



## Art in cancer care: Exploring the role of visual art-making programs within an Energy Restoration Framework



Marilynne N. Kirshbaum, RN, PhD Professor of Nursing <sup>a, \*</sup>,  
 Gretchen Ennis, BA, PhD Senior Lecturer in Social Work <sup>a</sup>,  
 Nasreena Waheed, RN, DrPH Lecturer in Nursing <sup>a</sup>,  
 Fiona Carter, BMusic, MA Producer/Curator <sup>b</sup>

<sup>a</sup> School of Health, Charles Darwin University, Casuarina Campus, Darwin, NT 0909, Australia

<sup>b</sup> Yum Cha Arts, PO Box 394, Nightcliff, NT 0814, Australia

### ARTICLE INFO

#### Article history:

Received 21 March 2017

Received in revised form

28 April 2017

Accepted 20 May 2017

#### Keywords:

Art-making

Breast cancer

Ovarian cancer

Cancer care

Energy restoration

Expansive

Belonging

Nurturing

Stimulating

Purposeful

### ABSTRACT

**Purpose:** In contrast to art-therapy, little is known about the role of art-making for people who have been diagnosed with cancer, and even less is known about program-based art-making. This study explored the experience of participation in a visual art-making program for people during and after cancer treatment in the Northern Territory of Australia.

**Method:** A longitudinal, qualitative, single cohort study was undertaken. Eight women diagnosed with breast and/or ovarian cancer participated in weekly art-making sessions over eight weeks, facilitated by two professional artists. Data were collected before, during and after the sessions by interviews and group discussions. The Energy Restoration Framework was used to document and analyse the benefits of participation in terms of the a priori themes of: Expansive, Belonging, Nurturing and Purposeful.

**Results:** The four a priori themes were retained and an additional attribute of an energy restoration activity called Stimulating was added, along with sub-themes, which broadened and deepened understanding of the art-making experience within cancer care.

**Conclusions:** Involvement in an activity that was expansive, new, beautiful and fascinating was highly valued in addition to the appreciation for being with and belonging to a supportive and accepting group facilitated by dynamic artists. There is much scope for continued research and promotion of art-making programs as an adjunct to cancer treatment.

© 2017 Elsevier Ltd. All rights reserved.

### 1. Introduction

There is a growing body of research and evaluation literature about the use of various art-forms in cancer care. The most commonly reported arts interventions are music therapy (Aasgaard, 2001; Hilliard, 2006; O'Callaghan and McDermott, 2007; Dvorak, 2011; O'Callaghan et al., 2012) and art therapy (Forzoni et al., 2010; Ando et al., 2013; Wood et al., 2013). The literature demonstrates that on the whole, there are positive associations between engagement in art or music therapy and the improvement of cancer patients' mental health and wellbeing (Geue et al., 2010).

Art-making is different to these overtly therapeutic art-forms.

Art-making (which, for our purposes encompasses craft-making) involves the active creation of art or craft, in a range of formats and contexts. Art-making can be a personal, solo pursuit, or a structured activity that involves individuals or groups working with artists or crafts-people to create art-works. Art-making can be understood as creative expression that aims to bring pleasure, new knowledge and skills to the individual. There is no overt emphasis on the facilitation of in-depth thinking or the uncovering and exploration of emotion as there is in art therapy (Collie et al., 2006). Art-making is focused on the art itself, and the value of working with tactile materials to express emotion and identity (Collie et al., 2006). Art-making has been found to enhance self-worth through providing challenges and achievements (Reynolds and Lim, 2007). It has been used in health care contexts for some time, in both incidental and more purposeful ways (for example: Cowell et al., 2011; Mische Lawson et al., 2012a, 2012b; Singh, 2011).

It is well recognised that a diagnosis of cancer can have a

\* Corresponding author.

E-mail addresses: [marilynne.kirshbaum@cdu.edu.au](mailto:marilynne.kirshbaum@cdu.edu.au) (M.N. Kirshbaum), [gretchen.ennis@cdu.edu.au](mailto:gretchen.ennis@cdu.edu.au) (G. Ennis), [Nasreena.waheed@cdu.edu.au](mailto:Nasreena.waheed@cdu.edu.au) (N. Waheed), [fionayumchaarts@gmail.com](mailto:fionayumchaarts@gmail.com) (F. Carter).

devastating impact on a person's physical and emotional wellbeing which is observed and experienced as pain, fatigue, depression and anxiety (Dodd et al., 2001; Barsevick, 2007). Cancer-related fatigue, in particular, is an almost universal side effect for the person affected by cancer (Rosman, 2009). Medical and pharmacological treatments such as psycho-stimulants, anti-depressants and central nervous system agents have limited value and are insufficient for most people (Kirshbaum, 2010; Peuckmann-Post et al., 2010). In terms of benefits attributed to non-pharmacological approaches, the research evidence in support of physical exercise has been steadily improving in terms of rigour, reliability and validity. After many years of small, single cohort studies, it is now recognised by an updated Cochrane Review (Cramp and Byron-Daniel, 2012) that moderate, aerobic physical exercise can reduce some of the adverse effects of fatigue and improve well-being for people who have cancer.

However, concern still remains for those who have experienced cancer related fatigue, yet are not in a position to participate in moderate, aerobic exercise as the Cochrane Review purports (Cramp and Byron-Daniel, 2012). Kirshbaum and Donbavand (2014) explored an alternative non-pharmacological approach to the management of fatigue within palliative care settings, which incorporated and adapted the work of Kaplan, an environmental psychologist (Kaplan, 1995, 2001). Kaplan's Attention Restoration Theory (ART) is based on distinguishing between 'directed attention' and 'involuntary attention'. Activities that draw heavily on a person's energy resources, where one needs to concentrate and 'attend' to the task relate to the aspect of 'directed attention'; these activities require effort to stay focused and ignore peripheral influences or stimuli. Examples of 'directed attention' would include listening to a lecture, providing counselling or walking on a tight-rope. If these activities are done for a long time, without sufficient breaks, then fatigue can set in. In contrast, activities that are associated with 'involuntary attention' are perceived as being effortless and can promote the restoration of energy to a person. Examples of 'involuntary attention' could include looking at a waterfall, unconsciously doodling on paper or singing along to a favourite song.

Kaplan identified the attributes of restorative activities for healthy populations in the USA as: *Being away* (from routine), *Fascination* (interesting), *Extent* (of engagement) and *Compatibility* (with the individual) (Kaplan, 1995). Kaplan's work promotes restorative, environmentally based interventions that take place in nature. As a result of their qualitative research with people experiencing fatigue related to illness in the UK, Kirshbaum and Donbavand (2014) refined the characteristic attributes of restorative and energising activities to: *Belonging*, *Expansive*, *Nurturing* and *Purposeful*, referred to as the Energy Restoration Framework. They found that the joy of contributing and feeling part of a community or group (*Belonging*) and the need to feel safe and nurtured in some way (*Nurturing*) were important additional qualities that could be promoted and encouraged by health care practitioners as part of a fatigue management plan.

While art-therapy in cancer care has been the subject of a substantial amount of research, there is much less known about the role of art-making for people who have been diagnosed with cancer, and even less known about program-based art-making. From the limited research available (Ennis et al., 2017) it appears that art-making programs are varied. They range from single session facilitated art-making activities in a hospital setting (Mische Lawson et al., 2012a, 2012b) through to weekly programs involving sculpture, multi-media, painting, drawing and mosaic-making which can last from six weeks to six months (Sabo and Thibeault, 2012; Predeger, 1996; Heiney and Darr-Hope, 1999; Heiney et al., 2017; Garland et al., 2007). The benefits of these programs have included

decreases in mood disturbances and stress (Garland et al., 2007), decreases in treatment related symptoms (Mische Lawson et al., 2012a, 2012b), learning about 'self' and identity through creative expression (Heiney and Darr-Hope, 1999; Predeger, 1996; Sabo and Thibeault, 2012), the support and acceptance of a group (Predeger, 1996; Collie and Kante, 2011; Heiney et al., 2017), and sense of 'fun' and distraction (Collie and Kante, 2011; Cowell et al., 2011).

Further research is needed to explore and understand the benefits of a group art-making program for people who have had a diagnosis of cancer. In particular, we wanted to explore the energy-restoring attributes of art-making using the emergent Energy Restorative Framework as the conceptual framework within the cancer care arena. From an attention restoration perspective, art-making workshops facilitated in a safe and encouraging art-space, amongst a group of supportive people would encourage and promote 'involuntary attention', or just plain fun and enjoyment for participants.

## 2. Aims and objectives

The aim of the study was to explore the experience of participation in a visual art-making program for people during or after cancer treatment in the Northern Territory of Australia, using a framework for energy restoration.

The objectives of the study were:

1. To set up and facilitate an eight-week group experiential visual art-making program for people who have been diagnosed with cancer.
2. To document and analyse the participants' experiences of the arts program.
3. To interpret the findings using the Energy Restoration Framework.

## 3. Methods

### 3.1. Design

A longitudinal, qualitative, single cohort study was proposed that welcomed people in the Northern Territory of Australia who have been diagnosed with cancer of any type and at any point of treatment or recovery. This design was deemed appropriate at this exploratory point of the research continuum, to document experiences of the participants and to advance the application of the Attention Restoration Theory (ART) to a cancer population, using the Energy Restoration Framework.

### 3.2. Sample

A convenience sample was selected through local community networks, media and the Cancer Council NT (Northern Territory), who sent out a brief email and flyer about the study. Interested people were asked to contact the study coordinator, who explained the purpose and plan of the study, which included free facilitated arts and crafts sessions over an 8 week period, and determined eligibility for participation, before passing on contact details to the university based researchers. Eligible participants had a diagnosis of cancer, were receiving or had received (within the past two years) any mode of treatment, were at least 18 years old and could speak and understand English. No exclusions were made based on site or stage of disease. Prospective participants were given a written information sheet and offered a pre-study information interview by one of the researchers, which led to fully informed written consent. Participants were told that they could withdraw

from the study at any time. Ethics approval was obtained from the Charles Darwin University Human Research Ethics Committee.

### 3.3. Intervention

Art-making sessions took place on Tuesday evenings from five to seven pm at a community craft centre in Darwin, for eight consecutive weeks. The venue was a light, airy space with high wooden benches where people could sit or stand to create their art work. The centre is surrounded by a natural park-like environment by the sea. Light refreshments were provided each week.

The project was coordinated by Fiona Carter of Yum Cha Arts. The sessions were led by two professional local artists, Aly de Groot and Linda Joy, based in the Northern Territory of Australia. These artists were selected for their supportive and enthusiastic attitude toward the project and people who have cancer. Each art-making session began with an introduction and demonstration of a particular art form or craft. Participants were then free to pursue the activity that ignited their interest for the remainder of that and subsequent sessions, should they wish.

### 3.4. Data collection

Data were collected before, during and after the art-making sessions by interviews and group discussions. A preliminary, semi-structured interview using as slightly adapted version of Part One and Two of the previously developed and piloted Guide to Energy Restoration in the Self-Management of Fatigue was undertaken to introduce the objectives of the study and ask participants about the types of art activities they enjoyed (Table 1). These activities were then explored in terms of the attributes of the Energy Restoration Framework: Belonging, Expansive, Nurturing and Purposeful, as identified previously by Kirshbaum and Donbavand (2014). This interview was audio-recorded while simultaneously, written notes were documented on the interview guide sheet.

Each week prior to art-making, a pre-session group discussion was held for five to ten minutes to 'check in and feedback' on the previous week's session and audio-recorded. The group members were asked about how they felt about the previous week's activity,

how the experience affected them during the week and how they were feeling about the evening ahead. In-depth, post intervention interviews with each participant were held at the completion of the program. A semi-structured interview guide (Table 2) was used which focused on exploring participants' perceptions of the value of the program. All interviews were audio recorded and transcribed in full, prior to analysis.

### 3.5. Analysis

Verbatim transcripts of all post program interviews were analysed using NVIVO software and followed the Template Analysis approach of identifying a priori themes through a review of literature, developing an initial thematic template, refining the template as data are integrated, interpreting findings, reflecting and confirming findings (King, 1998; Crabtree and Miller, 1999; Brooks et al., 2015). Initially the four attributes of energy restoration and energising activities identified by Kirshbaum and Donbavand (2014) were used as a priori themes. 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. Analysis was completed individually, then in tandem. Through this process a fifth theme was identified in the data. The researchers revised the themes to: *Expansive, Belonging, Nurturing, Purposeful* and *Stimulating* and identified sub-themes (Table 3). These themes, aptly named the *Attributes of Energy Restoration* are currently proposed as being specific to the context of cancer and palliative care. The attributes present only a slight enhancement of the Kirshbaum and Donbavand's (2013) study, resulting in adding the attribute of *Stimulating*.

Preliminary findings were presented to participants in an informal presentation during March 2016. Clarification and discussion was encouraged to check on the trustworthiness of our interpretation and increase the credibility of our study. Subsequent presentations of the research to academic peers also assisted in reflection, critical analysis and interpretation of the findings and refinement of implications.

**Table 1**  
Interview Guide for an Energy Restoration Intervention (Art-based activities).

<i>Part One (interview)</i> is intended to be used as a guide for exploring, discovering, and promoting arts-based experiences that engage, fascinate, excite, nurture, expand and challenge the person.					
<b>Part one (interview)</b>					
1. What do you enjoy doing generally?					
2. When it comes to art, what type of activities do you enjoy?					
<i>List them and discuss each in turn (briefly)</i>					
1.					
2.					
3.					
3. Let's explore three of the art-based activities you mentioned. Please tell me about each art activity/experience [describe it, how does it make you feel, why does it appeal to you, does it enliven any particular sense?]					
4. What kind of art-based activities would you like to try?					
<i>List and talk about them in terms of the attributes of restorative activities listed below.</i>					
<b>Part two (analysis)</b>					
For each enjoyable activity select the closest aligned attribute that reflects the person's outlook.					
Activity or Experience	Nurturing (relaxing & safe)	Expansive (creativity & learning)	Purposeful (provides a sense of achievement)	Fascinating (effortless enjoyment, entertaining, beautiful)	Socially engaging (belonging)
1.					
2.					
3.					

**Table 2**  
Post Workshop Interview Guide for Energy Restoration Interventions (art-based activities).

We would like to take some time to reflect upon your experience of the art based workshops.

1. What was your main reason for participating in the study?
  - a. Looking back at the first interview, we talked about ... (refer to the attributes)

**Now that the workshops are over:**

2. What is the first memory that comes to mind about the experience?
  - a. What else?
3. Have you noticed if the workshops affected your general wellbeing? energy? mood?
  - a. Can you think of one or two examples you could share?

**Now let's talk about your experience in terms of a few specific areas (example?)**

4. Participating in the workshops:
  - a. ...helped me to relax, feel safe and cared for (relaxation/nurturing/feeling safe)?
  - b. ... had the effect of motivating me to do other things [expansive/creativity/learning]?
  - c. ... gave me a sense of achievement [purposeful/expectations achieved]?
  - d. ... was enjoyable because of social contact [sense of belonging/social engagement]
  - e. ... was enjoyable because I loved the 'arty' things we did [fascination]

**Open ended finish and thank you.**

**Table 3**  
Attributes of energy restoration in the cancer and palliative care context.

Theme/Attribute	Subtheme
Expansive	Development of self Intention to continue Learning a skill/gaining knowledge
Belonging	Effect of the group Observing the group Sharing the fun
Nurturing	People Relaxing, not stressful Safe to create
Purposeful	Achievement Commitment
Stimulating	Anticipation Duration of effect Environment Fascinating/absorbing Uplifting and energising

## 4. Findings

### 4.1. Participants and workshops

The sample consisted of eight women, ranging from 34 to 59 years of age. Seven of the eight were diagnosed with breast cancer, one had ovarian cancer and one had been diagnosed with both breast and ovarian cancer.

The workshops ran smoothly as planned. Occasionally participants brought a support person, friend or relative along with them to a session and as there was space in the studio, they were welcomed. At least two out of the three researchers attended and participated in every session. The researchers documented all sessions using audio and visual recordings of the activities and participants' experiences. Art-making activities included fibre sculpture and weaving, still-life painting, papier-mâché pots, jewellery making, and natural silk-scarf dying. Attendance was recorded. Occasional workshops were missed by several participants; each session ranged from five to eight people, excluding the researchers and artists.

### 4.2. Themes

Participant experiences from post-intervention interviews are

presented within the structure of the five overarching themes of Expansive, Belonging, Nurturing, Purposeful and Stimulating and their associated sub-themes (Table 3).

#### 4.3. Expansive

Participants had much to say about the expansive effects of the workshops and this attribute was mentioned more than any other. There was a sense that the world and their participation in it was 'opening up' rather than shutting down as they were exposed to new ideas and challenged to learn new skills. The experience brought forth a sense of discovery, growth, fulfilment and revelation through participating in activities many had not considered before. The following quote demonstrates this.

*I felt more of a rounded person instead of just getting up, going to work, though I have this other side of the brain that I hadn't been using. It was fun, creative and enjoyable instead of just sitting at home watching TV. T6*

The aspect of self-development and personal change was highlighted by some participants. This was expressed in a range of ways, including an increase in confidence and a sense of 'awakening' (T4). Participants reported feeling like a more rounded person with new skills and knowledge that has expanded their self-care options. The following quote highlights the impact of this.

*It helped me learn, actually, how to cope with exhaustion better, I think. It's like, "Okay, I'm exhausted. Let's go and do some painting and I'll be right," or "Let's go and make some more baskets and I'll be fine." So it's given me that way out of being exhausted. T3*

The enthusiasm of the participants for art-making was palpable and observable and often manifested in an intention to continue to experiment and engage in all manner of arts activities after the research program.

*No matter what, I take this going forward. Like I follow my heart's desire which is, I love art, and I've always just put it on the back burner because it doesn't earn me money, it's frivolous, I don't have time for it. Whereas I just thought no I'm making time for it now. T2*

At the practical level, expansion involves learning new art-making knowledge, skills and experience. This was observed and

recounted almost universally amongst participants. The following comment provides an example of learning to see things differently.

*I look at trees differently. Just looking at the tree straight out there I think, "I need my [sketch book]— to sketch that and look at the light coming through," and so your awareness of how you see things, ways of seeing and bringing it back to your illness and your body. T6*

#### 4.4. Belonging

The group itself was the source of wellbeing benefits. People enjoyed the effects of being part of a group, observing and participating in group activity and simply sharing the fun of the activities, the people and the learning.

The effect of the art-making group was positive for most participants. People reported that they felt welcome and the group generally made them feel 'good', as the following quote makes clear.

*It made me feel nice because I was welcome there and other people were willing to chat to you about whatever. You know, about the art. One lady told me about her treatment and she needed to talk so I just listened to her and I didn't even know her name but I felt like I could talk there, you know, about whatever. Yeah. It was a nice group, actually. T1*

Participants discussed feeling 'understood' and 'accepted' by people in the group. The importance of being linked together by participating in art-making, in addition to having cancer, is highlighted in the following comment.

*The friendships and just the understanding that we're with people and just knowing—because I've run into a couple of people in other places, and it's just been lovely that acceptance and understanding and just "Oh, how are you?" We've got a baseline to build on, rather than cancer. T2*

It was interesting to discover that comments from participants that were not just about themselves, but included observations concerning other members of the group and the group as a whole. For example:

*It sounds funny, but I just learnt a little bit more about caring and acceptance in a group. I just stopped sometimes and looked around and you could see every woman there ... were going through a hell of a journey, and just that wonderful spirit, human spirit that was there. T2*

There was a noteworthy aspect of enjoyment, joy and fun expressed by participants. Again, this was sometimes expressed in terms of observing others and remarking on their observations of another's experience as the next quote highlights.

*I got lots of joy from her, because she was a joyous person ... she was right there in front of me and doing her thing and discovering she can paint. T7*

#### 4.5. Nurturing

There was a feeling of support, safety and comfort within the program. The artists were skilled and encouraging of creativity, the

program was relaxing and not stressful, and participants felt they were safe to explore and create. As with previous attribute of Belonging, people were a key aspect in feeling nurtured and the artists stood out as warm and encouraging people. The expression of this is seen in this next quote.

*The artists that were there are amazing because they were coming around and chatting to you and I asked a few questions about this and that. They are quite willing to say, "You do this or you don't do that," or whatever. Very informal, which is nice. You didn't feel like, "I don't know how to do that." <Laughs> You know? You didn't have that feeling. What you did, you did. It didn't matter. You created something. T1*

The importance of the art-making process being relaxing, and not too stressful, was also highlighted and forms an important aspect of the Nurturing attribute. While people enjoyed the challenge art-making could provide, it did not feel like 'hard work', but rather 'free' and 'engrossing'. The following quotes show this.

*I found myself so engrossed in what I was doing that everything around me just didn't matter. It was that. Having that ability to focus on just doing that, no matter what was going on. There could have been a great cyclone going on and I wouldn't have cared less, yeah. T3*

Feeling safe emerged as another aspect of nurturing activities that was represented in the interviews. It was the researchers' intention to select a setting that was not only purpose-built for art-making, but also provided an environment that felt safe and protected, and from that place, conducive to joyful exploration and expansion. The following quote demonstrates how the combination of people, place and activity bring about a feeling of safety.

*I think, [I felt] relaxing and nurtured because everyone was so sweet and lovely and safe — it was a beautiful venue, a remarkable venue, it was great. Darwin's new to me so I didn't even know where the Arts Centre was ... I thought it was great and nurturing because everyone was really kind and helpful and no one was critical, everyone was positive. It was like, "try this", nobody said "oh that's not quite right", that's not the point. And safe, it is very safe. T8*

#### 4.6. Purposeful

For some participants, a sense of purpose and achievement was found in the program. A sense of achievement was gained through creating and completing various visual objects, and a commitment to the program and other participants was expressed at times. The feeling of achievement made participants feel good about themselves and their emerging and growing abilities. The following quote shows the joy and wonder that one participant found in tying a silk scarf.

*There was a process and at the end of this process you had a surprise, a happy surprise. And then you have a completed object, a scarf at the end which was beautiful and so it was creating something beautiful ... something new and something beautiful and something I've never done before. T8*

Committing to attending a program each week for eight weeks is not easy, especially when people have a range of work, family and other commitments. Participants felt a sense of commitment to the



group, and to completing their work, that helped motivate them. We see this commitment in the following quote.

*Often at work on Tuesday, I'd think 'oh my God, I can't face going there tonight', but I make myself go and then by the time I've finished at 7 o'clock I felt good, I was glad I made the effort to go. T5*

#### 4.7. Stimulating

The program provided something exciting and interesting to look forward to, as well as a distraction from everyday life. Participants experienced a sense of positive anticipation prior to the sessions; the effects lasted into the following week. They found the environment was appealing, and the arts were fascinating and absorbing, they were uplifted and energised by the program. Participants looked forward to the program each week because of all these aspects, and even enjoyed the anticipation itself, as this quote makes clear.

*I'd enjoy looking forward to going. I'd enjoy going and being there for the two hours. We did stay a little bit longer than we should have I know, because it was too good to go. I did feel higher in my outlook each time I went because I'd achieved something that I had no idea that we could get to and achieve. T4*

Participants also noted the positive effect of the art-making session often continued into their evening or week. Some participants continued working on their creations in between sessions, as shown in this next comment.

*Well I'd go home the next day back home and I'd pick up the art work or whatever it was that I was doing and I'd go, "Well, okay, I've got some new ideas. Let's see if I can .... use that for that and this with this". T3*

The physical space where the art-making occurred was identified as stimulating by some participants. It was an open, airy room filled with art-making paraphernalia, in a tropical garden setting where people could create.

*I just loved it when I walked in. The atmosphere of being in a, like a shed sort of thing, a workshop, and so you could sort of mess up and spread out and just do your thing. T1*

An important aspect of the Stimulating attribute was the fascinating and absorbing nature of the art-making activity. Participants expressed a sense of wonder and amazement at what they were learning and doing. The following comment provides a sense of time disappearing while being caught up in the activity.

*It's diverting your attention and you keep focussed on something which is totally different to what I've really ever done. It's that mindfulness that everybody's going on about .... like living in the moment at that moment, and that's what's happening in that art class. Before you know it, it's like "oh it's 7 o'clock already" T8*

Activities were also stimulating in that they provided a feeling of being uplifted and energised for many participants. People discussed the improvement in mood and sense of freedom and excitement that came from making art, as in the following comment.

*It's been exhilarating and very, very helpful to me to get out and to do something. T4*

## 5. Discussion

The aims of this study were to set up an eight week visual art-making program and explore the experience of participation for people during or after cancer treatment in the Northern Territory of Australia, using the Energy Restoration Framework. The *a priori* themes of *Belonging*, *Expansive*, *Nurturing* and *Purposeful* of the Energy Restoration Framework were retained and an additional theme of *Stimulating* was added, along with sub-themes which broadened and deepened the understanding and conceptualisation of participant experiences of a group art-making program. It was noteworthy that the attributes of expansion and stimulation were so well represented in participant comments. This indicates that for this group of people diagnosed with cancer, doing something new that was interesting, beautiful and fascinating was valued highly. This concurs with much of the growing research surrounding the benefits of art-making (Ennis et al., 2017; Heiney et al., 2017; Collie and Kante, 2011). Distraction from being a 'person with cancer' to being engrossed in making art, is part of the explanation, but there is more to the story.

Being part of a supportive and accepting group with dynamic female artists who were carefully selected for this project was a safe, nurturing and creative experience for the participants and researchers. For some, the sessions were life affirming and provided an opportunity for self-development in terms of going out in the evening, meeting new people, looking at life differently and following through with a commitment in addition to learning new art-based skills.

The art-space was a special feature of the art-making program that was commented upon by some participants. It appears that a workshop with purpose built high tables with stools, large sinks and big windows that looked out onto grassy land was valued and supported the feeling of transforming into being an artist for at least a couple of hours each week. The transformation of role, view of self and identity is reflected in the literature of positive psychology where the facilitation of optimal functioning is pursued (Reynolds and Lim, 2007). Similarly, recognising an improved sense of self through the development of a change in perspective is also represented in the cancer nursing literature as a factor in self-esteem and well-being (Carpenter et al., 1999).

In addition, perhaps even more conducive to the expansive, nurturing, purposeful and stimulating experience was the valued sense of belonging, fostered by the presence and exuberance of the two artists. The numerous comments about the artists' openness, enthusiasm, uniqueness and encouragement were testament to the decision to seek out these two very special women and to pay them fairly, along with a generous allocation for materials made possible by a university funded research grant. For example, the participants painted on canvas with a large selection of acrylic paint and tie-dyed silk scarves. The data supports that attending to these details in the planning stage were noted and very much appreciated by participants.

The value of art-making, as opposed to art-therapy, is also highlighted in this study. The program did not set out to be 'therapeutic' in nature, and did not employ art or music therapists. Instead, talented artist-facilitators were recruited to run the workshops which focused on art and *not* on therapy. We believe the effect of an arts-focus was key to recruitment of participants, and

the outcomes discussed in this report. Most participants had advised at the outset of the research that they were not seeking 'therapy' (as they could or did access this from a range of other supports) but rather they wanted new experiences or to simply just 'try something'. The value of immersion in art 'for arts-sake' is highlighted in the themes of expansion and stimulation. To delve into the world of 'art' and creativity was valuable because it expanded participants' horizons and provided stimulation and excitement. These are key aspects of the accepted view of wellbeing (Murray et al., 2010; Derman and Deatricks, 2015). Furthermore, when viewed in terms of an alternative conceptualisation of wellbeing presented by Dodge et al. (2012), art-making can be seen as a way of balancing the psychological, social and physical challenges of a cancer diagnosis with accessible psychological, social and physical resources provided by the sessions.

## 6. Limitations of the research

While we took an inclusive stance in terms of cancer type, stage of disease, treatment history, age and gender to capture a heterogeneous sample, this was not the outcome. The sample was all female and seven out of the eight participants had breast cancer. Initially, two men responded to our recruitment drive and contacted the research coordinator. Following an explanation of the study, one man agreed to participate in the study, attended his preliminary interview but did not show up to any of the art-making sessions due to declining health. Another interested male research participant contributed to a linked study on performing rather than visual arts, as this was his preference. Perhaps this type of intervention holds more interest for women, or perhaps they are more open to group activities; however, this requires further research. Future studies could actively target participants who do not have breast cancer.

## 7. Conclusion

This program was successful on several levels. From the participants' point of view, it was generally highly valued and enjoyable. Most, but not all activities were associated with positive comments. Making jewellery out of beads was, for example, a bit too 'fiddly' for some. Yet when the program finished, there was an elated sense of achievement, perseverance and accomplishment, which was heart-warming to experience and observe. There is much scope for continued research to advance knowledge about the value of participation in art-making, particularly for people who have cancers other than of the breast. It is hoped that other researchers in this area will draw upon our findings and be encouraged to use the Energy Restoration Framework to enable further confirmation of its approach and utility.

## Conflict of interest

There is no conflict of interest associated with this study.

## Funding

This study was funded by the Faculty of Engineering, Health, Science and Environment, Charles Darwin University, Darwin, NT, Australia.

## References

- Aasgaard, T., 2001. An ecology of love: aspects of music therapy in the pediatric oncology environment. *J. Palliat. Care* 17 (3), 177–181.
- Ando, M., Imamura, Y., Kira, H., Nagaska, T., 2013. Feasibility and efficacy of art

- therapy for Japanese cancer patients: a pilot study. *Arts Psychotherapy* 40 (1), 130–133.
- Barsevick, A.M., 2007. The elusive concept of the symptom cluster. *Oncol. Nurs. Forum* 34, 971–980.
- Brooks, J., McCluskey, S., Turley, E., King, N., 2015. The utility of template analysis in qualitative psychology research. *Qual. Res. Psychol.* 12 (2), 202–222. <http://dx.doi.org/10.1080/14780887.2014.955224>.
- Carpenter, J.S., Brockopp, D.Y., Andrykowski, M.A., 1999. Self-transformation as a factor in the self-esteem and well-being of breast cancer survivors. *J. Adv. Nurs.* 29, 1402–1411.
- Collie, K., Kante, A., 2011. Art groups for marginalized women with breast cancer. *Qual. Health Res.* 21 (5), 652–661. <http://dx.doi.org/10.1177/1049732310383989>.
- Collie, K., Bottorff, J.L., Long, B.C., 2006. A narrative view of art therapy and art making by women with breast cancer. *J. Health Psychol.* 11 (5), 761–775. <http://dx.doi.org/10.1177/1359105306066632>.
- Cowell, E., Herron, C., Hockenberry, M., 2011. The impact of an arts program in a children's cancer and hematology center. *Arts Health Int. J. Res. Policy Pract.* 3 (2), 173–181. <http://dx.doi.org/10.1080/17533015.2011.561356>.
- Crabtree, B.F., Miller, W.L., 1999. Using codes and code manuals: a template organizing style of interpretation. In: Crabtree, B.F., Miller, W.L. (Eds.), *Doing Qualitative Research*, second ed. Sage, Newbury Park, California.
- Cramp, F.J., Byron-Daniel, J., 2012. Exercise for the management of cancer-related fatigue in adults. *Cochrane Database Syst. Rev.* (11) <http://dx.doi.org/10.1002/14651858.CD006145.pub3>. Art. No.: CD006145.
- Derman, Y.E., Deatricks, J.A., 2015. Promotion of well-being during treatment for childhood cancer: a literature review of art interventions as a coping strategy. *Cancer Nurs.* 39 (6), E1–E16. <http://dx.doi.org/10.1097/NCC0000000000000318>.
- Dodd, M., Miaskowski, C., Paul, S.M., 2001. Symptom clusters and their effect on the functional status of patients with cancer. *Oncol. Nurs. Forum* 28, 465–470.
- Dodge, R., Daly, A.P., Huyton, J., Sanders, L.D., 2012. The challenge of defining wellbeing. *Int. J. Wellbeing* 2 (3), 222–235. <http://dx.doi.org/10.5502/ijw.v2i3.4>.
- Dvorak, A.L., 2011. Music Therapy Support Groups for Cancer Patients and Caregivers. PhD diss., University of Iowa. <http://ir.uiowa.edu/etd/1218>.
- Ennis, G., Kirshbaum, M., Waheed, N., 2017. The beneficial attributes of visual art-making in cancer care : an integrative review. *Eur. J. Cancer Care*. <http://dx.doi.org/10.1111/ecc.12663> [in press].
- Forzoni, S., Perez, M., Martignetti, A., 2010. Art therapy with cancer patients during chemotherapy sessions: an analysis of the patients' perception of helpfulness. *Palliat. Support. Care* 8 (1), 41–48, 2010.
- Garland, S., Carlson, L., Cook, S., Lansdell, L., Specia, M., 2007. A non-randomized comparison of mindfulness-based stress reduction and healing arts programs for facilitating post-traumatic growth and spirituality in cancer outpatients. *Support. Care Cancer* 15 (8), 949–961. <http://dx.doi.org/10.1007/s00520-007-0280-5>.
- Geue, K., Goetze, H., Buttstaedt, M., Kleinert, E., Richter, D., Singer, S., 2010. An overview of arts therapy interventions for cancer patients and the results of the research. *Complementary Ther. Med.* 18, 160–170 (May).
- Heiney, S.P., Darr-Hope, H., 1999. Healing icons: art support program for patients with cancer. *Cancer Pract.* 7 (4), 183–189. <http://dx.doi.org/10.1046/j.1523-5394.1999.74007.x>.
- Heiney, S.P., Darr-Hope, H., Meriweather, M., Swan Arp, A., 2017. Healing by Creating: patient evaluation of art-making program. *J. Creative Behav.* 51, 35–44. <http://dx.doi.org/10.1002/jocb.84>.
- Hilliard, R.E., 2006. Music therapy in paediatric oncology: a review of the literature. *J. Socially Integr. Oncol.* 4 (2), 75–78.
- Kaplan, S., 1995. The restorative benefits of nature: toward an integrative framework. *J. Environ. Psychol.* 15, 169–182.
- Kaplan, S., 2001. Meditation, restoration and the management of mental fatigue. *Environ. Behav.* 33, 480–506.
- King, N., 1998. Template analysis. In: Symon, G., Cassell, C. (Eds.), *Qualitative Methods and Analysis in Organizational Research*. Sage, London.
- Kirshbaum, M., 2010. Cancer related fatigue: a review of nursing interventions. *Br. J. Community Nurs.* 15, 214–218.
- Kirshbaum, M., Donbavand, J., 2014. Making the most out of life: exploring the contribution of Attention Restorative Theory in developing a non-pharmacological intervention for fatigue. *Palliat. Support. Care* 12 (6), 473–480.
- Mische Lawson, L., Glennon, C., Amos, M., Newberry, T., Pearce, J., Salzman, S., Young, J., 2012a. Patient perceptions of an art-making experience in an outpatient blood and marrow transplant clinic. *Eur. J. Cancer Care* 21 (3), 403–411. <http://dx.doi.org/10.1111/j.1365-2354.2011.01316.x>.
- Mische Lawson, L., Williams, P., Glennon, C., Carithers, K., Schnabel, E., Andrejack, A., Wright, N., 2012b. Effect of art making on cancer-related symptoms of blood and marrow transplantation recipients. *Oncol. Nurs. Forum* 39 (4), E353–E360. <http://dx.doi.org/10.1188/12.ONF.E353-E360>.
- Murray, S., Kendall, M., Boyd, K., Grant, L., Highet, G., Sheikh, A., 2010. Archetypal trajectories of social, psychological, and spiritual wellbeing and distress in family care givers of patients with lung cancer: secondary analysis of serial qualitative interviews. *Br. Med. J.* 340 (7761), 1401.
- O'Callaghan, C., McDermott, F., 2007. Discourse analysis reframes oncologic music therapy research findings. *Arts Psychotherapy* 34 (5), 398–408.
- O'Callaghan, C., Barry, P., Thompson, K., 2012. Music's relevance for adolescents and young adults with cancer: a constructive research approach. *Support. Care Cancer* 20 (4), 687–697. <http://dx.doi.org/10.1007/s00520-011-1104-1>.

- Peuckmann-Post, V., Elsner, F., Krumm, N., Trottenberg, P., Radbruch, L., 2010. Pharmacological treatments for fatigue associated with palliative care. *Cochrane Database Syst. Rev.* (11) <http://dx.doi.org/10.1002/14651858.CD006788.pub2>. Art. No.: CD006788.
- Predeger, E., 1996. *Womanspirit: a journey into healing through art in breast cancer*. *Adv. Nurs. Sci.* 18 (3), 48–58.
- Reynolds, F., Lim, K.H., 2007. Turning to art as a positive way of living with cancer: a qualitative study of personal motives and contextual influences. *J. Posit. Psychol.* 2 (1), 66–75.
- Rosman, S., 2009. Recovered from cancer but still ill: strategies used to legitimise extreme persistent fatigue in disease-free cancer patients. *Eur. J. Cancer Care* 18, 28–36.
- Sabo, B.M., Thibeault, C., 2012. "I'm still who I was" creating meaning through engagement in art: the experiences of two breast cancer survivors. *Eur. J. Oncol. Nurs.* 16 (3), 203–211. <http://dx.doi.org/10.1016/j.ejon.2011.04.012>.
- Singh, B., 2011. The therapeutic effects of art making in patients with cancer. *Arts Psychotherapy* 38 (3), 160–163. <http://dx.doi.org/10.1016/j.aip.2011.04.001>.
- Wood, M., Low, J., Molassiotis, A., Tookman, A., 2013. Art therapy's contribution to the psychological care of adults with cancer: a survey of therapists and service users in the UK. *Int. J. Art Ther.* 18 (2), 42–53.