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Art therapy during radiotherapy – A five-year follow-up study with women diagnosed with breast cancer

Inger Öster, ATR, RNT, PhD[a,*], Björn Tavelin, Statistician[b],
Karin Egberg Thyme, ATR, PhD[c], Eva Magnusson, PhD[d], Ulf Isaksson, RNT, PhD[a],
Jack Lindh, MD, PhD[b], Sture Åström, RNT, PhD[a,e]

[a] *Department of Nursing, Umeå University, SE-90187 Umeå, Sweden*
[b] *Department of Radiation Sciences, Umeå University, SE-90187 Umeå, Sweden*
[c] *Department of Clinical Sciences, Division of Psychiatry, Umeå University, SE-90187 Umeå, Sweden*
[d] *Department of Psychology, Umeå University, SE-90187 Umeå, Sweden*
[e] *Department of Nursing, Health and Culture, University West, SE-Trollhättan, Sweden*

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ABSTRACT

Follow-up studies on art therapy are lacking. In a randomised art therapy intervention study from 2001 to 2004 with women with breast cancer, results showed that patients benefitted from participating in art therapy for up to four months after the intervention. The aim of this study was to describe the coping resources and quality of life amongst women treated for breast cancer five to seven years after participating in individual art therapy during radiotherapy as compared to a control group. In 2009, thirty-seven women, 18 from the intervention group and 19 from the control group, answered questionnaires about their coping resources and quality of life. The results showed no significant difference between the groups regarding their coping resources or quality of life, except for an unexpected significantly lower score in the domain 'Social relations' in the study group as compared to baseline, at the time of the follow up. However, our study from 2001 to 2004 supports various positive effects of art therapy within six months of participation as compared to a control group. Consequently, attending art therapy during the treatment period for breast cancer can be of great importance to support health, coping and quality of life in a short-term perspective.

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Introduction

The establishment of the present study is based on results from a randomised, controlled study performed between the years 2001–2004 which included individualised art therapy sessions with women with breast cancer as well as a control group. The women who were randomised to art therapy participated in five individual sessions once a week for five weeks in connection to the period of radiotherapy. Study results showed significant increase in coping resources (Öster et al., 2006) and significant increase in quality of life after participation in the art therapy intervention compared to the control group (Svensk et al., 2009). The women's self-image remained stable during the six months of inclusion in the study despite the breast cancer diagnosis and treatment. Symptoms of anxiety, depression, somatic symptoms and general symptoms decreased in the intervention group compared to the control group six months after inclusion in the study (Egberg Thyme et al., 2009).

We found art therapy helpful in offering the women a 'safe space' for elaborating experiences and giving legitimacy to their own interpretations (Öster, Åström, Lindh, & Magnusson, 2009). Art therapy also helped the participating women to get access to subject positions that enabled them to protect their own needs (Öster, Magnusson, Egberg Thyme, Lindh, & Åström, 2007).

Follow-up studies on art therapy with women with breast cancer are lacking (Geue et al., 2010; Wood, Molassiotis, & Payne, 2011). Longitudinal research on long-term breast cancer survivorship is still limited (Sheppard, 2007; Vivar & McQueen, 2005). The growing number of cancer survivors demands that scientific knowledge and innovative strategies should continue to be developed to improve the quality and coordination of patient care (Ganz, Casillas, & Hahn, 2008). A review of the literature found that breast cancer survivors report a higher prevalence of mild to moderate depression and a lower quality of life in all areas except for family functioning (Reich, Lesur, & Perdrizet-Chevallier, 2008).

When confronted with unexpected situations or when symptoms evoked feelings of loss, one study found that survivors still experienced lingering symptoms like loss of energy, changed sexual experience and increased distress one to eighteen years after a

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[*] Corresponding author. Tel.: +46 90 786 98 60; fax: +46 90 786 91 69.
E-mail address: inger.oster@umu.se (I. Öster).

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breast cancer diagnosis (Rosedale & Fu, 2010). Results from a study of Heidrich, Egan, Hengudomsub, and Randolph (2006) reported symptom experiences and ratings of quality of life among older breast cancer survivors as comparable to older women without a breast cancer diagnosis. Both groups of women attributed the majority of their most frequently reported symptoms (pain, memory problems, joint pain, stiffness, fatigue, aching, decreased sex drive) to chronic health problems and ageing.

Aim

The aim of this study was to describe coping resources and the quality of life amongst women diagnosed and treated for breast cancer five – seven years after participating in individual art therapy sessions during radiotherapy as compared to a control group. Research questions were: Are there any remaining differences from the study from 2001 to 2004 between the intervention group and the control group or are there any in-group differences concerning how they rated coping resources and quality of life after five to seven years?

Methods

Participants

Forty-two women who had participated in a randomised, controlled study between 2001 and 2004 were invited, in 2009, to participate in a follow-up study. The women were recruited for the original study as they were referred to the Department of Oncology at Umeå University Hospital in Northern Sweden for five weeks of postoperative radiotherapy. At the time of follow up, one woman had died (control group) and four women withdrew participation (two from the study group and two from the control group). In summary, thirty-seven women agreed to participate in the follow-up study: 18 from the intervention group and 19 from the control group. The women had various educational and socioeconomic backgrounds. Median age at the time of follow-up in 2009 was 66.5 years (44–75) for the intervention group and 61 years (48–77) for the control group.

Ethical approval for this research was granted by the Umeå University Ethical Committee at the Medical Faculty Ethics Committee (archive number 09-034M).

Procedure

All women received a written invitation to participate in a semi-structured follow-up telephone interview and, additionally, they were asked to fill out questionnaires about coping and quality of life which were identical to questionnaires included in the original study from 2001 to 2004. In connection to the telephone interview, the women completed the questionnaires and these were sent to one of the researchers in a pre-stamped envelope. Results from these questionnaires are reported in this article and results from the interviews are reported elsewhere (manuscript under preparation).

Instruments

The Coping Resources Inventory/CRI (Hammer & Marting, 1988) used in the original study (Öster et al., 2006) was also used in this follow-up study. The CRI is an instrument that aims to identify resources for managing stress and comprises of 60 statements that are divided into five domains: a cognitive (COG), a social (SOC), an emotional (EMO), a physical (PHY), and a spiritual/philosophical (S/P) domain. The respondents are asked for each item to mark how often they had been engaged in a described behaviour during the last six months on a scale from 1 to 4. High scores indicate higher levels of coping resources.

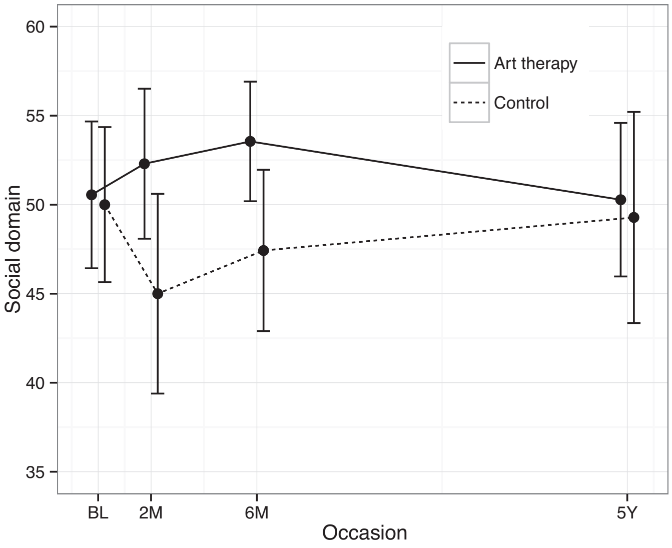

Fig. 1. Comparisons of results in the social domain (SOC) of the study group ($n = 20$, occasion 4 = 18) and the control group ($n = 21$, occasion 4 = 19) on the first, second, third and fourth occasion.

The WHOQOL-BREF was used for measuring the women's quality of life assessment in the original study as well as in this follow-up study (The WHOQOL Group, 1995). This instrument consists of 28 items with the first two concerning overall Quality of Life (QoL) and General Health. The other 26 items are divided into four domains: physical health, psychological health, social relationship, and the environment. The respondents answer each item on a scale from 1 to 5 relating to a period of two weeks. Higher scores indicate higher levels of perceived QoL. The WHOQOL-BREF has been translated to more than 20 different languages and has been found reliable and valid when tested worldwide (Harper & Power, 1998).

Data analysis

SPSS version 19 was used for data analyses. Means and standard deviations were calculated for the art therapy group and for the control group for the four measurement occasions. Comparisons between groups were conducted with Mann–Whitney U-test and comparisons between values at the 5 year follow-up and baseline within each group were conducted with the Wilcoxon signed ranks test. A p-value < 0.05 was settled as the level of significance. Missing items were handled according to the CRI and WHOQOL-BREF manuals, respectively. A graph is presented for art therapy and control groups for the domains (Figs. 1–3).

Results

The results for the CRI instrument showed no significant difference between the control group and the study group in any domain or in total score at the time of follow up 2009 (Table 1, occasion 4). This was also true for the social domain (Fig. 1), in which the significant difference between the groups was shown only at two months (Table 1, SOC, occasion2) and at six months (Table 1, SOC, occasion 3). Furthermore, in the longitudinal follow up for the control and study groups, no significant difference was observed comparing initial scoring at the start of the study (Table 1, SOC, occasion 1) and the long-term follow up (Table 1, SOC, occasion 4) for each of the groups.

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