
A Creative Model for a Post-Treatment Group for Women With Cancer

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ABSTRACT

A four-week experiential group for women at the British Columbia Cancer Agency offers the creative tools of art, meditation, and journal writing to focus the inner work of healing in the presence of others. The often unanticipated challenge of this transition period is our focus. This innovative therapy group uses a healing circle format, and images, metaphors, and attentive listening to facilitate the integration of change. Using comments from the participants, a brief history, framework, and overview are outlined.

RÉSUMÉ

La *British Columbia Cancer Agency* offre une expérience de groupe pour femmes, d'une durée de quatre semaines, employant des moyens originaux tels que l'art, la méditation et la tenue d'un journal, dans le but de favoriser le processus interne de la guérison en présence d'autrui. Le groupe se penche particulièrement sur le défi souvent inattendu de la période de transition que traversent les femmes atteintes de cancer. Cette thérapie de groupe innovatrice adopte le format du cercle de guérison et utilise des images, des métaphores et l'écoute attentive pour faciliter l'adaptation au changement. En s'appuyant sur les commentaires des participantes, les auteures présentent un bref historique, la structure et une vue d'ensemble du programme.

The experience of a cancer diagnosis, for many, is one of shock and despair as patients and their families confront dramatic changes in their lives, and the uncertainty and fear that often accompanies the experience of cancer. Psychosocial treatment can be very important as patients and family begin to reorganize their lives and face the issues of vulnerability, mortality, and the loss of familiar parameters. Most professional caregivers regard the active treatment phase as most critical for cancer patients. The Patient and Family Counselling staff at Fraser Valley Cancer Centre noted a significant number of women were seeking support services after the cessation of treatment. The women described a gulf that existed between the elation and relief expected and the confusion, despair, and isolation that surfaced as their treatment ended. This article will describe a creative therapeutic model of care known as the Women's Post-Treatment Group Program that

This paper is based on a group that both authors co-facilitated from March 1998 until May 2001 at the Fraser Valley Cancer Centre where the group continues to be held. It has been the subject of two psychosocial oncology presentations.

was initiated in 1998. An overview of related literature and research, post-treatment needs and issues of women, and the rationale behind activities chosen is included. The group structure and art activities are outlined and participants' comments are interspersed.

NEEDS AND ISSUES AFTER TREATMENT ENDS

Many women describe confronting a "wall" of despair, weeks, months, and sometimes years after treatment ends. There can be a slow, steady withdrawal from the friends and family who have been encouraging them to "stay positive," which deepens the confusion and aloneness of this time. One group participant, noted: "The thing is that life goes on, and everything around you stays the same, but you have changed . . . you are not the same person."

There is little in the literature about cancer dealing with the time six months to a year after treatment ends. Notable exceptions are a research study by ten Kroode (1998), a case study by Hurt, McQuellan, and Barrett (1994) and a book by two cancer survivors, Halvorson-Boyd and Hunter (1995). Each of these reflects the experiences of women who attend our groups. Two other references cite the importance of intervention following active treatment, but do not elaborate on the issues unique to this period. Spiegel and Classen (2000) state: "The period after active treatment ends is surprisingly stressful, largely due to the withdrawal of frequent medical contact and support and the temporary cessation of active treatment. Treatment tends to counter both anxiety as well as cancer" (p. 63). Luzzatto and Gabriel (2000), in an article describing their tension-session Creative Journey post-treatment group art therapy program, comment: "Cancer patients who have completed treatment are often left with unresolved psychological issues" (p. 265), citing the need for a readjustment of self-identity as key at this time.

The research of ten Kroode (1998) on 54 cancer patients indicated that approximately two-thirds of those in the study had severe emotional problems shortly after their shift from the treatment regime into the regime of "medical controls." ten Kroode speaks of the need of patients to write a new personal history in which cancer gets its proper place, and notes: "What we are doing is not psychotherapy in the narrow sense of the word, but it is helping people to overcome an existential crisis in life" (p. 52).

In their case study, "After Treatment Ends: Neutral Time," Hurt, McQuellan, and Barrett (1994) address the increased anxiety and distress that occurs in "the remission period." They link the decreased medical surveillance during this time with a heightened fear of recurrence, referring to studies that note a range of reactions, including panic attacks, anger, and sleep disturbances. They caution that attempting to convince the patient to accept good news when he or she feels suspended in "neutral time," may set in motion a strong pattern of resistance.

In *Dancing in Limbo, Making Sense of Life After Cancer*, Halvorson-Boyd and Hunter (1995) challenge the commonly held myths of life after cancer. From

their vantage point as cancer patients, they comment, "In this myth, when medical treatment is successful, the story ends . . . The real story does not end 'happily ever after'. Instead, we live in limbo: after cancer, we know that we are on uncertain ground . . . Limbo is the borderland where we will live for the rest of our lives" (pp.1, 2). The book traces the authors' respective journeys as they enter into a powerful time of reworking their lives.

RATIONALE BEHIND ACTIVITIES CHOSEN

In choosing our treatment interventions, we considered the needs of women at the end of treatment, who spoke of being overwhelmed at the prospect of resuming the caretaking roles they performed prior to diagnosis. A number expressed concerns about "dumping" their negative feelings on others and having to "take care" of others in a group. Some expressed a fear of hearing bad news from other women. For these reasons we chose a group experience that would minimize disclosure and care-taking of others; this contrasts with the greater verbal emphasis in the supportive/expressive groups offered by Spiegel and Classen (2000). They acknowledge the importance of encouraging "the development of a shared experience of common emotion: a pool of feelings in which the group immerses itself" (p. 147), which we foster without as much reliance on discussion. Spiegel and Classen's model of supportive expressive group therapy was a forerunner to our program. In addition, a number of existing programs for cancer patients using art therapy are more reflective of the foundations of our innovative approach. A brief description of these programs follows.

An existential perspective informs the art therapy process in a 16-week program at The McMichael Canadian Art Collection, in a rural setting north of Toronto, where art education and art expression are offered to cancer patients, most of whom have completed treatment (Deane, Fitch & Carman, 2000). Healing Icons is a six-week art-support group program for cancer survivors in Columbia, South Carolina, that focuses on the creation of a personal icon as a metaphor for the cancer experience (Heiney & Darr-Hope, 1999). Predeger (1996) documents a comparative model of healing through art over a six-month period of bi-weekly sessions, involving artists from the community.

Data provided by evaluations within these studies indicate that short-term therapy groups combined with art-making offer opportunities for improved psychological well-being, mood and quality of life. Decreased isolation, tapping creative internal resources, strengthening the inner self, and creating a trusting environment are some of the benefits named (Deane et al., 2000; Heiney, 1999; Luzatto, 2000; Predeger, 1996). These studies indicate a need for research into the innovative field of art therapy as a psychological intervention in short-term therapy groups.

The time of increased distress for cancer patients shortly after completion of treatment has been characterized as a time when training in emotionally expressive coping skills may bolster adjustment (Stanton et al., 2000). Creative skills

used in art therapy can help cancer patients express feelings, develop new ways of responding to issues and communicating with others, improve their sense of control, and reduce stress (Breslow, 1993; Deane et al., 2000). Expressive therapies can help to shift and rebalance life energy from a focus on pain, depression, and despair (Trauger-Querry & Haghighi, 1991).

The activities offered in our program are new to many participants, but we stress that prior art experience is not required, just a willingness to explore new ways to reconnect with their own wisdom and creativity. Safety, highlighted by Spiegel and Classen (2000), is paramount. We focus on the use of images and metaphors rather than storytelling and view the group as a container for women to explore, in safety, their feelings, sharing only what is ready to be shared.

Physicians Michael Greenwood and Peter Nunn, who work in a pain clinic, advocate in their book, *Paradox and Healing*, "The simplest solution to anxiety is to find a way to experience life in the present moment. In the present moment, feelings arise which allow the spontaneous release of pent-up emotional changes, a release which both transforms anxiety and brings insight into its root causes" (Greenwood & Nunn, 1994, p.134). They address the powerful dance between the mind, body, and spirit and the importance of addressing all these aspects in the recovery process. We do this by encouraging a present focus through the use of art, meditation, and the reflective process of journal writing.

We chose journal writing as a key process in our group program to help integrate and bring to consciousness and expression the dance between the "I" and the "We." Peper and Holt (1993) comment: "Putting events into speaking or writing seems to provide distance, perspective, and structure to the otherwise chaotic" (p.117) and helps build the "witness" part of us, which can observe without judgment or emotional attachment. Simon (1999), in *Return to Wholeness*, notes that journaling is an important way to metabolize and integrate new experiences. Studies by Pennebaker (1997) support the value of journal writing, noting that emotional processing and expression can enhance self-esteem, release distress, and reorganize thought patterns.

STRUCTURING THE POST-TREATMENT SUPPORT GROUP

We chose to combine those women with primary and metastatic cancer. Spiegel and Classen admit advantages of combining these two groups, but state their own preference is to separate them as "the potency and priorities in dealing with the issues differ" (2000, p. 62). We observe significant overlap in the emotional needs of both groups in the period after treatment ends. Our decision to focus on the present rather than on illness and treatment minimizes difficulties in combining the two groups. Prospective participants are interviewed by both facilitators to establish the appropriateness of the group for each woman. We may recommend individual counselling prior to the group for women with a high level of distress or need to talk. We limit our group to women only to offer a greater element of safety and opportunity to explore their unique issues and themes. A

four-week format accommodates women in various stages of returning to work. Our evaluations confirm that bonding between women is established and women's needs are being met using this format.

HISTORY OF THE POST-TREATMENT GROUP

Approximately eighty percent of the participants have a diagnosis of breast cancer. Most have completed treatment one to two months prior to attendance, but a few finished one to two years earlier. The ages range from 25 to 70, with an average age of 45. Each group has six to eight women. Approximately 100 women have attended since the program's inception, including women of other cultures whose first language has not been English. Follow-up Refresher Sessions average 8 to 14 participants per session.

The introduction of the healing circle format, using a glass heart as a "talking piece," evolved naturally as a tool to minimize advice-giving and encourage active listening. Zimmerman and Coyle, in their book, *The Way of Council*, comment on the potency of using a talking piece, held by each person as they speak: "Using a talking piece in the circle . . . powerfully communicates the spirit of the circle. Holding the piece empowers expression. Watching it move around the circle supports attentive listening . . . a strong reminder of the commitment to communicate authentically with each other" (Zimmerman & Coyle, 1996, p.18). They address the role that meditation and being in silence with others can play in invoking the presence of spirit within the circle. This was very evident in our groups.

THE POST-TREATMENT GROUP EXPERIENCE

We have chosen a participatory role for ourselves as group leaders in keeping with the healing circle form. Zimmerman and Coyle (1996) highlight the benefit: "When leaders 'walk their talk,' everyone in the circle is challenged to do the same. Then council discipline evolves organically from the leader's modeling and does not need to be imposed in an authoritarian manner" (p. 94). We offer women the option of not speaking when the heart is passed, to support honouring feelings when words are not yet formed.

We keep our daily agenda flexible to carefully balance, through the activities chosen, the dance between connection to self and to others. Meditation, early in each session, supports the shift from the busy mind to the creative and intuitive process of the art and provides a resource for women to use at home. We use several forms of meditation which are outlined by Jon Kabat-Zinn (1994, 1990) such as: focusing on breath, a guided visualization, a walking or standing meditation, and the body scan, which is an exercise of tuning into our body from toe to head. We encourage a spirit of play in the activities and use ritual to focus attention and encourage cohesiveness.

A goal for the art is to inspire those words, images, and metaphors that describe what women may experience as they deal with the aftermath of a serious

illness. As part of a triad of creative tools offered, the art therapy aims to illuminate through experience. Like meditation and journal writing, the art experience can provide a way for women to take care of themselves emotionally, to manage anxiety, and to promote the role of responsibility in healing.

THE FOUR SESSIONS

A framework for the four two-hour weekly sessions uses the following steps: coming together; going within; quieting, listening, waiting; and returning. An emphasis on connecting with the four aspects of self: mind, body, spirit, and emotions, guides the process.

Session 1: Coming Together/The Group Mandala

Following an informal gathering to create nametags, we light our candle. We outline the guidelines, such as the importance of focusing on present experience, on images rather than stories, on attentive listening, and on caring for self. The women are invited to choose two sheets of coloured paper — one that represents healing, and one to describe their present energy — and to introduce themselves through their associations. After meditation, we serve tea and discuss the uses of the journals provided, both during the program, and at home between sessions.

We then gather around a large circle, or mandala, drawn on mural paper. This interactive activity provides a rich metaphor for the process of change and of connection that unfolds over the four weeks. We ask the women to pay attention to how they respond to change during this activity. Using pastel chalks, we all draw spontaneously in silence, moving around the circle with the word “change,” adding to or changing whatever lies in front of us, until we come full circle. After noting our experience in our journals, we close with a ritual of sharing a word or image that is very present for us. We encourage work at home between sessions. We suggest the women decorate their journal covers and spend at least ten minutes a day expressing their thoughts and feelings in their journals, using words and/or images (Cameron, 1992).

Session 2: Going Within/The Self-Box

We begin each remaining session with the homework, and invite the women to share their experiences of writing in their journals. While most women report finding the process rewarding, some are hampered by worries about connecting with negative thoughts or feelings. Others find it difficult to take time for themselves. All their experiences, we suggest, are worth attending to. For one woman, sharing her journal with her spouse helped her communicate, “I can never go back to the person I was.”

Meditation follows the check-in and homework. As a transition activity, we may take ten minutes for writing in journals about “this moment now” (Goldberg, 1986). The women are then invited to transform an ordinary shoebox into an expression of the self. The self-box (Waller, 1993) has proven to be a powerful

inspiration for the women to reframe their cancer experience. Like the journal, the self-box offers a creative space in which to explore the multi-layered landscape of illness and healing, and to play with a therapeutic metaphor for inner and outer aspects of self. Little instruction is given other than to interact with the box, using whatever materials appeal from an array of old calendars, tempera paints, tissue paper, and clay. For many women, the ease of collaging ready-made images and materials to the walls of a shoebox will illuminate a personal landscape, even when the narrative has not yet emerged.

Vulnerability, fear, and uncertainty are characteristic of this time in limbo. One woman decided not to decorate the outside of her self-box, stating, "At the moment, I don't really know what I am showing the world." Themes of loss, of connection with others, and self-nurturing often emerge at this time. A self-box can become a treasured place for memories, such as the cards that were sent to one woman during her illness, or for symbols of healing.

Session 3: Quieting, Listening, Waiting / The Present Unknown

Beginning with our reflections on the self-boxes is a time of quieting, waiting, and listening. It is often here that the inner wisdom and depth of the individual journey become visible. Over the final two sessions, the art activity tends to be flexible, depending on the character and energy of the group. One activity that provides a structure for sharing is called a silent dialogue, or a conversation using paint (Liebmann, 1986). Sitting opposite each other, partners share one piece of paper while they converse spontaneously with each other through their paintbrushes and selected colours of paint, alternating turns. When done, they discuss the process and image that they have co-created. This activity invites a deeper connection through attentive listening and seeing, and is often fun. One woman reported a deep release from accumulated fears and trauma that surfaced during the joint painting activity.

Grief is a recurrent theme throughout the cancer experience and can be more acute when treatment ends. A confusion of feelings often emerges as women absorb, at a deeper level, the magnitude of the losses brought about by both diagnosis and treatment, and move towards acknowledging and accepting these losses in the quieter time after treatment ends. A group exercise we may use is a clay ritual for healing (Achterberg, Dossey, & Kilkmeier, 1994) that beautifully incorporates and illuminates grief in the process of change, and explores the stages of healing. This ritual portrays that change first involves an ending or letting go of what no longer serves us, and then a middle, with time spent in the unknown, before the new can emerge. We begin in a circle with our backs to each other, each working a ball of clay with our fingers, to calming music. We invite the women to use the clay to symbolize what they need to release or have already released. We then demonstrate the letting go by returning the clay to its original ball shape, which we hold as a symbol of the unknown in this in-between time. We end by turning to face each other, ready to share something about our experience.

Session 4: Returning / Seeds for the Future

The final session attends to closing and celebrating the gifts each brings to and receives from the group. The focus is on where we are today and what is needed for the healing journey ahead. The art activity includes an ending ritual, such as creating small medicine stones with affirmations, reminding us of our strengths and hopes in the days to come. One woman speaks for many, as she describes the shift that had occurred in the way she held uncertainty. “The *not knowing* whether you are going to have a recurrence or not was very frightening for me. But when we sat there with the *not knowing* at the end of this, there was a peace and I said, okay, I am going to get through this. I think we released and worked through a lot of things in those four weeks.”

REFRESHER GROUP SESSIONS

Refresher Groups are single three-hour sessions offered four times a year, to provide an opportunity for networking with women who have attended previous groups. They are intended to reinforce the learning and provide ongoing support. The format remains the same, incorporating meditation, writing and art therapy. The art activity might, for example, involve an adapted version of a medicine wheel ceremony (Fincher, 1991) exploring life's cycles and growth. One woman commented, “I realize there are still issues I have to deal with and feel others who have gone through this understand.”

EVALUATIONS

Evaluations are completed at the end of each four-week program and after each of the Refresher Sessions. The women are asked to rate the importance of the following reasons for attending: learning new ways for self-expression, exploration of personal issues, and support from other women. Open-ended questions are included to elicit what was most helpful for the expression and release of feelings and any suggestions for improvement they might have. Three major themes emerge from these evaluations. The first theme entitled, *connection with self: expression of feelings*, included comments such as: “The art activities helped me calm down emotionally and mentally, thus enabling me to explore aspects of my cancer experience.” The second theme, *connection with others: a shared experience*, is evident in the comment: “Even though we didn't personally talk about our cancer, the words used and the tones of voices showed me that I wasn't alone.” The third theme, *connection with healing: a therapeutic group atmosphere*, is reflected in this comment about “learning various techniques to calm oneself and live in the moment. Be blessed with the now.”

CONCLUSION

Although profound shifts in the perception and emotional state of the participants are clearly evident by the conclusion of each four-session group, the

long-range impact of this model and its modalities have yet to be researched. Research questions could address changes in levels of anxiety and depression before and after the group, and which of the interventions offered (meditation, journal writing and art therapy) had the most impact.

We cannot take away the uncertainty or fear that characterizes this time after treatment, but we can support the process of confronting the fear and facing one's mortality. We can introduce skills and a perspective to help anchor the participants in present reality and to hold uncertainty in a transformed way. While the experience of cancer is different for each woman, 'borderland' will be part of the rest of their lives, as the possibility of recurrence is always with them. The difference between surviving and thriving lies in how we hold today, in living fully in this moment. This is the focus of our group, where the sense of empowerment can be profound. What we have stumbled across is both new and ancient, but mostly it is possible and very healing.

References

- Achterberg, J., Dossey, B., & Kolkmeier, L. (1994). *Rituals of Healing: Using Imagery For Health and Wellness*. New York: Bantam Books.
- Breslow, D. (1993). Creative arts for hospitals: The UCLA experiment. *Patient Education and Counseling*, 21, 101-110.
- Cameron, J., (1992). *The Artist's Way: A Spiritual Path to Higher Creativity*. New York: G.P. Putnam's Sons.
- Deane, K., Fitch, M., & Carman, M. (2000). An innovative art therapy program for cancer patients. *Canadian Oncology Nursing Journal*, 10(4), 140-142.
- Fincher, S. (1991). *Creating Mandalas: For Insight, Healing, and Self-Expression*. Boston & London: Shambhala.
- Goldberg, N. (1986). *Writing Down the Bones*. Boston: Shambhala.
- Greenwood, M., & Nunn, P. (1994). *Paradox and Healing*. Victoria, Canada: Paradox Publishers.
- Halvorson-Boyd, G., & Hunter, L.K. (1995). *Dancing in Limbo*. San Francisco: Jossey-Bass.
- Heiney, S., & Darr-Hope, H. (1999). Healing icons: Art support program for patients with cancer. *Cancer Practice*, 17(4), 183-189.
- Hurt, G., McQuellan, R., & Barrett, R. (1994). After treatment ends: Neutral time. *Cancer Practice*, 2 (6), 417-420.
- Kabat-Zinn, J. (1990). *Full Catastrophe Living*. New York: Dell Publishing.
- Kabat-Zinn, J. (1994). *Wherever You Go, There You Are*. New York: Hyperion Books.
- Liebmann, M. (1986). *Art Therapy For Groups: A Handbook of Themes, Games and Exercises*. Cambridge, Massachusetts: Brookline Books.
- Luzzatto, P., & Gabriel, B. (2000). The creative journey: A model for short-term group art therapy with posttreatment cancer patients. *Art Therapy: Journal of the American Art Therapy Association*, 17(4), 265-269.
- Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8, 162-165.
- Peper, E., & Holt, C. (1993). *Creating Wholeness, a Self-Healing Workbook Using Dynamic Relaxation, Images, and Thoughts*. New York: Plenum Press.
- Predeger, E. (1996). Womanspirit: A journey into healing through art in breast cancer. *Advances in Nursing Science*, 18(3), 48-58.
- Simon, D. (1999). *Return to Wholeness*. New York: John Wiley & Sons.

- Spiegel, D., & Classen, C. (2000). *Group Therapy for Cancer Patients*. New York: Basic Books.
- Stanton, A., Danoff-Burg, S., Cameron, C., Bishop, M., Collins, C., Kirk, S., & Sworowski, L. (2000). Emotionally expressive coping predicts psychological and physical adjustment to breast cancer. *Journal of Consulting and Clinical Psychology* 68(5), 875-882.
- ten Kroode, H.F.J. (1998). Active listening to patient's stories. *The Netherlands Journal of Medicine*, 53, 47-52.
- Trauger-Querry, B., & Haghghi, K. (1991). Balancing the focus: Art and music therapy for pain control and symptom management in hospice care. *The Hospice Journal*, 14 (1), 25-37.
- Waller, D. (1993). *Group Interactive Art Therapy: Its Use in Training and Treatment*. New York: Routledge.
- Zimmerman, J., & Coyle, V. (1996). *The Way of Council*. Las Vegas: Bramble Books.

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