



# **A Hope Beyond Cure: A case study on the role of art therapy in bridging terminal patient's expectation and reality**

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# Context



Sandy\* experiences psychosocial turmoil through disease trajectory. She was cared by the ward's interdisciplinary team until her eventual demise almost 5 months later.

## Who is Sandy?

- 55-year-old, Female, Chinese, Christian
- Rectosigmoid cancer with mets to pelvic LN
- Divorced with no children, not close to siblings
- Lives alone in her own flat prior to hospice admission
- Main source of support is friends from church

\*pseudonym





# Context

## Sandy's personality

- fiercely independent lady
- expressed wish for hasten death following pain episodes
- unable to accept prognosis
- exhibited distinct hope for curative miracle



Fig.1. Sandy, [Session 34 of 39] *I Want To Throw This Away*,  
Pencil and colour pencils on 200gsm paper, 105mm x 148mm





# Presenting issue(s)



Sandy exhibited distinct hope for curative miracle but as the disease progresses, her fluctuating emotional state starts to have an impact on the clinical team.

## Referral for art therapy from ward physician

- Meaning making
- Existential issues

## Art therapist's (AT) approach & support

- Therapeutic Triangle (Schaverien, 2000)
- Here-and-now (Yalom, 2017)
- The Third Hand (Kramer, 1986 & 2001)
- Art on Behalf (Ganzon, 2020)

Focus is on *psychodynamics* between Sandy, her art and AT

Focus is on supporting *creative processes* initiated by Sandy

Ganzon, C., O'Callaghan, C., & Dwyer, J. (2020). "Art on Behalf": Introducing an accessible art therapy approach used in palliative care. *The Arts In Psychotherapy*, 67, 101616.

Kramer, E. (1986). The art therapist's third hand: Reflections on art, art therapy, and society at large. *American Journal of Art Therapy*, 24(3), 71–86.

Kramer, E. (2001). *Art as therapy: Collected papers*. London: Jessica Kingsley Publishers

Schaverien, J. (2000). The triangular relationship and the aesthetic countertransferences in analytical art psychotherapy.

In Gilroy, A., & McNeilly, G. *The changing shape of art therapy: New developments in theory and practice* (pp. 55-83). London: Jessica Kingsley Publishers.

Yalom, I. D. (2017). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York: Harper Perennial.





# How the issue(s) were overcome



- **Interdisciplinary team approach** was deemed necessary in the care delivery for patient, especially to assess and manage patient's psychosocial-spiritual issues
- Discussions were regularly made during interdisciplinary team meetings
- The consensus was for clinical team to aim for **common goal** to achieve symptom control and compliance of patient, and to minimize patient's potential internal and external conflict.
- The **art therapist** provided non-pharmacological and non-verbal approaches, through a therapeutic relationship, to support the patient.
- A total of **39 planned-sessions** took place leading to Sandy's completion of her artwork entitled "*Psalm 23*".





# Traces of emotions visible in art



Crushed artwork was meant to be her gift to the physician should curative miracle happen.

Sandy's actions suggested her emotions towards her medical condition.

Fig.1. Sandy, [Session 34 of 39] *I Want To Throw This Away*, Pencil and colour pencils on 200gsm paper, 105mm x 148mm





# Outcome(s) achieved

- Twice-weekly art therapy (AT) sessions provided a **supportive space** that allows the patient a **safe environment** to express and process oscillating emotional states as she experiences increasing symptoms from her medical condition.
- AT engagement extends to the patient's self-directed use of art making processes at her own time and at her own request, providing **effective distractions** and **spiritual connection** when **pain** incidents occurred.



Fig.2. Sandy working on *Psalm 23*. Photographs were part of a series taken by art therapist between session 4 to session 20, at the request of Sandy using her mobile phone. These photos became a way for her to share with her friends what she has been doing during her stay at the hospice.





# Overview of art therapy sessions



Session, (Month)	1 to 3, (Apr - May)	4 to 12, (May - Jun)	13 to 20, (Jun - Jul)	21 to 33, (Jul - Aug)	34 to 35, (Aug - Sep)	36 to 37, (Sep)	38 to 39, (Sep)	
Overarching theme	Interest in trying out different art materials	Making and completing of wooden table	Making and completing of wooden chairs	Making and completing of clay food and utensils	Sandy requested help to finish her trolley	End-of-Life conversation through her artwork	Planning for collection of artwork for close friend	
Approach applied by art therapist	Elements of play and exploration with materials	Third hand - assisting in creative process without enforcing new ideas		Extending support for Sandy’s request of using art materials for pain distraction (Sessions 19 and 24)		Art on behalf - artwork created based on patient’s given instructions	Art as a container for emotions and thoughts	Therapeutic presence, empathic listening
Notable incident	Using crayons as outline for watercolour, tidies up workspace periodically	- Requested AT’s to ‘trim away’, ‘remove’ and ‘make smaller’ undesirable portions of her artwork during session 12, 20, 32. - Parallel experience with increasing lower limb weakness, pain episodes and her continued wish for curative miracle			Crushed one of her own drawings (Fig.1) meant as a gift for doctor	Scene in her final artwork (Fig.3) depicts where she will be after she passes on	AT: Seeing the work in an acrylic display box feels like a ‘goodbye’ from Sandy to AT	
Summary of art therapist assessment	Presented preference for non-messy art, sense-of-order is important	• Creative processes allows for sublimation. • Ongoing grief process identified and supported • Safe environment to explore oscillating themes, - Sense-of-urgency / Unhurried pace - Acceptance / Denial of her condition - Being independent / Reliant for support			Acknowledging deterioration and limited-time, starting to ‘lean on’ clinical team	Awareness about eventual demise and Sandy is ‘wrapping things up’	Reflective period about clinical encounter and preparing for termination	



# Psalm 23 by Sandy



Fig.3. Sandy, [Session 37 of 39] *Psalm 23*, Wood, air-dried clay & acrylic paint. Dimensions variable



# Lessons learnt or reflections



- Clinical encounters enabled AT to witness the emotionally rich inner world of a terminally ill individual through art making processes within the boundary of patient-led art psychotherapy sessions.
- The range of emotions experienced by the art therapist while working with the patient served as crucial point of reflections in the planning of following sessions.
- The encounters served **therapeutic purposes** to patient as well as learning and growth opportunity for clinician.





# Significance on the clinical team



As a part of the interdisciplinary clinical team in a hospice, this case study demonstrated the complementing role and responsibility **art therapy** has in **supporting** the psychological landscape and **emotional needs** of individuals with life-limiting conditions, as well as supporting other clinicians in symptom control through a **total pain** perspective.

## The intention is connection (Safrai, 2013. p.128)

Safrai, M. B. (2013). Art Therapy in Hospice: A Catalyst for Insight and Healing. *Art Therapy: Journal of the American Art Therapy Association*, 30(3), 122-129.







Every One Matters.  
Every Moment Counts.