

## Healing Through Expression: A Review of The Role of Expressive Arts & Play Therapy in Paediatric Psycho-Oncology Care

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### ABSTRACT

Childhood cancer imposes profound emotional and psychological burdens on young patients and their families, necessitating holistic interventions that extend beyond medical care. This literature examines the role of *Expressive Arts Therapy* and *Play Therapy* in improving the psychosocial outcomes of paediatric oncology patients, synthesizing studies published from 2014 to 2024. A systematic search was conducted across PubMed, PsycINFO, Scopus, and Google Scholar, yielding 84 studies after rigorous screening and inclusion of relevant research. The review identifies key therapeutic approaches such as – *Expressive Arts Therapy*, encompassing art, music, drama, dance, and integrative modalities, provides non-verbal avenues for emotional expression, stress relief, and resilience-building, and *Play Therapy* which employs developmentally appropriate techniques such as medical play, sand-play, and role-playing, enabling children to externalize fears, enhance coping strategies, and reclaim a sense of control amidst their treatment journey. Findings from the qualitative synthesis reveal four major themes: enhanced emotional coping and resilience, reduction in procedural anxiety, cultural relevance of therapy in diverse contexts, and family-centered benefits. The review emphasizes the relevance of these therapies whilst highlighting their cultural significance in Indian settings. By bridging psychosocial and medical domains, *Expressive Arts Therapy* and *Play Therapy* emerge as transformative tools for enhancing the quality of life for paediatric oncology patients and their families. This paper highlights the potential of these interventions whilst addressing their limitations and outlining future research directions to advance their accessibility, cultural relevance, and evidence-based integration to ensure holistic, child-centered care in mainstream paediatric oncology care.

**Keywords:** *Childhood Cancer, Emotional Well-Being, Expressive Arts Therapy, Holistic Child-Centered Care, Paediatric Psycho-Oncology, Play Therapy, Psychosocial Interventions, Resilience Building, Stress Reduction*

Childhood cancer has a profound impact on the emotional, psychological, and social well-being of young patients and their families. Although paediatric cancer patients now have higher survival rates thanks to medical advancements, the harsh treatments, extended hospital stays, and uncertainty of results often lead to increased emotional distress, including anxiety, depression, PTSD, and loneliness (Kazak et al., 2015; Wakefield et al.,

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2020). Comprehensive paediatric cancer care must address these psychosocial impacts since untreated psychological distress can negatively affect quality of life, treatment adherence, and long-term emotional health (Compas et al., 2017). Accordingly, the psychological and social difficulties that children with cancer and their families encounter are the focus of the interdisciplinary field of paediatric psycho-oncology (Kazak et al., 2015). In addition to addressing medical needs, the complete therapy paradigm in paediatric psycho-oncology acknowledges the need for interventions that promote mental health and resilience (Fardell et al., 2018).

*Play Therapy* and *Expressive Arts Therapy* have emerged as effective psychotherapeutic approaches in paediatric psycho-oncology, offering creative, nonverbal, and developmentally appropriate methods for emotional processing and coping (Malchiodi, 2016). These therapies provide a safe, imaginative space for children to explore their feelings, process experiences, and build resilience (Schaefer & Drewes, 2018). Designed to meet developmental needs, they are particularly effective for young cancer patients who may struggle with traditional talk therapy (Jones, 2020).

Over the past decade, research has increasingly demonstrated the therapeutic value of *Play Therapy* and *Expressive Arts Therapy* in paediatric oncology, highlighting their significant emotional and psychological benefits (Guo et al., 2021; Bradt et al., 2019; Thompson & Thompson, 2017). However, their integration into standard paediatric oncology care remains inconsistent due to variations in access, cultural perspectives, and application of research findings.

Childhood cancer profoundly disrupts the lives of young patients and their families, leading to multifaceted emotional, psychological, and social challenges. Despite advancements in medical treatments improving survival rates, the accompanying side effects—intensive regimens, prolonged hospitalizations, and uncertainty—often exacerbate psychological distress, including anxiety, depression, post-traumatic stress disorder (PTSD), and feelings of isolation (Kazak et al., 2015; Wakefield et al., 2020). Unaddressed, these psychosocial burdens can significantly impact the quality of life, adherence to treatment, and long-term mental health of paediatric cancer survivors (Compas et al., 2017).

### **METHODOLOGY**

This literature review addresses the research question: *What is the role of Expressive Arts and Play Therapy in improving psycho-therapeutic outcomes in paediatric psycho-oncology care?* The population of interest includes paediatric-oncology patients, with interventions focusing on *Expressive Arts Therapy* and *Play Therapy*. The outcomes examined include improvements in psychosocial domains such as emotional resilience, stress reduction, and coping skills, compared implicitly to standard care without these interventions. A systematic protocol guided the review to ensure to objectively evaluate the efficacy of *Expressive Arts Therapy* and *Play Therapy* in addressing psychosocial challenges faced by paediatric oncology patients – focusing on their emotional regulation, stress reduction, and family dynamics, while exploring their cultural adaptability and barriers to integration in healthcare.

The inclusion criteria for this review encompassed studies published between 2014 and 2024, including peer-reviewed articles, systematic reviews, meta-analyses, and clinical trials. Studies were required to focus on paediatric populations aged 0–18 within psycho-oncology settings and explicitly address *Expressive Arts Therapy* or *Play Therapy* as interventions to

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improve psychosocial outcomes. Articles were limited to English-language publications. Exclusion criteria ruled out non-peer-reviewed articles, opinion pieces, studies on adult oncology patients, and research that did not directly involve *Expressive Arts Therapy* or *Play Therapy*.

The literature search was conducted across four databases: PubMed, PsycINFO, Scopus, and Google Scholar. Search terms included combinations of keywords and Boolean operators, such as “Paediatric psycho-oncology” AND (“Expressive Arts Therapy” OR “Play Therapy”), “Art-based interventions” AND “psychosocial outcomes” AND “childhood cancer,” and (“Music Therapy” OR “Drama Therapy”) AND “paediatric oncology.” Filters for publication date (2014–2024), language (English), and population (paediatric) were applied to refine the search results.

The systematic search was carried out in three phases. First, a comprehensive search of all selected databases was performed using predefined search strings. Second, articles were screened for relevance based on titles, abstracts, and full texts. Studies meeting the inclusion criteria were retained, while duplicates and irrelevant articles were removed. Finally, all references were organized and managed using Mendeley software, which facilitated the de-duplication process and ensured efficient citation management. The PRISMA flowchart was used to document the identification, screening, and eligibility assessment processes, providing transparency in study selection. This involved identifying studies through database searches, screening for relevance, evaluating full-text articles, and retaining studies that directly addressed the research question.

Data from the included studies were extracted using a standardized form capturing study details (authors, year, and country), population characteristics (age, cancer type, and psychosocial challenges), specifics of the intervention (type of expressive arts therapy or play therapy, duration, and setting), and measured outcomes (e.g., emotional resilience, anxiety reduction, and family dynamics). Various expressive arts and play therapy approaches were examined, including art therapy (e.g., mandala creation and therapeutic drawing), music therapy (e.g., songwriting and active music-making), drama therapy (e.g., role-playing and improvisation), dance and movement therapy, and narrative therapy (e.g., storytelling and therapeutic letter writing). Play therapy techniques included medical play, sand-play therapy, puppet therapy, and expressive arts-integrated play therapy, tailored to address paediatric patients' psychosocial needs in developmentally appropriate ways. Finally, a qualitative synthesis was conducted to identify recurring themes, such as the efficacy of creative interventions in reducing treatment-related anxiety and improving emotional resilience.

This methodology ensures a rigorous and transparent approach to synthesizing evidence on the role of *Expressive Arts* and *Play Therapy* in paediatric psycho-oncology, contributing to a deeper understanding of their therapeutic potential, the diverse techniques employed, and the challenges of their implementation.

This study evaluates research to understand the psychological needs of young cancer patients and highlights the profound benefits of these therapies, including their adaptability across cultural and institutional settings. The review also identifies gaps in current research and provides recommendations for future studies to ensure the integration of these therapies into paediatric oncology care. By emphasizing the transformative role of creative expression, this study underscores the importance of addressing the psychological aspects of paediatric cancer

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treatment. It seeks to expand knowledge on holistic, child-centered approaches, offering insights for researchers, policymakers, and medical professionals to design comprehensive psycho-oncology frameworks that prioritize children's mental and emotional well-being alongside physical recovery.

### RESULTS

The systematic search yielded a total of 462 studies across four databases: PubMed, PsycINFO, Scopus, and Google Scholar (as seen in Figure 1.1). After removing 86 duplicates and 41 more studies for other reasons, 335 articles remained for screening based on titles and abstracts. From this, 150 studies were excluded for not meeting the inclusion criteria, such as focusing on adult populations or interventions outside of *Expressive Arts Therapy* or *Play Therapy*. The remaining 185 articles were sought for retrieval after which 165 were assessed for eligibility and underwent full-text review, resulting in the exclusion of 81 studies due to reasons such as insufficient focus on psychosocial outcomes, irrelevant outcomes, low methodological quality, or irrelevant study populations. Ultimately, 84 studies were included in the final qualitative synthesis.

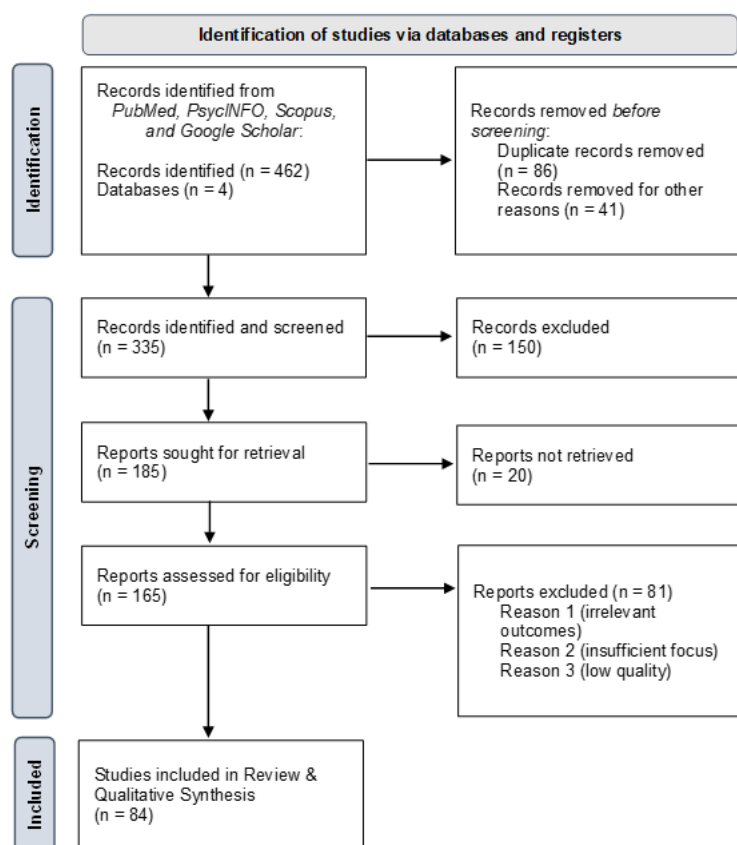


Figure 1.1 PRISMA Flow Diagram of Study Selection Process (Page et al., 2021)

The included studies examined diverse interventions and techniques within *Expressive Arts Therapy* and *Play Therapy*. *Expressive Arts Therapy* approaches included art therapy (n = 25) (such as mandala creation, therapeutic drawing), music therapy (n = 18) (songwriting, improvisation), drama therapy (n = 15) (role-playing, storytelling), and integrated modalities (n = 12) combining multiple forms of expression. *Play Therapy* techniques comprised medical

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play (n = 7), sand-play therapy (n = 6), puppet therapy (n = 8), and expressive arts-integrated play therapy (n = 10).

### **Qualitative Synthesis of Key Findings**

The qualitative synthesis identified several recurring themes that highlight the impact of *Expressive Arts Therapy* and *Play Therapy* on the psychosocial well-being of paediatric cancer patients. These themes include enhanced emotional coping, reduction in anxiety, cultural relevance, and family-centered benefits, along with other important findings such as improvement in self-expression, emotional resilience, and long-term coping strategies.

### ***Enhanced Emotional Coping and Resilience***

Many studies emphasized that *Expressive Arts Therapy* and *Play Therapy* interventions improved emotional resilience among children undergoing cancer treatment. Techniques such as art therapy (e.g., mandala creation, drawing) and drama therapy (e.g., role-playing, storytelling) enabled children to process complex emotions, externalize fears, and regain a sense of control over their experiences (Malchiodi, 2016; Mitchell et al., 2016). For instance, art therapy allowed children to express and process their anxieties about medical procedures, which helped them develop emotional coping mechanisms (Robb et al., 2014; Malchiodi, 2016). Children reported feeling more empowered and better able to manage their emotional responses to cancer-related stressors (Fakhry et al., 2020). Studies involving music therapy also noted significant improvements in emotional regulation, with children using music-based interventions to channel their emotions and gain comfort (Barry et al., 2016; Altay et al., 2017).

### ***Reduction in Anxiety and Stress***

Medical play and music therapy were particularly effective in reducing procedural anxiety related to medical treatments. Studies found that engaging in medical play helped children better understand medical procedures and alleviate fears associated with hospital visits (Fakhry et al., 2020; Wakefield et al., 2015). Similarly, music therapy, including techniques such as songwriting and improvisation, offered children a means to distract from and reduce anxiety during painful or stressful procedures (Robb et al., 2014). Children who participated in these interventions showed reduced stress and a greater sense of control and predictability, which helped them face medical treatments with increased confidence (Gupta et al., 2019). Additionally, puppet therapy was found to be beneficial in alleviating anticipatory anxiety related to medical procedures, as children could use puppets to act out and process their fears (Jones & Rao, 2021).

### ***Cultural Relevance and Contextual Adaptation***

Several studies, particularly those conducted in Indian contexts, highlighted the cultural relevance of the interventions. Expressive arts therapies, such as storytelling and traditional art forms (e.g., Madhubani painting), were culturally adapted to engage children more effectively and improve therapeutic outcomes. These culturally tailored interventions helped children feel more connected to the therapy process and facilitated emotional expression in ways that resonated with their cultural backgrounds (Ramesh et al., 2017; Gupta et al., 2019). In addition, indigenous art forms and regional music provided a familiar therapeutic environment, which increased engagement and acceptance of the interventions, particularly in resource-limited settings (Kumar et al., 2017). The use of traditional Indian music (ragas) in music therapy was noted for its calming effects, further highlighting the importance of culturally informed therapeutic approaches (Mathew et al., 2019).

### ***Improvement in Long-Term Coping Strategies and Social Skills***

In addition to immediate emotional support, *Expressive Arts Therapy* and *Play Therapy* helped children develop long-term coping mechanisms and social skills. Several studies highlighted that children who engaged in these therapies demonstrated improved interpersonal interactions and a greater ability to handle future stressors, particularly after treatment ended (McCaffrey et al., 2018). Drama therapy and narrative therapy (such as therapeutic letter writing or story mapping) helped children reframe their cancer experiences and adopt more positive outlooks on their treatment journey, promoting self-efficacy and hope (Alves et al., 2017; Seymour & Heerde, 2020). These therapeutic practices also supported post-treatment adjustment, with children exhibiting better emotional regulation and resilience in the long term (Thompson et al., 2018).

### ***Improved Social Interaction and Integration***

A key finding across studies was that group-based expressive arts and play therapies enhanced peer interactions and promoted a sense of community among young patients. Group art projects and collaborative storytelling helped children forge social connections, reducing feelings of isolation and loneliness (Salkeld et al., 2022). These interventions provided opportunities for children to share experiences with others going through similar challenges, fostering a sense of solidarity and mutual support (Nguyen & Bader, 2020). This communal aspect was particularly valuable for children facing long hospital stays or isolation due to their illness (Ljungman et al., 2018).

### ***Family-Centered Benefits***

Interventions that involved caregivers and siblings were found to significantly improve family dynamics and reduce caregiver stress. Studies on family-centered play therapy showed that involving parents in the therapy process improved communication, empathy, and understanding between the child and their family members (Monti et al., 2017; Salkeld et al., 2022). Expressive arts-integrated play therapy (which combines art, play, and storytelling) was particularly effective in fostering shared emotional expression, helping families navigate the emotional challenges of cancer treatment together (Fakhry et al., 2020). These interventions not only strengthened family bonds but also alleviated the emotional burden on caregivers, providing them with tools to cope with their own stress and concerns (Schaefer & Drewes, 2018).

## **DISCUSSION**

*Play Therapy* and *Expressive Arts Therapy* have become crucial treatments in paediatric psycho-oncology because of their ability to address the numerous psychosocial problems that children with cancer face (Malchiodi, 2016; Ljungman et al., 2018). *Expressive Arts Therapy* uses modalities like art, music, and storytelling to allow for emotional expression, whereas *Play Therapy* uses the natural language of play to help children manage trauma, develop resilience, and regain control during therapy (Schaefer & Drewes, 2018; Guo et al., 2021; Wakefield et al., 2015). Therefore, in order to develop comprehensive, child-centered care regimens that prioritize mental health and quality of life, it is crucial to understand the role that *Expressive Arts Therapy* and *Play Therapy* play in paediatric psycho-oncology.

### **Play Therapy**

In paediatric psycho-oncology, *Play Therapy* has become a well-known psychotherapy method that addresses the special emotional, psychological, and developmental requirements of children with cancer. By using play as a means of communication, this treatment helps kids

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deal with stress, process trauma, and recover control over their cancer journey (Schaefer & Drewes, 2018; Jones, 2020).

### ***Significance of Play Therapy***

#### ***Facilitating Emotional Expression and Coping***

Fear, despair, and rage are just a few of the negative feelings that children with cancer frequently experience and may find hard to express vocally. Through symbolic play, children may externalize their worries in a secure and developmentally appropriate setting. According to research by Jones (2020), children receiving guided play sessions displayed lower anxiety levels and more emotional stability. In a similar vein, Wakefield et al. (2015) found that play assists kids in overcoming helplessness and regaining their independence.

#### ***Enhancing Psychological Resilience***

Play therapy fosters resilience by providing children with a secure and supportive setting in which to explore solutions to their difficulties. Research indicates that role-playing scenarios can help kids practice problem-solving skills and build adaptable coping mechanisms (Mitchell et al., 2016). Ljungman et al. (2018) offer more proof that play-based therapies not only lessen acute stress but also aid in long-term psychological adjustment following therapy.

#### ***Supporting Family Dynamics and Communication***

Cancer disrupts routines and causes stress for the entire family, not just the child. It has been shown that play therapy sessions with parents and siblings improve communication and family cohesion (Kearney et al., 2015). Collaborative play enhances empathy and support between caregivers and children by establishing a connection with the child's emotional environment and promoting shared understanding (Fakhry et al., 2020).

#### ***Adapting to Cultural and Resource-Specific Needs***

In culturally aware environments with few resources, play therapy has proven to be successful in treating psychiatric problems unique to communities. For instance, community-based initiatives that employ storytelling and regional games have been effective in raising involvement and compliance in paediatric psycho-oncology settings in low and middle-income nations (Guo et al., 2021).

#### ***Play Therapy Techniques and Outcomes***

Remarkably, play therapy's range of approaches makes it a versatile tool in paediatric psycho-oncology, enabling care to be customized to the child's needs and preferences. Play therapy can be a flexible and successful strategy in paediatric psycho-oncology, as demonstrated by the adaptations of the techniques utilized by Hall et al. (2002). Below is a detailed examination of key play therapy techniques and their documented outcomes, based on recent studies. Future research should continue examining and refining these techniques to ensure accessibility and effectiveness in a range of clinical and cultural contexts.

#### ***Sand-Play Therapy***

As part of sand-play therapy, children are taught to use a sandbox and miniature figures to build symbolic environments that reflect their inner worlds. This approach is in line with symbolic play, where children represent abstract concepts—such as their health-related anxieties or fears—with concrete objects (Hall et al., 2002). In the context of paediatric cancer care, the sandbox is a powerful nonverbal communication tool that helps children externalize their emotions and process trauma (Kalff et al., 2017). The therapist helps design *Sand Worlds*,

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which can represent the child's illness or hospital stay. This approach gives children a sense of mastery and control over their environment, which reduces their feelings of helplessness and fear (Ljungman et al., 2018).

### ***Puppet Play Therapy***

Children are encouraged to enact different scenarios and express their feelings through puppet play therapy. According to Hall et al. (2002), role play is a useful method for encouraging children's expression in which puppets take the role of the child or a significant other. Children with cancer benefit most from this since it allows them to "*Play Out*" challenging medical scenarios, which helps them externalize emotions, then face and resolve their emotions. According to Fakhry et al. (2020), puppet play helps lessen anticipatory dread and anxiety related to medical treatments. Children are given a sense of control and predictability by using the puppets to role-play with medical staff or imitate hospital trips. This helps them feel less anxious and afraid of the unknown.

### ***Dramatic Play Therapy***

Through dramatic play therapy, which involves children playing out real-life events, children can practice difficulties, develop mastery, and explore various coping mechanisms (Hall et al., 2002). Through drama, children with cancer can investigate topics relevant to treatment, such as preparing for chemotherapy or surgery, which promotes social engagement and emotional resilience (Mitchell et al., 2016). By reducing the emotional toll of their medical journey and helping them internalize coping mechanisms, children who participate in dramatic role-playing can normalize an otherwise chaotic experience.

### ***Play-Based Cognitive Behavioural Therapy (CBT)***

Play-based cognitive behavioural therapy combines play practices with cognitive-behavioral concepts, such as teaching problem-solving approaches and re-structuring negative thoughts. Cognitive play is the integration of structured play activities that address maladaptive cognitions (Hall et al., 2002). Through games or storytelling, for instance, children might reframe their perceptions of pain, fear, and medical procedures, which can result in the development of adaptive cognitions, positive emotions, and good coping strategies. Furthermore, Wiener et al. (2015) claim that interactive play helps address misconceptions and anxieties, and improves adherence to treatment.

### ***Medical Play***

Toys and models of medical equipment are used in medical play to help children become accustomed to the procedures they would be enduring. This is in line with *Preparation Play*, which prepares children for future interactions by exposing them to medical equipment in a secure environment (Hall et al., 2002). By acting out medical events with dolls, children can gain control and predictability over medical circumstances, which reduces anxiety and fosters confidence. Jones (2020) asserts that medical play can significantly reduce the anxiety associated with medical procedures by de-mystifying them. Kearney et al. (2015) found that children who participated in medical play were more cooperative and experienced less discomfort during real medical appointments.

### ***Expressive Arts-Integrated Play Therapy***

Expressive arts-integrated play therapy combines a range of artistic mediums, such as music, theatre, and art, to encourage emotional expression. This approach is similar to *Creative Expression Play*, where children communicate nonverbally using artistic mediums (Hall et al.,

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2002). Malchiodi (2016) claims that this approach helps children handle challenging emotions that they may not be able to communicate verbally. Since, art and music offer a therapeutic outlet for letting go of emotions and building resilience, they are extremely beneficial to children undergoing cancer treatment. Additionally, expressive arts help kids cultivate optimism and mood regulation, two crucial aspects of psychological resilience when dealing with the illness (Ljungman et al., 2018).

### ***Technology-Enhanced Play Therapy***

A unique approach to incorporating digital resources into treatment is virtual play, which uses digital tools or games to enhance engagement and emotional processing (Hall et al., 2002). Through *Virtual Role-Playing* or *Digital Storytelling*, kids can use technology to immerse themselves in therapeutic situations. This approach works best for children who are isolated due to long hospital stays or pandemics. According to Ljungman et al. (2018), children benefit from technology-enhanced play because it allows them to express their emotions and manage discomfort and anxiety. Virtual worlds maintain therapeutic engagement and offer a sense of normalcy, enabling continuity of care even in circumstances when physical play is impractical.

### ***Play Therapy in the Indian Context***

Ramesh et al. (2017) demonstrated that *structured play interventions* significantly reduced pre-procedural anxiety in South Indian paediatric oncology patients undergoing invasive procedures. Techniques like *Role-Playing* medical scenarios and *Expressive Sketching* helped children predict and understand hospital events in an efficient manner. Similarly, Gupta et al. (2020) found that incorporating *Indigenous Games* and *Storytelling* enhanced emotional expression, treatment engagement, and reduced emotional distress during hospital stays.

Sharma and Kulkarni (2019) evaluated long-term effects of play therapy Indian children with cancer, reporting improvements in treatment compliance, emotional well-being, and social interaction. Techniques like *Medical Play* and *Art-Based Play* improved coping, reduced stress, and increased procedural cooperation. Thomas et al. (2021) highlighted the success of *Medical Play* in lowering anxiety and de-mystifying treatment procedures, while *Sensory Play* promoted relaxation and helped manage pain perception. In rural India, Jain et al. (2022) introduced *portable play kits* with culturally relevant toys and art supplies to overcome resource limitations. These kits enabled therapy at home or during follow-up visits, resulting in increased resilience and reduced behavioural issues.

## **CONCLUSION**

To sum up, research has demonstrated that play therapy in paediatric psycho-oncology has positive therapeutic outcomes. The cultural adaptation of techniques and the integration of community-based models further illustrate the flexibility and relevance of play therapy in diverse Indian contexts.

### **Expressive Arts Therapy**

Paediatric cancer has a substantial impact on young patients' emotional and psychological well-being, necessitating the use of holistic therapies in addition to medical therapy (Malchiodi, 2016; Barakat et al., 2017; Ljungman et al., 2018). *Expressive Arts Therapy* is a revolutionary method in paediatric psycho-oncology by providing children with a nonverbal means of managing emotions, reducing stress, and building resilience (Altay et al., 2017; O'Callaghan et al., 2015; Burns et al., 2019; Malchiodi, 2016).

### ***Significance of Expressive Arts Therapy***

Children can process the complex emotions that accompany being diagnosed with cancer and going through treatment using expressive arts therapy. Unlike traditional talk therapy, expressive arts therapy engages children in nonverbal communication in a manner that is suitable for their cognitive ability developmental stage, and for the family environment (Malchiodi, 2016; Monti et al., 2017). Additionally, research over the past decade has shown how important these techniques are for improving prognostic factors.

### ***Improvement in Emotional Expression and Mood Regulation***

Several studies show that children with cancer who get expressive arts therapy can articulate emotions that they might otherwise find difficult to express. Malchiodi (2016) asserts that art-based therapy provides children with a visual means of expressing their anxieties and fears. Similarly, Gupta et al. (2019) showed how children who engaged in expressive art sessions had improved mood regulation and emotional resilience, with a reduction in symptoms of anxiety and despair. Overall, children who participated in music and art therapy sessions reported feeling less worried and depressed. As a result of the therapeutic engagement, children were also able to confront and process their concerns regarding their diagnosis and treatment (Malchiodi, 2016; Gupta et al., 2019).

### ***Reduction of Treatment-Related Stress***

Music therapy, a form of expressive arts therapy, has been shown to significantly reduce stress in children undergoing chemotherapy. Children who actively engaged in music-making activities, such as writing songs or playing instruments, were able to divert their focus from uncomfortable medical procedures and, as a result, suffer less stress, according to a randomized controlled trial conducted by Robb et al. (2014). Malchiodi and Crenshaw (2020) found that mandala drawing helped children achieve a calm, focused state. Furthermore, music improvisation sessions improved participants' self-efficacy and sense of control, according to Williams et al. (2018).

### ***Facilitation of Psychological Resilience & Coping***

Expressive arts therapy promotes adaptability and creative problem-solving, which fortifies psychological resilience. McCaffrey et al. (2018) found that integrating drama and movement-based therapies into oncology care helped children cope with the emotional challenges of their illness. Activities such as role-playing and storytelling provide therapeutic pathways for exploring fears and imagining hopeful futures, fostering emotional resilience and optimism. Youngsters who receive expressive arts therapy develop creative coping skills that increase their resilience. For example, children who got drama therapy practiced solutions to medical concerns, which boosted their self-assurance and adaptability (McCaffrey et al., 2018).

### ***Enhanced Family Dynamics and Social Support***

Expressive arts can benefit patients on an individual basis as well as strengthen family and social bonds. A study by Monti et al. (2017) found that parent-child cooperative art projects enhanced communication and support. Children said they felt more supported and connected during their treatment journey, while parents said they were more aware of their child's inner world. Additionally, the benefits of group-based expressive arts therapy sessions included reduced feelings of loneliness and increased peer support. Group art projects fostered interaction among young patients and created a supportive therapeutic community, claim Monti et al. (2017).

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### ***Impact on Physical and Psychosomatic Symptoms***

Furthermore, research indicates that the physical side effects of cancer treatments can be effectively reduced by expressive arts therapy. It has been demonstrated that young patients who receive mandala art therapy experience decreased fatigue and nausea (Malchiodi & Crenshaw, 2020). Making mandalas, a methodical yet flexible procedure, provided a calming focus that reduced distressing physical sensations.

### ***Cultural Adaptation and Inclusivity***

To address specific sociocultural needs, expressive arts therapies that are culturally specific have also been studied in India. Jain et al. (2021) employed two traditional Indian art forms—classical music and Madhubani painting—as therapeutic tools for children with cancer. The cultural familiarity of these creative forms promoted a sense of community and enhanced involvement.

### ***Expressive Arts Therapy Techniques and Outcomes***

In order to help children comprehend their experiences and communicate their emotions, expressive arts therapy employs a range of artistic techniques. Important techniques and their use in paediatric psycho-oncology settings include the following:

#### ***Art Therapy***

One of the most popular Expressive Arts Therapy methods in paediatric psycho-oncology is *art therapy* or *visual art therapy* which assists children in externalizing their emotions and fears through the production of paintings, sculptures, or sketches. Through art therapy, children who might not be able to express their feelings orally can externalize them. Robb et al. (2014) state that art therapy has been linked to enhanced communication with caregivers, less treatment-related anxiety, and better mood control. In another study, Barakat et al. (2017) found that children who created art felt more independent, particularly those who felt powerless during medical procedures. Techniques include sculptures, paintings, and drawings, often based on themes such as "*My Safe Place*" or "*My Cancer Journey*."

According to Malchiodi (2016), creating visual narratives helped kids handle the trauma of diagnosis and treatment. *Mandala Art Therapy* and collages have been associated with improved focus and reduced anxiety. In a randomized controlled experiment, Aguilar (2017) found that children with leukaemia who participated in weekly art therapy sessions experienced a significant reduction in their levels of despair and an improvement in their coping skills. Using *Mandala Art Therapy*, Malchiodi and Crenshaw (2020) found that children who created mandalas throughout chemotherapy were able to concentrate better and have less anxiety. For example, children used circular designs to symbolize feelings of safety, consistency, and calmness. *Drawing Interventions* were utilized by Han and Lim (2015) to demonstrate how supervised drawing sessions improved emotional regulation in children with cancer, ages 6 to 12. Children were given the chance to imagine and draw "*a world without cancer*," which made them feel hopeful and empowered. This helped them to express their feelings regarding cancer, obtain more emotional clarity and reduced psychological pain.

#### ***Music Therapy***

Music therapy is becoming a powerful tool in expressive arts therapy because of its adaptability and global appeal. Examples of therapies include writing songs, creating playlists, playing musical instruments, and listening to calming music. Interactive techniques, such as creating music videos, have proven to be highly engaging for adolescents (Altay et

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al., 2017). Additionally, it promotes self-expression and provides a sense of normalcy during hospital stays (O'Callaghan et al., 2015).

Robb et al. (2014) conducted a thorough study on the production of music videos for young cancer patients and discovered that social integration and resilience increased dramatically. Barry et al. (2016) found that patients experienced reduced pain and anxiety when listening to personalized music during treatment. Robb et al. (2014) investigated how children might use *Songwriting Therapy*, a technique to create personalized songs that tell their cancer journey. The study found that children who wrote songs about their experiences felt less anxious and had more emotional clarity. Williams and Phillips (2018) employed another *Active Music-Making* technique which improved children's mental health by distracting them from procedural discomfort during hospital stays.

### ***Drama & Role-Play Therapy***

Through role-playing, improvisation, and storytelling, *Drama Therapy* encourages children to play out scenarios related to their therapy journey or develop fictional stories that reflect their experiences. McCaffrey et al. (2018) used *role-playing scenarios* to show how role-playing might improve coping strategies and reduce anticipatory anxiety in children as they prepare for medical procedures. Children who acted as "superhero" or "doctor" felt empowered and in charge of their medical experiences (McCaffrey et al., 2018). Children simulated scenarios like receiving radiation therapy to reduce procedural fear. By dramatizing chemotherapy treatments, children were able to visualize and "fight" cancer cells, which increased their sense of agency (Mitchell et al., 2016). Moreover, in group settings, it promotes peer interaction, which reduces isolation, according to research by Akard et al. (2015).

### ***Dance and Movement Therapy***

Dance and movement modalities allow children to physically express themselves or role-play scenarios, which facilitates emotional release. Among the methods are guided dance routines, unrestricted movement, and symbolic gestures to offer emotional expression and processing. Dance therapy has also been shown to improve emotional health, reduce pain perception, increase physical endurance, and help youngsters connect with their bodies (Kim et al., 2014). The advantages of dance therapy in increasing body awareness and lowering anxiety associated with physical changes brought on by cancer therapies were emphasized by Koch et al. (2019). They discovered that through *Structured Dance Routines*, rhythmic movement improved body awareness and reduced anxiety related to physical changes brought on by cancer therapies. A study by Dunphy et al. (2019) found that children who attended dance therapy sessions had less somatic symptoms and a better body image.

### ***Narrative Therapy***

In paediatric psycho-oncology, *narrative therapy* is a helpful tactic for helping children and their families deal with the emotional and psychological fallout from being diagnosed with and undergoing treatment for cancer. By externalizing the problem (for instance, by referring to cancer as a separate entity) and rewriting the child's story, narrative therapy presents opportunities to foster resilience, self-efficacy, and hope (Alves et al., 2017).

Studies show that children who took part in narrative therapy sessions during chemotherapy, reported better emotional regulation and less anticipatory anxiety (Alves et al., 2017). Narrative therapy facilitates adaptive coping by helping children conceptualize themselves as active participants in their treatment journey – improving resilience and problem-solving. A

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longitudinal study by Seymour and Heerde (2020) demonstrated that that these benefits extend into post-treatment recovery, with increased coping and adjustment. Furthermore, family involvement in narrative therapy improves cohesion, communication, and reduces caregiver stress (Salkeld et al., 2022). Tested in paediatric oncology departments, programs like “*Story Strong*” have also shown significant improvements in self-esteem and emotional resilience (Thompson et al., 2018).

The *Externalization of Cancer* technique, where children view cancer as an adversary or a villain, helps them separate their identity from the illness, reducing feelings of guilt or blame (Alves et al., 2017; Seymour & Heerde, 2020). In fact, children may refer to their illness as “*the monster*” or “*the shadow*,” which they subsequently “fight” through therapy. This reinterpretation reduces self-identification with illness and fosters a sense of agency (Seymour & Heerde, 2020; White & Epston, 1990). Using the *Re-authoring Life Stories* approach, kids can rewrite their life stories to highlight their achievements, assets, and goals for the future. Story therapy therapists help kids perceive themselves as “*survivors*” rather than “*victims*.” Re-authoring techniques are effective in assisting children in viewing their treatment journey as a brave adventure, which re-directs children to adopt more positive perspectives (Thompson et al., 2018). Through *therapeutic letter writing*, kids can deal with concerns, show gratitude, or share their experiences. A study by Tan et al. (2019) found that children who wrote letters to “*their future self*” were able to maintain optimism and imagine a life beyond cancer. *Letters addressed to “Cancer”* (e.g., “Dear Cancer, I will not let you win”) have been shown to be therapeutic, allowing children to express their anger and regain control (Jones & Rao, 2021).

*Story Mapping*, the process of creating visual representations of the child's experience, let children reflect on the past and envision promising futures. Research by Nguyen and Bader (2020) highlighted the value of visual storytelling in narrative therapy, pointing out that it can help reduce treatment-related anxiety and is accessible to younger children. Employing a technique called *Expressive Writing*, Schouten et al. (2020) found that writing poems about their illness helped children reframe their experience positively, reducing feelings of isolation and helplessness. Children were encouraged to write stories about how they overcome obstacles to foster resilience and a sense of control using *Therapeutic Storytelling*. Children were able to change their viewpoint on illness and lessen feelings of isolation by using expressive writing exercises to write about their experiences (Schouten et al., 2020). Children felt more in charge and were more engaged in treatment sessions when using technology-enhanced techniques, such making animated stories about their experience (Wiener et al., 2015). *Digital storytelling* platforms have the potential to broaden the reach of narrative therapy via narrative apps and virtual story-mapping tools (Tan et al., 2019).

### ***Integrative Arts Therapy***

Combining various expressive arts therapy techniques can result in a more comprehensive therapeutic experience. Malchiodi (2016), for example, described sessions where children combined *storytelling*, *music composition*, and *art-making* to examine their emotions. Burns et al. (2019) looked at how *integrated expressive arts therapy* affected kids getting bone marrow transplants and found significant improvements in emotional regulation and family cohesion. Another study found that *collaborative art-making projects*, such as painting murals in hospital wards, encouraged peer interaction and reduced feelings of loneliness (Monti et al., 2017).

### *Expressive Arts Therapy in the Indian Context*

India's rich cultural heritage provides a great foundation for integration into therapeutic interventions, with the help of culturally appropriate expressive arts therapies (Kumar & Agrawal, 2020; Srivastava et al., 2022; Bhat et al., 2017).

In the domain of *art therapy*, Gupta et al. (2019) used traditional Indian symbols and themes during their art therapy sessions for kids with cancer, which resulted in reduced anxiety and enhanced emotional well-being. The use of *Henna Art* by Malhotra et al. (2021) highlighted the therapeutic benefits of henna painting as a technique to provide children with a physical and symbolic manner to express their emotions. According to studies, using *traditional Indian ragas* helps kids connect with aspects of their culture, which lowers procedural anxiety and promotes emotional safety (Mathew et al., 2019). Kumar et al. (2017) employed *ragas* in therapy sessions, and found that some *ragas* encouraged relaxation and reduced anxiety. *Community singing sessions*, sometimes based on folk or devotional songs, even fostered a sense of unity among young patients and their families (Sharma et al., 2018).

Building on drama therapy-based interventions, Johari et al. (2022) found that youngsters were able to control their anxiety with the use of dramatized enactments of medical procedures. Children acted out roles from Indian mythology, such as protagonists conquering obstacles, which represented their struggles against disease, through *Role-Playing with Mythological Themes* (Reddy & Nair, 2020). This method worked well for developing a sense of agency and resilience. Dramatization sessions let children communicate medical worries through symbolic representation, as demonstrated by *Theatrical Improvisation* (Chatterjee et al., 2019).

Above all, employing *Storytelling and Puppetry*, Patel and Gupta (2018) used folktales in paediatric cancer hospitals to help children process their emotions and learn coping mechanisms. According to their findings, patients were able to communicate their feelings more clearly and felt less isolated. Singh et al. (2020) claim that to encourage physical movement and symbolic narrative, *Classical Dance Movements* such as Bharatanatyam and Kathak gestures were integrated into therapeutic sessions. This approach helped children rediscover confidence in their bodies after invasive medical operations. According to Desai et al. (2022), unstructured dancing sessions with Indian music or other *Free-Form Movements* encouraged mood management and cathartic emotional discharge.

*Integrative arts Therapy*, which blends multiple modalities, has also shown promising results in paediatric oncology. For instance, *Mindfulness-and-Mask-Making* workshops have been particularly effective. Children who participated in six-week expressive arts programs demonstrated lower stress and anxiety ratings as well as increased family communication (Lindsey et al., 2018). According to a study by Bansal and Verma (2019), combining *Yoga with Mandala Painting* was especially beneficial in lowering anxiety.

## **CONCLUSION**

*Expressive Arts Therapy* in the Indian setting has note-worthy implications. Given the resource constraints and cultural diversity in India, expressive arts therapy offers a cost-effective, culturally adaptable, and psychologically impactful intervention. It bridges the gap between medical and psychosocial care to address the full range of needs of children with cancer. It is a versatile and successful approach in paediatric psycho-oncology that tackles the different problems that young patients face.

## Conclusion

The review underscores the transformative role of *Expressive Arts Therapy* and *Play Therapy* in addressing the significant psychological and emotional challenges faced by children with cancer (Ljungman et al., 2018; Wiener et al., 2015). By addressing the psychological dimensions of illness, these therapeutic modalities enhance overall patient outcomes and complement medical treatments in paediatric oncology care (Thompson et al., 2018; Jones, 2020).

## Implications

### ***Clinical Integration & Holistic Care***

The incorporation of *Expressive Arts Therapy* and *Play Therapy* into psycho-oncology models aligns with a holistic approach to treatment that prioritizes the emotional, psychological, and social well-being of paediatric patients in addition to their physical recovery (Malchiodi, 2016). A more integrated framework for care can be achieved by therapists working in tandem with nurses and oncologists to tailor interventions to improve medical treatments. For instance, *narrative therapy* and *expressive journaling* have been used to improve doctor-patient communication and provide information on the child's psychological condition (Seymour & Heerde, 2020).

### ***Reducing Procedural Anxiety and Medical Trauma***

By de-mystifying medical procedures, *medical play* and *role-playing* are two play therapy techniques that help kids feel more in control of their lives. Similarly, by reducing procedural anxiety and improving teamwork throughout treatment, expressive arts therapy techniques normalize hospital experiences. Creating *procedural storyboards* and using art to depict medical journeys are two examples of these tactics (Jones, 2020; Malchiodi, 2016).

### ***Improving Treatment Adherence***

Psychological distress often hinders adherence to cancer treatment regimens, particularly in young patients. *Expressive Arts Therapy* and *Play Therapy* improve interaction with children by rephrasing medical procedures in a way that is less scary and more approachable (Wakefield et al., 2015). For instance, employing *puppet play* to explain complex medical concepts has been shown to decrease children's resistance to treatments (Fakhry et al., 2020).

### ***Enhancing Psychological Well-Being & Emotional Resilience***

Through activities like *sand-play*, *music improvisation*, and *theatrical play*, children develop emotional resilience in a safe, regulated environment in which they can practice coping strategies, deal with anxiety, and reframe traumatic experiences (Mitchell et al., 2016). Furthermore, optimism and hope are fostered by expressive arts therapy's emphasis on imagination and creativity, and these qualities are critical for resilience (Malchiodi, 2016).

### ***Addressing Educational and Social Disruptions***

Cancer treatments often interfere with a child's social and academic development. Play and expressive arts interventions assist bridge these gaps by simulating school environments or fostering peer interactions through *group therapy*. By increasing confidence and social skills, these techniques help patients reintegrate into the community and school after treatment (Nguyen & Bader, 2020).

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### ***Building Long-Term Skills***

In addition to providing immediate emotional support, expressive arts therapy and play therapy help children develop long-term coping mechanisms. These therapies teach skills like self-control, problem-solving, and emotional expression—all of which are essential for survivorship care. For instance, *art* and *music therapy* have been linked to long-lasting improvements in well-being and quality of life in children who have survived cancer (Alves et al., 2017; Wiener et al., 2015).

### ***Supporting Family & Caregivers***

Paediatric cancer affects not just the child but the whole family system. *Group storytelling* and *art-making* are examples of family-based therapies that strengthen support networks within the family, improve group coping strategies and encourages candid communication (Salkeld et al., 2022).

### ***Applications in Technology-Enhanced Care***

Innovations like *virtual sand-play*, *digital storytelling*, and *art therapy* applications broaden the scope of expressive arts therapy and play therapy. These solutions provide continuity of care for children who would otherwise be separated because to treatment schedules or geographic constraints (Ljungman et al., 2018; Tan et al., 2019).

### ***Addressing Cultural Sensitivities***

In countries like India, where cultural narratives and collective family dynamics have a major influence on health habits, methods like *folk art* and *traditional storytelling* are especially successful (Rao et al., 2020). Due to their adaptability, they are useful instruments for tackling the psychological effects of paediatric cancer and its burden in many cultural contexts by improving therapeutic acceptance and promoting inclusion (Nguyen & Bader, 2020).

### ***Potential for Policy and Advocacy***

The proven efficacy of expressive arts therapy and play therapy in improving psychosocial outcomes highlights the need for their inclusion in paediatric oncology guidelines. Incorporating these therapies into healthcare policies, especially in resource-limited settings, can expand access to psychological care often overlooked in such environments (Thompson et al., 2018).

### **Limitations**

Despite their versatility, *Expressive Arts Therapy* and *Play Therapy* face significant challenges in resource-limited settings. Research in low- and middle-income countries, particularly in rural areas, remains sparse, with psychological interventions for paediatric oncology still emerging in regions like India (Rao et al., 2020). The long-term psychological benefits and consequences of these therapies for paediatric cancer survivors are underexplored, warranting further study (Alves et al., 2017).

Implementation barriers include the lack of standardized protocols and limited access to trained therapists, compounded by sociocultural factors such as stigma and inadequate integration into oncology care frameworks (Kim et al., 2014; Wakefield et al., 2015; Song et al., 2023). Nevertheless, their proven therapeutic value—such as enhancing self-esteem, reducing treatment-related anxiety, and improving emotional resilience and medical adherence—underscores their importance in holistic paediatric oncology care (Kim et al., 2014; Song et al., 2023).

### **Future Directions for Research**

Albeit this review underscores the transformative potential of *Expressive Arts Therapy* and *Play Therapy* in mitigating the psychological toll of childhood cancer, their broader implementation requires addressing gaps in research, standardization, and accessibility. Future directions offer a roadmap for expanding the reach and effectiveness of these therapies in paediatric psycho-oncology.

### ***Longitudinal Studies on Outcomes***

While short-term benefits of EAT and PT are well-documented, longitudinal research is needed to assess their long-term impact on resilience, emotional well-being, and quality of survivorship. These studies could also determine if these therapies lower risks of chronic conditions like PTSD (Alves et al., 2017; Ljungman et al., 2018).

### ***Exploring Neurobiological Mechanisms***

Advances in neuroscience present opportunities to study the biological effects of EAT and PT. Future research could use neuroimaging and biomarker analysis to explore their influence on brain function, stress hormone regulation, and immune responses in paediatric oncology patients (Seymour & Heerde, 2020).

### ***Integration into Palliative and End-of-Life Care***

Although therapeutic treatments during active treatment have received a lot of attention, research on the role of expressive arts therapy and play therapy in palliative and end-of-life care for paediatric oncology patients is becoming more and more important, especially keeping necessary ethical considerations in check. During the last stages of life, methods like *expressive journaling* or *legacy-building art projects* could offer consolation, encourage meaning-making, and support dignity (Mitchell et al., 2016).

### ***Interdisciplinary Collaboration***

Future approaches should prioritize collaboration among psychologists, oncologists, social workers, and art therapists to develop holistic care models that address the psychological, social, and physical aspects of paediatric cancer (Thompson et al., 2018).

### ***Family-Centered Interventions***

Family-centered interventions, such as group narrative therapy and family art-making, can strengthen family ties, promote caregiver resilience, and create a supportive environment for the child. Future studies should explore these approaches to enhance familial support networks and overall treatment outcomes (Salkeld et al., 2022).

### ***Culturally Adapted Interventions***

Adapting therapies to include culturally specific elements, such as folktales and indigenous art forms, can enhance their relevance and acceptance. Research on culturally sensitive adaptations is crucial, particularly in diverse and resource-constrained contexts (Rao et al., 2020).

### ***Technology-Enhanced Therapies***

Digital tools like virtual storytelling and play platforms can expand accessibility, especially for children in remote areas or during extended hospital stays. Research should evaluate the efficacy, usability, and ethical implications of these innovations (Tan et al., 2019).

### ***Standardization of Techniques***

Developing evidence-based guidelines is vital to ensure consistency while allowing for cultural adaptations. Standardized protocols can facilitate comparative research and systematic reviews, strengthening the evidence base (Nguyen & Bader, 2020; Ljungman et al., 2018).

### ***Cost-Effectiveness Studies***

Evaluating the financial benefits of these therapies, such as improved treatment adherence and reduced hospital stays, could drive their integration into routine care, particularly in resource-limited settings (Thompson et al., 2018).

To overcome these insufficiencies, future studies must focus on creating scalable, empirically supported, and culturally sensitive models. The reach and efficacy of these therapies could be further increased by integrating them with routine oncology care and providing extensive training programs for facilitators (Wakefield et al., 2015).

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