

# Focusing and Expressive Arts Therapy as a Complementary Treatment for Women with Breast Cancer

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**ABSTRACT.** This pilot study (N = 18) explored the effectiveness of focusing and expressive arts therapies intervention on the quality of life of women with breast cancer. The format was a 2-day (7 hours per day) retreat/support group in which complementary treatments (focusing, writing, art, and movement) were provided in an intensive format. Our hypothesis was that an integrated approach of multimodal expressive

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arts therapy would result in improvements in several measures of the participants' qualities of life. There was a 6-week post-group follow-up telephone interview, during which several participants reported positive results. This suggests that the intervention was beneficial. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

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The study explores the extent to which a support group that integrates both a centering tool (Focusing) and expressive arts therapy (dance/movement, visual art, and creative writing) approach improves the life quality of women with breast cancer. Although previous research has examined the benefits of participating in support groups for cancer patients (Andersen, 1986; Cain, Kohorn, Quinlan, Latimer, & Schwartz, 1986; Spiegel, Bloom, & Yalom, 1981; Spletter, 1982), use of the Focusing technique called "Clearing a Space" (Klein, Mathieu, Gendlin, & Kiesler, 1969), and specific expressive arts therapy modalities (Borgmann, 2002; Dreifuss-Kattan, 1990; Serlin, Classen, Frances, & Angell, 2002), no study has yet employed a multimodal approach that incorporates Focusing as well as three different expressive modalities (e.g., visual art, dance/movement, and creative writing).

Our intervention was based on the belief that a multimodal expressive arts approach would be more effective than a single expressive arts modality. This multimodal approach was designed to allow participants to find the modalities that best suit their personal preferences and abilities.

One of the central tenets of Focusing (Gendlin, 1981) is that by turning attention inward, one can generate an accurate symbol of inner felt experience. Thus, by beginning the support group intervention with the Focusing exercise, Clearing a Space, we believed that the participants would be better able to attend to and symbolize their inner felt experiences. We predicted this would help the participants benefit more from the expressive arts activities that followed (Rappaport, 1988, 1993, 1998).

## **PRIOR RESEARCH ON PHYSICAL AND EMOTIONAL ASPECTS OF BREAST CANCER**

According to the American Cancer Society (1999), breast cancer affects 1 in 8 women, an increase from 1 in 10 women just a decade ago. However, while the incidence of breast cancer is rising, the survival rate is also improving due to advancements in treatment. Consequently, there is an increased need for treatment options that help patients deal with the psychological and social adjustments necessary for living with illness, as well as the expected physical manifestations of breast cancer.

The experience of cancer, from diagnosis through treatment, can generate a variety of emotional difficulties: anxiety about the illness; anxiety about surgery and treatment options, including the possible mutilation of the body; anxiety about death; fear of isolation; anxiety associated with living with uncertainty; and concern about the effect of the illness on friends and family (Hughes, 1982; Love, 1995; Silverfarb, 1984; Steinberg, Juliano, & Wise, 1985; Taylor & Levin, 1976).

Research in the area of psychoimmunology has demonstrated that psychosocial factors and emotions play roles in cancer risk (Borysenko, 1998; Cousins, 1981; Cunningham, 1992; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Simonton, Matthews-Simonton, & Creighton, 1978). These studies suggest that the repression of emotion could influence the progression or outcome of the disease, and that the expression of feelings through image making may have a positive impact on the function of the immune system.

A growing body of research has demonstrated the role that the arts and the creative process can play in improving the quality of life of a patient experiencing a range of illnesses. Achterburg, Dossey, and Kolkmeier (1994), Long (1998), and Predeger (1996) found that imagery techniques enhance the ability of a cancer patient to cope with anxiety, grief, loss, and uncertainty. In addition, they also noted that image formation is a powerful transformational and healing tool. MacCurdy (2000) stated, "When the writing connects the emotions with the images, healing occurs" (p. 170).

In a recent survey (Henderson & Donatelle, 2003), researchers queried 550 breast cancer patients about their use of 15 complementary and alternative therapies. Those surveyed had been diagnosed with cancer an average of three years earlier and had completed the standard treatment for breast cancer before pursuing complementary/alternative medical (CAM) therapies. Two-thirds of the women had used at least one

CAM therapy during the previous 12 months (e.g., relaxation, meditation, herbs, or spiritual healing). The majority felt that those therapies were at least moderately important in preventing remission. The benefits that were reported included improved overall quality of life, increased feelings of control, strengthened immune system response, and stress reduction. The growing body of literature on holistic approaches to cancer treatment reflects a widespread interest in the development of innovative psychosocial interventions for cancer patients (Seago & Conn, 1996).

### ***PRIOR RESEARCH ON THE EFFICACY OF SUPPORT GROUPS***

This study builds on previous research that demonstrates the effectiveness of support groups in helping breast cancer patients address a variety of emotional difficulties (Anderson, 1986; Cain et al., 1986; Serlin et al., 2002; Spiegel et al., 1981; Spletter, 1982). We examined the effectiveness of combining aspects of a traditional support group with techniques that would be derived from expressive therapies. Population specific support groups have been shown to be helpful therapeutic tools for offering participants opportunities to learn more about their conditions through sharing understanding and information with others (Doel & Sawdon, 1999; Ettin, 1999).

Researchers have argued that support groups are effective at helping women with breast cancer cope with their symptoms and enhance their senses of well being (Spiegel, Bloom, Kraemer, & Gottheil, 1989). The support groups that were examined in previous research utilized primarily verbal communication techniques, such as sharing information, promoting understanding, and acquiring new skills for coping with illness. There is strong and growing evidence that cancer patients who participate in support groups and similar psychosocial interventions show improvements in a variety of emotional functioning measurements (Cunningham, Edmonds, Phillips, Soots, Hedley, & Lockwood, 2000; Mayer & Mark, 1998). Moreover, the finding that cancer patients experience considerable distress (Carlson & Bultz, 2003) indicates the importance of developing effective interventions to improve emotional functioning for women with breast cancer.

## ***PRIOR RESEARCH ON THE ARTS IN THERAPY***

Malchiodi (1999) defines medical arts therapy as the use of art expression and imagery with individuals who are physically ill, experiencing trauma to the body, or who are undergoing aggressive medical treatment such as surgery or chemotherapy. She notes that art therapies have been defined as a "mind-body intervention" by the National Institute of Health's Office of Alternative Medicine (now the National Center for Complementary and Alternative Medicine). Since the professionalization of the creative arts therapies began in the 1940s, the use of the arts in medical settings has steadily increased. This field is now making inroads into traditional and complementary medical practices and training.

Body/mind interventions such as Focusing (Grindler, 1991), creative writing (Dreifuss-Kattan, 1990), art therapy (Hiltebrand, 1999), and dance therapy (Dibbell-Hope, 1992) use the arts to facilitate patients' expressions of the complexities and ranges of feelings associated with illness. However, past studies on creative arts therapy approaches with medical patients have tended to examine a single modality such as art, creative writing, or dance (Borgmann, 2002; Dreifuss-Kattan, 1990; Serlin et al., 2002). In contrast, the present study uses an integrated expressive therapy approach that allows for multiple modes of expression.

Focusing, a mind/body tool for insight and stress reduction, has been associated with improvements in body image and a reduction in depression among cancer patients (Grindler, 1991; Shiraiwa, 1999). In addition, Focusing has been linked to the experience of a variety of emotional benefits for people with physical illnesses (Klagsbrun, 1999, 2001), psychological difficulties (Gendlin, 1981) and physical pain (Pettinati, 2002). Focusing has also been associated with improvements in measures of psychotherapy outcome (Hendricks, 2001). Drawing upon these previous studies and our clinical experience, we felt that teaching the first step of Focusing, Clearing a Space (Gendlin, 1981, 1996), would help participants productively engage in the expressive therapy portion of the intervention.

In the area of creative writing, Pennebaker et al. (1988) demonstrated that participants who wrote about feelings that were associated with traumatic experiences showed improvements in measures of immune system function when compared to participants who wrote about superficial topics. Similarly, Smyth, Stone, Hurewitz, and Kaell (1999) found that writ-

ing about traumatic experiences measurably improved the health of patients with chronic asthma or rheumatoid arthritis. Pennebaker's research has demonstrated that biological stress reduces with writing (Pennebaker, 1997; Lepore & Smyth, 2002). In a disclosure induction experiment, a correlation was found between high experiential levels and positive changes in immune function (Lutgendorf, Antoni, Kumar, & Schneiderman, 1994). Frank (1995) argued that writing could serve as a tool for framing, understanding, and making sense of illness. De Salvo (1999) similarly noted that expressive writing is associated with a variety of physical and emotional benefits. Brain studies have shown that "language, cognition and emotion come together in the brain. The properties of language that the brain empowers us with makes for change—the very basis of healing," (Brand, 2000, p. 201). Art therapy has been shown to be both a viable non-verbal means for cancer patients to express their thoughts (Minar, 1999), and a means through which cancer patients can come to terms with loss, thus allowing for the emergence of grief (Allen, 1995). Hildebrand (1999) noted that art therapy offers cancer patients the "opportunity to express emotion, enhance relaxation, increase communication, reduce pain and empower themselves through vital participation in a life affirming activity" (p. 132).

Dance therapist Dibbell-Hope (1992) has employed authentic movement as a therapeutic tool to address emotional problems commonly associated with breast cancer. She found that participation in a dance therapy support group helped women cope with body-based physical symptoms. Results of dance therapy included improved vigor, reduced fatigue, and relief from somatic symptoms. Serlin et al. (2002), who also worked with cancer patients, found that participation in dance and movement activities was linked to significant improvements on subscales that measured fatigue, vigor, and tension, as well as to significant decreases in depression and anxiety.

The present study drew on these research findings while also addressing gaps in the existing literature. Although 60 studies have suggested that Focusing improves outcomes for individual psychotherapy (Hendricks, 2001), we explored the efficacy of using a Focusing technique in the context of a support group. Likewise, previous studies on expressive arts treatment with cancer patients have used single modalities. Alternatively, we included multiple expressive modalities (e.g., visual arts, movement, and creative writing).

## METHOD

### *Participants*

A total of twenty women with breast cancer in various stages volunteered to participate in this study. All of the participants were fluent in English, and were recruited through the Virginia Thurston Healing Garden, a non-profit center that offers free complementary treatment to women in all stages of breast cancer. The participants were randomly divided into two groups, with each group participating in two 1-day intensive retreats that were set two weeks apart. The groups were facilitated by a team of three expressive therapists who had combined expertise in dance/movement, sounding, enactment, visual arts, and creative writing. The team members were experienced in intermodal expressive arts therapy, with one clinician in each group specializing in art therapy, dance-movement therapy, or writing/poetry therapy. Although the teams were comparable in skill level and areas of expertise (e.g., visual art, dance/movement, writing/poetry), each clinician served on only one team. We reasoned that assigning a different set of clinicians to each team would help reduce the risk that the effectiveness of the intervention would be confounded by personalities of the clinicians.

### *Procedure*

Several qualitative and quantitative pre-test measures were obtained before the workshops. One of the researchers administered a 1-hour semi-structured entrance interview to each participant. They were asked about their illness, the forms of treatment they had received, how they felt about the treatment, and any previous experience with groups or the arts. Following the interview, each participant completed five additional measures: a questionnaire that measured her level of *experiencing* (EXP), which refers to a person's ability to be connected to inner felt meanings, the Grinder Body Attitudes Scale, the Functional Assessment of Cancer Therapy for breast cancer (FACT B), and the Functional Assessment of Chronic Illness Therapy-Spiritual (FACT-sp-12).

Following the completion of the interview and quantitative questionnaires, each participant was provided with an individual 30-minute instructional session, either by phone or in person, on the Focusing exercise, Clearing a Space. The participants' responses were rated on the Clearing a Space Scale. The Clearing a Space exercise was administered four times during the study: individually to each participant before the group intervention; at the start of each day in the whole group; and in

a paired partnership with a fellow participant between the sessions. The paired participants were given instructions for guiding each other through the exercise. The purpose of multiple exposures to this exercise was to provide opportunities for the mastery of the technique as a stress reduction skill that could be used after the study. Additionally, it was thought that this would help participants prepare for artistic expression.

A variety of expressive arts exercises were used during the two 1-day sessions. Creative movement, visual art, and writing were included. It was hoped that these would appeal to a range of interests and preferred learning/expressive styles. We believed that these modalities would help facilitate emotional expression, foster group interaction, encourage play, deepen spirituality, and enhance vitality.

During the two-week interim between the sessions, the participants were given written protocols for Clearing a Space that they could read to each other on the telephone. This allowed them to practice their stress reduction tools while keeping in contact with each other. After the second session, each participant undertook a final 30-minute Clearing a Space exercise, followed by a written exit questionnaire that requested feedback about the study. Six weeks later, two women from each group were chosen as a sample to participate in a follow-up interview by phone.

### *Measures*

Quantitative and qualitative measures were used in the study to examine improvements in each participant's well-being according to the following dimensions:

1. **Spiritual:** As measured by a greater sense of connection with a source of strength, hope, and faith through the use of Focusing or any of the artistic modalities.
2. **Physical:** As measured by increases in positive body attitude.
3. **Emotional:** As measured by enhanced capacity to recognize and express feelings through the arts.
4. **Cognitive:** As measured by increases in coherence, goal-orientation, and a sense of meaning or purpose.
5. **Creative:** As measured by the level of participation in self-expression through the various art modalities that were offered in the program.
6. **Social:** As measured by the level of interaction with other group members.



## Quantitative Measures

**Experiencing Scale.** The Experiencing (EXP) Scale (Klein et al., 1969) rates the quality of an individual's experience of him or herself, as revealed in verbal or written communications. The EXP Scale measures a continuum of inner awareness using a 7-point rating, ranging from a low score of 1 (externalized narrative) to a high score of 7 (inwardly elaborated feeling statements). Intraclass reliabilities for EXP ratings are typically in the 80s, and the validity of the scale has been demonstrated in over 60 studies, 27 of which have shown that a high EXP level correlates with more successful outcomes in psychotherapy (Hendricks, 2001).

**Clearing a Space Checklist.** Clearing a Space (Grindler, 1991) is one component of the technique known as Focusing. The Clearing a Space Checklist measures the number of Focusing steps a subject experiences. It is useful for determining the degree to which a subject successfully names and, in his or her imagination, "places aside" obstacles to well being. A trained rater scored the checklist responses for this study. In previous research, Grindler found the reliability coefficient for the checklist was .84.

**Grindler Body Attitudes Scale.** The Grindler Body Attitudes Scale (Grindler, 1991) rates the degree to which a person with cancer maintains a positive attitude towards his or her body, as well as the extent to which the body is seen as capable of healing. Grindler found a significant correlation ( $r = .62, p = .001$ ) between the Grindler Scale and the Secord and Jourard Body Cathexis Scale. The Grindler Body Attitudes Scale had a reliability coefficient of .88, which demonstrates the internal consistency of the questionnaire.

**FACT-B Scale.** The Functional Assessment of Cancer Therapy for breast cancer, or FACT-B Scale (Brady et al., 1997), is a self-administered reporting instrument that measures the quality of life for a patient with breast cancer. The FACT-B was developed with an emphasis on patients' values, and it is available in nine languages. The FACT-B's alpha coefficient that measures internal consistency is high ( $\alpha = .90$ ) and subscale coefficients range from .63 to .86.

**FACIT-Sp Scale.** The Functional Assessment of Chronic Illness Therapy-Spiritual, or FACIT-Sp Scale (Peterman, Fitchett, Brady, Hernandez, & Cella 2002), is a self-administered 12-item instrument measuring spiritual well-being in cancer patients. The FACIT-Sp is divided into three subscales: meaning, peace, and faith.

### *Qualitative Measures*

Qualitative measures included observations, interviews, written responses to specific questions about the participants' subjective experiences, and a case study that consisted of the researchers' observations of and the verbal disclosures and expressive art performed by one randomly selected individual over the two 1-day intensive sessions. The three expressive therapists on each team served as participant-observers during the two sessions, recording their observations in written notes during regular breaks. Each participant was given a series of questions that asked her to describe her inner experiences before beginning and after completing the two 1-day intensives. In addition, follow-up verbal interviews were conducted 6 weeks after the retreat to clarify the participants' views on the relative importance of the support group component and the expressive arts modalities, as well as the participants' personal goals and expectations.

### ***INSTRUCTIONS: FOCUSING AND EXPRESSIVE ARTS THERAPY ACTIVITIES***

The members of the two clinical teams collaboratively designed the two 1-day intensive retreats. Each team utilized the same sequence of general themes while also allowing specific expressive therapy exercises to be modified as needed within each group.

The themes explored in the groups included:

#### **Day 1:**

1. Welcome/Introductions
2. Stress reduction through Focusing and expressive arts
3. The role of creativity throughout the lifecycle
4. A Safe Place
5. Support and Connection
6. Self-Care
7. Closure

#### **Day 2:**

1. Welcome/Reconnecting
2. Stress reduction through Focusing and expressive arts
3. Inner conflicts and healing steps
4. Bridging the workshop with life at home

5. Accessing sacred and spiritual dimensions of healing
6. Appreciations
7. Closure

## *Day 1*

### *Welcome/Introductions*

All chairs in the room were arranged in a circle. One of the expressive therapists welcomed the participants into the group. Each expressive therapist briefly shared her background and interest in working with the group. Each participant spent approximately 1 to 2 minutes introducing herself, providing some general background information, and stating what she hoped to gain from participating in the group.

### *Stress Reduction*

*Movement/Stretching:* An expressive therapist led a series of brief breathing and stretching exercises to facilitate a connection with the body and to encourage movement after sitting in the circle. The participants were instructed to monitor the needs of their bodies and to do only what felt comfortable.

*Focusing Exercise, Clearing a Space:* The participants were led in the guided Focusing exercise, Clearing a Space. The Focusing encouraged the group members to explore the experience of how they felt now, and invited each to take an inventory of any internal obstacles to feeling fine or at peace. Each participant was asked to imagine placing these obstacles at a comfortable distance outside herself. Participants then sensed the cleared space, or "fine" place, and were asked to find a word, phrase, or image to symbolize it. At the conclusion of the exercise, each person was asked to share her word, phrase, or image with the group.

### *The Role of Creativity Throughout the Lifecycle*

*Art Warm-Up:* Group members were offered a variety of art materials (e.g., oil pastels, markers, colored pencils, pastels, colored and white paper) and shown methods for personal expression, such as using colors, shapes, lines, and textures for expressing feelings.

*Art Lifeline:* A guided visualization that explored the role of creativity and the arts through the lifecycle was undertaken. Creativity was de-

defined as the expression of beauty through a variety of means (e.g., crafts, art, flower arranging, gardening, decorating, arranging objects, etc.). The participants then used the art materials to create a *lifeline* that demonstrated the ways they had used creative expression in various phases of their lives (e.g., childhood, adolescence, and adulthood). They were instructed to use the shape of the line to express their feelings at the respective time periods. For example, if a period was uplifting, the line would move in an upward direction; if it was a low time, the line would move in a downward direction. In addition to the line direction, the different feelings associated with each period were expressed through colors and shapes. When the lifelines were completed, each participant shared first in a dyad and then with the whole group.

### *Safe Place*

*Guided Visualization and Writing Exercise, Safe Place:* The participants were led to a “safe place” through a guided visualization. The safe place may have been already familiar to them (e.g., a nature setting, a location in their home, etc.), or a place created in their imagination. The participants were guided to develop an image of the safe place that was vivid and detailed. After the guided imagery, members were invited to write about their safe places. The participants were asked to choose one of the following writing prompts as a way to help them begin: “I know a place where \_\_\_\_\_,” “I have a place \_\_\_\_\_,” or “My safe place is \_\_\_\_\_.” Group members were encouraged to write spontaneously, disregarding any inner critic or judge, and to ignore concerns about grammar and punctuation. The group members wrote continuously for approximately 10 minutes. At the end of the exercise, the participants shared their writing in groups of three. Each person selected a single line from their writing that was particularly meaningful to them; a group poem was created from these individual lines.

### *Connecting and Receiving Support from Others*

*Movement Warm-Up:* Group members were led in an exercise intended as a gentle warm-up of the body. This included breathing exercises and stretching the arms, hands, fingers, head, neck, shoulders, hips, legs, and feet. Members were instructed to do only the stretches that were comfortable and to continuously monitor their needs. Movement exercises designed to loosen joints and generate a sense of groundedness were also introduced. Music was used to facilitate flow in

the movements. The participants began in their own individual space, later engaging in movement as a group. Group members were then invited to share their feelings about moving in their bodies.

*Movement Mirroring:* Group members were divided into pairs. The leader demonstrated how to create a mirror dance with one person beginning a movement while the other followed, repeating the partner's movement as if looking in a mirror. Each member of the pair took a turn leading and following the movements of her partner. As the mirroring dance progressed, the leader/follower tended to dissolve, and the mirroring unfolded naturally. Music was used to support the movement mirroring exercise. The pairs shared their experiences with each other and then with the whole group.

### *Self-Care*

*Focusing Partnership:* Group members were divided into pairs to form Focusing partnerships that stayed in contact between the first and second group meeting. The pairs were tasked with completing the Clearing a Space exercise, either by phone or in person, at least once during the interval.

### *Closing Ritual*

*Ritual and Nature Collage Creation:* During the lunch break, participants collected an item from nature that personally symbolized healing. Each person placed her object on a cloth in the center of the closing circle to create a group collage. While placing the object, the participant shared two things: "What I received from the day is \_\_\_\_\_," and "What I will carry forward into the next two weeks is \_\_\_\_\_."

## *Day 2*

### *Welcome/Reconnecting*

The leaders welcomed the group members. Each participant provided a brief (approximately 2 minutes) check-in, in which she shared what was significant to her since the first meeting.

### *Stress Reduction*

*Movement/Stretching:* Repeat the same exercise as in Day 1.

*Focusing Exercise, Clearing a Space:* Repeat the same exercise as in Day 1.

*Theme: Inner Conflicts and Healing Steps*

*Guided Visualization and Writing Exercise, Inner Healer/Guide:* Group members were led in a guided visualization to access their inner healer/guide. The visualization took participants through relaxation and breathing exercises, walking through a beautiful natural setting of a path, and eventually to the inner healer/guide. The inner healer/guide could be manifested in any form (e.g., human, animal, spirit, flower, etc.). During the visualization, the group members engaged in an inner dialogue with their inner healer/guide, asking a question and receiving an answer. The inner healer/guide also offered a gift to each participant that she could take with her on the journey back. The participants were then invited to write spontaneously about their inner healer/guides, with the option of using the writing prompt: "My Inner Healer or My Inner Guide \_\_\_\_." The writing was then shared with the group.

*Bridging the Workshop with Life at Home—Support and Self-Care*

*Art Mandala for Self-Care and Support:* Each participant created an individual mandala using symbols and/or words to remind them of their personal self-care and support tools. The participants were invited to take a moment, close their eyes, if comfortable, and to retrace the tools that they had received during the two 1-day workshops. They were also asked to sense if they had any other tools or supports in their lives.

The participants were given a circle shape and a variety of materials (e.g., oil pastels, markers, construction paper, tissue paper, glitter, etc.) to create an individual mandala. The participants shared first in small groups and then with the full group.

*Accessing Sacred and Spiritual Dimensions of Healing*

*Creative Movement:* The participants were led through breathing exercises and gentle movements to connect with their bodies and to warm up for creative movement expression. The participants were then directed to explore "reaching out" and "taking in" movements in their individual spaces. The participants were directed to allow the movements to naturally turn into a form of personal prayer. Individuals moved from their own spaces to sharing prayer movements with a partner, then into

triads, and then as a whole group. Colorful scarves were available for participants to use in their dances along with slow, quiet music to support the movement of sacred dance.

### *Appreciations*

*Writing and Ritual:* Each participant received a small bag labeled with her name. The bags were placed in the center of the circle. The participants were provided with small slips of paper to write one appreciation to each participant in the group. The papers were then placed in the bag with the relevant name. Thus, each participant left the session with a bag containing written appreciations to her from all of the members of the group.

### *Closing Ritual*

*Ritual and Movement:* One of the clinicians guided the group in a reflection on the two 1-day workshops (e.g., what they hoped for when they signed up, revisiting the various exercises, sharing, etc.). Using a sacred object, each participant was given the opportunity to share something as her way of bidding goodbye to the group. Finally, each person shared a movement/gesture as a way of saying goodbye, and the group mirrored the participant's goodbye movement.

## **CASE STUDY**

A single case study follows to illustrate the qualitative results from the research. This includes the effect of Clearing a Space (Focusing), the use of various expressive arts modalities (writing, creative movement, and visual art), and group support.

### ***Background***

"Sarah" (a pseudonym) is a 60-year-old woman who joined the group 7 months after a diagnosis of stage 2/3 breast cancer. Her medical treatment included a lumpectomy and chemotherapy, which she had completed before the first session. Sarah's other medical conditions included chronic asthma, arthritis, and experience with depression. During the intake interview, Sarah noted that relationships with family and friends mattered most to her. She stated, "They are where I get my strength

from.” Sarah described experiencing many personal difficulties in recent years, and remarked that she would have given up without her support system. Sarah also shared that she felt disconnected from a sense of spirituality, an aspect of her life that had been important in the past.

### *Day 1 of the Intensive Retreat*

Sarah arrived approximately an hour before the starting time of the group, and engaged in informal conversation with several other participants in the group room. When the group began, Sarah appeared comfortable introducing herself to the other members and listening to them in turn. Sarah stated that what brought her to the workshop was a desire to learn new coping skills. She noted that life had been difficult for the past several years: her husband had died from cancer 3 years earlier, and she was estranged from her son. Sarah suffers from chronic physical pain as a result of a previous episode of cancer. She had also been recently diagnosed with a recurrence of cancer and was about to undergo radiation treatment. Sarah mentioned that her reason for participating in the intensive retreat was the hope of obtaining support and finding tools that could give her strength.

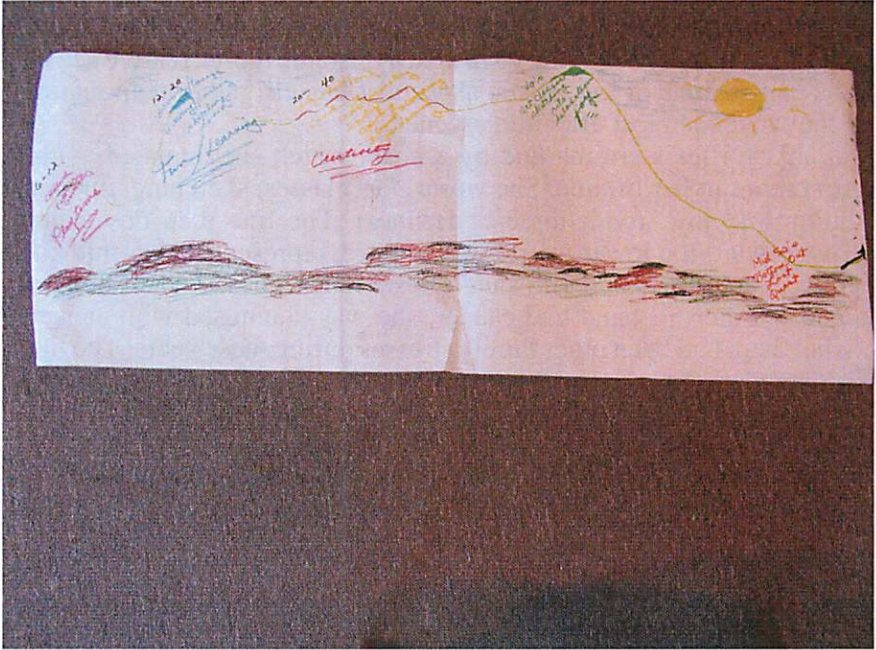
On the first day, Sarah regularly experienced physical discomfort and pain. During the movement warm-up, we encouraged Sarah to listen to her body, and to stretch or move only in ways that felt comfortable. Sarah monitored her physical needs as she gently stretched her hands, arms, head, and neck. Sarah remarked that it was energizing to move to a certain extent, but that she needed to periodically sit down and rest. The leaders and the group created a welcoming, nonjudgmental space for Sarah to move in the ways and pace that felt right for her.

Following the movement, one of the co-leaders guided the group in the Focusing exercise, Clearing a Space. Sarah was able to imagine stacking all of the obstacles to her feeling fine at a distance from her. She drew upon the setting of the Healing Gardens to visualize a soothing, peaceful place to rest. After the inner Focusing, Sarah shared that the words for her “cleared space” were “peaceful rest.”

For the guided exercise in which the participants reflected upon the roles of creative expression in different phases of their lives, Sarah chose a large piece of rolled paper and various colored craypas to draw her lifeline (Photo 1). She started drawing on the left hand side of the paper with a spring-green craypa, a little below the midpoint. Across the top of the lifeline, Sarah depicted a blue sky with a yellow sun in the upper right-hand corner. The bottom of the lifeline consisted of green,



PHOTO 1



brown, and shadings of black craypa, denoting the earth and the ground. The line that marked her childhood years (6-12) slanted upward, followed by a slightly downward wavy movement; it then rose markedly toward the top of the page for the representation of her adolescence. For the ages 6-12, Sarah wrote the words, "coloring constantly," and underlined the word "playtime." For her adolescence, Sarah drew a green line that slanted sharply upward like the peak of a mountain, then dipped slightly, yet remained high. For that phase of her life, Sarah wrote the words, "fun/learning" in blue craypa. The details of "drawing, painting, sketching, and feeling loved" were written in connection with ages 12-20. The green line continued across the top of the page for ages 20-40. A pink craypa was added over the green line, showing an added brightness. Sara labeled this phase of her life with the word, "creativity" in pink craypa. She wrote the words, "cake decorating, knitting, sewing, flower arranging, and gardening" diagonally in yellow.

During the group sharing, Sarah discussed how she thought she had lost the artistic part of herself during adulthood; however, as a result of

the exercise, she had reexamined this assumption and realized that in her role as a mother she engaged in many creative activities such as baking, decorating cakes, beautifying her home indoors and outdoors, etc. Sarah expressed joy at having been able to reframe these creative activities as expressions of the artistic aspects of herself, rather than feeling that they had been lost after adolescence.

Sarah's forties were marked by a peak, which she depicted as the highest point in her lifeline. She wrote, "art classes, sketching, oils, relaxation, and joy" (with three underlines). The line then descended sharply toward the lower quarter of the page, representing her mid-fifties, and she wrote, "bottom out," "lost," and "quest." She later explained that her husband had cancer, she was diagnosed with cancer, and that there had been other family stresses during these years. The line then extended towards the edge of the right side of the paper with a slight upward curve. Sarah explained this by noting that she now realized that she could start to "go upwards" again.

Following the lifeline, one of the co-leaders led a guided visualization to a safe place. After the inner journey, Sarah wrote the following:

"My Safe Place"

My safe place to move inward and feel comfort is sitting along the bank of a babbling brook. This brook is at least waist deep, very rocky, and 20-feet-plus wide. It is a place where my husband and I used to spend quiet time together and fish. When I can escape to this place it brings him back to me for a while and I feel safe and loved—not so alone! I have many good friends, but none who can become my "soul mate" as my husband could be. I was able to help him through his bouts of cancer and I wish he were here to help me through mine. This brook in the deep countryside of New Hampshire helps me to feel him and his comfort. It is there that I feel most at home.

After sharing her writing with the group, Sarah remarked that she felt good about reconnecting with this place of comfort and feeling her husband's presence. Sarah offered the words "comfort" and "escape" from her writing to be used in the creation of the collaborative poem, *Once upon a time . . . and now . . .*

I have a private place  
That I can find comfort in many ways.  
It's where I can truly take a deep breath

Where I can move inward to my deepest soul  
And escape from my troubles and daily stress.  
The smell of nature surrounds us.  
And I am at peace.  
My place flows.

During lunch, Sarah used her free time to stroll in the gardens and, in response to the clinicians' instructions, Sarah searched for an object that symbolized healing for her.

After lunch, Sarah sat in a circle with the other group members. After a brief check-in, one of the co-leaders led a movement exercise to help each group member center her body and connect with the other group members. Due to Sarah's physical pain, she sat in a chair and watched the other group members stretch and move, which she appeared to enjoy. Sarah stood and stretched several times before returning to her seated position; she also stretched a little while seated. When the group formed into pairs, Sarah remained seated and watched as the women engaged in mirror dances. The pairs then merged into a circle, dancing with colorful flowing scarves (Photo 2). At the end of the dance, the other women draped their scarves gently over Sarah. The group members, including Sarah, had facial expressions of serenity and joy. Several participants commented that there was something magical and beautiful about the way Sarah looked at the end of the exercise.

Sarah then joined with another participant in the group and arranged to communicate by telephone during the following week for the purpose of practicing the Clearing a Space exercise, as instructed by the facilitators.

During the Closing Nature Ritual of Day 1, Sarah contributed to the group collage in the center of the circle by placing a branch with a delicate lavender flower that was taken from the Healing Garden (Photo 3). While placing it she commented, "What I received from the day is reconnection with beauty, and what I will carry forward into the next two weeks is strength."

### ***Day 2 of the Intensive Retreat***

Each participant was asked to check-in to discuss the 2-week period that had elapsed since the first session. They were specifically asked about how they had been feeling and what, if anything, they had been able to use from the workshop in their daily lives. Sarah remarked that she had "a good couple of weeks," and that she felt stronger and better

PHOTO 2



able to cope with her cancer. She had completed the Clearing a Space exercise with her partner, and reported that she now felt able to do the exercise on her own when needed, as a result of having practiced. She also reported that the exercise had helped her sleep better.

One of the co-leaders then led the participants in some simple stretching and movement exercises to help them connect to their bodies and as a lead-in to the Clearing a Space exercise. Sarah gently stretched while sitting in her chair, commenting that it felt good to move a little. After the Clearing a Space exercise, Sarah told the group that she felt a sense of internal peace. When asked to select words that conveyed her experience during the exercise, Sarah said, "Caring presence."

The third co-leader led a guided visualization to access the inner healer, and to ask it a question and receive an answer. In response to an invitation to write freely and spontaneously for several minutes after the visualization, Sarah wrote:

My inner place is a quiet garden filled with flowers, birds, and butterflies. The colors are mostly pastel in nature and the birds and butterflies were all busy with their lives. I am at peace and can only ask for two loving arms to hold me for a while. Mark comes to sit beside me and holds me. I feel blissful and ask (while already knowing the answer), “Will we be like this again?” My answer comes with a loving smile and gentle pressure—“Yes!” My time there, while not long, has given me the knowledge that I may return whenever I need to. I will be welcome.

Sarah stated that she felt a deep sense of satisfaction, comfort, and peace at having spontaneously encountered the image of her late husband during the exercise. She noted that she had felt his presence and felt that she could rely on it to give her support through her cancer, as she had been there for him.

Sarah later expressed a feeling of deep connection between her husband, in spirit, and herself when she worked on her lifestyle mandala.

PHOTO 3



Sarah took two heart-shaped wooden pieces, covered them with glue, and created a solid foundation of gold glitter. She placed the hearts in the center of the mandala, and depicted yellow radiating around them. She drew a yellow bow around the mandala, which symbolized her desire to carry her past love for decoration and creative expression into her daily life in the present and future. She also attached small bells to the mandala to remind her that music and celebration are important to her. She explained that the ribbon was also intended to symbolize her desire for interpersonal connection (Photo 4).

Sarah appeared to enjoy writing the appreciations to others, and expressed gratitude at having a collection of positive reminders to take home with her. During the final sharing, Sarah voiced appreciation for the comfort and sharing of the group, mentioning that she had become aware of a need to reengage in artistic expression, an aspect of her life that she had lost in recent years. She stated, "Art is going to become an integral part of me again . . . I have learned how much I have missed the

PHOTO 4



act of practicing art in my life. . . And I have learned that I am stronger than I first believed." She further remarked that she would take with her a "new joy for life" and a "renewed ability to connect with others."

In the interview conducted 6 weeks after the intensive, Sarah commented, "The experience of being with positive and supportive people gave me strength. I am now volunteering in a kindergarten helping children with the arts." She described feeling enriched by the work, noting that it filled her with the wonder and joy of childhood, in which art is commonly a part of everyday life. Sarah noted that she was continuing to practice the Clearing a Space exercise for relaxation and stress reduction. Sarah stated, "I find Clearing a Space to be a most relaxing tool, and am now able to do it at a moment's notice. I will continue to relieve stress in my life with this." She commented that "art is an integral part of 'me' again!" because of her participation in the two 1-day intensive sessions.

## RESULTS

### *Quantitative Results*

Three of the measures showed significant differences from pre to post. For the Clearing a Space Scale, there was a significant difference between pre- and post-treatment scores ( $t(15) = 3.09, p < .01$ ). This indicates that with practice the participants were better able to identify and locate experiences that have bodily as well as mental components. This scale also reflects the participants' abilities to place issues aside and find places of inner peace and well being (see Table 1).

There were also significant differences between pre- and post-treatment scores on the FACT-B ( $t(13) = 3.54, p < .01$ ), which measured physical, social, and emotional well-being, and on the FACIT-Sp, which measured spiritual well being ( $t(15) = 2.46, p < .02$ ) (see Table 1). Questions from the FACT-B included: "I am bothered by hair loss," "I worry about the effect of stress on my illness," "I worry that other members of my family might someday get the same illness I have," and "I am able to feel like a woman." Questions from the FACIT-Sp-12 included: "I feel peaceful," "I have a reason for living," "My life has been productive," "I find strength in my faith or spiritual beliefs," and "I know that whatever happens with my illness, things will be okay."

The participants who rated high on the Experiencing (EXP) Scale showed greater improvements in their body images and their abilities to successfully complete the Clearing a Space exercises than the partici-

TABLE 1. Paired Samples Test

	Paired Differences					t	df	Sig (2-tailed)
	Mean	Std. Deviation	Std. Mean Error	95% Confidence Interval of the Difference				
				Lower	Upper			
<b>PAIR 1</b>								
Clearing a Space PRE								
Clearing a Space POST	-4.25	5.502	1.375	-7.19	-1.32	-3.093	15	0.007
<b>PAIR 2</b>								
Grindler Body Attitudes PRE								
Grindler Body Attitudes POST	-3.27	9.889	2.398	-8.36	1.81	-1.365	16	0.191
<b>PAIR 3</b>								
FACT-B (version 4) PRE								
FACT-B (version 4) POST	-3.02	3.192	0.853	-4.86	-1.18	-3.541	13	0.004
<b>PAIR 4</b>								
Facit-Sp-12 (version 4) PRE								
Facit-Sp-12 (version 4) POST	-4.32	7.013	1.753	-8.06	-0.58	-2.463	15	0.026

pants with low or moderate scores. This result was not surprising: 27 studies have shown that higher EXP levels correlate to more successful outcomes in psychotherapy (Hendricks, 2001). The ability to improve one's body image and the ability to connect and then distance from one's difficulties, as measured by the Clearing a Space Checklist, are the same skills that demonstrate client success in therapy.

There were no significant differences between pre- and post-test scores on the Grindler Body Attitudes Scale when the results were analyzed with regard to the group as a whole. However, if the "high experiencers" were factored out, we found that the participants showed significant improvements in their attitudes toward their bodies, when controlling for differences in pre-treatment scores, following our two-day intervention ( $r = .49, p < .05$ ).

In addition, there was a significant correlation (.7) between the EXP and Clearing a Space Checklist, which suggests that the Clearing a Space scale is a valid independent measure of "experiencing level."



## *Qualitative Results*

As indicated through interviews, group discussions, and writing exercises, all of the participants referred to the support group and the creative expression activities as important aspects of their experiences in the two 1-day intensive sessions. The participants noted that it was helpful to be with other women who had faced similar challenges, and commented that hearing about the triumphs of the other group members had increased their own feelings of strength and resilience. Although individual preferences for specific art forms differed, all of the participants remarked that they found the expressive arts activities to be restorative, energizing, and uplifting. For the qualitative measures, the participants indicated that they experienced improvements in their overall quality of life as a result of the intervention. In describing these gains, participants referred to various spiritual, physical, emotional, cognitive, creative, and social aspects of their lives. Our observations of the qualitative benefits of the intervention are listed below, accompanied by some representative comments by participants.

*Spiritual.* The beautiful natural surroundings of the workshop site, which comprised 10 acres with multiple gardens, provided the participants with a sense of spiritual inspiration and solace.

*Social.* Interaction with other women with breast cancer served as a source of increased courage and emotional strength. One participant stated, "Seeing and hearing what the other women had gone through was so helpful."

*Emotional.* The participants experienced the creative arts activities as emotionally uplifting, even when expressing painful feelings. One participant stated, "I got to confront my fears rather than deny them . . . the image helped me." Several mentioned a reduction in anxiety.

*Creative.* The artistic products that were created during the intensive sessions continued to be helpful and empowering after the sessions had ended. One participant stated, "I frequently re-read the collective poem we made to get me through rough times."

*Cognitive.* The workshop helped connect the participants to their strengths and senses of resilience. One participant stated, "It was empowering to work through the image and to feel my renewed belief about who I really was rather than being labeled a 'sick person.'"

*Physical.* The group support, artwork, and the Clearing a Space exercises gave the participants many avenues to reduce their stress and physical tension.

## DISCUSSION

The participants in this study showed improvement in both the qualitative and quantitative quality of life measures. One measure that showed a change pre-test to post-test was the participants' ability to "clear a space," thus demonstrating that repeated practice led to improvement in this important stress reduction skill. Successfully employing the Focusing method to "clear a space" relies on first connecting with a felt sense of a difficulty, and then being able to set it aside. A participant who is unable to "clear a space" might remain on the abstract cognitive level, typically represented by the comment, "There is anxiety." However, with practice in turning attention inward and noticing how they were holding situations in their bodies, the participants were able to make metaphorical statements such as: "The anxiety actually feels like a ball of knotted ropes, which I can gather up and place down next to me. What a relief." One participant noted, "What comes [to me] is that the cancer is a tunnel, which is limited and constricted, but I sense that it's the *illness* that is limited and constricted, not me." After putting down her troubles, another participant stated, "An image comes of a shawl that is warm and safe. When I imagine wrapping myself in the shawl, I feel held in God's arms and feel secure and safe."

The two other measures that showed differences pre-test to post-test, the FACT-B and the FACIT, relate to the intervention. These measures address physical, emotional, social, and spiritual well being, all of which were actively explored during the sessions. The degree of improvement in these measures over such a short period speaks to the power of the expressive arts modalities. The fact that many different methods of artistic expression were available made it more likely that each participant would find an authentic and natural way to express a powerful range of physical, emotional, cognitive, and spiritual concerns that related to living with breast cancer and coping with treatment.

There were no significant changes between the pre-test and post-test results on measures of body image across the entire sample. Body image can be understood as a more stable characteristic than mood or attitude; therefore, it would likely require an intervention of greater duration than that used in the present study to effect change. However, it is noteworthy that when the analysis was limited to women who had obtained comparatively high scores on the EXP measure, a significant improvement in body image was found following the support group intervention. Individuals who obtained high scores on the Experiencing Scale tended to have strong abilities to notice and identify the shifts in

their internal experiences that led to feeling better in and about their bodies. In the present study, these “high experiencers” appeared better able than their “low” or “medium experiencer” counterparts to amend body images that were measured by statements such as: “I feel ashamed of my body,” and “I distrust my body.” Improvement in attitudes toward one’s body is an important finding. A positive body image may help motivate women with breast cancer to care for their bodies more effectively, and participate in activities that enhance wellness.

The high correlation between the EXP level and the Clearing a Space scale make sense, given that both measures rely on tapping a person’s ability to connect to inner experience and to generate inwardly elaborated feeling statements when describing one’s experience. Women who are able to describe their experiences are also likely to possess the skills needed for successfully completing the Clearing a Space exercise.

Qualitative data collected during the 6-week follow-up interview suggests that the combination of Focusing, creative writing, art, and movement methods introduced in the intensive support group continued to be used by many participants after the conclusion of the study. Many of the women reported that they continued to write poetry, move to music, make art, and “clear a space” in order to reduce their stress levels and express emotions. As reflected in the case study of Sarah, the use of Clearing a Space enabled her reconnection with spirituality through greater peace and well-being, while the arts served to reunite her with life affirming creativity. She was able to find hope and joy by spiritually connecting with her deceased husband through guided imagery and writing, and reclaimed the arts in her daily life as a kindergarten volunteer. All of the women also consistently expressed joy at connecting with a group of supportive peers. Verbatim comments offered during the follow-up interviews included: “Everyone should have the chance to be in a group of such strong, vital women,” and “I made friendships [in the group] that will sustain me.”

One potential shortcoming of our approach was that the support groups were comprised of women in various stages of breast cancer. Although some participants viewed this diversity as a positive feature, stating that they derived inspiration from women who were more seriously ill than themselves, others were troubled by encountering women in more advanced stages of cancer. One participant remarked, “Having women with metastatic illness in the group made my fears come alive.” The two participants who did not return for the second support group session disclosed that during the first session they experienced anxiety about encountering women with severe illnesses. In contrast, the diver-

sity in the composition of the groups appeared to be a strength for others. One participant who had been recently diagnosed said, "It was wonderful to see a woman two years past treatment because that gave me hope." One long-term survivor said, "It was important for me to remember back to my cancer experience; it put me back in touch with deeper feelings and helped me not take for granted what I have."

In the present study, it was not possible to evaluate the separate contributions of the Focusing and creative arts activities. In future research, it would be helpful to evaluate the relative contributions of each component of the intervention and to examine the role of each of the expressive art forms that were utilized (e.g., visual art, writing, dance/movement).

An additional limitation was that the intervention was conducted at a site that contained 10 acres of beautifully landscaped gardens. It is possible that some of the benefits reported by the participants were at least partly attributable to the natural surroundings. In future research, it would be helpful to evaluate the extent to which the workshop surroundings may play a role in bringing about positive change when followed by an innovative complementary treatment.

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