

A healing journey: Using a daily visual journal practice to process the emotional experience of early breast cancer

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Abstract

This art-based autoethnographic research explores an art therapist's lived experience of early breast cancer treatment and recovery through a practice of daily visual journaling. Using creative expression to capture and reflect on the emotional experience, she explores her well-being, what values guide her and how art journaling can support the psychological demands of breast cancer diagnosis and treatment. Giving voice to her emotions during a personal health crisis, through the creative act of art-making, supported her in transforming pain into self-compassion and restoring quality of life. The research sheds light on the psychological demands often associated with, but unaddressed in clinical treatment for, early breast cancer.

Keywords

Visual journal, breast cancer, psychological demands, healing, creative expression, art-based research

Introduction

Each woman responds to the crisis that breast cancer brings to her out of a whole pattern, which is the design of who she is and how her life has been lived.... our feelings need voice in order to be recognized, respected, and of use. I do not wish my anger and pain and fear about cancer to fossilize into yet another silence... may these words underline the possibilities of self-healing and the richness of living for all women... and to integrate this crisis into useful strengths for change. (Lorde, 1980, pp.9–10)

During a personal health crisis, we often turn to medicine. Its evidence base dictates what the diagnosis is, what treatment to give, what protocols to follow. This is effective especially in life-threatening circumstances. However, listening only to the voice of reason and medicine is problematic, as there is another voice that needs to be heard in such trying times. The voice of the person, on the surgery table, in the waiting room, under the MRI, is also valuable. For it is their body/mind/spirit that hosts the ailment, must weather the treatments, take the medicines and pursue healing. Their voice is ever present in their suffering and emotional experience of their journey.

Historically, science, and perhaps society, has been dismissive of patients' emotional experience. "Oh, don't be so emotional" is a common catch phrase. In science, physical disorders are often the primary focus of care and patients' emotional suffering and needs are rarely mentioned in medical education, clinical care, or research (Phillips et al., 2023; McColl-Kennedy et al., 2017). Yet evidence indicates healing requires understanding the patient as a whole person, not just addressing

a discrete physical problem, and must occur at the emotional, psychological, social, and spiritual levels (Firth et al., 2015). Emerging research indicates emotional support is a crucial element in providing safe, high-quality patient and family-centred care (Bradshaw et al., 2022; McColl-Kennedy et al., 2017). Emotional support consists of three key components: a cognitive understanding of the patient's needs; an affective understanding of the patient's values; and an altruistic effort to alleviate the patient's pain (Bradshaw et al., 2022). Another essential aspect of emotional support is narrative knowing, which involves a shared understanding between the healthcare provider and the patient regarding the experience of chronic illness, and the emotions related to helplessness and suffering. When patients' emotional health needs are met, they are better able to manage the stress that accompanies a health crisis, and their well-being and quality of life (QoL) improves. Yet most reviews on the QoL of breast cancer patients focus on the impact of treatment or integrating complementary and alternative medicine, with yoga most recommended (Mokhtari-Hessari & Montazeri, 2020).

While Australia has one of the best breast cancer survival rates in the world, it remains the most common cancer facing Australian women (Breast Cancer Network Australia, 2023). Cancer continues to be an alarming and serious disease and the diagnosis traumatic (Kievisiene et al., 2020). Estimates are 3,178 women will die each year with a 92% survival rate after five years (Cancer Australia, 2023). A breast cancer diagnosis is a life-changing experience, and the costs are high – physically, financially and psychologically – with a potentially traumatic nature (Martino et al., 2021) as patients grapple with what could be a death sentence. A study in the UK reported that “women can be at risk from a wide range of long-term physical and psychosocial effects following their diagnosis and treatment” (Capelan et al., 2017, p.113). Research indicates older women with post-surgery issues like impaired physical function, mental health and emotional support tend to have worse self-perceived health and psychosocial adjustment a year later (Ganz et al., 2003). They recommend enhancing QoL for older breast cancer patients by creating and testing interventions and focusing on their physical and emotional needs (Ganz et al., 2003). Studies continue to highlight the burden on patients' psychological well-being and quality of life, yet there remains a dearth of research into how best to support patients' mental and emotional needs (Kievisiene et al., 2020; DeMiglio et al., 2020). As more and more women face this diagnosis, meeting their emotional-care needs is critical to their recovery, healing and ongoing QoL.

Quality of life is a subjective evaluation and a “broad ranging concept incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment” (World Health Organization, 1998, p11). There is a growing call for integrative medicine and complementary therapies to better address psychological needs and support patients' QoL (Mokhtari-Hessari & Montazeri, 2020). A recent study indicated the effectiveness of many psychotherapeutic and supportive approaches in elderly breast cancer patients, the most effective included psychotherapy, meditation, and Eye Movement Desensitization and Reprocessing (EMDR) (Dinapoli et al., 2021). There is increasing awareness and use of contemporary and alternative medicine (CAM), including art therapy (Kievisiene et al., 2020). Regev and Cohen-Yatziv's (2018) systematic literature review indicates there is a vast amount of research in the field of art therapy with cancer patients. They assert, “art therapy emerges strongly as a way to enhance their quality of life and their ability to cope with a variety of psychological symptoms” (p.15). The systematic literature review suggests it is possible to significantly improve the emotional state and perceived symptoms of cancer clients

through art therapy. This is supported by further studies on the role of emotional processing in art therapy for breast cancer patients (Czamanski-Cohen et al., 2019). It is worth noting however a systemic review, evaluating six randomised control trials (RCTs), recognised that while art therapy was seen in some studies to enhance the psychological state among breast cancer patients, there was inconclusive evidence to its efficacy (Azmawati et al., 2018).

Art therapy has been found to be a useful tool for cancer patients in helping them cope with the stressful experience, reduce stress and anxiety, deal with emotions, gain a sense of control, and promote spiritual well-being (Nainis, 2008). A more recent systematic review, including nine RCTs, supported art therapy as a complementary oncology therapy that could improve QoL and emotional symptoms (Kievisiene et al., 2020). In particular “emotion processing is a potential mechanism through which reduction of depression and somatic symptoms in cancer patients can occur” (Czamanski-Cohen et al., 2019, p.593). In a systematic review of mechanisms of change in creative arts therapies, emotional elicitation and processing is considered one of the 19 mechanisms that effect change in clients (deWitte et al., 2021). A recent meta-analysis (Xu et al., 2020) indicated art therapy with patients with breast cancer has positive effects on improvement of depression, but not anxiety. As the range of outcomes in different studies is variable, more heterogeneous RCT studies are suggested.

This study, although not therapy between a client and therapist, does draw heavily on principles, practices and insights about creativity, creative expression, art-making process, art media use, art symbols, process of art-making, and visual journaling used in art therapy. The use of a visual journal is common in art therapy studies, where students capture visual images, reflections and learnings on their identity and therapeutic practices, and cultivate self-awareness. Visual journaling combines art-making and reflective journaling, where imagery reveals inner feelings and words to make sense of the images (Deaver & McAuliffe, 2009). The use of a visual journal is similar to that in Malchiodi’s “creativity and wellness group” for women with breast cancer (2012, p.402). This group involved participants who took an active role in supporting their well-being through a visual journal for relaxation and coping. The aim was to encourage communication of difficult emotions, reduce stress and facilitate a search for meaning.

Research indicates beneficial effects of emotional expression through writing, but there are few studies on the use and benefits of journaling, much less visual journaling for women with breast cancer (breastcancer.org, 2023; Smith et al., 2005). A study on 43 women with early breast cancer diagnosis using journaling, indicated “expressive writing is not necessarily universally helpful to mood states, but rather there may be specific characteristics of writing that are more useful in alleviating symptoms of distress” (Smith et al., 2005, p.1008). There are also examples of art therapists, such as Harriet Wadeson and Caryl Sibbett, who used journals in response to their diagnoses to transcend their suffering (Fish, 2013). Wadeson commenced a journal as a reaction to her health emergency, and later incorporated images as her treatment journey advanced. Sibbett documented her reflections on how art helped her express and process difficult emotions, including fear, terror and the experience of liminality (Sibbett, 2005). Creating a visual breast cancer journal helps to “break through silences too long engrained in our society”, and has the “potential to facilitate women’s sense of self identity” and “move us closer to more effective treatments, [and] a higher quality of care” (Chansky, 2007, p.198).

Generally speaking, a number of health benefits have been correlated with visual journaling or art-making, including enhancing immunity and decreasing cortisol levels (Warson & Lorange, 2013). A study by Mercer et al. (2010) indicated that the use of visual journaling demonstrated a decrease in anxiety and negative affect. An RCT study followed 60 women with early-stage breast cancer following their treatment (Stanton et al., 2002). Of the three groups assigned different writing tasks, three months later the two groups who wrote about their emotions and expressed the full range of thoughts and feelings, reported significantly fewer negative physical symptoms and needed fewer medical appointments than the group whose writing was limited to the facts. The study showed encouraging results, but the authors suggest further studies are required to determine which types of patients would benefit most from using writing for emotional expression.

This research entails an arts-based autoethnographic enquiry into the experience of early breast cancer and recovery in the first year. Drawing on autoethnography serves this research topic; as a phenomenological approach, it promotes exploring lived personal experiences as a source of knowledge and meaning-making (Neubauer et al., 2019). This research investigates the questions: *How might the use of a daily visual journal help to explore the emotional needs of an early breast cancer patient? How does daily art practice support psychological well-being during an early breast cancer experience?*

Methodology

This research uses an art-based autoethnographic approach as a form of qualitative research. This methodology employs narrative traditions using dialogue, self-study/autobiographical and memory work to construct stories of pivotal experiences in the researcher's life (Cooper & Lilyea, 2021). Autoethnography is a valid and suitable research method, which gives voice to the conscious and emotional aspects of personal experiences, and invites connection with the reader and context (Pretorius & Cutri, 2019; Méndez-López, 2013; Wall, 2008; Adams et al., 2016). Autoethnography allows people to engage "in the process of figuring out what to do, how to live, and the meaning of their struggles through personal experience" (Bochner & Ellis, 2006, p.111).

In this paper, the term 'art-based autoethnography' is used to signify the use of art as a way to access information and value subjectivity, imagination and introspection (McNiff, 1998, cited in Gilroy, 2006). Through art, it is possible to find deeper insights, discover knowledge that is unique and immeasurable, and enable empathy and compassion with 'the other' (Knowles & Cole, 2008; McNiff, 1998). Cooper and Lilyea claim that "the focus of arts-based autoethnography aligns with the goals of autoethnography while using interpretive and representational collection and presentation techniques" (2021, p.4). In this study, the representations are from the daily visual journal. This choice of methodology was intentional, as it could favour my voice as I progressed through the breast cancer experience, so that it remained unfiltered and raw, and all the emotions experienced could be heard, seen and felt. The choice also pertains to the fact that "arts-based research is the polar opposite to science" (Chamberlain et al., 2018, p131). This arts-based research avoids measurement, causality and certainty, and leaves interpretations and findings open to the reader. The point is "not to answer questions or offer final meanings but rather to provoke questioning, deepen engagement, open debate, and inspire social action" (Chamberlain et al., 2018, p.133). By hearing from the emotions and witnessing them in the art, others might deepen their appreciation of the psychological experiences that accompany a breast cancer diagnosis. Furthermore, healthcare professionals might care more compassionately for the whole human being (body/mind/spirit) they

are treating, and the health system might improve the design of treatment protocols that support psychological and physical health issues simultaneously.

In this approach, the researcher has multiple roles as investigator, subject and storyteller (Pretorius & Cutri, 2019). As subject, I am a 60-year-old American-born Caucasian female who immigrated to Australia 35 years ago. Professionally, I am an art therapist, university tutor, research supervisor and HR practitioner. As a researcher, my role is to explore my lived experience with early breast cancer from diagnosis through recovery at the one-year mark. A visual journal was used daily for five to ten minutes and without directives. The brief time limit was meant to reduce any pressure, and the timing and lack of directives allowed for the most spontaneous of emotional expressions. Non-directive entries were chosen, as research indicates a self-directed approach can be as beneficial as directives (Mercer et al., 2010).

The emotional experience

Experiencing early breast cancer can evoke a wide range of intense emotions through this challenging journey. Each person's emotional experience may be unique. The feelings and reactions I observed included the full gamut of shock, withdrawal, gripping fear, terror, anger, sadness, blame, guilt, helplessness, hopelessness, depression, anxiety, optimism, joy, hope, curiosity, contentment and compassion. The following is an account of some of the more prominent ones.

Reeling from the shock

The day I was called back to the clinic for a biopsy following a routine annual breast screen remains forever etched in my mind. I'd heard the consultation could take some time and I didn't want my fears and anxiety about the results to run away with me. As an artist and art therapist, creative expression had been a constant companion, I was curious as to whether drawing in a journal might help while waiting at the clinic. So I began what I could when all you have is a pen and paper and need to relax, calm the mind and self soothe – a zentangle (Chung et al., 2022; Malchiodi, 2014) (Figure 1). The abstract lines of the zentangle were not finished that day. The look on the doctor's and nurse's faces said it all. A cocktail of sympathy for yet another cancer patient, heartache at breaking the bad news and perhaps fear that it could be them in the patient's seat flashed quickly across their facial expressions. Witnessing their reactions as they reported my breast cancer diagnosis helped to allay the shock that reverberated through every cell of mine only seconds later. This was not in my life plan, not in the New Year's resolutions, not in the daily intentions, not in the well wishes from friends and family, not in the promises of committing to a healthy lifestyle. How could this be happening to me? I was so well.



Figure 1. Katherine Winlaw, *Shock @ the news*, 2022, pen, 210 × 148mm.

Ian Gawler's seminal book *You Can Conquer Cancer* (2015) and teachings on lifestyle medicine had long ago inspired me to do what I could to prevent the 'big C' from inhabiting my body. There was a scare 34 years ago when some tests showed premalignant condition in my reproductive system. Following surgery, I vowed to a life of health and well-being. I'd given up smoking five years earlier, and being active had always been a big part of life, so I adopted his anti-inflammatory and highly regenerative diet, including cutting out animal products and processed foods linked to cancer.

Over the years, my healthy practices fluctuated, and new ones were continually added. Following a career of roles in human resource management and a bout of burnout, depression and anxiety, it became clear that one's mental/psychological/emotional health was as, if not more, important than the physical lifestyle choices one chose. So, I resumed daily yoga and meditation, self-care and gratitude practices, and limited alcohol intake. I firmly believed my arsenal of well-being practices was protective.

As the years passed, I farewelled my aunt due to bone cancer, and soon after my younger sister wrestled with breast cancer, as did another aunt and cousin. Surely, my ever-expanding toolkit of healthy lifestyle practices would do the trick, I would be a lucky one amongst the women in my extended family.

Unfortunately, this was not to be the case.

Turning inwards

While courage and strength were needed in the days that followed, creating a safety net was first on my list. Much of what lay ahead in terms of healing would not only be the physical recovery from surgery and radiation but the psychological experience that accompanied these.

This diagnosis was significant; even if I recovered, studies showed breast cancer treatment with radiotherapy can be stressful, with greater risk of anxiety, depression, suicide and a decrease in quality of life (Luutonen et al., 2014; Carreira et al., 2018). There was also emerging research that showed art therapy interventions could support anxiety, depression, tiredness and the uncertainty and emotional experience of cancer diagnosis (De Feudis et al., 2019; Jang et al., 2016; Jiang et al., 2020). In particular, depression and anxiety in breast cancer patients greatly influence their quality of life and survival rate after treatment. Knowing that life after diagnosis was important, I focused on exploring the emotional experience of breast cancer treatment and beyond.

I instantly turned towards the wisdom of women who had experienced breast cancer, along with my husband, daughter, family, dear friends and a talented team of professionals. But there was another, my spirit, that needed a voice in this process. As Ray and Baum assert, "physical



Figure 2. Katherine Winlaw, my daily art journal, 210 × 148mm.

illness cannot be effectively treated other than in the context of the psychological factors with which it is associated. The body may have the disease, but it is the patient who is ill” (1985, p.v). It was this concept that propelled me to see a psychologist alongside the surgeon and radiation oncologist, and to turn inwards through the use of a visual journal to delve into my emotional experiences (Figure 2).

I had kept a written journal for many years previously, practised daily art, and was aware of the physical and psychological benefits of expressive writing (e.g., lowering blood pressure, improving cardiovascular health and immune function, speeding up healing, strengthening memory, improving mood and easing symptoms of depression [Baikie & Wilhelm, 2005; Gortner et al., 2006]). However, I had never used a daily visual journal for a personal health crisis. Engaging in creative expression had afforded benefits to my many clients. I wondered how creative expression in a daily art journal could assist me in this time of personal need. Anne Day had found that “the journal is an important tool because it works as a catalyst for self-discovery and self-reflection” (2001, p.140). So I began to sit and make an entry every day, no matter how short or how long, I would commit to the daily practice of giving voice to my feelings and emotions.

Holding on

“We’ll just have to focus on getting you well.” Those words fell from my husband’s lips as we left the car park on the day of the diagnosis. The idea that I was ‘un-well’ struck me with such force. For I felt well, I looked well, I moved well, yet somehow, I also had Cancer.

There was a sense deep within that, unlike the choices made in my 20s, dealing with this health crisis was not about striving harder to achieve greater well-being. I was no longer compelled to eat cleaner, move more, or meditate for longer; I wanted to become aware of the experience and learn from any inherent wisdom that existed within.

Returning to the journal on day two, I invited the next day’s entry and, without intention, a mandala appeared (Figure 3). Interestingly Carl Jung, a Swiss psychiatrist, believed the mandala was an expression of the urge for wholeness, to step into our uniqueness, and to live out our potential. (Fincher, 2010; Quinn, 2019). So in my thoughts I asked of it, what values needed to guide me through this experience – it responded, ‘centred’, ‘connected’ and ‘compassionate’. When I queried what thoughts I would need to hold on to in order to manage through this experience, the image responded, “it will all work out for the best, in the end. Learn to wait, trust and believe from your deepest, most wise self.” As Buchalter states, the mandala “reminds us of the impermanence of life and the need to accept change. The mandala



Figure 3. Katherine Winlaw, *Centred*, 2022, marker pens, 148 × 210mm.

provides a sense of calm and comfort, focus and insight” (2013, p.7). The words and mandala that day restored in me a greater sense of inner peace about what may lie ahead. And in that moment the journal became my closest companion and a safe place to creatively explore the experience.

As the days unfolded, the fear of what may lie ahead resurfaced. Prior to the biopsy results, a journal entry read “the uncertainty was nerve wracking.” While the results couldn’t come soon enough, I also wanted to “live in blissful ignorance” forever. Day six’s entry provided the positive boost that was needed. At this point I focused on what was needed to gain a sense of groundedness amongst the turmoil inside. The word ‘BELIEF’ emerged, and I embellished it with gold paint pens while keeping focused on what that meant and what it felt like (Figure 4). Finishing it, I experienced a firmer belief that I did not have to fear this diagnosis. A quote from a psalm appeared – “Do not be afraid, I am with you” – and a sense there was a higher power that was there with me. I was not alone, and things would work out.

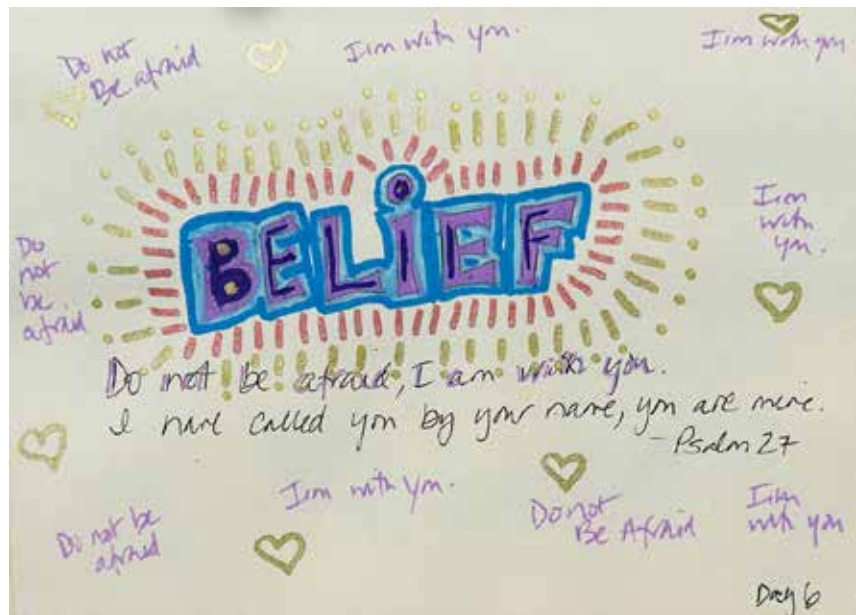


Figure 4. Katherine Winlaw, *Belief*, 2022, acrylic paint, pastel and pen, 148 × 210mm.

Listening to and caring for the body

On the day of diagnosis, I sensed deep within this was not a ‘fight’ or ‘battle’ with cancer. Whatever was inside me was in fact part of me and fighting it sounded too hurtful. Working on a body scan in the journal revealed “peace was within and around you” (Figure 5). Opening to the peace was more important than any fight. I sensed healing would come more from an acceptance of what is than from a fight. Yet later that same day, following the biopsy results, I created a scribble drawing where an octopus emerged, and it was titled Sticking my finger back at it – perhaps that peace was fleeting. Day seven arrived and a card pulled in my morning yoga practice highlighted just how I might achieve this. So I captured this in a painting on day nine (Figure 6). I would need to be an ally to my body, including the cancer within, and show up for the next step. At this point, I decided to create a 3D representation of the cancer and come face to face with it (Figures 7 and 8). Creating the collage box was an incredibly tender experience. While the cancer first emerged as a black central cutout – like a flower or another mandala – it soon morphed to a delicate white-dotted figure surrounded by the softness of feathers and whispers of loving thoughts on tea bags “you’re precious”, “I love you”, “you matter” and “you’re dear to me”. As I finished the adornment on the outside of the box, I felt a more loving connection not only to the cancer but to parts of me I had exiled for too long. The newfound tenderness was palpable and resonated within me for days. Weeks later, following surgery, I enquired of the surgeon as to the colour of the cancerous tumor that had been removed – her reply: “It’s white.” This seemed to solidify for me the inner wisdom that had emerged through the creation of the box and whispered again – this is not something to fear and attack but something to behold and embrace.



Figure 5. Katherine Winlaw, *Body scan*, 2022, acrylic paint, pastel and pen, 210 × 148mm.



Figure 6. Katherine Winlaw, *My body ally*, 2022, acrylic paint, pastel and pen, 210 × 148mm.

Managing the anxiety



Figures 7 and 8. Katherine Winlaw, *My breast cancer*, 2022, mixed media, 200 × 150mm.

Recovery after surgery seemed easy compared to walking into the radiation clinic. Through surgery I'd been in a bubble, sharing it with my close family, my surgeon and the care team at the hospital. Coming home and nursing my wounds and pain, I could be in isolation from everything and everyone else. I could even imagine that I was miraculously done and over with the cancer. It was removed and that was it. But entering the radiation clinic, seeing the forlorn faces of people in the waiting room, catching glimpses of those with visible wounds and scars and sitting next to the patient on oxygen awaiting the ambulance, felt like the diagnosis slapped me hard across my face.

I was one of them. I shared their cancer diagnosis. That terminal illness that can slowly whittle you away and steal your last breath when you are not ready to go or leave those you love behind. Yes, I had cancer. Yes, that's why I was here. As the realisation hit me like a train, so did the anxiety and it quickly worsened. I exercised control where I could; making sure I followed the same path, parked in the same spot, washed my hands at the same time, wore the same blouse, unclothed in the same order, and the list went on. This is not uncommon, as stated in a meta-analysis by Xu et al. "a high proportion of patients with breast cancer present with severe anxiety and depression" (2020, p.1). As the obsessive compulsive patterns emerged, I decided the only way through these three weeks of daily radiation treatment was to bring my journal along and use it to help cope at the clinic. Sitting in waiting room, I would draw, often neurographica designs (Figure 9) and sometimes doodles in mandalas, or just layers of pen and pastel on watercolour backgrounds (Figure 10). The soothing nature of making marks, of focusing on the small paper, creating repetition, and using colours that felt right, helped in calming my nerves prior to the radiation treatment. There is little that can prepare you for the inhumanity of being strapped onto the stainless steel table with your arms above your head at unnatural angles, and your breast bared for all to see. Eventually I moved beyond the discomfort and embarrassment, and after a while cared little for what part of my body was prodded and awkwardly positioned to be in the precise spot required for the machine to target. That doesn't mean it was enjoyable, it just got slightly more bearable.



Figure 9. Katherine Winlaw, *3 days to go this week*, 2022, pen, 210 × 148mm.



Figure 10. Katherine Winlaw, *Trying to find calm amongst the pain and fears*, 2022, watercolour and oil pastel, 210 × 148mm.

Moving with the flow of emotions

There was excruciating pain associated with the surgery, but eventually I learned to rest and let my body heal. This could be done from my own home, where reading books and bingeing on the TV show *The Great Pottery Throw Down* kept me distracted. However, experiencing the oncology clinic threw a new challenge. Riding the roller coaster of grief and the corresponding emotions that travel alongside it: fear, disappointment, anger, distrust, worry, guilt, shame, jealousy, discouragement, pain, helplessness and overwhelm. I held hands with depression, peered into the eyes of death and felt remorse for a life not fully lived. Most of all, my anxiety skyrocketed.

These were big emotions and feelings that needed to be acknowledged, felt and expressed. For emotions often aren't surrendered until they are felt. I worked on the concept that externalising a feeling through art-making can help to process and release it (Campbell et al., 2016; Gantt & Tripp, 2016; Johnson, 1987; Smith, 2016; Talwar, 2007). Working in the journal supported this, especially when the feelings seemed unbearable, such as the pain following surgery (Figure 11), or the disorientation after surgery (Figure 12), or the days filled with tears. By expressing these feelings on paper, I was able to externalise them and release their hold on me. Moving through them felt less laborious. In her book *Cancer Journals*, Audre Lorde says of women who are breast cancer patients, "our feelings need voice in order to be recognised, respected and of use." This resonated for me and was also echoed in research on mindfulness-based art therapy (MBAT) for cancer patients (Monti et al., 2016). Findings showed significant reductions in cancer patients' depression, because, rather than driving away unwanted emotions, patients approached their emotions and aimed to understand them.



Figure 11. Katherine Winlaw, *F* YOU PAIN, you're a pain*, 2022, acrylic paint, pastel and pen, 210 × 148mm.



Figure 12. Katherine Winlaw, *Disorientation*, 2022, acrylic paint, pastel and pen, 210 × 148mm.

Days went by that were filled with tears. Day Seven's entry read "managed through the teariness of Day One and Two and cried lots. The weight of the diagnosis has hit." Not knowing, living with uncertainty, losing my grasp on hope. I recall visiting with a dear friend on the weekend before surgery. She had experienced breast cancer five years earlier and I felt safe being with her. We laughed and socialised over a meal, and shared a cup of coffee at sunrise on the balcony of her new home. It was great to feel as if life was normal again, only to find myself moments later weeping uncontrollably on the beach, held up by my husband's strong embrace. Gasping for breath amongst the bottomless tears. The fear of the surgery and of the afterwards were too overwhelming. I returned once again to the journal and captured the feelings (Figure 13). As I swept the blue paint all over the paper, I felt a sense of freedom in acknowledging, exploring through movement and expression on the page the feelings that had emerged on the beach. Reflecting on the randomness of their marks seemed to shift the worry and fear to acceptance for what was. And while I had no idea what was next, every mark was unique and felt right in its placement.



Figure 13. Katherine Winlaw, *Got no idea what's next*, 2022, acrylic paint, oil pastel and pen, 148 x 210mm.

Practicing daily self-compassion

Finding a way to self-soothe was important to my recovery. In starting work with a psychologist, my complex post-traumatic stress from early childhood trauma was unearthed. This was germane, because my self-soothing had become contaminated (McLean, 2022) and this presented issues for recovery, as I felt I was going backwards not forwards.

After attending a two-day workshop on compassion-focused therapy, the famous words of Jack Kornfield echoed loudly: “if compassion does not involve yourself, it is incomplete” (Bernhard, 2013). In mid-November, I made a commitment to practice daily self-compassion. Each day from this point onwards the journal entry began with the invitation *How do I bring compassion to myself today?* and responded via an image. Shaun McNiff is an advocate of dialoguing with an image. He states: “paintings are ensouled objects or beings who guide, watch and accompany” us to receive our soul’s own ministry (1992, p.1). At this time a softness emerged in the journal entries that had not been present earlier (Figures 14 and 15). I moved back to watercolours and away from the pens and pastels of previous entries. This softening in media and images seemed to transfer to my daily activities as well. I no longer felt the need to live up to others’ expectations of my recovery timeframes and allowed myself the benefits of doing little but recovering at my own tempo.

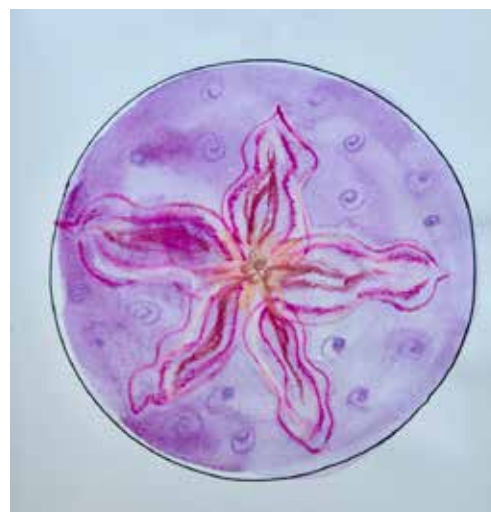


Figure 14. Katherine Winlaw, *Be soft, even softer*, 2022, watercolour, 210 × 148mm.

Figure 15. Katherine Winlaw, *Lily*, watercolour and pencil, 210 × 148mm.

Discussion

How did the use of a daily visual journal help to explore the emotional needs of an early breast cancer patient?

In addition to being a best friend through the experience, the visual art journal became a container for the myriad of emotions, it encouraged me to adopt more positive emotions, and expanded my thinking, my creativity and my life beyond the confines of my safe space.

Container

A key feature of therapeutic work is creating safety and providing containment and containers, holding spaces, for difficult emotions so as not to overwhelm the client. In art therapy the metaphor of a container is often used as a prompt for art directives, where the process of art-making and/or the art become containers for thoughts and feelings. This containment of difficult thoughts and feelings allows individuals to process them safely and in their own time and rhythm.

There is no doubt the myriad feelings that emanated from the diagnosis of breast cancer, as well as the experience of breast surgery and radiation, were at times overwhelming. At these times no words could be found to make sense of the experience, yet the art journaling provided the container needed. At about the midway mark, I was instinctively moved to create images and creative expressions within mandalas (Figures 16 and 17). There were days that felt dark and muddled, and these mandalas captured those feelings in a way that allowed them to be felt but not to become pervasive in my life. For women with early breast cancer, depression is common, with up to 50 percent of women experiencing depression or anxiety within the first year of their diagnosis (breastcancer.org, 2023). These circular creations assisted in containing my externalised thoughts and emotions that represented my inner universe (Buchalter, 2012).

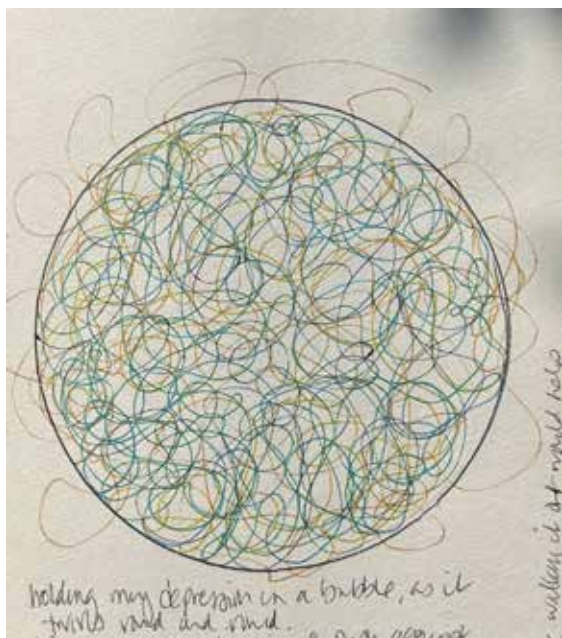


Figure 16. Katherine Winlaw, *Holding my depression in a bubble*, 2022, gel pen, 210 × 148mm.



Figure 17. Katherine Winlaw, *Mandala*, 2022, watercolour and pencil, 210 × 148mm.

At this point, I found a ceramic studio opening up nearby, and started learning wheel throwing and hand-building techniques. While I attended the weekly sessions with various intentions for what I might create, no matter how I began, the clay always seemed to become containers, from small thumb bowls to large pots (Figures 18 and 19).



Figure 18. Katherine Winlaw, *Hear of me in gentleness*, 2022, ceramic, 100 × 60mm.



Figure 19. Katherine Winlaw, *Blue pot*, 2022, ceramic, 280 × 200mm.

Transforming emotions

Engaging in daily art journaling enabled me to slow down and distance myself from a human predisposition to negative thinking, and resulted in enlarging positive emotions and their expression. Creating art in art therapy is increasingly found to not only decrease negative emotions but to increase positive emotions (Kaimal & Ray, 2016; Zimmermann & Mangelsdorf, 2020). Positive emotions have the power to reduce stress and broaden our attention and thinking, allowing us to be more open, more flexible, and find alternative solutions (Frederickson, 2009; Hefferon & Boniwell, 2011).

The morning after the last day of radiation, the enormous sense of achievement, courage and relief I felt was captured in a star-studded celebration of bold color, shapes and lines (Figure 20). This positivity spilled over in the days that followed, where I portrayed a more positive mindset in a written entry next to an image of a flowing stream: “From this page onwards I am choosing to live in the divine abundance all around me. The love, the beauty, the majesty, the abundance of opportunities. I step into this part of my life and say yes to abundance!” This carried on for days to come and was further expressed in a mandala of belief (Figure 21).



Figure 20. Katherine Winlaw, *WOW! Well done!*, 2022, watercolour, oil pastel and pen, 296 × 210mm.



Figure 21. Katherine Winlaw, *Belief*, 2022, watercolour and pen, 210 × 148mm.

Broadened perspectives

Weekly psychologist appointments would have me walk from a parking lot through the Roma Street Parkland. Ambling through the gardens, I began savouring the present through the plants' lines, shapes and colors. My daily journal entries began to reflect the natural forms of the various plants along the path (Figure 22). Spending time in and connecting with nature is known to facilitate the relaxation response and benefit mental health and well-being (Frost et al., 2022).



Figure 22. Katherine Winlaw, *Roma Street Parkland study*, 2022, pencil, 100 x 80mm.

Engaging more and more with nature, I found my thinking, feelings and daily life expand. Up until this time, my anxiety had me protected in a small bubble – moving from the safety of my home to nearby medical appointments, ducking out only for the odd brief errand was all I could manage. With the exception of a weekly ceramic class, I had been unable to contemplate venturing beyond the bubble. This inspiration from the natural world around me expanded past the pages of my daily journal and into a series of exuberant and colourful paintings (Figures 23 and 24). They reflected my feelings at the time – of being filled with excitement, gratitude and hope for the future.



Figure 23. Katherine Winlaw, *Walking through the Botanic Gardens #1*, 2022, acrylic paint, oil pastel and paint pen, 500 × 500mm.



Figure 24. Katherine Winlaw, *Walking through the Botanic Gardens #2*, 2022, acrylic paint, oil pastel and paint pen, 500 × 500mm.

How did daily art journaling support psychological well-being during an early breast cancer experience?

Creative expression of emotions

Shaun McNiff is a firm believer that “the core process of healing through art involves the cultivation and release of the creative spirit” (2004, p.5). He proposes that “creation is interactive, and all the players are instrumentalities of soul’s instinctual process of ministering to itself” through its own expression (1992, p.1). The creative outlet in the visual journal at a time when emotions were running rampant allowed this self-ministry through creative expression of emotions. Eysenck (1994) claimed that self-expression plays a large role in the determination of health and proposed a cancer-prone personality was common to those who do not express their emotions. I, too, could be described as such. At a young age I learned not to express my needs, much less an emotion. Having a place where any emotion could be allowed and acknowledged non-judgmentally was comforting, cathartic and healing.

The experience of a cancer diagnosis can bring out reactions in others that are more reflective of their own state. Some want to tell of their relative who died at a young age from cancer; others say, “Just be 😊 positive!” However, these well-intended reactions did not create the same non-judgmental supportive space as the journal. It was here that any emotion was welcome no matter what line, shape or color expressed it. The daily entries were spontaneous art expressions of emotions (Figure 26). As Furth and Bach observe, spontaneous expressions can often be “containers of repressed emotions as well as sources of transformation” (Malchiodi, 2012, p.63). Releasing whatever emotions needed to be heard allowed a greater connection with my inner voice or creative spirit.



Figure 25. Katherine Winlaw, *Blues and greens*, 2022, watercolour and oil pastel, 210 × 148mm

Figure 26. Katherine Winlaw, *Lines, shapes, colours*, 2022, watercolour, 50 × 50mm (four separate sheets).

Grounding

At the heart of the visual journaling was a practice that valued ‘being’ over ‘doing.’ This groundedness allowed acceptance of a recovery process that was nonlinear and emanated from “a firm and unwavering foundation, an internal strength and self-confidence that sustained [me] through ups and downs” (Stulberg, 2021, p.10). The groundedness materialised by showing up each morning to the fresh visual journal page where the striving to be well, be better, be recovered was eliminated; instead was channelled the creative expression of what was. It was like “finding a new friend in my life. I [learned] how to find wisdom within myself for what I [needed] to do for my own healing” (Day, 2001, p.131).

Making sense and finding meaning

Only months later did I come to appreciate that I could accept both being well and at the same time having cancer. Through daily art journaling, I found I could experience pain and at the same time gratitude. That both the positive and negative sides of emotions existed simultaneously. I discovered that the negative experience did not diminish nor need to detract from the positive experience of it. By focusing on the positive aspects of my wellness, it seemed I could better tolerate and live with the not-well aspect, the cancer.

According to Victor Frankl, father of logotherapy, the pursuit of meaning is a key ingredient for a happy and fulfilling life (2011). This same theory has been echoed by Seligman in his PERMA model of positive psychology (2012). Studies on suffering indicate that it can throw patients into an abyss of meaninglessness (Smith, 2016). It is no wonder that meaning-making can be an effective coping strategy, and can help individuals to reframe negative events and situations into more positive ones (Seligman, 2012; Lerner & Blow, 2011; Yang et al., 2021). More recently, studies suggest finding meaning can boost positive mental well-being in the short and long term (Frankl, 2011; Seligman, 2012; Steger & Frazier, 2005).

The saying “Life doesn’t happen to you; it happens for you” appeared during a daily entry, and I wondered whether this breast cancer might be happening for me and could it in fact bring me a greater sense of well-being? It was only months later that I could see I had learned a greater sense of patience, self-compassion and awe for life. I also found that I could hear myself so much easier, standing in front of something I was making. As the artist Nicholas Wilton says, “your art is like a mirror. It is you but in a different form. It stands beside you like a friend, encouraging your best self to speak up and to know clearly when to say no, but more importantly when to say yes to what you truly desire” (2022). The visual journaling helped me to enquire as to how I could bring compassion into my life and led me to make choices about things I was doing that no longer served this intention.

Witnessing healing and transformation

A key mechanism of change in the therapeutic setting is the therapeutic relationship between client and therapist (Grawe, 2004). As the therapist bears witness to the client, they are empowered as a space is created for their story to be heard and acknowledged, and this in turn invites change (Beardsley, 2020). As suggested by Beardsley “witnessing within the triadic relationship creates an environment for the client that offers recognition, containment, and compassion” (2020, publisher remark) as well as healing (Burt, 2002). In art therapy there is a unique feature in which the art itself is a third aspect to this relationship. I would suggest that my art and the space within the art journal played a significant role in bearing witness to my experiences, containing them, showering compassion on them and in turn supporting healing and transformation.

There were times when turning towards my suffering and being able to hold it seemed too much, but I knew the journal would take anything I created in it. Whether it be bold and messy markers, splashes of paint thrown across it or delicate watercolours and pens, it bore it all. I was able to avoid turning away from the pain and suffering, which often only perpetuates it, to seeing it from a distance on the page, gaining new perspectives and bringing compassion to it.

Other transformations occurred outside the journal pages and the emotions expressed on them. I learned about being enough – with nowhere to go, nothing I could do, nothing to get done, nothing to change, I realised that I did not need to grow more deserving to be loved and belong, that I am enough, and I belong (Figure 27). For the first time, I turned down invitations to be with others who did not serve my recovery. The new sense of self-compassion, an antidote to the shame born out of trauma (Germer & Neff, 2015), seeped into my feelings towards others. If, as research suggests, healing “is a process of moving away from an undesired state to a state of renewal” then I was healing (Firth et al., 2015, p.46).



Figure 27. Katherine Winlaw, *Being enough*, 2022, watercolour and paint pen, 50 x 50mm

I revelled in the bold colors that emerged in my paintings, both within and outside the journal (Figure 28). I made bolder life choices and started to honor my life and those around me. I found myself committing more deeply to values that inspire and ignite my life. While the journey had been bumpy, a year on I found more energy in my life, more joy at work, and richer, more authentic relationships within myself and with others.



Figure 28. Katherine Winlaw, *Flowers*, 2022, acrylic paint, oil pastel and paint pen, 210 × 400mm

Conclusion

Personal health crises can befall any one of us at any stage of our lives. Journeying through them merely as a ‘body’ within the medical system is not enough for the mind–body–spirit being that we truly are. This is evidenced by “a majority of cancer survivors [feeling] their psychosocial needs are not addressed by the conventional medical system” (Hart, 2020, p.140). Seminal research on healing indicates that “medical intervention may provide relief of suffering and cure but may not be sufficient to facilitate healing” (Firth et al., 2015, p.47). Our emotions play a critical and integral role in the quality of our lives. Yet too often the difficult ones are dismissed or avoided, as they seem to threaten our safety. Disconnections and disassociations from our emotional selves can come at a price. We need to find healthy ways to allow the expression and resolution of all emotions, in all their lines, shapes and colours.

This is particularly important in navigating the challenging emotional experience of early breast cancer. Patients need access to emotional support to address confronting feelings and cope with the various stages of treatment and recovery. Studies indicate the considerable advantages of art therapy in aiding individuals with cancer to manage intense feelings, alleviate stress, reconnect with positive emotions, and alleviate physical symptoms linked to cancer or its treatments (Hart, 2020). My hope for anyone diagnosed with early-stage breast cancer is that they can access more holistic, patient-centric allied health services, such as art therapy, to better support their emotional care needs.

There is an intrinsic and gentle healing aspect to creative expression. Encouraging people to find creative expression tools and therapies to support their personal health crises is something further research could assist with. Art therapy can be a powerful and effective tool in helping individuals process the emotional experience of early breast cancer. It provides a safe and creative outlet for expressing feelings, fears and thoughts that may be difficult to put into words.

There were limitations in the research design and implementation. The validity of reflections and insights may be questioned because of the bias and dual role I played as researcher and subject. But this research is as much about the emotional journey of my early breast cancer and giving voice to the whole human experience as it is research. For in giving voice to the emotional experience, one's quality of life can be improved. I will be forever grateful to my art journal for being there, to help me learn to listen to my voice, to determine what is important, to heal and to survive.

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Katherine's portfolio career combines her long-term HR management experience with her academic and art therapy practice. She currently works as a strategic HR manager, in private art therapy practice and as a university tutor. In the University of Queensland's Master of Mental Health Art Therapy program, Katherine supervises second year students in their independent research.

Katherine's primary interest is in supporting clients, individually or in groups, to promote psychological wellbeing. Her experience includes working with young refugees and asylum seekers and developmentally complex adolescents. In her art therapy practice she adopts trauma-informed and mindfulness-based approaches with women and children coping with anxiety, depression, PTSD, grief and life transitions. Katherine also supports work groups to build resilience, psychological safety and well-being. Dr Amy Burton



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