

Chapter 2

Synergism through Therapeutic Visual Arts

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ABSTRACT

Oncology patients experience significant psychological distress in addition to physical symptoms associated with illness. Overwhelming emotions, negative moods, and other forms of psychological stressors are present due to uncertain future. Shock experienced after receiving diagnosis, distress associated with medical decision-making, lack of control over one's environment, and fears related to changes in lifestyle within the course of the illness are a few examples of the challenges faced by patients. Art therapy is a therapeutic treatment modality that accommodates the opportunity for patients to make autonomous decisions, organize and structure these choices, and obtain a sense of control over personal artwork as well as the therapeutic experience. In this paper, the authors explore the literature surrounding the impact of perceived control on psychological distress in oncology patients, the connection between decision-making and perceived control, and the potential for art therapy to increase perceived control through decision-making opportunities for oncology patients.

SYNERGISM THROUGH THERAPEUTIC VISUAL ARTS

Art therapists and art educators are aware of the relationship between art and development, particularly through creativity, self-expression, self-awareness, and personal discovery. The mind/body connection is intimately recognized through a holistic perspective in many fields. Gestalt theoretical orientations within art therapy stress how individuals innately seek health and possess the ability to self-regulate (Mann, 2010). Visual art can become a vehicle to proceed along a patient's healthcare journey. *Art serves a personal development and a path to well-being* (Brown, 2013, p.1). Creative expression in a variety of arts forms often leads to a discovery of new ideas. Art as a part of life integrates the whole self (affective, cognitive and physical). Self-expression and communication of ideas motivates a person's innate

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desire to make something *special* (Dissanayake, 1992, p. 42). In this chapter, the authors explore the literature surrounding the impact of perceived control on psychological distress in oncology patients, the connection between decision-making and perceived control, and the potential for art therapy to increase perceived control through decision-making opportunities for oncology patients.

DISCUSSION

Perceived Control and Psychological Distress

Perceived control affects patients' healthcare attitudes that include personal decision-making concerning treatment and patient/physician experiences. Kirkland (1996) claimed that cancer diagnoses disrupted patient perceptions of control and autonomy. Malchoidi (1999) stated that patients with illness frequently experienced loss of control, which resulted in anxiety, depression, and altered body image. Health locus of control (HLOC) attributions are associated with an individual's perceived control over physical illnesses; accounts for the perception of which individuals consistently attribute their own health as a result of the environment or individual control (Hillen et al., 2014).

Health locus of control influenced cancer patients' trust in oncologists, attitude toward illness, expectations toward the future, and coping mechanisms (Hodges & Winstanley, 2012; Hillen et al., 2014). Individuals who perceived events as outside of their own control experienced greater psychological distress in the face of stressful events versus individuals who felt in control of their lives (Andrykowski & Brady, 1994).

Medical Decision-Making and Psychological Distress

Cancer patients are faced with various decisions that result in revisiting their challenges and making additional decisions: choice of medical practitioners, treatment choices, with whom to share information, reaction to diagnosis, potential changes in lifestyle, and from whom to receive support (Halkett et al., 2007). These overwhelming emotions interfere with medical decision-making process (Czmanski-Cohen, 2012). A patient often feels rushed when making decisions regarding treatment and needs time to accept the diagnosis. Fear of unpredictable and undesirable results, wavering and doubting individual values, and anxiety due to preoccupation with making decisions contributed to this psychological distress (Czmanski-Cohen, 2012). Moreover, coping with family members' reactions about illness was overwhelming for patients (Halkett et al., 2007) in addition to coping with their own emotional responses.

Decision-Making and Perceived Control

Recently legislation has been enacted that requires written consent by the patient before a treatment protocol begins (Krumholz, 2010). This ensures that the patient is an important part of the decision-making and thus, creating a process of joint decision-making between the patient and the medical practitioner (Czmanski-Cohen, 2012). The study by Pieterse, Baas-Thijssen, Marijnen, and Stiggelbout (2008) indicated that clinicians and patients preferred making shared decisions regarding oncology care; researchers (Sepucha, Belkora, Mutchnick, & Esserman, 2002; Step, Rose, Albert, Cheruvu, & Siminoff, 2009)

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