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Stacy Kennedy, MPH, RD/LDN, CNSD
 Dana Farber Cancer Institute
 Zakim Center for Integrative Therapies
 Brigham and Women's Hospital
 44 Binney St
 Room D1215A
 Boston, MA 02115
 Tel: 617-632-3106
 Fax: 617-632-4095
 E-mail: slkennedy@partners.org

Mindfulness-Based Art Therapy (MBAT)

Psychosocial interventions, especially supportive-expressive group therapies, have been associated with significant improvements in health status, quality of life, and coping behaviors in patients with cancer.¹⁻³ The benefits of these types of interventions are likely due to their ability to counter and protect against some of the negative impact on health status that is known to be associated with psychosocial factors, such as stress,⁴ negative perceptions of the illness in relation to self and the outside world,⁵ poor coping strategies,⁶ and inadequate social supports.⁷ Cancer patients frequently report a high level of stress and unmet psychological needs, underscoring the need for supportive programs.⁸

MBAT is an innovation of the standard group approach that incorporates a multimodal dimension designed to enhance both the supportive and expressive aspects of the experience and facilitate a deeper internal connection with self and others. Preliminary investigation of MBAT suggests that the intervention is associated with increased health-related quality of life, decreased symptoms of psychological distress, and decreased medical symptoms in cancer patients. There is currently a randomized, controlled study under way to investigate the effectiveness of MBAT on these variables, as well as on secondary issues such as coping strategies. This project is funded by an NIH grant. The goals of the MBAT intervention are to support each patient's capacity to live better with the uncertainty of cancer and to enhance a sense of well-being through making meaning of lived experiences and deepening the connection to self, others, and the world. MBAT integrates 3 complementary modalities.

Mindfulness-Based Stress Reduction (MBSR)

MBSR is a curriculum that provides skills training in mindfulness meditation. With the intention to

cultivate present-moment awareness of one's body and mind, participants learn how to elicit deep relaxation and gain awareness of each moment using 4 meditative approaches: body-scan relaxation, gentle hatha yoga/stretching, guided sitting meditation, and walking meditation. The foundations of mindfulness practice include an attitude of nonjudgment, patience, beginner's mind (each moment holding the fullness of life), trust as self-reliance, nonstriving, acceptance, and letting be.⁹ Through the lens of MBSR, the "fighting spirit" often referred to in cancer survivorship can be understood as the mountain rooted in time and space through the changing seasons or the lake that is able to reflect all surrounding it, spacious in its capacity to contain and calm below the surface. In mindfulness practices, the cultivation of grounded, relaxed attentiveness fosters a reduction in automatic responses, allowing for greater thoughtfulness and choice relative to one's responses and behavior. Mindfulness practice balances acceptance and assertiveness to increase the positive sense of control reported as adaptively beneficial in cancer survivorship.¹⁰

There have been a number of studies demonstrating therapeutic benefits of the mindfulness curriculum in a variety of patients. Outcomes research in the MBSR program, offered to both heterogeneous and homogeneous patient populations (chronic pain, anxiety disorders, fibromyalgia, cancer), suggests the intervention as effective in the self-management of physical and psychological symptomology related to chronic illness.¹¹⁻¹³ A small study of 10 men with prostate cancer who, with their partners, received an MBSR intervention and a low-saturated-fat, high-fiber, plant-based diet indicated a significant decrease in the rate of increase of PSA.¹⁴

A major goal of the MBAT treatment intervention is stress reduction through mindfulness practices. The negative consequences of stress on cancer illness outcome have been well described,^{4,6} and the reduction of mental and physical stress-related symptoms is often a primary goal in cancer treatment.^{15,16} The increased capacity to elicit physical ease aids vitality and increases the ability to use and direct one's energy reservoirs more efficiently, a beneficial outcome particularly for persons with chronic or life-threatening illness.

Art Therapy

Art therapy is an expressive therapeutic modality that serves to support discovery, discrimination, and integration of conscious and unconscious experience nonverbally. In art therapy, there are structured and unstructured opportunities to creatively give form to what is known as well as to what is vague or uncertain.¹⁷

Participants' art productions serve as containers for emotional expression and concretize meaning in a permanent record. Art-making activity is a physical activity that is enlivening and encourages engagement.¹⁸ Choice in materials provides opportunity for self-exploration and enjoyment. In the MBAT intervention, specific art therapy tasks are designed to foster awareness, reinforce learning, and increase self-understanding extending from the mindfulness practice. Premeditation and postmeditation art making allows for objective observation of state change, and art tasks support the exploration of stress-associated issues, either related to the illness experience or to those that predate the cancer diagnosis.

The Supportive Group Aspect of the MBAT Intervention

This aspect decreases social isolation and fosters connectedness.^{1,19} Given the gender-specific nature of some cancers, MBAT groups are gender segregated. The value of gender-segregated support groups appears to be reflected in a growing body of literature on differing responses to a cancer diagnosis and treatment by men and women. The MBAT group size (7-11) facilitates both intimacy and an attention-focused learning environment for this structured program. In addition, to deter the focus of the group from being diagnosis specific, the groups are composed of a heterogeneous group of patients with mixed cancer diagnoses and stages. Normalizing experience generally and within the illness trajectory is an important benefit of the MBAT group experience. The safety of the group also allows participants to explore behavioral shifts in a safe interpersonal world.

In summary, MBAT is a multimodal intervention designed to maximally address the psychosocial needs of men and women with cancer. The mindfulness practices promote observation and awareness of the present moment. Expression of that moment is accomplished through art making. The experience is verbally processed among participants in a group therapy structure. The MBAT intervention facilitates a sense of control in participants through awareness that they have the choice to hold their illness experience as is or alter their relationship to particular aspects and events. This goal is accomplished by learning self-awareness through directed observation (mindfulness practices) and creative expression of internal thoughts and emotions (art therapy) and by enhancing self-acceptance through verbal and non-verbal bonding and social support (group therapy).

In the present case study, there are a number of reasons why the patient described is a good candidate for MBAT. First, the MBAT intervention has been highly rated and well received by men. A large percentage of

the men who have taken the intervention were prostate cancer patients. Our preliminary observations suggest that the MBAT intervention might be better suited for men than the traditional support group, because MBAT has a more focused structure and has a component that is task oriented. Getting men to enlist and participate in psychosocial interventions historically has been a challenge. The appeal of the MBAT program is a means to provide men with an experience that will decrease social isolation and increase connectedness with self and others.

Another aspect of this case that makes MBAT a particularly appropriate treatment are the comorbid conditions the patient suffers from: the ulcerative condition and hypertension. There are data that strongly suggest that the stress-reduction practices in the program can have a significant impact on medical symptoms that are associated with stress and sympathetic activation.¹¹⁻¹³ The mindfulness exercises are practiced also at home to reinforce the patient's capacity to engage the parasympathetic nervous system. Doing so can be a valuable aid in the self-regulation of blood pressure.

The activity orientation, particularly the active relaxation, gentle yoga, and assigned homework, in the MBAT program seems to have a particular appeal to male participants. This patient appears to have had a variety of active interests throughout his life and may enjoy taking on new learning. Engaging the patient in increased awareness regarding his overall health and self-care particularly relative to diet and exercise may help this patient experience an increased sense of autonomy as well as health to support his overall recovery.

Drawing on the subject's strengths, he appears to have observational skills (building inspector), a keen eye (skeet shooter), and an ability to work with his hands (cabinet maker, tile setter), which would support his working with art materials in an expressive way on his own terms. As a member of a men's MBAT group, he may be able to verbally and/or nonverbally process some of the loss and fear issues related to his illness that must resonate deeply in his family constellation of 48 years.

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Daniel A. Monti, MD

Department of Psychiatry and Human Behavior
 Thomas Jefferson University
 Philadelphia, PA 19107
 Tel: 215-6955-6684
 E-mail: monti1@pol.net

Caroline Peterson, MA

Center for Integrative Medicine
 Thomas Jefferson University
 Philadelphia, PA 19107
 Tel: 215-503-0269
 E-mail: caroline.peterson@mail.tju.edu

Traditional Chinese Medicine

The patient is a 67-year-old man who was found on screening to have a PSA of 4.64. The examination of the prostate was fairly normal but had a mild asymmetry. On biopsy, 25% of the biopsy tissue was found to contain malignancy, and the Gleason score was 6. The patient also has Bell's palsy, peptic ulcer disease, peripheral vascular disease, and hypertension. Family history is negative for prostate cancer.

The patient is retired from his position as a building inspector for a large city. He has 2 grown children, both healthy. His marriage is strong and supportive; his wife has attended all physician visits. Patient consumes a standard American diet and does not exercise. He was born in Romania but moved to the United States as a small child.

The patient appears anxious, with a tense affect and a high level of energy. He appears to be in some denial about the disease and avoids discussing it more than necessary. There has been substantial stress in the family about the choice of initial treatment (brachytherapy or surgery).

The cornerstone of modern Chinese medicine is pattern differentiation. What this means practically is that while specific diseases, such as prostate cancer, are considered, Chinese medicine primarily treats the patient with the disease rather than the disease as primary factor. This means that treatment is highly individualized by considering all concurrent symptomatology and then choosing a pattern or combination of patterns to treat with herbal medicine and/or acupuncture/moxa therapy. A highly intricate pulse and tongue diagnosis completes the necessary information to design a sophisticated pattern differentiation and treatment strategy.

In Chinese oncology, there are 2 basic approaches to treatment: fu zheng, or support the correct therapy, and gong xie/attack the disease (evil). The primary treatment modality in Chinese medicine is herbal medicine. Supporting the correct strategies aims to strengthen the body's resistance to disease, using primarily supplementing herbal medicinals. Examples include ren shen (ginseng root), huang qi (astragalus root), gan cao (licorice root), and dang gui (Chinese angelica root). Attacking disease evils uses strong medicinals to remove them from the body, via sweating, vomiting, urination, or bowel movements. Examples include ma huang (ephedra herb) for sweating, shi di (persimmon calyx) for vomiting, ze xie (plantain root) to cause urination, and da huang to facilitate bowel movement. There are also herbal medicinals to resolve phlegm, such as ban xia (pinellia rhizome); dissolve masses, such as mu li (oyster shell); improve blood circulation, such as chuan xiong