

Can Joan of Arc Serve as an Enduring Model of Empowerment for Women With a Cancer Diagnosis?

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ABSTRACT

Context • Many research studies have shown that arts-based medicine is a viable and effective medical strategy to help people with cancer improve the quality of their lives. The use of arts-based strategies that employ a figure from history as a source of support to help improve the quality of life has not been documented.

Objective • The current limited study allowed the author the ability to use the materials in her book, *If Joan of Arc Had Cancer: Finding Courage, Faith, and Healing From History's Most Inspirational Woman Warrior*, to provide support to women who were cancer survivors and to see if the use of Joan of Arc as a healing guide would be relevant. The primary intention was to find out how the book would be received by women with cancer and also to have the opportunity to determine what was helpful and what was not useful for them.

Design • The study was a pilot study.

Setting • The study took place at the Gilda's Club, a national support community for people with cancer and their families, in Fort Lauderdale, FL, USA, one of the satellite programs sponsored by the Wellness Community.

Participants • Participants were 10 female survivors of cancer who were members of the Gilda's Club.

Intervention • Participants took part in a 6-wk workshop. The workshop included arts-based medicine and meditations, based on a book written by the current author.

Outcome Measures • Participants completed surveys both pre- and postintervention.

Results • The program had 10 participants, but only 3 women finished the 6-wk program and completed the postintervention survey. After the workshop, the 3 participants indicated in a survey that they were feeling less anxiety and fear and noted that they felt that they had an improved quality of life and felt more empowered with respect to their psychological frames of mind. In addition, when asked on the survey about the effectiveness of their communications with their physicians (ie, their ability to express and discuss their psychosocial and physical needs combined), they also indicated that they felt that their communications had improved.

Conclusions • The current study, conducted with a small group of women who were cancer survivors, has shown that the use of arts-based medicine can be effective and, most particularly, that the use of Joan of Arc as a model for empowerment can be particularly effective. (*Adv Mind Body Med.* 2016;30(1):##-##.)

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The use of arts-based medicine for people with cancer is not a new phenomenon, and it has been gaining more respect and popularity at major cancer centers throughout the United States. Many research studies have shown that arts-based medicine offers a viable and effective medical strategy that can help people with cancer improve the quality of their lives. According to Geue et al,¹ "Published papers have shown that art therapy benefits cancer patients in various ways, including improving their mental health." According to Henderson and Donatelle's 2004 study² on the use of complementary and alternative medicine (CAM) for breast cancer survivors, "The use of imagery (or guided meditation) was found to be 'moderately important' for survivorship."

The current research study offered an opportunity for the current author to investigate the use of arts-based medicine that was grounded in the themes identified in her book, *If Joan of Arc Had Cancer: Finding Courage, Faith, and Healing from History's Most Inspirational Woman Warrior*,³ to determine whether it would be effective for women who were cancer survivors. The book is based on the courageous journey of Joan of Arc and includes meditations and arts-based therapies and narrative medicine to help women restore their personal strength and inner wisdom.

The book was inspired by the 10-year fight by the author's mother, who had a rare cancer and had died in 2007, and by other people whom the author had loved and lost. The author, a trained, creative-arts therapist, wrote the book to help inspire women to seize and resurrect their courage while they travel their journey with cancer.

Often, a misguided belief exists that people with cancer are somehow *weak* or *less than*, and the author's choice to use Joan of Arc as a model of courage in her book was purposeful. People who are navigating a serious and life-threatening illness are often forced to possess and resurrect enormous and enviable courage, which is not always acknowledged by others, especially by health care providers. A keen lack of empowerment during the challenges of illness is often felt by patients and is mentioned by survivors, and Joan of Arc was intentionally selected in the book to exemplify a model of courage and to promote the never-wavering belief in oneself that was characteristic of Joan of Arc. That belief is an asset that is needed by everyone, regardless of having a cancer diagnosis.

The use of arts-based strategies that employ a figure from history as a source of support to help improve the quality of life has not been documented to date. Although guided imagery and arts-based medicine have been effective in helping women with cancer improve their quality of life, it is very important that Joan of Arc was included in the current program because of the outstanding qualities of courage and strength that she personified, traits that the author's mother possessed in spades.

According to the literature, "The prevalence of cancer within the female population continues to increase in the United States, receiving a great deal of attention in the fields of research and medicine."⁴ Any person who has been diagnosed with a serious illness is forced to face a new life, and Joan of Arc can be a potent guide to "reclaim personal wisdom in the shadow of cancer because discovering personal wisdom is fundamental to the journey."⁵ It is imperative that anyone facing illness be offered strong support systems, both externally and internally, to enhance his or her healing journey, regardless of the diagnosis or outcome. Joan of Arc can offer guidance as a strong ally because not everyone has support systems in their lives. The psychological well-being of any woman diagnosed with cancer is important due to the fact that "emotional responses, such as depression, anxiety, fear, and intimidation, can compromise psychosocial factors and one's overall quality of life."⁵ Although that statement was made especially in relationship to breast cancer survivors, it is universal.

METHODS

The current limited study allowed the author the ability to use some of the materials in her book to provide support to women who were cancer survivors and to examine whether the use of Joan of Arc as a healing guide could make a difference in survivors' lives. The primary intention was to find out how the book would be received by women with cancer and also to have the opportunity to determine what was helpful and what was not useful for them.

Participants

Gilda's Club (Fort Lauderdale, FL, USA) is a national support community for people with cancer and their families. The author contacted a local chapter of the club in Fort Lauderdale, Florida, and selected the club as the site for a free, 6-week seminar for women who were cancer survivors. That local Gilda's Club was one of the satellite programs sponsored by the Wellness Community. After receiving permission from the management of the club as well as approval of the protocol from the internal review board (IRB) of the Nova Southeastern College of Osteopathic Medicine (Fort Lauderdale, FL, USA), the author's home institution, the program was offered to members of the club, and a small group volunteered to participate in the study.

All of the participants were informed that they would be part of a research study. The participants did not give their names on the surveys that were used to obtain outcome measures. None of the participants were asked to buy the author's book or pay for any sessions of the program.

Intervention

During the sessions of the study, participants were asked to reflect on and share their personal health care experiences with the group if they wished to do so. No one was put on the spot or asked to participate in any part of the program if they were not comfortable doing so.

The author's book identifies various themes called *Flames of Courage*, and elements of empowerment are found throughout the book's narrative, which provides guided visualizations as well as guidance that was taken directly from Joan of Arc's trial. Therefore, in the current study, participants heard her actual words and philosophies, which were correlated with each particular theme, such as courage.

The themes selected for the program were based on the book and selected for their perceived efficacy for participants, and the curricula included such elements as prayer, surrender, courage, and building an army of support. The author selected particular themes that possibly could offer the participants an opportunity to reach deep into themselves for self-reflection and internal power. The final session ended with participants creating their own power shields through art and visualization exercises.

In an attempt to empower the participants so that they would not leave the workshop with continued feelings of discouragement, the author spoke about Joan of Arc as an historical figure and model of courage, and the group

discussed their thoughts about her life. Each session ended with a guided meditation to help the participants relax but also to find an intuitive connection to the idea of courage through their own personal experience in meditations. The interactive discussion on the idea of courage when navigating through the cancer journey was particularly relevant.

Outcome Measures

The participants were given surveys both pre- and postintervention. The preintervention survey was purposely designed to contain a broad-based field of inquiry to learn about the participant's diagnosis, support systems, familiarity with arts-based protocols, and knowledge of Joan of Arc. The survey contained questions regarding the (1) type of cancer diagnosed; (2) length of time the participant had had cancer; (3) participant's experience with arts-based medicine in treatment; (4) participant's experience in receiving needed emotional support from physicians; (5) participant's support system at home, including family and friends; (6) role of spirituality in the participant's life; (7) participant's familiarity with Joan of Arc; (8) attributes that currently pertained to the participant's life, such as being anxious, sad, or fearful; and (9) participant's current needs, such as support systems or relief from anxiety.

The postintervention survey contained questions regarding the (1) participant's comfort with arts-based medicine after taking part in the workshop; (2) participant's feelings about the use of arts-based therapies during the program, using a scale from 1 to 10; (3) participant's ability after the program to communicate his or her needs to health providers, family, and friends; (4) information learned about Joan of Arc that was important to the participant; (5) changes in attributes that had occurred as a result of participation in the workshop; and (6) participant's needs after participation in the workshop.

Participants were asked a variety of questions about their familiarity with arts-based medicine, and they were also encouraged to discuss the components missing from their health care interactions and support systems, as well as their current needs in the development of a better quality of life. They were also asked to identify particular attributes that resonated with their current psychological states and to characterize their feelings of self-esteem. Those attributes had a direct correlation with the attributes in the book and proved helpful when selecting the theme to address during a session. Themes were identified, having been culled from information that was written by participants. In his groundbreaking book, *Art as Medicine: Creating a Therapy of the Imagination*, Shaun McNiff, PhD,⁶ an expert and leader in the field of arts therapy, said,

The making of art is a medicine that proceeds through different phases of creation and reflection. Although therapists and other people involved in the process make their contributions as guides and witnesses, the medical agent is the art itself, which releases and contains psyche's therapeutic forces.

RESULTS

Of the initial group of 10 participants, 7 women were breast cancer survivors, 1 woman was an ovarian cancer survivor, 1 woman was a bile duct cancer survivor, and 1 woman was a cervical cancer survivor. When the 6-week program began, it was understood that attendance to the program would be subject to challenges. The difficulties cited included postoperative difficulties, family emergencies, and health challenges from current treatments.

The participants, although committed to the program, were in varying stages of diagnosis and treatment and made an enormous effort to attend all of the meetings. The number of participants ranged from 10 at the initial meeting to 6 participants later and, finally, to 3 participants at the last meeting, who filled out the postintervention survey.

Experience With Physicians

The participants indicated that they had experienced a lack of empathy and kindness with some health care providers and that the lack had contributed to their reduced sense of self and quality of life. Those comments do not suggest that all health care providers are bad, and many physicians are kind and understanding. However, even in the initial group of 10 women, everyone has a "bad doctor" tale. One woman shared her personal narrative with the group, explaining that even when she told her surgeon that her breasts hurt after her breast implant from a previous mastectomy and that she thought something was wrong, which was later verified by another surgeon who told her that the implants were not the correct shape for her body and were not inserted properly, she was told that because she did not have to pay for her surgery, she was lucky regardless of the outcome.

Familiarity With Joan of Arc, Importance of Spirituality, and Support Systems

Six of the group members indicated that they were familiar with Joan of Arc, and 8 participants indicated that spirituality was important to them.

Attributes and Needs

Although, the current study's questionnaire asked many types of questions that would offer insight into each woman's army of support, relationship with her physicians, coping systems, spirituality, and familiarity with Joan of Arc and arts-based medicine, the most problematic element was participants' responses about quality of life. At the end of the preintervention survey, the 10 participants were asked to identify particular phrases that were authentic and true for them at that particular time in their lives. The last 2 of the 11 questions asked them to identify all of the attributes that pertained to their lives at that time. The final question asked for identification of their strongest needs at the current time in their lives. Eight of the responders selected the sentence "I feel strong," yet 5 indicated that they were also seeking relief from anxiety, 6 indicated that they were seeking improved body images, and 7 indicated that they were

looking for protocols that would nurture them. More than one-half of the participants acknowledged a deep knowing that they possessed the necessary psychological tools to navigate their journey. The need for support, higher self-esteem, and relief from depression as well as the provision of compassion from their health care providers and learning tools to connect with their physicians were also cited as important to varying degrees.

A particularly revealing question asked the participants to identify the areas of their lives that could be improved and the things they most needed, and their answers were equally as revelatory. Only 4 participants (ie, fewer than one-half) indicated that they were receiving the emotional support that they needed from their physicians. One-half of the participants did not answer the question on what was missing from their interactions with physicians; however, the other half of respondents noted that the addition of compassion, positivity, understanding, nutritional instruction, and art would be helpful to them. Seven of the participants indicated that they had support from family and friends; however, 3 did not have any sources of support from either family members or friends.

DISCUSSION

The current study was limited in terms of number of participants; however, it is clear that 3 respondents who filled out the postintervention survey indicated that they had experienced improvements in areas of great concern for women with cancer. All 3 respondents indicated an improvement in feelings of valor, courage, and strength and a reduction in feelings of sadness, fear, anxiety, and shame. When asked whether any of their attributes had changed as a result of their participation in the workshop, they indicated that they felt empowered during their journeys. Only one respondent indicated that her anxiety was the same. The need for greater spiritual connection was also cited as important for the future healing process.

The implementation of the Joan of Arc's attributes using the author's book had a positive effect on participants, and it seems that the implementation of arts-based protocols in tandem with guided visualizations can be considered to be an important psychosocial protocol to help women feel empowered during their journey with cancer. Including discussions about what women with cancer feel and experience is helpful for some people; however, the implementation of tools and the provision of guidance to help women access their inner strength and to embody their feelings of valor and success are also powerful tools and should not be minimized as arts-based protocols as they so often are. The integration of narrative medicine, art, and meditation is a very rich and spiritual tool that can be used by not only for women with cancer but also for anyone navigating a serious disease.

The concept of fear and the ability to express emotions related to it with their health care providers were included in the survey and warranted a lively discussion during the sessions. In a 2015 study,⁷

A significant association was found between the change in the level of FOP (fear of cancer progression) and interruptions to the conversation with the physician, the comprehensibility of the information provided to patients, the extent of perceived empathy from the physician, and the patient's social support and family status.

It is still greatly disturbing that so many participants in this sample indicated a lack of compassion from their health care providers, which directly affected their psychological state as well as their self-esteem. Although the current sessions occurred with a small group of participants, the sample size does not mitigate the fact that participants had shared in discussions that many of their health care professionals were not interested in hearing how they were coping and that when they tried to share their personal experiences, they were ignored and scolded.

The provision of private social support and a positive initial medical encounter can help reduce fear of the progression of cancer. Particularly, oncologists should ensure that they facilitate the presentation of information in a comprehensible way while they avoid interruptions and that they take particular care of patients with poor social support.⁷ Further, that particular care need not be confined to patients with poor social support or only during the initial clinical interview because empathy, kindness, and excellent listening skills are also healing.

In the future, the current program can be offered to oncology sites that would like to integrate arts-based protocols with their patients. Joan of Arc and her attributes can offer women with cancer, or anyone suffering a serious disease, immeasurable qualities of support and feelings of courage. Larger studies with women survivors and trainings for oncology health care providers can help patients delve deeper into their own internal landscapes to explore themes of empowerment that can enable them to recapture, restore, and reframe their experiences in the lens of empowerment, with Joan of Arc as their ally.

Even though it can be argued that 10 is a small number of participants, everyone who attended the 1.5-hour sessions offered positive feedback for the program, either in the postintervention survey or anecdotally to the directors of the Gilda's Club. In the interest of full disclosure, the author received a gift, a dream catcher, from one of the participants at the end of the program, whereas another participant wrote her a personal note thanking her for caring about healing their lives.

CONCLUSIONS

Arts-based medicine is cross-disciplinary and includes narratives. Art creation in tandem with guided visualization is a potent medical protocol that can be used with people with cancer to improve their quality of life. The current study found that the use of Joan of Arc as a strategic model for empowerment was effective in helping to foster participants' discovery of their personal courage during their journeys with cancer. Acknowledging that the current study was very

limited, in the future the author hopes to offer the program to a larger group of participants so that the program can be evaluated on a larger scale. However, it should be noted that improvement in 3 cancer survivors' lives is still relevant.

AUTHOR DISCLOSURE STATEMENT

The author of this article is also the author of the book used in the study, *If Joan of Arc Had Cancer: Finding Courage, Faith and Healing from History's Most Inspirational Woman Warrior*.

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