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Original Research Paper



Effectiveness of Arts-Based Therapy (ABT) in Relieving Distress and Cultivating Positive Attitude in Young Individuals with Cancer

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ABSTRACT

Children in pre-adolescence stage and adolescents are at the juncture of transition budded with dreams of bright future. They are developing their identity and are full of zest. A diagnosis of a life threatening illness like cancer at such a phase of life can uproot and devastate the child and its family. The diagnosis and treatment demands can drain these patients physically and mentally. Providing psychological support during this phase becomes crucial to assist their coping. Arts-based Therapy (ABT) was used to offer psychological support to young individuals (11-22 years) undergoing cancer treatment in a tertiary cancer hospital in Mumbai. ABT was offered in group set-up for the duration of 4 months. Effects of ABT was studied among 6 participants who competed their participation of 4 months in ABT sessions. Feedback from the participants, parents and teachers reported reduction in distress, development of positive attitude, improved mindfulness, general feelings of relaxation and improvement in quality of life with ABT. The research findings support previously documented evidence of effectiveness of ABT.

Keywords: Pre-Teens and Teens With Cancer, Arts Based Therapy In Cancer, Adolescents With Cancer, Counselling Children With Cancer, Psychosocial Interventions In Cancer

"There is no greater agony than bearing an untold story inside you"
- Maya Angelou (American Poet)

Diagnosis of cancer brings with it great trauma and suffering. The treatment of cancer usually involves combination of radical or conservative surgery, chemotherapy, radiations and combinations of said treatment modalities. This may require long-term hospitalizations. Extensive treatment, disfigurement, functional impairment and dependency and pain can

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cause physical strain to the patients. Loss of education, time with peers, long term hospitalization, visible changes in body can all cause great psychological distress to the patients.

Cancer diagnosis in transitional phase of life can prove to be devastating for an adolescent bubbling with energy, new dreams, new life goals and striving to establish independent identity in the society. Acceptance of possible death becomes difficult to accept because their living is futuristic in orientation, during this phase. Their anxieties; rooted in their systemic and youth culture which gives prominence to the differences between life-limited individuals and their healthy, non-life-limited peers; also rise to the pinnacle at this point.

Today, with the advances and refinement in the field, it is realized that focusing only on the biological characteristics for treating the patients is not enough. Experts have understood that there are many underlying psychological factors that play an important role in curative treatment and patients' overall well-being. These factors can affect the patients and thus in turn, the success of the treatment. Psychological factors such as depression, poor social support, anxiety about the treatment and the disease trajectory may demotivate and disable patients and their families in carrying out the treatment program effectively.

Research suggests that arts based interventions can help in healing patients of their psychological distress, few psychosomatic symptoms like pain, breathlessness, and can improve their quality of life. It can enhance their coping with crisis. Further research is required in this area to establish the utility of art interventions as one of the alternative therapies for the cancer patients to promote healing and growth.

Adopting art as therapy has become very popular in current global medical and health practice. It has proved to be a boon for healing. A study by Dr. Praice and colleagues (2006), found Art Therapy effective in improving symptoms like pain, tiredness, depression, anxiety, drowsiness, lack of appetite, well-being and shortness of breath in cancer patients. According to Dr. Praice (2006), Art Therapy provides a distraction that allows patients to focus on something positive instead of their health and offer them feelings of control.

Results of another similar research study suggested art therapy interventions have produced positive changes in coping with emotions, improvement in overall quality of life and reduction in depression and fatigue during chemotherapy among group of breast cancer patients.

Pratt (2004) suggests that arts based therapy using dance, music and art are effective in reducing psychological and physiologic illnesses and has a wide scope of use in healing profession in the 21st century.

The therapeutic goals for participants in the current study were cultivating positive attitude, reducing depressive feelings and anxiety through this phase of their life journey to enable them to cope with the disease, its treatment and side-effects. These children and adolescents displayed variety of issues like poor compliance with medication and diet, pain and fatigue,

resentment and anger, irritability, poor appetite and sleeplessness initially when they were enrolled for ABT. Parents reported that they would often talk about death and dying, throw tantrums and express anger, worry about pain and treatment outcomes and be restless through the day at the hospital.

METHODOLOGY

Objective of the study

- 1. To study the effectiveness of Arts-Based Therapy (ABT) in cultivating positive attitude among older children and adolescents with cancer.
- 2. To study the effectiveness of Arts-Based Therapy (ABT) in improving mindfulness and relaxation in older children and adolescents with cancer.

Case studies in terms:

• To study the beneficial outcomes of ABT in relieving distress among older children and adolescents with cancer.

Operational Definitions

Positive attitude was defined as having feelings of hope and strength and seeing and appreciating something good in each day.

Mindfulness was defined as being able to calm down, be in the present moment and bring focus on self and breathing.

Relaxation was defined as being able to be free from worries and feel energetic and zestful

Sample

Out of 12 older children and adolescents who were enrolled for ABT at Sant Sri Gadge Maharaj Dharamshala, Dadar, only 6participants completed participation in ABT for the term from June to September. The other 6 children could not complete the participation due to multiple reasons like treatment schedules, hospitalization, remission, and shifting to hometown during the phase of remission. Only the cases of these 6 participants were studied to examine the goals of the research. For ethical reasons, names of the participants will be kept confidential. They will be referred as Case A, Case B, Case C, Case D, Case E and Case F. Demographic details of the participants is noted below.

Demographics of the group:

	• -
AGE	11 Yrs. to 22 yrs.
GENDER	2 females and 4 males
SAMPLE SIZE	6 Patients
BACKGROUND	All are cancer patients undergoing their treatment at Tata Memorial
	Hospital

Data Collection Sources

Multiple data collection sources were used to study effectiveness of ABT:

- 1. Verbal expressions of the patients through ABT sessions
- 2. Participants' Art work- Zen paintings
- 3. Closure activity and feedback of ABT from participants
- 4. Data from 6 'Piece Story- Making (6-PSM)' tool by MooliLahad
- 5. Feedback from caregivers
- 6. Feedback from teachers
- 7. ABT Session record sheets (SRS)- Session Observations by the researcher

Procedure

The ABT sessions were offered once in a week at Sant Sri Gadge Maharaj Dharamshala between the period from June, 2014 to September, 2014. Each 90 minutes ABT session was divided into 3 segments- Ritual (Warm-up)- Creation (art work)- Closure (closing ritual). Every session included chanting and relaxation meditation as a part of closure.

Initially, 12 older children/adolescents were enrolled for the study. Out of these, 6 participated in more than 9 ABT sessions and were observed and assessed to examine the effectiveness of ABT in relieving distress among young cancer patients. Along with other qualitative data sources, feedback from these 6 participants, their parents and their teachers/caretakers was analyzed on completion of the ABT module.

ABT sessions included:

- 1. Voice- Chanting 'Om', Gayatri Mantra- Meditation (all sessions-closure). Healing stories on self-acceptance, nature of change and evolution, Singing movie songs, dialogues, positive affirmations and daily motivational message.
- 2. Body, Games & Exercise- dance on Bollywood music, gentle stretching and massage, energizers with actions, facial exercises, muscle relaxation, enactment.
- 3. Painting and Drawing- Visual art- Mandala, Zen painting, Zentangles, body map, color your life technique.
- 4. Rhythm- with body (tapping, clapping, etc.), drumming and playing musical instruments.

RESULTS & DISCUSSION

Many lives were touched with ABT. Even children who participated in one or two sessions expressed that they liked participating in the sessions and it made them happy. Parents expressed appreciation for the sessions and the joy it brought to their kin. During relaxation and mindfulness practice, some younger kids who initially would not be able to keep their eyes closed and focus and would giggle initially would then become calm and quiet. To participate fully they would turn and sit facing the wall on their own, so that they don't get distracted looking at each other. At times there would be a roar of laughter with one child starting to laugh and then after a hearty laugh all would regain poise, sit in a calm state easily focusing on their breath.

Case A, Case B, Case C, Case D, and Case E were observed and assessed. The session observations, their responses, art work, feedback and feedback about them from the other stakeholders were recorded and analyzed to achieve the above mentioned research objectives. The brief description of each case is given in the table below.

Case	Area of Concerns	Stakeholders
Case A- a 22-year young, family oriented and	Depressive feelings,	Parent/ Play
hard-working lad from Jharkhand diagnosed	anxiety, resentment	space caretaker
with cancer and undergoing treatment at Tata		
Memorial Hospital was staying at		
Dharamshala with his father since a year.		
Before he was diagnosed with cancer, he was		
staying in Mumbai by himself and doing		
meagre jobs since age of 16 to support his		
family in the home-town.	D : C 1:	D //C 1:1
Case B is a 12-year child from Rural	Depressive feelings,	Parent/ Cankids
Maharashtra diagnosed with cancer and	anxiety, anger,	class teacher
staying at Dharamshala with his mother since 8 months for his treatment. He was on active	compliance	
chemotherapy when he joined the sessions.		
Liked watching films and singing.		
Case C a 12-year old lad from Nashik	Body image	Parent/play space
diagnosed with cancer 1 year back and is	dissatisfaction, anxiety,	caretaker
staying with his mother at Dharamshala for	depressive feelings,	carotanoi
his treatment. Ameya is the only child of his	resentment and anger,	
parents. He is passionate about Cricket and	restlessness	
ViratKohli is his inspiration. He is reserved		
but once you befriend him, he expresses		
himself unto you with ease.		
Case D is a 12-year old girl from Bihar who	anxiety, restlessness,	Play space
was diagnosed with cancer one year back and	shyness and body image	caretaker
is staying atDharamshala with her mother for	dissatisfaction	
her treatment since 7 months. At		
Dharamshala, they have not been allotted a		
room and are staying in a dormitory for		
patients. She is the youngest among her 5		
siblings. She is currently on her		
chemotherapy and has had 3 hospitalizations		
during the tenure of ABT.	avanagion mindfula	Cibling/ -1
Case E-13-year old girl diagnosed with brain tumor 7 months back. She is from Bihar. She	expression, mindfulness, sadness and	Sibling/ play
was staying at Dharamshala with her father	sadness and resentment, feelings of	space caretaker
and elder sister for her treatment.	low self-worth.	
and order sister for nor treatment.	TOW SOIL WOILII.	

With ABT most of them were able to overcome their restlessness, their anger and resentment and were able to express themselves appropriately. They were able to nurture their hope in treatment and showed better compliance with the diet and medication. Positive talks,

relaxation and meditation practice helped them overcome their worries and allowed their mind and body to experience rest. This improved their sleep pattern. The tapping, clapping, body rhythms and music helped them become more aware, alert and mindful. The Zentangles, and other visual art exercises allowed them to wash away their worries and create an image of hope through the difficult phase of uncertainty. The role-plays, enactment of stories, narratives, and healing story-circles brought them different perspectives on life. Games and exercises helped them become more aware of their bodies and all of them were able to break-free and engage in the moment during these sessions. The background of each case is briefly represented in Table 2 below.

The essence of all ABT practice was the closure activity. Breathing exercises, chanting 'OM', 'Gayatri Mantra', muscle relaxation, Zen painting, songs, motivational messages every day for each participant and facial exercises, fun games and relaxing massage at the end of the most of the sessions were very effective in reducing stress, relaxing mind and body for a while (feedback from children and the teacher) and rejuvenation. Improvement in the quality of life of these children was also noted by the ABT practitioner through her observations and communication with the participants and their parents. Parents reported that their children were more pro-active, showed better compliance with diet and medication and were more optimistic and cheerful in their attitude.

The 6 PSM-Brief Results

The '6-piece story making' tool by Lahad Mooli was used to understand the coping mechanism of each participant and help them strengthen their coping using the acquired insight. The common theme identified in all participants' stories using 6 PSM was financial constraints. But the end of everyone's stories reflected positivity and victory in achieving goals. This suggested that children and adolescents were aware of the financial burden of the treatment and shared financial distress experienced by their families. The coping mechanisms of each participant is shown in the table below. All the participants in the pre-adolescence phase used imagination as one of the ways of coping, while Case A who was a young adult used cognitive and logical style of coping. This insight is in line with the understanding of cognitive and social development proposed within the study of child development.

Case	Age	Coping Mechanism
Case A	22	Cognitive-Behavioural
Case B	12	Imagination-Belief
Case C	11	Social-Physical-Imagination
Case D	12	Social-Cognition-Imagination
Case E	11	Creativity

Table 3-Coping mechanisms- 6PSM

The main areas impacted by the ABT and the understanding of how ABT influenced each participant is described briefly below.

A. EMOTIONAL DISTRESS- Case 'A' was very disappointed with the poor response of his treatment and the caretaker at the centre expressed that she could not believe he will continue his treatment because of the poor response of his treatment and often expressed suicidal ideations. He expressed hopelessness, guilt, burden, dependency, inadequacy, loss of faith, extreme anxiety about pain and discomfort due to treatment, thoughts of death and feelings of giving up in his art work. Few of his expressions like, "अब बस हारना ही हारना है!" (now there is only defeat), "कितनाभी आप कछ भी कर लो, ये बिमारी वापस आता ही आता है " (no matter what you do, this illness comes back), "मेरे कारन मेरे पीछे कितने परेशान है. पापा यहाँ है तो परिवार की तरफ ध्यान नहीं दे पार हे और मेरी वजह से मेरे छोटे भाईयो की ज़िन्दगी भी ख़राब हो रही है !"(because of me so many people are struggling. Because my father is here for my treatment, my younger siblings' lives are getting spoiled, family is fragmented and nobody is able to give attention to the family) gave insight into his emotional state. He felt extreme guilt about being financially dependent on his family.

Case B was quite ill and in extreme pain during the phase when ABT sessions commenced. His WBC counts had gone very high and the mother reported that he was only wishing death and talking about killing himself. The mother reported that he would not wake up on his own in the morning, would not brush, not eat, not cooperate for the treatment, and not take his medicines. Having a problem of hypertension, he would be agitated and irritable and get angry easily. He was reported to be sad and quiet by his school teachers during initial week of ABT sessions. Initially he would just come for the sessions but won't participate. He would just come and sit with everyone for the sessions and not participate easily in the activities. His moods fluctuated in the initial phase and his participation was also limited. He hopelessness manifested in his expression. ''दीदी, किस्मत कभी बदल नहीं सकते. जो लिखा है वही होगा'' (Didi. destiny never changes. That what is written in the destiny will only happen). His anxiety was expressed through creative medium while doing Mandala, using the picture of a watch he said, ''दीदी, समय से डर लगता है- जैसे बोलते है ना बारह बज कर पंद्रह मिनट पर भुकंप होनेवाला है'' (didi, I am scared of time-like it is scary when they announce a prediction like there is going to be an earthquake at 15 minutes past 12).

Case C was the only child of his parents. His father himself was a cancer patient and had just finished his treatment. Yet the trauma of his father's diagnosis had not faded and he himself was hit by the disease. He carried burden of guilt about not listening to his elders and eating lot of junk food which caused him cancer. He would be usually sad, resented, guarded, and restless. He would not talk much with anyone. He was affected by his hair loss and would never be seen without a cap. He would be easily angered if anyone teased him and get into fights. He identified himself with children older to him and when talking, he would talk like a matured man. His art-work expressed his immense sadness, hopelessness and anxiety. In one of his Mandala, he explained the

pattern as- "शहर है पानी में, पानी शहर में, पानी से बचना है मुश्किल" (the city is in the sea of water, water is in the city, it is difficult to save yourself).

Case D was very fragile, weak and poor compliance with the diet. She had sleep difficulties and oftentimes would be sad and resented. She was very shy, would not mix with other kids and stayed aloof. Initially she would just come for the session but not participate or comply with the tasks. Gradually with little motivation and help from everyone in the group she started participating in the session activities. Her hair loss due to chemotherapy had affected her greatly and she would often have her head fully covered with the dupatta.

Case E seemed to be sad, lonely, aloof, in her own world initially. She would talk with the teacher at the centre but her speech was not clear and so there were times when people would not understand what she is speaking. She liked drawing and was often seen drawing and coloring the pictures at the centre. She was regular at school and would often try to catch up with other children. However, due to her disease, her half shaved head, she was teased and irritated by other children. This made her resentful towards everyone and she would often be found sitting alone in the centre at a window side. She had difficulty in grasping instructions and often showed mood fluctuations. Sometimes she would go on laughing alone and others would call her mad and crazy. Also her sister would complain that she sometimes laughs invariably and sometimes she goes on repeating the same things. Because of her mood changes, she would then get into fight with other children.

B. POSITIVE ATTITUDE- Gradual improvement in the mood and group participation was visibly noted right after 5 ABT sessions. Case A showed enthusiasm in participation. His mood improved. He felt happy as he was able to influence the other children positively and motivate them. His expression, "मुझे अपने आप पर भरोसा हैं!"(I have faith in myself) and his feedback during closure, "मुझे इस सेशन से एक उम्मीद मिलती है कि हर चीज़ को पाने के लिए थोडा मुश्कल तो है लेकिन पा सकते हैं" (I get hope with the sessions that though things look difficult to achieve, there is possibility that theywill be achieved) also reflects flowering positive attitude in daily life.

Case B was more proactive, showed better mood and his irritability and restlessness had reduced. His mother reported that he was able to sleep and wake up on his own and did his daily ablutions. His compliance with the diet improved and he did not make much fuss about the medication. His mother reported that he would be excited for the sessions and would wait eagerly for the day. On the day of the session he would make sure that he has his milk, gets ready half an hour prior to the reporting time for the session. His physical symptoms of pain and fatigue reduced greatly. He regained his interests and optimism and this was evident in his following expressions, "मुझे भजन और श्लोक बोलने आते थे, मुझे पसंद है गाना पर अब सब भूल गया हूँ, शायद किमो की वजह से! मैं जब मेरी भजन की किताब से पढ़कर

फिरसे याद कर लुँगा, तब आपको जरुर सुनाऊंगा." (I know bhajans and shlokas, and I like to sing but I have forgotten the songs may be because of chemo. When I would revise the songs from my book of bhajans I will definitely sing it to you). "डरने का नहीं! बिंदास जीने का, जो होगा देखा जाएगा!" (one should not fear, whatever will happen we will see it in the face).

Case C showed eagerness for the sessions. He and case B developed great friendship and would often encourage each other. He started to come out of his shell, be sportive and participative with the group. His mother reported that he was calm and peaceful, smiled more often and his physical symptoms of pain and fatigue had reduced greatly. The mother reported that he had become supportive towards her. Whenever she was tired or tensed, he would go to her and ask her to follow the body relaxation and focusing on the breath technique which he had learned during the sessions and guide her to de-stressing. With his new energy and spirit her stress had reduced to a great extent. Case D showed improvement in compliance with the diet, showed enthusiasm, was able to rid herself of the dupatta and dressed herself with the 'bindi' and was able to laugh along with everyone in the group. Her participation improved and her shyness reduced. Her mother reported that she would look forward to the sessions, was less resentful and remained happy and engrossed with other children at the centre.

Case E would often cling to the therapist through the sessions and sometime become out of control with laughter. However, gradually she was able to maintain her focus on the activity, remain quiet and not disturb others and participate fully in the closure activity of chanting and meditation holding therapist's hand. She was more sportive and other children at the centre became sensitive towards her. They were able to laugh together than on one another. Her sibling reported that she was happier, took interest in being with everyone and won't be easily angered. She looked forward to the sessions and would eagerly wait for the day. In the group Mandala, the participants were asked to fill in the core and their group belief in the smaller circle within and the group improvised the famous song ''हम होंगे कामयाब, हम होंगे कामयाब एक दिन... मन में है विश्वास प्रा है विश्वास, हम होंगे कामयाब एक दिन – होगी जीत कैंसर पे, होगी जीत कैंसर पे, होगी जीत कैंसर पे एक दिन, हो हो मन में है विश्वास, प्रा है विश्वास, हम होंगे कामयाब एक दिन..." (we will surely win one day, surely we will win one day, we believe in our hearts, we will surely win one day. There will be victory over cancer, we believe in our hearts, there will be victory over cancer one day) and chose it to be their core group belief.

C. MINDFULNESS- All 5 participants showed improvement in their mood and were more calm and relaxed after receiving ABT interventional support. They were able to maintain their focus on the present moment and shift their focus away from illness. They were able to laugh and feel happier. They were able to focus on themselves, breathe fully look at the positives around, and be in the moment. Case B expressed, "मन

को शांति मिलती है, बॉडी रिलैक्स होता है और इसलिए मुझे सेशन में आना बहुत अच्छा लगता है!"(mind feels peaceful, body is relaxed and so I like coming for the sessions), "दीदी, बहत अच्चा लगा. जब उम् ध्वनि होती है तो लगता है जैसे वीणा बज रही है!" (didi, I felt very good. When 'umm' sound is chanted, it feels like harp is playing).

D. IMPROVEMENT IN QUALITY OF LIFE All participants showed improvement in their physical symptoms of pain and fatigue, improvement in their compliance with diet and medication, improvement in sleep and overall felt more energetic after participating in the ABT. One of the teachers from Cankids gave feedback about positive improvement in case B, case C and Case E who attended the school regularly. All the parents reported less physical distress and improvement in the mood and energy levels of the participants.



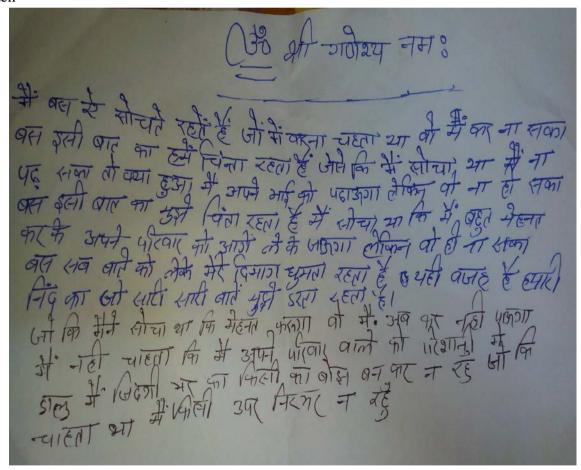
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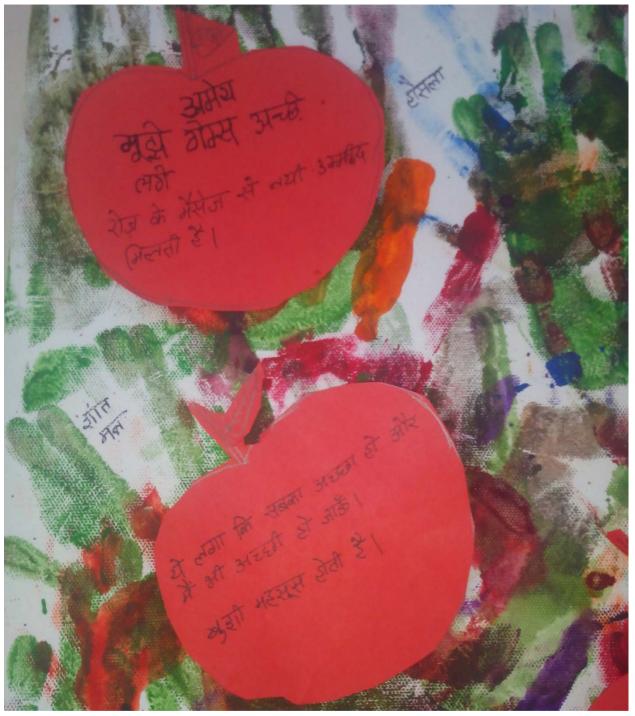
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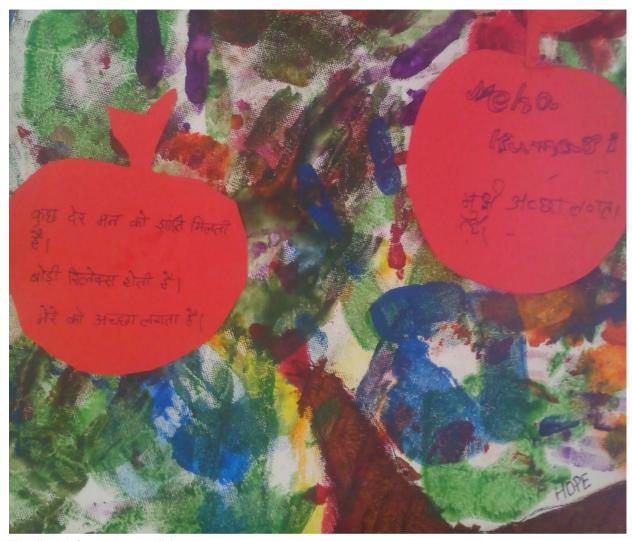
Expression from a participant



Vegetable prints- A Happy World of your imagination



Feedback from the participants



Feedback from the participants



Collage- Mandala

CONCLUSIONS AND IMPLICATIONS

ABT made a difference to the lives of all the children who attended the sessions even once or twice. Children would be eager to participate in the sessions. The children would come and participate in the sessions on all days when they would be there in Dharamshala. The parents of young kids who participated in the sessions expressed that children would be very happy when they would come after attending the session. ABT did prove to be a torch light in a dark tunnel.

The study though has limitations in its scope and only long term participation was considered and only 5 participants who participated for the whole module were observed, assessed and were documented for the research purpose.

The current research findings of ABT action research project are in line with the past research in the area of effectiveness of arts based interventions in oncology patients. Current findings can be supported with the results of the study by Garland, Carlson, Cook, Lansdell, &Speca (2007) which suggested mindfulness based stress reduction program is more effective that healing through art in enhancing spirituality and reducing stress, depression and anger in cancer patients. Also the research findings of a study by Nancy Nainis, Dr. Judith Paice and colleagues in the 2006 concluded that participation in mindfulness based art therapy resulted in a significant decrease in symptoms of distress and significant improvements in key aspects of health related quality of life support the current findings of the study that ABT helps in

reducing depressive feelings, cultivate positive attitude, offers relaxation and reduce general feelings of anxiety.

Improvement in the quality of life of children who participated in ABT sessions was noted by the ABT practitioner. Also the feedback from the parents and the teacher suggested the same. This finding stand supported by the research findings on the study by Visser A, Op'tHoog M. (2008) that suggested improvement in general quality of life with arts based therapy.

The ABT interventions were useful in helping children express themselves. This finding is supported by the research findings of the study on understanding whether drawing facilitate older children's reports of emotionally laden events by Tess Patterson and Harlene Hayne (2011) that concluded drawing as a useful tool in clinical and forensic settings with children of all ages and also reported that drawing increases the amount of information that children report in comparison to verbal report.

The current study can be replicated with a larger sample size and designing specific (4-5 sessions) ABT session module to see effectiveness of arts based interventions across different age-groups. The current study reported the improvement in quality of life of children and also the improvement in mindfulness and relaxation feelings but did not have quantitative data supporting it. A study using more quantitative methods to note the amount of improvement on the above variables can be undertaken in the future. More research is needed to establish effectiveness of mindfulness based art therapy for healing in children with cancer.

There is a dearth of research in the area focusing on caregivers and families of the cancer patients. During the current study it was noted that the parents and caregivers of the cancer patients experienced immense stress due to hardships, and financial constraints with regard to costly medical health care. A study focusing on improving quality of life of care-givers of the cancer patients, children of cancer patients, and siblings of cancer patients using arts based interventions can be taken up in the future.

REFERENCE

- Garland, S.N., Carlson, L.E., Cook, S., Lansdell, L., &Speca, M. (2007) A nonrandomized comparison of mindfulness based stress reduction and healing arts programs for facilitating posttraumatic growth and spirituality in cancer outpatients, Supportive Care In Cancer, 15(8), 949-961. doi: 10.1007/s00520-007-0280-5
- Nainis, N., Paice, J.A., Ratner, J., Wirth, J.H., Lai, J., & Shott, S. (2006). Relieving symptoms in cancer: Innovative use of Art Therapy. Journal of Pain and Symptom Management, 31(2), 162-169. Retrieved fromdoi:10.1016/j.jpainsymman.2005.07.006
- Patterson, T., & Hayne, H. (2011). Does drawing facilitate older children's reports of emotionally laden events? Applied Cognitive Psychology, 25(1), 119-126. Retrieved from doi: https://doi.org/10.1002/acp.1650

Pratt, R.R. (2004). Art, dance and music therapy. Physical Medicine and Rehabilitation Clinics of North America, *15*(2004), 827-841. Retrieved from doi:10.1016/j.pmr.2004.03.004

Visser, A., & Op'tHoog, M. (2008) Education of creative art therapy to cancer patients: evaluation and effects. Journal of Cancer Education, 23(2), 80-84. Retrieved from doi:10.1080/08858190701821204

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Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

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