of practice, and to teach art in therapy to students of this profession.
ART IN OCCUPATIONAL THERAPY

References


APPENDIX A

CONSENT FORM

You are invited to participate in a research study entitled “Using Art in Occupational Therapy With People Who Have Cancer.” The purpose of this study is to explore perceptions of people with cancer that could support the role and benefits of art in occupational therapy. This study is being conducted through the Grand Valley State University Occupational Therapy Program at Gilda’s Club of Grand Rapids. Jennifer Dochod, an occupational therapy master’s level student under the supervision of Cynthia Grapczynski EdD, OTR, is the principal investigator for this research. There is no funding nor are sponsors needed for this research.

In order to be included in this study:
- You must be over the age of 18
- You have been diagnosed with cancer within the last six months
- You are not in full remission
- You must have an interest in art
- You must be available for the 4 classes and two 15-30 min. interviews

Individuals who are under the age of 18 and/or are in remission at the time of the study will be excluded.

1. You will be participating in an art group led by the researcher.
2. This study will last four consecutive weeks.
3. You will be expected to participate in one three-hour group/class per week.
4. You will be one of three or four other group members.
5. You will be expected to participate in fifteen to twenty minute pre- and post-interviews that will be conducted individually.
6. You will be audio-taped during both of the interviews and during the discussion portion of the class, for the sole purpose of data collection by the researcher.
7. The program director at Gilda’s Club will confirm your diagnosis of cancer.
8. The information you provide throughout the course of this study will remain confidential to the extent permitted by law.
9. Your identity will not be disclosed without written consent in any publications resulting from this research project.
10. Jennifer Dochod and her thesis committee are the only persons allowed access to the uncoded data pertinent to this study.
11. The results of this study will be made available to you at the end of the study through a mailing, if you desire.
12. Participation in this study is voluntary and you may withdraw at anytime without any penalty of any kind by contacting Jennifer Dochod at 1-616-361-6810.
13. A copy of the signed consent form will be given to you.
14. Jennifer Dochod will be available by telephone at 1-616-361-6810 if you have any questions during the study.

Please Initial _____
I acknowledge that:

The principle researcher has personally gone over this consent form with me and given me the opportunity to ask questions about this research study. I also feel that my questions have been answered to my satisfaction. If I have any questions about human subjects rights, I can phone Jennifer Dochod at (616) 361-6810, or Paul Reitemeier Ph. D., Chair of Human Research Review Board at Grand Valley State University at (616) 331-3197 or Cynthia Grapczynski EdD. OTR, chairperson for the study, at (616) 331-2734.

Participation is voluntary. I am free to decide not to participate in this study or to withdraw at any time without adversely affecting my relationship with the investigators, Grand Valley State University, or Gilda’s Club.

I hereby authorize the researcher to release the information obtained in this study to scientific literature. I have been informed that my identity will remain private and confidential, but the information shared in the interviews will be made public as part of the presentation of research results.

I acknowledge that I have read and understand the above information and that I agree to participate in this study.

_________________________  ________________
(Participant’s Signature)       Date

_________________________  ________________
(Witness)                    Date
APPENDIX B

Interview Questions

Pre-Interview Questions:

1. Tell me what it means to you to have cancer.

2. Please complete this sentence: The most difficult thing about having cancer is _________.

3. What routine’s, habits, or activities of daily living are affected by you having cancer?

4. Do you have needs for self-expression?

5. If so, how has the need for self-expression affected your life interpersonally and occupationally?

Post-Interview Questions:

1. Tell me about your experience as a participant in this study.

2. Please complete this sentence: The best thing about participating in this study was ________.

3. How has engaging in these art activities met your needs of self-expression?

4. How has being a participant in this class impacted your routines, habits, or daily occupations, including the discomforts, both physical and mental, associated with having cancer?

5. How did the art experience impact your life interpersonally and occupationally?
APPENDIX C

WEEKLY DISCUSSION QUESTIONS

1. Tell me about your painting.

2. How has painting this picture allowed you to express yourself in a way that you haven’t been able to do before?

3. Who would you like to share your painting with? Why?

4. What did you learn about yourself while working on this painting?

5. What did you learn about your relationships with others while working on this painting?