Boundary strengthening Art Therapy with Women with Breast Cancer

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The research group

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MIXED METHODS STUDY DESIGN: Participants och data collection

42 women with breast cancer participated during six months (2001-2004) from the start of radiotherapy.

Randomization
20 women randomized to individual art therapy sessions one hour per week during the five weeks of radiotherapy.

Data collection all women:
Three individual in-dept interviews
An individual weekly diary
Questionnaires: coping, quality of life, symptoms, self-image

Follow-up study in 2009: 37 women participated in a telephone interview and answered questionnaires
The art therapy intervention program: content and therapeutic aims

Session 1. Analog drawings

Part one: Analog drawings. The aim was to lift away pressures of performance and allow expressions of emotions.

Part two: “make one or several pictures in color choosing from the analog drawings or words that you missed in the analogs”. The aim was to encourage the woman to explore her own pictorial expression.

The art material kit contained uncoloured papers, 40x50 cm, a roll of paper, lead pencils, charcoal, oil pastels and oil, tempera (red, yellow, green, blue, sienna, black and white), paintbrushes, tape, and a scissor.
Session 2. Full-size body outline

The aim was to give the woman an opportunity to choose a colour for her own body contour and explore and reflect over how she experienced her body.

Session 3 and 4. Free painting

The aim was to encourage the woman’s agency in processing difficult experiences and in constructing meaning in her situation.

Session 5. Summary

The aim was to tie together the art therapy process.
Results from questionnaires 2001-2004

Significant increase in coping resources, quality of life, and significant decrease in anxiety, depression and general symptoms as well as systemic therapy side effects up to six months after inclusion in the study for women who participated in the art therapy intervention.


Result from women’s narratives in interviews and diaries 2001-2004

Especially women from the intervention group had distanced themselves from traditionally gendered understandings about cultural limits and boundaries.

Theoretical understanding

Gendered limits and boundaries as developed by the psychologist Ellyn Kaschak (1992).

*Limits* define the range of possibilities for a person to develop and explore her/his life-world. As a consequence of historical, social and legal rights, men in general still occupy more physical and psychological space than women in society.

Men’s limits are in general often easily expanded, while women’s limits are in general more firmly set and difficult to extend.

*Boundaries* concern how much space for one’s own and others’ needs are allowed in people’s everyday lives and how easy it is to protect one’s own needs and interests.

Women’s boundaries are generally weaker and more permeable than those of men, and they are often defined by others and adjusted to people close to them.

Violations of boundaries can be physical, psychological and symbolic (Kaschak, 1992).
Breast cancer and boundary management

In our study we assumed boundary management to be of particularly concern for women with breast cancer.

The body bears traces after operation, chemotherapy and radiotherapy which are constant physical reminders of the body out of control.

Breast cancer both removes from the body (by surgery) and adds to it (by wigs, prostheses and sometimes breast reconstruction). These removals and additions have different social and cultural connotations. They raise issues of body image, normality, corporality, sexuality and gender identity as well as boundary violation and the need for boundary management.

Boundary management are individual processes where gendered limits and boundaries are identified, reflected upon, and managed in different ways.

Boundary management is a part of an individual’s everyday life and social negotiations.
Aim and analytic concept in further study

was to gain further knowledge about how women with breast cancer, who participated in art therapy, gave meaning to the gendered limits and boundaries in their daily lives, and to trace their trajectories, in therapy, towards helpful management of restraining boundaries.

Analytic concept: Subject position is an analytic concept within discourse psychology.

Subject position is a relational concept.

Subject positions can be seen as locations within conversations when creating identities.

In different situations some subject positions can be perceived as more available than others.

Within medical institutions, with their dominant biomedical discourse and hierarchy of power, patients often feel positioned as objects.
Results

Art therapy served as a tool that helped the women to get access to subject positions that enabled them to protect and strengthen their boundaries.

Looking back and summarizing important experiences in art therapy acted as a way to prepare oneself for the future and moving forward. This involved challenging dominating discourses and reacting against perceived boundary violations.

Art therapy offered a personal, physical and pictorial ‘safe space’ with opportunities to deal with complex existential experiences, and make important connections throughout life.

Conclusions on art therapy and boundary management

Boundary management and restoration can be facilitated by art therapy.

Art therapy contains boundary-defining activities such as respecting and encouraging constructive boundary management.

Art therapy offers a safe space for expressing, reacting and constructing and reconstructing stories of life experiences.

The art therapist has a containing function that includes setting explicit boundaries for the frames of each session.

The picture can be seen as a micro-world which the person can control, where limits can be challenged and experiences, thoughts and feelings can be expressed, explored, changed and contained.

Art therapy offers possibilities to make choices where existing limits can be challenged.

In art therapy taken-for-granted truths and power-relations can be challenged through ways of imaging, seeing and picture-making.

Boundary management can be explored in image-making, new discoveries can be made in the actual creative act.

The image maker’s preferential right of interpretation is a cornerstone of art therapy and is an example of the respect for boundaries.

The image-making process is as important as the completed picture itself. Making pictures is about creating one’s own knowledge - often in new ways. When experiences, emotions, and thoughts are given colours and shapes, knowledge is made visible and may become easier to communicate.

The picture’s function is to expand limits through a process where the image-maker is given the opportunity to change her position from being the creator to being the spectator while reflecting on her own images. This process allows her to act from different positions as both sender and receiver of her own messages as mediated through the pictures.
Five- year follow-up study
