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# Qualitative Assessments used in Art Therapy Programs with Cancer Patients in a Medical Settings

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QUALITATIVE ASSESSMENTS USED IN ART THERAPY PROGRAMS WITH CANCER  
PATIENTS IN A MEDICAL SETTINGS

by

Melissa Garcia

A research paper presented to the

Faculty of the Department of  
Marital and Family Therapy  
Loyola Marymount University

In partial fulfillment of the  
Requirements for the Degree  
Masters of Arts in Marital Family Therapy

May 9, 2019

**Signature Page**

A handwritten signature in cursive script, appearing to read 'MG'.

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Melissa Garcia, MA Candidate, Marital and Family Therapy and Art Therapy Trainee;  
Researcher

A handwritten signature in cursive script, appearing to read 'JB'.

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Jessica Bianchi, EdD, ATR-BC, LMFT; Research Mentor

### **Abstract**

This document reviews qualitative assessments used to explore the impact on art therapy interventions with patients in cancer treatment. The study explored the use of qualitative assessment in evaluating patient perspective on receiving art therapy adjunctly with cancer treatment. In addition, the research aimed to determine if art therapy interventions are perceived as effective in helping cancer patients reduce stress, cope, improve quality of life, express emotions, and reduce cancer-related symptoms during and after cancer treatment through qualitative assessment. Approximately 300 cancer patient experiences were reviewed through surveying qualitative studies that explored the effects of art making in cancer treatment through qualitative assessment such as interviews, questionnaires, observations, and open-ended questions.

This archival research used a thematic approach to identify emergent themes in format, administration techniques, and impact in qualitative assessments to learn about the patient art therapy experience. The emergent themes were discovered while surveying information regarding types of formats and administration procedures used in qualitative cancer research. These findings suggest that qualitative assessments used in art therapy programs are a useful tool to determine how art interventions may help address patient's psychosocial needs, provide coping skills, and relieve cancer –related symptoms.

*Keywords:* cancer treatment, art therapy, qualitative assessment, interventions

**Dedication**

To Mi Familia,

Todo es posible!

### **Acknowledgments**

Thank you, God, for all your blessing to me and my family. For the strength you give me every day and for all the people around me each day who make my life more meaningful.

Thank you, Familia, for your support, love, guidance, strength, and humor. Viva la vida!

Thank you, Danny, for supporting me, supplying the coffee, jokes, love and words of encouragement.

Thank you, Eddie, for the tail wagging, licks, and woofs on the long days.

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**Table of Contents**

Abstract..... 3

Dedication..... 4

Acknowledgments..... 5

Table of Contents..... 6

Introduction..... 8

    The Study Topic..... 8

    Significance of the Study Topic..... 8

Background of the Study Topic..... 11

Literature Review..... 13

    Introduction..... 13

    Brief History of Qualitative Research in Art-Making..... 14

    Utilizing Qualitative Methods to Learn about Cancer Patient Treatment Experience..... 14

    Types of Qualitative Research Methods..... 15

        Qualitative Interviews..... 15

        Questionnaires..... 17

        Qualitative Observations..... 18

    Conclusion..... 19

Research Approach..... 21

Methods..... 23

    Definition of Terms..... 23

    Design of Study..... 23

        Sampling..... 24

        Gathering of Data..... 25

        Analysis of Data..... 25

Results..... 27

    Presentation of Data..... 27

    Analysis of Data..... 39

        Research Question #1..... 40

            Similarities in Interviews..... 41

            Similarities and Differences in Semi-Structured Questionnaires..... 42

        Research Question #2..... 43

        Research Question #3..... 45

    Findings..... 46

        Format..... 47

        Administration..... 47

        Impact..... 48

            Positive Impact..... 48

Coping and Art Therapy.....	49
Relief and Art Therapy.....	50
Limitations.....	51
Conclusion.....	52
References.....	54



## Introduction

### The Study Topic

Many individuals are experiencing a disease that brings upon extensive psychological and physiological consequences, distress, impairments, and sometimes a loss of identity. Cancer affects individuals in various populations, cultures, ages, gender, religions, SES, and in different parts of the world. As research suggests, cancer is treated by providing patients with various types of therapies. For example, therapies commonly known as chemotherapy, radiotherapy, and many others depending on the cancer type. Recent studies found that complementary therapies, such as art therapy are now being included in cancer treatment to help patients cope with their quality of life during and after cancer treatment. This study aims to explore qualitative studies that measure the impact of art therapy programs with people undergoing cancer treatment. The methodology that guides the following study is an archival research approach that qualitatively analyzes articles focused on qualitative assessments used to evaluate the effectiveness of art therapy in cancer treatment. This study uses the following research questions to more specifically guide the researcher in this qualitative inquiry:

1. What types of qualitative assessments are being used to measure the effectiveness of art therapy programs and patients experience in cancer treatment? (e.g. structure, format)
2. How are qualitative assessments being administered with patients who have cancer?
3. What impact are qualitative assessments finding? How is impact being measured?

### **The Significance of the Study**

This study will explore how qualitative methods are used to assess the impact of art therapy programs on cancer patients within the context of cancer treatment. Further research on this topic may be significant to the field of art therapy due to limited information found regarding types of qualitative assessments used to explore how art therapy impacts patients diagnosed with cancer during and after treatment. The surveyed literature suggests limited and beginning evidence regarding the efficacy of art therapy in cancer treatment, explicitly exploring how art therapy may help cancer patients meet their psychosocial need, cope, and reduce cancer-related symptoms ( Nainis et al., 2006).

Some of the surveyed studies (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008) explore how art interventions may benefit cancer patients; however, there is limited information regarding how researchers are evaluating the effectiveness of the art interventions used with cancer patients during treatment. It is essential to consider the patient's perspective on what they find most helpful and how they felt when engaging in art-making during treatment to understand the significant impact of art interventions used during cancer treatment. Therefore, I believe the significance of this study is to highlight information regarding previously used qualitative assessments that have been helpful in exploring, measuring , and learning about the effectiveness of art therapy programs in cancer treatment by acknowledging the patient's response to their individual experience. Further research may help find additional qualitative ways to assess the effectiveness of future art therapy programs and help modify interventions to provide patients with a creative space that encourages emotional, social, and physical support during treatment. Overall providing art

therapy programs that are valued by patients and help individuals cope with their cancer experience.

### **Background of Study**

According to the American Society of Clinical Oncology, research studies administered to explore cancer topics include two main types: experimental and observational studies. These studies allow the researcher to observe and study the effects of treatment and interventions in a group of people diagnosed with cancer. The studies aim to understand the impact of interventions and treatment on patients. In this case, the literature reviewed used observational and experimental studies to explore the impact of art interventions used in cancer treatment. These studies focused on exploring the patients perspective on how and why the intervention was helpful or not helpful when receiving cancer treatment. The information gathered through the administration of these studies informs clinicians of effective art interventions that can help meet patients' needs, address concerns, deal with stressful situations, reduce anxiety, practice mindfulness, and allow the patient to engage in here and now.

Furthermore, qualitative research methods are often used in the medical field as a creative research approach that engages participants and promotes open-ended responses regarding the patients' personal experience. These methods help clinicians understand cancer patients' treatment experience when participating in art therapy programs in conjunction with chemotherapy treatment. The data collected through the use of qualitative assessments aims to gather information about participants experience through a humanistic lens. This approach allows the researcher to gather patients' personal information and considering their values, feelings, and beliefs regarding the social phenomenon in a natural setting. Deacon (2000) found that qualitative methods have been utilized to "encapsulate the multidimensionality of the human experience" (Deacon, 2000, p. 95). In this paper, information regarding the use of qualitative

methods in health services will be reviewed to survey the efficacy of art interventions used with cancer patients in a medical setting. This research constitutes on surveying three types of qualitative approaches; interviews, questionnaires, and personal narratives to evaluate the efficacy of art interventions by exploring what qualitative assessments entail, how they are used, and evaluated in treatment.

## Literature Review

### Introduction

Complementary therapies, such as art therapy, are being integrated in clinical settings as part of treatment plans to treat patients with cancer. Art therapy has been used as a tool to help patients with cancer to reduce symptoms, cope, and improve quality of life (QOL) during and after treatment. This research aims to survey types of qualitative methods used to learn about the impact of incorporating art therapy into cancer treatment in a medical setting. This review describes how specific qualitative methods are generally used to assess the efficacy of using art interventions with cancer patients and highlights how qualitative methods can help us understand patients' treatment experiences through a humanistic lens.

This review focuses on describing qualitative methods used in previous studies found in art therapy literature, including articles from journals such as *Psycho-Oncology*, *Journal of Pain and Symptom Management*, *Journal of Oncological Sciences*, *Journal of the American Art Therapy Association*, and the *Journal of Cancer Education*. The reviewed studies document common types of qualitative procedures – including interviews, questionnaires, observations, audio recordings, and written notes – used to measure the impact of art therapy interventions with cancer patients in a medical setting. These qualitative methods have been influential in the field because they have been used in various medical settings with both adults and children receiving treatment for various types of cancer.

The review will begin with a brief description of the history of qualitative research on art therapy interventions (art-making) and will follow with a discussion regarding the benefits of using qualitative research methods to understand cancer patients' experience in medical

treatment. Following this section, the focus will shift to exploring literature that describes how qualitative methods have been used to understand the impact of art-making in a medical setting with patients who have cancer.

### **Brief History of Qualitative Research on Art-Making**

According to Creswell and Creswell, “The historic origin for qualitative research comes from anthropology, sociology, the humanities, and evaluation” (Creswell & Creswell, 2018, p.13). Qualitative research methods have been used throughout history as creative research methods that engage participants in data collection and aim to learn about participants’ experiences through a humanistic lens by considering their values, feelings, and beliefs regarding social phenomena in a natural setting. Deacon (2000) found that qualitative methods have been utilized to “encapsulate the multi- dimensionality of the human experience” (p. 95). According to Deaver (2017), qualitative research focuses on understanding human experiences by examining existing phenomena and drawing conclusions through the investigation and analysis of participants’ responses gathered through in-depth interviews. Participants’ subjective interview responses are then analyzed for consistent themes that may bring insight into a studied phenomenon (Deaver, 2017) – in this case, the efficacy of art interventions in cancer treatment.

### **Utilizing Qualitative Methods to Learn about Cancer Patient Treatment Experience**

According to Kapitan (2018), implementing a qualitative approach to research allows the researcher to study patient experiences through a humanistic lens, with a focus on understanding the patient as a whole. According to the same author, a qualitative approach allows the researcher to gain authentic information from the patient. In this review, several studies utilized

qualitative methods to gain information regarding patients' art therapy experiences, including interviews, semi-structured questionnaires, surveys, and personal narratives. A number of authors described how these qualitative methods have been successfully used in their research to understand complex meanings that shape a patient's experience in treatment and help assess the efficacy of art therapy in cancer treatment. Pope and Mays (1995) found that "qualitative methods score more highly on validity, by getting at how people really behave and what people actually mean when they describe their experiences, attitudes, and behaviors" (p. 43). One benefit of utilizing qualitative methods to review the efficacy of art-making in treating cancer patients lies in the ability to examine individuals' experiences through a qualitative narrative approach.

### **Types of Qualitative Research Methods used to Understand Cancer Patients' Experiences**

While surveying a large number of existing studies in the broader literature, I found three main categories of qualitative research methods commonly used to understand cancer patients' experiences in receiving art therapy during and after treatment. In the following section, I will review literature that describes qualitative methods in three categories: interviews, semi-structured questionnaires, and personal narratives.

**Qualitative Interviews.** According to Creswell and Creswell (2018), qualitative interviews are used to gather qualitative data and are described as interviews used to obtain patients' perspectives on their experiences. Qualitative interviews "involve unstructured and generally open-ended questions that are few in number to elicit views and opinions from participants" (p. 187). Qualitative interviews can be administered before, during, and after treatment and are usually approximately one to two hours in length. They can be conducted in



various settings, including medical facilities, over the phone, or at a patient's preferred location to accommodate the patient's needs.

Most of the studies in the literature surveyed applied qualitative interviews with open-ended questions aimed at obtaining information about patient experiences, used a grounded theory approach, and analyzed responses for emergent themes (Rhondali, Lasserre, & Filbet, 2012, p. 571). An example of this interview process is seen in Kirshbaum et al.'s (2017) article, in which they describe that "Data from the preliminary interview and pre-session discussions were integrated into the analysis process and used to enhance interpretations of data through providing a fuller perspective of the participants' experiences."

Another example of an in-depth qualitative interview can be seen in Singh's (2011) article, in which he utilizes interviews to learn how art-making may provide support for women with breast cancer. To explore the efficacy of art activities provided during treatment, Singh (2011) collected data through in-depth interviews. The interviews focused on gathering information regarding patients' perspectives on how art-making met their psychosocial needs. Patients were invited to tell their story of how art-making impacted their treatment. After listening to the patients' responses, Singh (2011) created a transcribed narrative based on the recording of the patients' responses. Once the responses were transcribed, they were given back to the participant to correct or modify any information they did not find accurate. The same author followed the updated responses with questions that encouraged elaboration and clarification from patients about their treatment experiences. According to Singh (2011), the purpose of this type of interview was "to facilitate narratives that would not automatically conform to dominant narrative patterns of linear coherence and unitary subjectivity" (p. 161).

Accordingly, “women were encouraged to tell their stories from multiple emotional angles, including partial or conflictual stories if necessary” (p. 161).

**Questionnaires.** This section presents information regarding three different types of questionnaires used to evaluate the efficacy of art interventions in cancer treatment. Questionnaires are a qualitative method commonly used in conjunction with interviews to gather information regarding patients’ treatment experiences. According to the World Health Organization,

A questionnaire is a group or sequence of questions designed to elicit information from an informant or respondent when asked by an interviewer or completed unaided by the respondent. When an interviewer is involved, the questionnaire is sometimes referred to as an interview. (World Health Organization 6-1)<sup>[Esley\_vdB2] [GM3] [GM4]</sup>

These self-report questionnaires can be conducted before, during, and after treatment, depending on the structure of the art therapy program. Metz (2007) found that questionnaires are often focused on “evaluating art therapy process through pre- and post-self-reports of clients” (p. 9). According to the surveyed studies (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008; Rhondali et al., 2012) questionnaires allow the researcher to identify changes in patients’ mood states and gain insight regarding patients’ treatment experiences. An example of how a questionnaire is utilized to learn about the efficacy of art intervention in cancer treatment can be seen in Forzoni et al.’s (2010) article, in which patients were provided with a semi-structured questionnaire based on two questions. The first question implied a yes-or-no answer: “Was art therapy helpful to you, or not helpful?” Forzoni et

al.'s, 2010, p. 42). The second question was: "In case you have answered yes, can you say in which way art therapy was helpful to you?" This was an open question, without any list of pre constructed answers" (Forzoni et al.'s, 2010, p. 42).

The same authors found that applying these types of semi-structured questionnaires allowed therapist and patient to converse in a way that engaged the client and encouraged them to speak about their feelings regarding their experience of receiving art therapy and what they found most important in that creative engagement. The same authors suggest that this type of questionnaire allows for therapist and patient to spend time discussing responses and patients' personal meanings attributed to responses to help accurately describe the treatment experience.

**Qualitative Observations.** The last qualitative approach surveyed in this review is the collection of data through qualitative observation, audio recordings, and written notes. This method encourages participants to express their experiences through narratives. According to Creswell (2018), qualitative observations consist of having the researcher, in this case clinicians, take field notes on the activities and behaviors of participants to learn about a specific phenomenon. The same author states that qualitative observations "are open-ended in that the researcher asks general questions of the participants to freely provide their views" (p. 188). The benefits of applying qualitative observation to learn about the efficacy of art interventions in cancer treatment comes from having a first-hand experience with participants while engaged in art-making. This experience provides an opportunity to record information as it arises, allows the researcher to observe participant behavior, and gives the researcher the ability to explore and discuss difficult topics with participants (Creswell, 2018, p. 188).

A recent study by Kirshbaum et al. (2017) provides an example of how qualitative observations were used to “explore the experience of participation in a visual art-making program for people during and after cancer treatment in the Northern Territory of Australia” (p. 71) The same authors reported that data was collected by gathering information before, during, and after an art-making session. The data collected during these sessions were gathered primarily through individual interviews and observations and documented through written notes and audio recordings. Kirshbaum et al.’s (2017) study states that brief group discussions were held as part of an initial check-in at the beginning of each session to gather information. In these discussions, participants were asked to share their perspective on previously assigned art interventions, the effect of the art intervention on their well-being during the week, and feelings about upcoming art interventions (Kirshbaum et al., 2017). This example shows how participant responses can be reviewed through audio recordings, observation notes, and written notes to learn about patients’ experiences in the program and understand what patients valued most when engaged in the art therapy program.

## **Conclusion**

The main conclusion that can be drawn from this research is that qualitative procedures such as interviews, questionnaires, observations, and the collection of personal narratives are methods that have previously been used to effectively measure the impact of art therapy interventions in cancer treatment. These primary findings are consistent with research reports showing that qualitative methods are being used to study patient experiences through a humanistic lens. These methods allow researchers to focus on understanding the patient as a

whole through their reported lived experience. Lastly, future studies could fruitfully explore this approach to research further by continuing to investigate precisely how qualitative methods can help clinicians learn about patients' treatment experiences. The methodological limitations identified while surveying the literature suggest that future research should further develop and confirm these initial findings by examining the application of qualitative methods to larger sample sizes. The limitations of the identified studies include using small samples that may limit the amount and quality of information gathered during qualitative assessment. This issue may be addressed in future studies to help art-based programs provide successful art interventions that benefit patients with cancer.

### **Research Approach**

An extensive survey of qualitative literature encouraged a thematic exploration that led this study to be informed by a qualitative archival research approach. Archival research was undertaken to survey studies that include cancer patients' artwork, qualitative interviews, and observational data in order to explore the impact of art therapy in cancer treatment. This research approach was selected to ethically examine patients' experiences associated with cancer treatment through the analysis of preexisting data (Heng, Wagner, Barnes, & Guarana, 2017, p.16).

By implementing a systematic analysis through archival research, the researcher was able to use thematic exploration to identify and compare emergent themes that highlight how qualitative assessments have been used to understand a patient's treatment experience. Surveying preexisting data allowed the researcher to identify emergent themes in case examples, personal narratives, questionnaires, interviews, art therapy interventions, observations, and explorations of artwork to understand patients' art therapy experiences. Due to its longitudinal design, archival research was useful in providing a tool to examine issues of time with regards to the duration of the effects of art therapy on cancer patients during and after cancer treatment (Barnes et al., 2015). The application of archival research may also help inform the field of art therapy on conventional methods – such as qualitative interviews, questionnaires, and art-making – that have successfully been used in evaluating cancer patients' treatment experiences in the past. Through archival research, information on well-understood qualitative methods may help

highlight the cancer patient's report rather than the art therapist's report on treatment experience (Metzl, 2018).

## **Methods**

### **Definitions of Terms**

Art Therapy – (n.) Psychotherapy that incorporates the production of visual art, such as painting or sculpture, in order to understand and express one’s feelings.

Cancer – (n.) A malignant tumor of potentially unlimited growth that expands locally by invasion and systemically by metastasis.

Interview – (v.) To question or talk with (someone) to get information: to conduct an interview with (someone).

Qualitative Research – (n.) A type of social science research that collects and works with non-numerical data and that seeks to interpret meaning from these data that help us understand social life through the study of targeted populations or places.

Questionnaire – (n.) A set of questions for obtaining statistically useful or personal information from individuals.

### **Design of the Study**

This study consists of surveying published literature through an archival research approach aimed at systematically analyzing studies that utilize qualitative assessments to learn about patients’ art therapy experience in cancer treatment. Qualitative information gathered through archival research will be used to answer the questions below:



1. What types of qualitative assessments are being used to measure the effectiveness of art therapy programs and patients' experiences in cancer treatment (i.e., structure, format etc.)?
2. How are qualitative assessments being administered to patients who have cancer?
3. What impacts are qualitative assessments finding?

**Sampling.** The author surveyed qualitative studies gathered from art therapy literature, including studies from journals such as *Psycho-Oncology*, *Journal of Pain and Symptom Management*, *Journal of Oncological Sciences*, *Journal of the American Art Therapy Association*, and the *Journal of Cancer Education*. The selected studies all examined the effects of art interventions with cancer patients receiving medical treatment. The main focus was to survey art therapy literature on studies that implemented qualitative methods such as interviews, questionnaires, open-ended questions, and art-making as assessments to learn about patients' treatment experiences through a humanistic lens. The research sample included 13 surveyed articles, but only six of those articles were selected for further exploration (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008; Rhondali et al., 2012). The six articles were chosen for their specific content regarding qualitative assessment used to explore the impact of art therapy with cancer patients at different stages of cancer treatment. The surveyed studies included results from approximately 300 cancer patients undergoing cancer treatment, including radiotherapy and chemotherapy. All participants included in the surveyed studies were female and male adults aged 18 years or older. The majority of participants were females diagnosed with various types of cancer – predominantly breast cancer – in studies with small sample sizes. As previously discussed, small samples may

impair data quality. The surveyed studies provide examples of cancer patients receiving treatment in the U.S., Italy, and Canada.

**Gathering of Data.** The main databases used to access scholarly publications for this review were Art Therapy Libguide, EBSCOhost, PsycINFO, and Google Scholar. Keywords used for the database search were the following: art therapy, cancer, art-making, treatment, a cancer patient, art interventions, qualitative approach, qualitative interviews, and cancer treatment. Studies from art therapy literature and journals such as *Pain and Symptom Management*, *Oncological Sciences*, *Journal of the American Art Therapy Association*, *Psycho-Oncology*, and the *Journal of Cancer Education* were surveyed for content regarding qualitative assessments used to measure treatment impact of art therapy on cancer patients. Once studies were selected for further exploration, they were downloaded as a PDF document, printed, and filed for future analysis.

**Analysis of data.** The process of analyzing the raw data included an initial brief review of information regarding qualitative assessments in the selected studies. Once specific information regarding qualitative assessments such as interviews, questionnaires, observations, documentation (artwork), patient reports, and open-ended questions was identified, certain information was highlighted for in-depth analysis. Additional steps for analysis included color coding information; separating information into categories; creating handwritten notes focused on noting the types of qualitative assessments used, how they were administered, and their impact on patients; as well as filing and labeling information by themes. After surveying all studies and sorting the information, emergent themes were identified in order to answer the

research questions in depth. Next, the researcher analyzed data through the lens of the research questions to further compare and contrast qualitative procedures used to assess the efficacy of art interventions in cancer treatment. The overall objective of the study is to uncover emergent themes in qualitative methods that would be beneficial to learning about the effectiveness of using qualitative assessments to understanding cancer patients' experiences in receiving art therapy conjointly with cancer treatment.

### **Presentation of Data**

The objective of this research project is to explore qualitative assessments of art therapy programs that measure patients' experiences during and after cancer treatment. The data are comprised of six qualitative studies that were discovered while surveying the literature. In this section, I will describe in detail each of the six qualitative studies used to assess patients' art therapy treatment experiences. Descriptions of the data will be guided by the following research questions:

1. What types of qualitative assessments are being used to measure the effectiveness of art therapy programs and patients' experiences in cancer treatment (i.e., structure, format, etc.)?
2. How are qualitative assessments being administered to patients who have cancer?
3. What impacts are qualitative assessments finding?

#### **Study #1: Chemotherapy Art Therapy Sessions**

Art therapy was used in cancer treatment to help fulfill different psychological needs during various stages of treatment in a project funded by Istituto Toscano Tumori (Forzoni et al., 2010). To assess the helpfulness of art therapy in chemotherapy, Forzoni et al. (2010) created a study that involved the use of qualitative assessments to learn about patients' experiences during various stages of chemotherapy treatment. In this study, Forzoni and colleagues created a project that focused on utilizing individual interviews, semi-structured questionnaires, and art-making to learn about the patients' perceptions of the helpfulness of receiving art therapy during and after chemotherapy.

Forzoni et al.'s (2010) study was conducted by a psychologist and a qualified art therapist between June 2008 and February 2009 at the Day Hospital Oncology in Tuscany, Italy. The study was composed of 157 cancer patients attending the Oncology Day Hospital who were receiving chemotherapy. The study began with the art therapist meeting with each of the 157 patients individually during chemotherapy and creating a free collage with the patient. During this initial session, the art therapist and patient would engage in conversation regarding ways the patient wanted to move forward in the following art therapy sessions. The art therapist kept accurate process notes and the patient's artwork created in the sessions.

After the initial art therapy session, the psychologist interviewed 54 of the 157 patients. The selection of the patients was randomized, and interviews took place after chemotherapy treatment using a semi-structured questionnaire. In order to be interviewed by the psychologist, patients had to meet the criteria of seeing the art therapist once before participating in the interview with the psychologist and had to sign a consent form to participate in the study (Forzoni et al., 2010). Once the participant met the requirements, they participated in a 30-to-45-minute interview that was conducted using a semi-structured questionnaire composed of two questions. The questionnaire focused on engaging in a conversation regarding what the patients found most important regarding their art therapy and life experience. The first questionnaire question was created to elicit a yes-or-no response: "Was art therapy helpful to you, or not helpful?" (Forzoni et al., 2010, p. 42). The second question was an open question to invite conversation between therapist and patient about what the patient found most helpful in participating in art therapy during treatment. The question was stated as follows: "In case you

have answered yes, can you say which way art therapy was helpful to you?" (Forzoni et al., 2010, p. 42).

Once participants completed the interview conducted by the psychologist and participated in four to five art therapy sessions, both the art therapist and the psychologist worked together to analyze data collected through interviews, semi-structured questionnaires, and art-making done in art therapy sessions. The aim was to identify meaningful theme clusters and connect patients' subjective perceptions of helpfulness through the analysis of patient artwork, self-narrative, and art therapy notes developed during sessions. Forzoni et al.'s (2010) study found that art therapy is perceived as helpful by most patients because of the dyadic and triadic relationship the creative process provides. Furthermore, additional results suggest that the impact of art therapy in cancer treatment includes therapeutic factors such as meeting the patients' needs, helping patients deal with stress, providing ways to cope, helping patients search for meaning, providing outlets for self-expression, helping patients achieve a positive psychological state, and helping patients visually express and elaborate emotions. The qualitative assessment approach used in this study helped to understand the patients' experiences of and meanings attributed to receiving art therapy during and after chemotherapy treatment.

### **Study #2: Art Therapy in Palliative Care**

The following palliative care study focused "to qualitatively "assess patients' perceptions of the impact and value of the session on their physical and psychological distress" (Rhondali et al., 2012, p.571). The study utilized qualitative assessments of 12 female participants to acquire information regarding patient art therapy experience and to evaluate the feasibility of using

art-making to address symptoms experienced by advanced cancer patients in palliative care. This study was conducted by a palliative care unit that was supported and funded by the *Association de Prevoyance Interprofessionnelle des Cadres et Ingenieurs de la region Lyonnaise* (APICIL) Foundation. The 12 female participants were diagnosed with metastatic cancer (also known as stage four cancer) and were consecutively recruited from the palliative care unit to participate in the study. Once recruited, participants were invited to attend an initial session to discuss possible topics of interest that they would like to explore during future art therapy sessions with the art therapist. Each art therapy session was structured to be an hour long, took place twice a week, and involved patients painting and drawing to help them express their feelings regarding their cancer experience (Rhondali et al., 2012).

Qualitative assessments used in the Rhondali et al. (2012) study to learn about patients' experiences included the Edmonton Symptom Assessment Scale (ESAS), open-ended questions, and semi-qualitative interviews. The ESAS was administered one hour before and after sessions to assess physical and psychological distress in patients. Results from pre- and post-ESAS reports were later compared for differences in scores. Furthermore, semi-directed interviews were individually administered the day after the art therapy session and aimed to explore participants' experiences of receiving art therapy during treatment. The open-ended responses were transcribed by the researcher and analyzed using a grounded theory approach focusing on a thematic analysis. The qualitative assessments allowed the research to discover that most patients found their participation in the art therapy program to be helpful because the creative process distracted them from the illness and provided an outlet to express their thoughts and feelings regarding cancer – particularly to family and friends.

**Study #3: Artist with Breast Cancer**

Visual artistic expression was used in a study involving three women diagnosed with cancer to provide psychosocial support for lifestyles changes, intrapersonal relationships, counteracting social isolation, and reducing existential crises due to cancer-related experiences (Singh, 2011). The study aimed to assess and understand how art-making could help meet the women's psychosocial needs, provide an avenue for coping and provide therapeutic benefits during breast cancer treatment, Singh (2011) studied the journey of three artists diagnosed with breast cancer by exploring how their art making changed over the course of treatment. The study used qualitative assessments to learn about the women's cancer experience by conducting in-depth interviews, personal art making, and open-ended questions to gain insight into the individual experience of the participants regarding how art changed the cancer experience for them.

Singh (2011), utilized a narrative research method that included using in-depth interviews to invite participants to share their experience regarding artmaking during cancer treatment. Each participant was first invited to tell her story using her own words to give voice to her unique individual experience and to learn how each woman's art changed throughout different stages of treatment. In this study, participants were either professional or amateur artists diagnosed with breast cancer and were recruited by a researcher from Cape Breton Island. Once recruited, participants were contacted via email or by phone to schedule a one-to-two-hour in-person interview with the researcher, held at a location of the participant's choice. Each participant volunteered to participate in the study throughout their treatment experience. The women ranged



in age from 51 to 71 years, were married, had children, were from Canada, and created their own art before or after the breast cancer diagnosis.

During the in-depth interview, the researcher invited the participants to tell their story regarding cancer and art-making in their own words to assure the participants' meanings regarding their experiences were accurately understood. The researcher then utilized open-ended questions to clarify information and help participants elaborate on their experiences. Singh (2011) reported that participants were also encouraged to tell their story from multiple emotional angles, including sharing partial or conflictual information regarding their experiences during treatment (p.161). The interview required participants to share artwork created during treatment to help trigger memories that were meaningful to the participant during different stages of treatment. The artwork brought in for the interview was of the participant's choice and was used to help the participant tell her narrative. After each interview, the researcher created a narrative description that included information recorded before or after the interview that could help contextualize the participant's experiences in depth. Lastly, interview transcripts were analyzed for meaningful information to represent the patient's experience. Each participant was sent a synopsis of the interview and a few quotations of what they said during the interview and asked to make corrections, as needed, to ensure that their narrative was transcribed accurately.

The results obtained through Singh's (2000) qualitative assessment include positive impacts brought about by engaging in artistic expression during treatment. All three participants expressed, in their own words, that art-making positively impacted their journey throughout treatment. The analysis of the recorded interviews allowed the researcher to find themes that describe therapeutic benefits provided by visual artistic expression for the women. According to

Singh (2000), artistic expression allowed participants to gain a clear view of their existence, provided an outlet to safely express emotions, supported coping, met certain psychosocial needs, and helped patients escape the fear and confusion that comes with being diagnosed with breast cancer.

#### **Study #4: Cancer Patients in a Visual Art-Making Program**

In this study, art-making was utilized as a form of creative expression aimed at enhancing self-worth and pleasure, providing helpful skills, increasing knowledge, and providing an outlet for cancer patients to safely express emotions (Kirshbaum et al., 2017). Kirshbaum and colleagues aimed to explore “the experience of participation in a visual art-making program for people during and after cancer treatment in the Northern Territory of Australia” (p. 71). They conducted a longitudinal qualitative study composed of interviews, group discussions, preliminary semi-structured interviews, and the Energy Restoration Framework to learn about the experiences of a single patient cohort.

The study welcomed people in Northern Australia that had been diagnosed with cancer of any type, were in any stage of treatment, or were in recovery to participate in an eight-week longitudinal qualitative study. Individuals were informed via flyers and emails about the study and asked to contact the study coordinator for participation inquiries. Participants had to meet the following criteria before being admitted to the study: diagnosed with cancer, in treatment within the last two years, 18 years of age or older, and able to speak and understand English. Selected participants were presented with information regarding the eight-week group experiential visual art-making program, participated in a pre-study information interview, and completed written consent forms during the first session.

The study involved participation in art-making sessions that were two hours long and took place once a week in a community craft center, for a period of eight weeks. Sessions were led by two local artists who believed in the project and were interested in working with cancer patients. The artists began sessions by providing information about and a demonstration of the art activity being completed during that day's session. After the demonstration, participants were free to create and continue the project in a subsequent session if they desired. This study focused on collecting information regarding the patients' experiences before, during, and after sessions by engaging participants in interviews and group discussions.

A preliminary semi-structured interview using a modified version of the Guide to Energy Restoration (Part 1 & 2) were used to learn about the types of art activities participants most enjoyed during the study. Some of the specific questions used to learn about the patients' art interests are included in Part 1 of the Guide to Energy Restoration. These questions included: "What do you enjoy doing generally?", "When it comes to art, what type of activities do you enjoy?", and "What kind of art activities would you like to try?" (Kirshbaum et al., 2017, p. 73). The activities reported by participants were then explored using the Energy Restoration Framework, which looks specifically at the following themes: belonging, expansive, nurturing, and purposeful. All participant interviews were audio-recorded, and written notes were taken on the interview guide sheet. Each week, before engaging in art-making, participants participated in group discussions that consisted of individual check-ins and an opportunity to express feelings regarding the previous week's session. "The group members were asked about how they felt about previous week's activity, how the experience affected them during the week and how they were feeling about the event ahead" (Kirshbaum et al., 2017, p. 73). The same authors reported

that individual in-depth interviews were also administered at the completion of the art therapy program.

Lastly, the study required participants to answer questions from a semi-structured interview guide that focused on gaining information on participants' perspective regarding what they found most valuable in the art program during their participation. Some of the questions included in the semi-structured interview were: "What was your main reason for participating in the study?", "What is the first memory that comes to mind about the experience?" and "Have you noticed if the workshop affected your general wellbeing? Energy? Mood?" (Kirshbaum et al., 2017, p. 74). The interviews were all recorded, transcribed verbatim, and analyzed using NVIVO software to find themes, interpret findings, and confirm findings. "Data from the preliminary interview and pre-session discussions were integrated into the analysis process and used to enhance interpretations of data through providing a fuller perspective of the participants' experiences" (Kirshbaum et al., 2017, p. 73). All information gathered was analyzed individually and in tandem to find themes that were later presented to participants in an informal presentation to give an opportunity for clarification, to engage in discussion, and to check for accuracy of interpretation by the researcher. This presentation ensured that the transcriptions were accurate and the information gathered was credible. Using qualitative assessment in this study was associated with positive participant perception in the form of an "elated sense of achievement, perseverance and accomplishments" (Kirshbaum et al., 2017, p. 77).

#### **Study #5: Relieving Cancer Symptoms with Art Therapy**

Alternative and complementary therapies are used as adjuncts to mainstream cancer treatment to help patients manage cancer-related symptoms (Nainis et al., 2006). Nainis and

colleagues designed a study focused on exploring the "effects of a 1-hour art therapy session on pain and other symptoms common to adult cancer inpatients" (Nainis et al., 2006, p. 162). To determine the effects of art-making as a complementary treatment, Nainis et al. (2006) used the ESAS, the Spielberg State-Trait Anxiety Index (STAI-S), and open-ended questions to learn about the fluctuation of symptoms and the patients' experiences in the study.

To determine the effects of art therapy with patients experiencing cancer-related symptoms, Nainis and colleagues focused on studying the inpatient oncology population of adult cancer patients in an urban academic medical center at the Northwestern Memorial Hospital. The quasi-experimental design included 50 participants that met the following study criteria: able to participate in an hour-long art therapy session, able to communicate in English, 18 years of age or older, and diagnosed with cancer. Once recruited, participants were then provided with information regarding the study, informed consent was obtained, and a baseline symptom assessment was conducted using the ESAS and STAI-S.

Nainis et al.'s (2006) study used a licensed art therapist and a research assistant to conduct the procedures for the study. The procedures included the participation of both individuals at different stages in the session. Initially, the researchers met with participants to inform, gather information, and ask questions related to demographics prior to the art therapy session. The art therapist came in after the researcher left the medical room and presented the participant with a list of materials and projects available for the session. Once the patient had selected the materials and project, the art therapist brought in the materials and helped the participant create the art if requested. At the end of the art therapy session, the art therapist invited participants to express thoughts and feelings about their artwork. The art therapist used

specific questions to help participants elaborate on their work. The questions used were: “Were you thinking of anything in particular while you were making this?”, and “Do any of your choices have a special meaning?” (Nainis et al., 2006, p. 164). The participant was then given an opportunity to talk about any additional information they wanted to address regarding the art before ending the session. After the art therapist left the room, the research assistant arrived to administer the final assessment – a post-test measure consisting of open-ended questions that aimed to learn about the patients’ experienced and changes in symptoms.

The qualitative portion of this study included three open-ended questions used to capture participants’ experiences in the art therapy session. The questions were as follows: “If given an opportunity, would they like to experience art therapy again? How did the art therapy session change their overall well-being? Did they feel comfortable making the art?” (Nainis et al., 2006, p. 164). Furthermore, changes in symptoms were managed and statistically analyzed using the following methods: SPSS for windows (Statistical Package for Social Science Version 11, Chicago, IL), chi-square test of association, as well as the Kruskal-Wallis, Mann-Whitney, and Friedman tests.

The impact of art therapy on reducing a broad spectrum of symptoms was evaluated by asking participants how they perceived the experience of receiving art therapy during treatment and how the hour of creativity changed their overall well-being. The interviews with participants showed that patients felt the art therapy helped them to relax; distract themselves; focus on positivity; feel productive, worthwhile, pleasant, comfortable, interested, and in control; and gave them the ability to express feelings without using words.

**Study #6: Creative Art Therapy for Cancer Patients**

Creative arts are used with cancer patients to help them cope with their diagnosis and promote self-expression to assist them in dealing with their illness (Visser & Hoog, 2008). Visser and Hoog collaborated in the development of a course – Cancer and Creative Arts – to evaluate the effects of providing cancer patients with an environment in which they could cope and self-express through creativity. The study was designed to be an eight-week course providing weekly group art therapy sessions with 10 participants or less in each group. There were a total of 55 women diagnosed with cancer who were divided into five groups. The women ranged in age from 21 to 63, were all in stable relationships, had received some form of higher education, and were, in some cases, incapacitated for work. Each weekly session – conducted by a psychiatrist – was two and a half hours long and was held at the Mesos Medical Center in the Netherlands. The course was structured to gain insight into participants' course experiences by having them fill out questionnaires to evaluate their general QOL, coping processes, and emotional changes experienced after completing the course. Specific standardized questionnaires used to evaluate the content and organization of the course included the EORTC Quality of Life questionnaire and the POMS (Profile of Mood States).

Qualitative assessments used to gather data in this study included focus groups, questionnaires, consultations, and open-ended questions to evaluate the effects of the program on the participants. Before participation in the course, the psychiatrist consulted with participants and administered a pre-course questionnaire that focused on gaining information about participant characteristics, including age, gender, living situation, type of cancer, treatment status, and personal aims for participating in the course.

The initial session of the course focused on familiarizing participants with various art materials and imagery exercises. In the following seven sessions, participants focused on coping with cancer-related images and themes by using the art and therapeutic exercises introduced to them in the initial session. Once the course was completed, participants were required to fill out a standardized questionnaire to evaluate their perception of their QOL after participating in the course. Post-course measurement also included participant evaluation of the course organization and content using the Client Satisfaction Questionnaire. At the end of the course participants were “asked whether their participation had brought any changes in their daily lives, coping with their illness, and the problems associated with it” (Visser & Hoog’s, 2008, p. 82). Open-ended questions focused on the participants’ coping processes and cycles of change were asked in order to identify changes in coping during the course. The impact identified by the qualitative assessment highlighted an improvement in QOL.

### **Analysis of Data**

The first stage of my data analysis involved the process of initial coding by highlighting information that was related to how qualitative assessments were being used to measure the impact of art therapy in cancer treatment. Each article was surveyed to fully comprehend how qualitative assessments were being used in the six studies to understand patients’ art therapy experiences during cancer treatment. Data from the six studies were analyzed and coded by reading articles, making handwritten notes, and labeling and color-coding information that was relevant to my research questions. The analysis with regards to each research question is presented below.



**Research Question #1: What types of qualitative assessments are being used to measure the effectiveness of art therapy programs and patients' experiences in cancer treatment (i.e., structure, format etc.)?**

Analysis of the studies using qualitative assessment to measure the impact of art therapy in cancer treatment showed that there were several basic methods utilized – namely, interviews, semi-structured questionnaires, open-ended questions, evaluation of the art-making and finished product, and group discussions (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008). Assessments used to determine the effectiveness of art therapy programs commonly combine both qualitative and quantitative methods to assess patients' experiences and symptoms.

The literature analyzed highlighted common assessments formats, such as semi-structured questionnaires, semi-qualitative interviews that include open-ended questions, audio recordings, follow-up questions for the purposes of clarifications, transcription of narrative descriptions, and the use of the ESAS – a quantitative assessment tool to measure symptoms throughout treatment. The ESAS is a self-report questionnaire used in combination with open-ended questions during interviews to measure symptoms and learn about patients' experiences. Data analysis based on the studies discussed in the section above shows that researchers often combine various qualitative assessment procedures to gain the most accurate description of the patient's experience during art therapy and after cancer treatment (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008). The analyzed literature (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008) suggests that assessments are created differently depending on the focus

of the art therapy program and its funding. In most cases, assessments are created and modified to target specific patient responses in order to learn about the patient's experiences and to measure the intensity of symptoms before and after treatment.

**Similarities in Interviews.** Studies that used interviews as a form of qualitative assessment showed similarities in their structure and format (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008; Rhondali et al., 2012). For example, interviews used in the six studies consisted of open-ended questions that allowed the participants to discuss their experiences from their perspective. Researchers gathered descriptive data by moving from questions regarding general topics to questions that focused on specific information during interviews. This method encouraged the participants to elaborate on their narratives by using their own descriptive methods. By posing semi-structured questions, the researchers aimed to elicit communication from the participants regarding the thoughts and feelings associated with their treatment experience. The interviews were intended to elicit responses that captured the participants' experiences in their own words and thereby ensure accuracy and credibility in understanding the patients' experiences – as seen in Kirshbaum et al.'s (2017) study on a visual art-making program.

Furthermore, most interviews followed a structured procedure policy in which patients were required to meet certain criteria – for example, being 18 years of age, speaking English, and being able to engage in full art therapy sessions – before being interviewed by the researcher or psychologist (also seen in Kirshbaum et al.'s [2017] study). Pre- and post-interviews were commonly audio-recorded, transcribed verbatim, and analyzed for thematic information in the studies surveyed. Recordings, notes, and interview transcripts were reviewed and presented to

participants to clarify their responses. An example of this procedure can be seen in Singh's (2011) study, where each interview was recorded, transcribed, and analyzed to help contextualize and accurately represent the participants' experiences.

**Differences and Similarities in Semi-Structured Questionnaires and Open-Ended Questions.** Analysis of the semi-structured questionnaires used in the studies surveyed did not include extensive information regarding the format or structure of the questionnaire. However, there were a few differences noted regarding the number of semi-structured questions included in each assessment, the purpose of the questions used, and the types of questions included in the assessments. There were also differences in the way the semi-structured questionnaires were formatted and used during assessment. In Forzoni et al.'s (2010) study, the questionnaire was composed of only two questions – one yes-or-no question and one open-ended question – used to explore what participants found most helpful in participating in art therapy during treatment. Other studies used semi-structured questionnaires to assess QOL, mood changes, and the content and organization of the course. This approach was seen in Visser & Hoog's (2008) study, in which standardized questionnaires, such as the EORTC, POMS, and Client Satisfaction Questionnaire, were used to evaluate mood, program structure, and changes in QOL. Visser & Hoog (2008) used a pre-course questionnaire to identify participation goals and obtain patients' identifying information.

Data analysis highlighted similarities in the types of open-ended questions researchers used in their qualitative assessments. The literature analyzed suggests that open-ended questions are often used to learn about participants' experiences as they help participants elaborate on their narratives and clarify information. An example is seen in Singh's (2011) breast cancer study, in

which open-ended questions were used to clarify information received during interviews, help participants elaborate on their experiences, and enable the participants to describe their narratives from different emotional angles. Open-ended questions allowed the researcher to gain deeper insight and understanding of patients' treatment experiences.

Furthermore, differences acknowledged during analysis regarding open- ending questions used in the literature surveyed include differences in the number of question used in each study, the type of questions varied from open-ended to yes-or-no questions, and some questions were geared to have participants share about the topic being explored. Various topics explored by using open-ended questions include the fluctuation of symptoms, changes in overall well-being, comfort, coping processes, emotional changes, and the effect of the program on the participants' well-being.

### **Research Question #2: How are qualitative assessments being administered to patients who have cancer?**

Assessments tend to follow a pre- and post-treatment procedure that requires patients to meet study criteria before engaging in the art therapy program. According to authors like Kirshbaum et al. (2017) and Nainis et al. (2006), patients must meet study criteria, be pre-approved to participate by a psychologist or researcher and be enrolled in cancer treatment to participate in the study and begin the assessment process. The analysis shows that assessments are administered using various types of qualitative methods to assess differences in the impact of art therapy on cancer patients. Multiple ways of conducting the assessment have been found throughout surveying literature. The following are a couple of ways researchers in the surveyed studies have structured assessments and administered them with a patient who have cancer.

In Forzoni et al., (2010) study, qualitative assessments were administered to learn about patients experience with art therapy during various stages of cancer treatment including chemotherapy. To assess the impact Forzoni et al., (2010) began the assessment process by requiring the patient to meet with a qualified art therapist during chemotherapy to make a collage art piece. During this initial meeting, art therapist assessed for patient's participation goals by engaging the participant in conversation regarding topics of interest for future sessions. The assessment continued by having a psychiatrist interview the patient in a 30-45-minute-long interview focused on discussing what the patient found most important regarding their art therapy and life experience during treatment. To further assess the psychologist used a semi-structured questionnaire composed of two questions to engage the participant in a conversation to identify the subjective perception of helpfulness by patients in the study.

Other studies surveyed suggest that art therapy programs administer assessments pre, during, and post art therapy sessions to measure patients experience and track changes in symptoms, QOL, and mood. These assessments are administered by providing patients with self-report questionnaires, and interviews comprised of open-ended questions. An example of this administration of assessment with cancer patients is seen in (Nainis et al., 2006) study, where the study aims to explore the "... effects of a 1-hour art therapy session on pain and other symptoms common to adult cancer inpatients" (p. 162). To begin the researcher began assessment by first requiring participants to participate in a baseline symptom assessment that was conducted using the ESAS and STAI-S to measure symptoms during the initial session. The following step in assessment included inviting the participant to express thoughts and feelings regarding the artwork created during the art therapy session with the art therapist. The discussion

was then followed by a final assessment administered by the psychologist. That included a post-test measure of open-ended questions to learn about the patient's experience and change in symptoms. Qualitative data gathered through assessments in the study was later analyzed and used to determine the effects on the 1-hour art therapy session in adult cancer patients.

### **Research Question #3: What impacts are qualitative assessments finding?**

All studies surveyed explored the impacts art therapy may have on patients diagnosed with cancer during treatment. The impact was measured by using different qualitative methods, including semi-structured questionnaires, semi-qualitative interviews, and open-ended questions. These qualitative methods have helped researchers understand, measure, and assess patients' treatment experiences from the participants' perspectives.

Impacts found while surveying the literature highlight one significant similarity in all six studies – namely, the therapeutic benefits derived from creative expression. Participants reported that creative expression provided a safe outlet to express emotions verbally and non-verbally. An example of this impact is mentioned in Singh's (2011) study, where participants reported that artistic expression provided an outlet to safely express emotions regarding their cancer experience and helped them address feelings of fear and confusion that came with being diagnosed with cancer.

Furthermore, additional impacts identified in all six studies center on meeting patients' psychosocial needs. The literature suggests that art-making improves patients' QOL, provides an outlet to deal with and express emotions, and enables them to gain knowledge, achieve personal growth, and identify a healthy support system. Visser & Hoog's (2008) study reported that "The course met participants' needs and allowed them to discover, express, and deal with their

feelings, the disease, experience personal growth, and have supportive contact with fellow patients” (p. 83).

Other art programs surveyed report positive impacts that include patients gaining a sense of achievement, perseverance, and accomplishment through engaging in the creative process during treatment. Singh (2011) reported that creative expression helped participants in his study gain a clear view of their existence while having a space to distract themselves from the daily struggles of dealing with cancer treatment. In Nainis et al.’s (2006) study, artistic expression helped patients reduce cancer-related symptoms, relax, and focus on the here and now. Participants reported that the ability to concentrate on the art piece provided an opportunity to experience positivity during art-making and gave them a sense of comfort and control. Lastly, in the research conducted by Forzoni et al. (2010) the impact reported consisted of participants viewing their art experience as a way to cope with cancer-related issues, achieve a positive psychological state, and deal with stress. All the studies reviewed have used qualitative assessments to identify and measure significant impacts of art-making in helping to meet patients’ psychosocial needs.

## **Findings**

This qualitative archival study focused on exploring how qualitative assessments are being utilized to understand the impacts of art therapy during cancer treatment. The administration of qualitative assessments in the studies surveyed allowed researchers to gather qualitative data regarding the patients' experiences in art therapy while considering the patients' opinions, values, beliefs, and culture. The surveyed results suggest several emergent themes

related to qualitative assessments, including format, administration, and impact. These themes highlight how qualitative assessments have been used to understand the therapeutic benefits of art therapy and how these may positively impact patients' QOL during and after treatment.

Insights gained after administration of qualitative assessments in the surveyed studies (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008) suggest that art therapy programs may help patients fulfil their psychosocial needs, cope with the illness, and find relief from cancer-related symptoms.

**Format.** After analyzing the data surveyed, emergent themes related to assessment format and administration were identified. Similarities found in qualitative assessment formats include the use of general open-ended interview questions to elicit communication regarding treatment experience from the participant's perspective. An example of this is seen in Singh's (2011) study, where "The interviews were based on an invitation to each woman to tell her story of art-making in her own words within her frame of meaning" (p. 161). The interview was then followed by open-ended questions for clarification and elaboration of the narrative shared by the participant.

**Administration.** Analysis of emergent themes also highlighted a common approach for administration of qualitative assessment in the studies surveyed. The majority of studies administered assessment pre-, during, and post-treatment to measure the impact of art intervention and reduction in cancer-related symptoms. An example of this type of administration of qualitative assessment is seen in Kirshbaum et al. (2017), where the researcher collected data "before, during, and after the art-making sessions by interviews and group discussion" (p. 73). In this way, the researchers could identify and document participants'



perspectives on the benefits of participation in an art therapy session to further understand art-making as an adjunct intervention to cancer treatment (Kirshbaum et al., 2017). Surveyed studies (Forzoni et al., 2010; Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006; Visser & Hoog, 2008) suggest that frequent administration of qualitative assessments were used to track program progress, identify emergent themes, and learn about beneficial art interventions. They are aiming to understand how art therapy may improve the well-being of cancer patients in treatment. The surveyed literature suggests that administration of qualitative assessments at various stages of treatment is useful in gathering data to evaluate the efficacy of art intervention in cancer treatment.

**Impact.** The last emergent theme identified through the analysis of data relates to impact. The majority of studies surveyed showed that art-making provided a positive effect, including a reduction in cancer-related symptoms, better coping, stress relief, and an improvement in the QOL of patients undergoing treatment. This is seen in Nainis et al.'s (2006) study, where the qualitative assessment utilized in the study was able to determine that art therapy interventions help reduce "a broad spectrum of symptoms in cancer patients." Cancer patients stated that the positive impact of art intervention came through the distraction, relaxation, sense of control, and relief that the process of art-making provided during treatment.

**Positive Impacts.** The surveyed studies (Singh, 2011; Kirshbaum et al., 2017; Visser & Hoog, 2008) suggest that artistic expression – whether through art therapy, arts and crafts, or personal art-making – is useful in meeting patient's psychosocial needs. According to Forzoni et al. (2010), artistic expression is an outlet that helps patients fulfill different needs by providing them an opportunity to express difficult emotions associated with their cancer experience. The

creative process associated with art-making may help patients deal with their experience by expressing emotions and by receiving support from cancer groups, family, friends, and practitioners. Self-expression and support may help patients improve their self-worth, gain a sense of belonging and control, improve social relationships, increase communication regarding their cancer experience, and achieve personal growth (Singh, 2011; Kirshbaum et al., 2017; Visser & Hoog, 2008).

These findings suggest a need for further exploration regarding how art therapy may meet psychosocial needs in cancer patients during treatment. I believe future exploration is needed due to the small sample sizes in the surveyed studies and the gender imbalance caused by the participation of mainly female cancer patients. Future exploration on the topic may benefit the field of art therapy by identifying how art-making and art therapists can help meet cancer patients' emotional needs and help patients process challenges associated with cancer diagnosis, loss, abandonment, identity issues, isolation, depression, adjustment, and relationship issues. Supporting patients in dealing with these challenges can improve their QOL during and after treatment.

**Coping and Art Therapy.** With regards to coping and art therapy, the surveyed studies (Singh, 2011; Nainis et al., 2006; Visser & Hoog, 2008) suggest that creative therapy may provide coping possibilities that can help cancer patients deal with their feelings, cancer diagnosis, and cancer-related symptoms. As suggested in Visser & Hoog's (2008) study, creative expression has provided patients with positive changes in coping and has improved their general QOL during and after cancer treatment. Furthermore, Nainis et al. (2006) suggest that the creative process involved in art therapy has helped patients cope through awareness and

expression of difficult emotions associated with the stress and trauma that come with a cancer diagnosis. “Several subjects commented that making art gave them a feeling of control and allowed them to express their feelings without words” (Nainis et al., 2006, p. 166). These participant comments show that engagement in the art-making process may help patients deal with their illness through emotional expression, relaxation, and a sense of control. Furthermore, artistic expression may help elicit communication regarding patient needs, thoughts, and feelings to help reduce and cope with cancer-related symptoms, including fear, stress, anxiety, and pain during and after treatment. As mentioned earlier, further research is required to explore specific ways in which art therapy may help cancer patients cope with their experiences, since there is a need for studies that include large sample sizes, both female and male cancer patients, and both adults and children.

**Relief and Art Therapy.** Art therapy has been proven to provide relief for cancer patients in and out of treatment. As suggested by the surveyed studies (Singh, 2011; Kirshbaum et al., 2017; Nainis et al., 2006), art therapy provides a form of distraction during art-making that helps relieve physical pain, reduce cancer-related symptoms, and reduce stress associated with the cancer diagnosis. As suggested by Kirshbaum et al. (2017), the value of working with art materials lies in providing an outlet for patients to express emotions, experience pleasure, and gain skills that may promote relief in navigating cancer-related stressors. According to Nainis et al. (2006), “Art therapy is one complementary therapy that has good anecdotal support for its efficacy in relieving anxiety and other emotional symptoms” (p. 166). Art-making was also found to provide relief by giving an outlet for emotional expression. According to Singh (2011), art is an outlet for patients to express emotions that were difficult to navigate during treatment.

The ability to express emotion verbally and non-verbally through art-making may help patients reduce the emotional distress affecting their QOL during their treatment experience. In conclusion, further exploration is needed regarding relief of symptoms that is provided by art therapy, since there is currently a limited number of studies focused on exploring the impacts of art intervention in terms of symptom relief during cancer treatment.

### **Limitations**

This study had several limitations. Firstly, some of the studies surveyed did not evaluate long-term effects of art therapy on symptom reduction and QOL due to short study designs. Also, studies that focus on art therapy and art-making as adjunct treatments in oncology settings were limited. Lastly, limited diversity, small sample sizes, and predominantly women participants limit the applicability of results from studies focused on exploring the impact of art intervention in cancer treatment through the use of qualitative assessments. Further research should ideally include larger sample sizes, a broader mix of participants, and longer-term study designs to assess the experiences of a larger, more diverse group of patients and determine the long-term effects of art therapy in cancer treatment.

### **Conclusion**

The archival research approach to this study led the researcher on a qualitative investigation in which numerous qualitative assessments were identified to explore how they were being administered to understand cancer patients' treatment experiences. The synthesis of interviews, questionnaires, art-making, and observations was helpful in accurately highlighting cancer patients' perspectives on receiving art therapy during treatment. The qualitative approach allowed participants to report on how, why, and which specific interventions were useful to address their cancer-related experiences.

The research process was intensive and required ongoing dedication that included extensive data organization, researching, filing, reading, note-taking, referencing, and editing to capture the perception of the patients and the commitment of the researchers in the surveyed studies. Furthermore, the research process aimed to accurately describe how qualitative assessments are formatted, structured, administered, and analyzed to give voice to patients' experiences. The challenges that came with this research included a limited amount of studies specifically focused on qualitative assessments of the impacts of art therapy programs in cancer treatment. Further challenges included reviewing studies with small sample sizes and limited access to online articles due to being required to purchase articles or journal memberships.

A key finding was related to researchers' use of qualitative methods, such as interviews composed of open-ended questions, that allowed the participants to verbalize their experiences using their own words and art. This qualitative approach allowed participants to describe their journeys during treatment and enabled the researcher to understand the difficulties faced by

cancer patients in navigating complex issues such as loss, identity, cancer-related symptoms, belonging, pain, and interpersonal and intrapersonal relationships during the treatment experience.

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