

The Impact of Cancer on Identity: Enhancing Self-Efficacy in Young Adults through  
Narradrama

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## **Abstract**

### The Impact of Cancer on Identity: Enhancing Self-Efficacy in Young Adults through Narradrama

Caitlin Parsons

The experience of cancer can have a significant impact on a person's life and identity. Facing this life-threatening illness in young adulthood can be particularly challenging and disruptive. Young adults diagnosed with cancer frequently experience significant losses, often including the loss of a sense control in life. This can lead to persistent feelings of helplessness and hopelessness, and make it difficult to maintain a sense of self-efficacy. In order for these individuals to adjust to the uncertainty of their situation and the many changes caused by cancer, a renegotiation of identity is necessary. Narrative approaches to psychotherapy are well-suited to facilitate a process of reconstruction of identity. Narradrama specifically, a narrative form of drama therapy, actively engages clients in a process of restorying their lives and experiences, allowing them to reconnect with a sense of personal agency. It is important that young adults affected by cancer have access to appropriate psychosocial support resources that can facilitate psychological healing and growth and help to improve their overall well-being and quality of life. This paper describes a narradrama group therapy intervention developed specifically for young adults affected by cancer. The aim of the intervention is to facilitate a reconstruction of identity in ways that promote a sense of self-efficacy and personal agency.

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### **Author's Note**

The experience of cancer has become a key part of my life story, and a very important part of who I am. I find it difficult to find the words to express the depth and breadth of the impact cancer has had on myself and my life. From the moment I was diagnosed with Non-Hodgkin's Lymphoma at the age of 18, and even – before I knew it – in the months before when I began to experience unexplained symptoms, cancer has been a very central part of my life. Although now over ten years have passed since that time, and in some ways I have more distance from the experience, I still feel very closely connected to it. I see my experience of cancer as one that is ongoing: one that will continue to affect me into the future and throughout my life. Adjusting is an ongoing process.

I wonder often about the ongoing process of how people become who they are. I am amazed at the ways our life experiences can affect who we are as individuals. I am intrigued by the ways our own sense of ourselves can be shaped by our stories – shared stories, private stories, told and untold stories. And I am interested in the power of story. If our stories shape our lives and our selves, then perhaps we can work with our stories in order to shape our lives and selves in ways we prefer. We may not always be able to choose or change our life experiences, but if we can choose and change our stories and how we shape them, we may be able to help ourselves to heal and to grow.

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## **Introduction**

A cancer diagnosis has a significant impact on an individual and can affect many different areas of her or his life. People diagnosed with cancer must cope with the reality that the disease is life-threatening, adjust to changes brought about by the physical effects of the illness and its treatments, deal with the effects on their interpersonal relationships, and accept the possible consequences in terms of their plans for the future. A cancer diagnosis can incite, among many other issues, depression, anxiety, and social isolation, as well as struggles with body image, self-concept and identity (Ronson & Body, 2002; Spiegel, 1995; Spiegel & Classen, 2000; Zebrack, 2011). As a result, there is frequently a need for treatment addressing more than the physical aspects of the disease.

Diagnosed with this life-threatening disease at a time when they are in the midst of beginning to build their own lives, young adult cancer patients and survivors face a unique set of issues. Young adulthood is a time typically characterized by developmental changes that affect an individual's self-concept, emotional state, thinking, and relationships and interactions with others (Evan & Zeltzer, 2006). At this stage in their lives, individuals generally have a great deal of important life tasks to navigate, such as pursuing and completing education, establishing a career, dating, and developing a healthy body image and a positive sexual identity (Bellizzi et al., 2012; Zebrack, 2011). A diagnosis of cancer during this time can disrupt every one of these aspects of an individual's life.

A person's self-identity is often what will change the most following an epiphanic experience like the diagnosis of an illness like cancer (Karnilowicz, 2011). According to Charmaz (1983), people who face a serious, debilitating or chronic illness often

experience a loss of self: they lose many of the positive self-images they held previously, without the simultaneous development of new ones that are equally valued. This can lead to a diminished self-concept (Charmaz, 1983). In order to cope effectively with critical illness individuals must negotiate the resulting shifts and changes in identity as they struggle to maintain or reestablish a stable and secure sense of self (Karnilowicz, 2011). As Zebrack (2011) points out, identity development is an especially central and very important aspect of the growth that occurs throughout young adulthood. The experience of cancer in this stage of life can interfere directly with identity development (Evan & Zeltzer, 2006; Yanez, Garcia, Victorson, & Salsman, 2013). It becomes especially important then, in developing and implementing psychosocial support for young adults with cancer, to consider the ways in which cancer can impact a person's identity.

More specifically, the experience of cancer can challenge an individual's sense of self-efficacy. People diagnosed with the disease often experience a loss of control within their lives: they must accept the many changes caused by cancer and surrender to the uncertainty of their situation. As Karnilowicz (2011) explains, when identity becomes embedded within an illness like cancer, psychological vulnerability and losses of personal power can result. Sometimes, a heightened sense of uncertainty about the future is long-lasting (Ronson & Body, 2002), which can lead to ongoing feelings of helplessness and hopelessness (O'Neill, 1975). For young adults, this can mean a long-term and ongoing struggle over the course of the rest of their lives.

An intervention that focuses on the reconstruction of identity, with an emphasis on strengthening a person's sense of self-efficacy is thus especially pertinent for young adults affected by cancer. Narrative approaches to therapy are well-suited to facilitate

such a process. They help clients develop different perspectives and make alternative meanings from challenging life experiences. They invite clients to explore their stories in ways that encourage a reconnection with their own inner strengths and resources. While narrative therapy has been used with cancer patients (Boman, 2011), psychotherapeutic programs and interventions that make use of narrative approaches designed specifically for this population are still lacking in the current literature.

Narradrama specifically, a narrative form of drama therapy developed by Pamela Dunne (2006), can be a useful approach that facilitates a reconstruction of identity in ways that promote personal agency. Narradrama is an action-oriented approach to therapy that encourages clients to tap into their imagination and creativity (Dunne, 2006). It allows for the transformation of painful experiences through artistic expression and the experience of an increased sense of mastery over the problems that exist in their lives (Dunne, 2006). Narradrama can lead to the discovery of different aspects of the self, as well as clients' own ability to engage in actions that are beneficial to themselves (Dunne, 2006). It offers clients the opportunity to take on an active role in restorying their lives and rebuilding or reshaping their sense of themselves. This can enhance their own sense of self-efficacy. To date, the author has not found any literature referring to the use of narradrama with young adults who have experienced cancer.

### **Research Question**

This study aims to address the research question: how can narradrama be used to help young adults with cancer reconstruct their identity in a way that promotes a sense of self-efficacy? Self-efficacy refers to people's beliefs about their personal capabilities, especially what they believe they can do in challenging and changing circumstances

(Maddux & Gosselin, 2011). After reviewing relevant literature about the psychosocial impact of cancer and existing psychotherapeutic treatments for individuals diagnosed with the disease, this paper sets out to describe the ways in which narrative approaches to therapy may be useful in this context. Narradrama, specifically, is explored as a method of psychotherapy that has the potential to be especially helpful for young adults with cancer. A twelve-session intervention is proposed that aims to facilitate a process of identity reconstruction in ways that enhance clients' self-efficacy. Emphasis is placed on helping clients reconnect with their own inner strengths and resources, in order to promote a greater sense of personal agency. The ultimate goal with this intervention is to facilitate psychological healing and growth and so improve the well-being and general quality of life of young adults affected by cancer. Recommendations are made for further research involving a narradramatic approach to therapy for cancer patients of all ages and at different stages of the illness experience.

## **Method**

### **Intervention Research**

Following the main steps for intervention research put forward by Fraser and Galinsky (2010), this study initially identifies the psychosocial problems that exist for individuals with cancer, then sets out to develop change strategies to address these problems through the designing of an intervention program. A theoretical approach is taken, and ideas are drawn from current literature about the impact of cancer on an individual and her or his identity, the typical psychotherapeutic treatments in place for this population and their effects, and the aspects of the impact of cancer that could potentially be better addressed with a narrative approach to psychotherapy. In

developing the intervention, specific techniques and exercises have been selected that involve a narradramatic approach and that are aimed at facilitating a reconstruction of identity that encourages a strengthened sense of self-efficacy. The three remaining steps in intervention research, involving the actual testing of the intervention for efficacy, and the refining and dissemination of the program (Fraser & Galinsky, 2010) are beyond the scope of this paper and could be undertaken in future studies.

### **Research Participants**

While a similar intervention could be conducted with children and adults of all ages and with different stages of the disease, the proposed intervention targets young adults between 18 and 39 years of age having received a primary cancer diagnosis, and who are currently undergoing treatment. The aim is to provide support early on in the survivorship trajectory in order to facilitate adjustment to the cancer experience and to better prepare individuals for any challenges to come in the future. There is a lack of research on the psychosocial outcome and needs of young adults affected by cancer, and a need for more age-appropriate programs and services (Zebrack, 2011).

### **Researcher**

It is important to note that the author of this paper is herself a young adult affected by cancer, and has personal experience with the impact the illness can have on oneself and one's life. She also has professional experience supporting an online community of young adult cancer survivors, and as an intern providing psychotherapeutic services for young and older adults with cancer. These experiences may constitute a bias in regards to the selection and synthesis of relevant data, as well as the design of the intervention program itself. Through consistent reflexivity throughout every step of the research

process as well as consultation with both academic and on-site supervisors, this has been taken into account. It is hoped that the author's insight into the experience of cancer will represent a strength in this case.

## **Literature Review**

### **The Psychosocial Impact of Cancer**

**Distress.** The experience of cancer can be deeply distressing on many levels. Both Spiegel (1995) and Cassileth (1995) point to the fact that having cancer means facing serious life stress that is in and of itself reason enough for therapeutic intervention. Individuals diagnosed with cancer suddenly find themselves in a situation drastically different from the one they were in prior to the discovery of the illness. As Yaskowich and Stam (2003) explain, "patient's lives are thrust into turmoil and are inextricably modified in irreversible ways" (p. 733). The distress experienced by cancer patients often manifests as anxiety and depression, which have been referred to as common and normal responses to being diagnosed with such an illness (Cassileth, 1995). Cancer can be experienced as especially distressing for young adults since it occurs at an already tumultuous and transitional time in a person's life.

**Interpersonal issues.** Most relationships of a person living with cancer will change, either for better or for worse (Spiegel & Classen, 2000), and it can be very difficult to adjust to these shifts at an already trying time in one's life. This can be especially true for young adults. News of a cancer diagnosis can be particularly surprising when a young person is affected, even more so if the individual was otherwise healthy and active. Parents, other family members, and friends of young adults diagnosed with cancer may find it especially difficult to accept and cope with the

situation. As a result, at a time when they are in acute need of support, young adults with cancer often find themselves either struggling to connect with others or expending energy trying to care for or protect those around them from the frightening reality of the situation.

**Social isolation.** Social isolation is a very common issue for individuals diagnosed with cancer, mainly because the experience of cancer is so different from the experiences of others (Spiegel & Classen, 2000). While the people around them go on living their lives, many people with cancer contemplate death. Young adults in particular are forced to prematurely consider their own mortality following a cancer diagnosis (Zebrack, 2011), which can alter their perspective on life in ways their peers do not always understand. Cancer often means putting life projects and plans on hold, and sometimes even having to give up on certain goals altogether. Young adults with cancer frequently experience significant disruptions to many aspects of their lives, such as education, career, and social and other important activities, which can also set them apart from their peers. Many of the issues and struggles faced by cancer patients can be compounded by the social isolation they experience: feeling alone and as though no one understands can increase feelings of depression and anxiety, and heighten the other negative psychological effects of a cancer diagnosis. As Spiegel (1995) notes, “anxiety about dying in particular is intensified by isolation, in part because we often conceptualize death in terms of separation from loved ones” (p. 253).

**Self-image.** A diagnosis of cancer also has a profound impact on a person’s self-image, and it is important that patients accept their changed body and find ways to integrate it into a self-image that is healthy (Spiegel & Classen, 2000). A person’s body

can be affected in multiple ways by the cancer itself, biopsies and other tests conducted to diagnose it, as well as by treatments such as chemotherapy, radiation therapy and surgeries. Pain, extreme fatigue, scars, the removal of breasts or other parts of the body, hair loss, and loss of fertility are just some examples of the physical effects of cancer and its treatments (Ronson & Body, 2002). These changes, sometimes permanent, impact clients emotionally and psychologically. Once again, this is often especially true for young adults since body image and sexuality are such important concerns at this stage of life (Zebrack, 2011). Patients must learn to cope with these changed aspects of themselves and the impact these changes have on the way they are perceived by others and the way they see themselves.

**Identity.** While Cassileth (1995) states that a cancer diagnosis will not usually alter a person's personality or mental health in general, such a life-changing event will arguably have a significant impact on a person's identity. Identity in broad terms can be defined as a person's answer to the question "Who am I?" (Tsang, Hui, & Law, 2012). It encompasses the way a person perceives and defines her or himself (Charmaz, 1995), and includes the qualities and values she or he attributes to her or himself (Chandross, 1994). Cancer brings with it a number of changes to a person's identity: it "has a way of disrupting the sense of self that the patient has constructed, thereby demanding a reconstruction" (Spiegel & Classen, 2000, p. 200). Cancer challenges a person's physical, emotional, psychological and interpersonal identity (Spiegel & Classen, 2000). From the moment of diagnosis and throughout the process of treatment for the disease, many cancer patients will not have the opportunity to integrate all of the changes into



their self-concept (Spiegel & Classen, 2000). This can make adjustment exceptionally difficult.

*Self-efficacy.* Cancer patients must find ways to assimilate the new role of cancer patient within their identities (Spiegel & Classen, 2000). They must also integrate the loss of a sense of invulnerability, which can have a considerable impact on their sense of self-efficacy (Spiegel & Classen, 2000). Self-efficacy is related to a sense of control or power and personal agency. To enhance self-efficacy is to strengthen a person's confidence in her or his own power to produce desired effects by her or his actions (Foster & Fenlon, 2011). Self-efficacy can affect adjustment and coping (Foster & Fenlon, 2011; Lev, Paul, & Owen, 1999; Merluzzi, Nairn, Hegde, Sanchez, & Dunn, 2001) as well as quality of life in cancer patients (Kreitler, Peleg, & Ehrenfeld, 2007).

Coping, in this context, means to manage demands that are perceived as "taxing or exceeding the resources of the individual" (Brennan, 2001, p. 3). Adjustment refers to processes of adaptation occurring over time as a person "manages, learns from and accommodates the multitude of changes which have been precipitated by changed circumstances in their lives" (Brennan, 2001, p. 2). Self-efficacy beliefs are important in determining whether individuals act in ways that are self-debilitating or self-enhancing, and have a significant influence on people's resilience and ability to persevere in the face of difficulties (Benight & Bandura, 2004). When cancer patients engage in active coping and play a role in enhancing their own overall health, this can strengthen their sense of self-efficacy, which can facilitate adjustment and well-being (Brennan, 2001).

### **Psychosocial Support for Cancer Patients**

The impact of cancer is deep and far-reaching, and the experience of a life-threatening illness such as this one can be extremely difficult on many different levels. While “it is never easy to cope with cancer,” however, “it can be done effectively and well” (Spiegel & Classen, 2000, p. 14). With the right support, if individuals are able to cope effectively and adjust to their new situations, psychological healing and growth can occur. Psychological healing in this context refers to more than simply a reduction of distress, and includes enhancing adjustment as well as overall well-being (Andrykowski, Lykins, & Floyd, 2008). The idea of growth is related to the concept of posttraumatic growth referred to by Tedeschi and Calhoun (1996). It involves changes resulting from a traumatic experience such as cancer that are perceived as positive (Tedeschi & Calhoun, 1996). These can include greater appreciation of life, enhanced personal strength and perseverance, creativity and openness to new possibilities, and improved relationships with others (Peterson, Park, Pole, D’Andrea, & Seligman, 2008). The concept of posttraumatic growth is based on evidence suggesting that the experience of life traumas can potentially increase a person’s sense of competence and strength, and her or his ability to be self-reliant (Tedeschi & Calhoun, 1996). If an individual has access to the appropriate resources to help her or him to cope adaptively with the traumatic experience, it becomes possible for posttraumatic growth to occur (Arpawong, Oland, Milam, Ruccione, & Meeske, 2013).

**Psychotherapy.** Before the 1950s, surviving a diagnosis of cancer was far less likely than it is today (Cassileth, 1995). Since the 1980s as treatments have become more effective, more and more individuals diagnosed with cancer are surviving the illness (Cassileth, 1995; Spiegel, 1995). As a result the focus has shifted toward helping patients

cope with the many stresses associated with cancer and its treatments (Cassileth, 1995), and more attention is being paid to the quality of life and general well-being of individuals affected by the disease (Cassileth, 1995; Spiegel, 1995). While psychological treatments have, in the past, been aimed more towards patients who are experiencing particular pathological issues, it has been argued that such interventions should be available to and advocated for all cancer patients (Cunningham, 1995).

*Reducing distress and increasing well-being and quality of life.* Psychotherapy for people with cancer typically aims to reduce the negative psychological effects of the disease and to help individuals to process their experience in order to improve their quality of life (Cunningham, 1995; Spiegel, 1995). The many changes cancer brings about must be adjusted to, and the losses experienced must be mourned: patients “must grieve for the life they once had, recognizing that things can never be quite the same” (Spiegel & Classen, 2000, p. 18). In many approaches to psychotherapy for cancer patients, the facilitating of emotional expression plays a central role in achieving these goals.

According to Cassileth (1995), enhancing cancer patients’ quality of life by helping them improve their emotional state is of utmost importance when it comes to psychotherapeutic intervention. Emotional suppression and avoidance have been shown to be associated with poorer coping in cancer patients (Spiegel, 1995), which highlights the necessity for a safe space where individuals are encouraged to access and express their thoughts and feelings. According to Spiegel (1995), when these difficult or painful emotions and fears around death and dying are dealt with in the psychotherapeutic setting, individuals become better able to handle them when they occur in their daily

lives. Emotionally focused group therapy, often in the form of supportive-expressive groups, is commonly used with cancer patients. It has been shown to help improve their quality of life by reducing tension, fatigue, confusion, pain, and improving mood (Fobair, 1997). Some studies suggest that this type of therapy group is more effective than cognitive-behavioral groups when it comes to reducing anxiety and other psychological issues (Fobair, 1997).

***Reducing social isolation.*** While both group and individual psychotherapeutic treatments have been shown to have a number of different positive effects, including reducing both anxiety and depression (Spiegel, 1995), therapy groups have the advantage of offering patients the opportunity to find mutual support amongst others experiencing similar life situations. The social isolation faced by cancer patients is something that can be directly addressed within this setting, providing group members the opportunity to connect with others who have a deeper understanding of their situation than most others in their immediate surroundings. Group interventions can offer clients a sense of universality, a feeling of connection and belonging through shared experience and identity, as well as a sense of helping themselves by helping others – all benefits that may not be available in individual therapy settings (Breitbart, 2002). This is especially true for young adults, who usually represent a smaller proportion of patients diagnosed with cancer. Frequently finding themselves alone amidst a majority of older patients in many settings, including hospital waiting rooms, test and treatment centers, and psychosocial support centers, young adults experience a heightened sense of isolation. Therapy groups that exist uniquely for them can be especially beneficial for these reasons.

*Addressing existential concerns and facilitating meaning-making.* When one's life is directly threatened existential concerns come to the fore. While as humans we tend to have a natural need to make meaning within our lives, a cancer diagnosis, along with the existential concerns it brings about, can further heighten one's need to find meaning (Spiegel & Classen, 2000). As Spiegel and Classen (2000) point out, death is overwhelming, and its closeness can take hold of a person's every thought, making life feel meaningless. While addressing existential concerns may not always be listed as the primary aim or focus of psychotherapeutic groups for cancer patients, many interventions either directly or indirectly involve existential or spiritual elements (Breitbart, 2002). As Fobair (1997) explains, supportive-expressive group therapy for cancer patients aims not only to help individuals express their emotions within a context of social support, but also to facilitate a re-examination of meaning in their lives. Zebrack (2000) argues that interventions providing clients with the opportunity to make or reappraise the meaning of the cancer experience help them to achieve a better quality of life and so are just as important as other interventions that aim to decrease distress. Breitbart (2002), too, has stated that, while continuing to address the issues related to the distress brought about by the disease, "it is critically necessary to develop new, novel psychotherapeutic interventions aimed at improving spiritual well-being and sense of meaning" (p. 5).

*Reconstructing identity and strengthening a sense of self-efficacy.* Foster and Fenlon (2011) point to the fact that, while it is often necessary for people affected by cancer to rebuild their lives and identities, cancer and its treatments can diminish patients' confidence leaving them ill-equipped to do so. People struggling with a critical illness like cancer often experience a lack of personal agency: "an inability to assert one's

self, to experience competence, achievement, power and mastery” (Karnilowicz, 2011, p. 280). The experience of a life-threatening disease can be overwhelmingly challenging. Effective coping often requires that an individual gain control over the effects of the illness by taking ownership of the experience in some way (Karnilowicz, 2011). Increasing self-efficacy in cancer patients, then, becomes a very important goal. If patients can be supported throughout a process of rebuilding their confidence in their own abilities to self-manage the many challenges of life, they will be more likely to show increased well-being and quality of life (Foster & Fenlon, 2011).

Although the experience of cancer is usually a difficult one it can be navigated more easily with the help of appropriate interventions. The right psychotherapeutic treatment and support can help people who have or have had cancer to heal psychologically and even to grow from the experience. In Breitbart’s (2002) words, “the diagnosis of a terminal illness may be seen as a crisis in the fullest sense of the word – an experience of distress or even despair that may in itself offer an opportunity for growth and meaning, as one learns to cope” (p. 4). In order to encourage psychological growth and healing, interventions that allow individuals to find meaning in or make meaning from the experience are necessary. People diagnosed with cancer are faced with the task of integrating their experiences of the illness within their own sense of themselves, in a coherent and meaningful way (Yaskowich & Stam, 2003). “As cancer patients are faced with the crumbling of the worlds they had previously constructed, they now have the responsibility to re-create their lives” (Spiegel & Classen, 2000, p. 203). Yaskowich and Stam (2003) maintain that narrative reconstruction of identity is “the major psychological

task of a cancer patient” (p. 722) and that through biographical work patients can negotiate a more stable identity.

### **A Narrative Approach**

We make sense and draw meaning through the stories we tell – to ourselves and to others – about ourselves and our lives. Our storying of our experiences is extremely powerful and important, in that it shapes our identities as well as our understanding of the world and our place in it. Dunne (2006) explains that any given experience or event can be told in a number of different ways and from many different perspectives. Sometimes a problem can become a person’s dominant story (Dunne, 2006), pulling focus away from other experiences and perspectives, which can lead to a limiting, negative and problematic view of oneself and one’s life. As Dunne (2006) points out, we often inadvertently filter out significant pieces of our stories that do not fit with the dominant one: we end up excluding certain experiences, and losing sight of our own resourcefulness and abilities, making it difficult to remain hopeful for the future.

Cancer is one example of a problem that is often all-encompassing and can become central in a person’s story. Sometimes it will remain so even many years after recovery. If this life-threatening illness and its negative impact become a person’s dominant story, it can become easy for her or him to feel helpless, defeated, and afraid. A sense of powerlessness and deep fear of the unknown can take over, making other more positive aspects of one’s life and experience far more difficult to access. A narrative approach to psychotherapy aims to address this problem.

Fobair (1997) argues that the ideas of postmodernism, which were an important influence on the development of narrative therapy (Brown & Augusta-Scott, 2007) can be

useful for leaders who work with groups of cancer patients. From a postmodernist view, “we substantiate our reality as we construct and interpret our values, beliefs, and commitments through storytelling, thereby developing our own narrative” (Fobair, 1997, p. 69). According to Yaskowich and Stam (2003), telling one’s story takes on a sense of urgency for people facing a life-threatening illness: the disruptions and changes cancer causes call for a renegotiation of one’s self-understanding.

### **Narrative in Group Therapy**

Yaskowich and Stam (2003) note that one way people with cancer are able to express their struggles and narrate their stories is within self-help or support groups. They maintain that it is within this context with others sharing similar experiences that cancer patients can do their best biographical work. According to Fobair (1997), “the moments of clarity, identification, and connection that come with storytelling are part of the emotional healing process that group therapies offer cancer patients” (p. 77). One advantage of sharing one’s stories related to cancer within a support group is that within the context of the group cancer is the norm and so is not stigmatized or regarded with the same degree of alarm as it is in other areas of the client’s life (Yaskowich & Stam, 2003). This can allow clients to express their thoughts and feelings more freely and in new and different ways. It also means that patients have the space to explore and address issues beyond the problem of the illness itself (Yaskowich & Stam, 2003). Support groups can provide a space for patients to re-work their lives, facilitating the exploration and understanding of illness narratives by providing opportunities to rehearse and develop their life stories (Yaskowich & Stam, 2003).

### **Narrative Therapy**



In narrative therapy, clients are invited to continuously construct and re-story their lives. They are encouraged to maintain multi-storied descriptions of themselves and their experiences (Dunne, 2006). No single story can fully sum up an experience, much less an entire life or a person. Narrative therapists aim to work with clients to uncover alternative stories (Dunne, 2006), different from the problem-focused or problem-saturated stories that have become dominant. Alternative stories are those that help clients to break free from the influence of the problems in their lives (Madigan, 2011). They allow clients to expand their own sense of themselves by helping them develop greater awareness of their own unrecognized resources (Dunne, 2006). It is by accessing these alternative stories and perspectives that an individual's unique knowledge, strengths, and inner resources can be revealed, and this provides possibilities for change and growth (Dunne, 2006). The focus is placed on the stories themselves as well as on the way clients tell their stories. This process emphasizes an active re-authoring (Dunne, 2010) that empowers clients to re-shape their lives and their sense of themselves.

**Narrative therapy for cancer patients.** As Boman (2011) notes, while not originally developed in a psycho-oncological context, narrative therapy can be especially meaningful when it comes to working with people with cancer and their loved ones. Some important reasons for this include the concreteness of the approach, as well as the sense of having some sort of control within the chaos of the experience of cancer (Boman, 2011). Murray (1997), in discussing narrative psychology within the context of serious illness, notes that it is by creating a story about a crisis that a person can bring some order to the chaos of the experience and begin to grasp the meaning of it. By taking on the role of author in their own lives and life stories, patients are able to distance

themselves somewhat from the threat of cancer (Murray, 1997). To write out the story of one's experience with cancer specifically allows authors an opportunity to regain a position of control and to begin to look to the future (Murray, 1997). Finding words for the experience can help to reduce fear of the unknown and can help patients "construct a language of hope" (Murray, 1997, p. 15).

**Narrative therapy perspectives and processes.** There are a number of central perspectives and processes that are common to narrative therapy interventions in general. The therapist's emphasis on the client's experience over and above anything else provides access to the more private parts of the client's story and also allows the client "to collaborate in the interpretive process and in the construction of meaning associated with the experience" (Pozatek, 1994, p. 399). The approach is client-centered in that the therapist takes on the role of collaborator with the client instead of positioning her or himself as some form of expert. A central aim within narrative therapy is to place the client in a position where they are as free as possible from conventions and other limiting perspectives and ideas (Boman, 2011). There are a number of techniques and practices that help to facilitate this process of liberation, which in turn can lead to change and growth.

***A position of uncertainty.*** The practice of narrative therapy involves taking up a position of uncertainty, since this is what leads to the development of alternative stories (Pozatek, 1994) and the consideration of multiple and different perspectives. Within the context of clinical social work, Pozatek (1994) proposes that one element of the postmodern shift that should be applied with clients is to "sit with uncertainty – to endure for a time the stress of not knowing, of not being sure" (p. 398). It can be argued that

this is true within any psychotherapeutic process, and perhaps in particular with individuals affected by cancer. Cancer is a disease “fraught with uncertainty and helplessness” (Spiegel & Classen, 2000, p. 15), and as such, since clients must adjust to the uncertainty of their situation, the therapeutic approach must also be one that accepts uncertainty.

A therapeutic position of uncertainty is also what allows for an exploration of what has not been said (Pozatek, 1994). By embracing the position of not knowing and letting go of stereotypes and assumptions, therapists are better able to listen for and recognize stories that are alternative to the dominant and problematic story or stories being expressed. The practice of double listening in narrative therapy involves listening to descriptions of experiences with an aim to hear its dual sides: not simply the visible, problem-saturated one, but the other one that is initially invisible (Dunne, 2006). When it comes to accounts of traumatic experiences, for example, narrative therapists listen not only to the story of the trauma experience, but also to the story of the response to the trauma, which includes any strengths or other resources that may have been demonstrated by the client (Marlowe, 2010).

***Externalization.*** Also important to the narrative approach is the process of externalization, through which the client’s problems are specified and objectified (Madigan, 2011). In narrative therapy this usually occurs within conversations between therapist and client. Using language, the therapist encourages a shift in perspective which involves seeing the problem as something outside of the client that has taken hold of her or him, rather than something that exists or has emerged from inside the client her or himself (Boman, 2011; Dunne, 2006; Madigan, 2011).

This objectification of the problems the client faces means that the client her or himself is no longer being objectified. This can help to empower clients who are often too quickly and easily labeled “cancer patients,” “sick people,” or “survivors,” terms that can be limiting and can cause discomfort for many people affected by cancer. Dunne (2006) discusses the impact of labeling and what can happen when a person is described pathologically: “the person’s identity becomes a label and, in turn, the label is their identity” (p. 5). This is true for individuals we refer to as cancer patients or cancer survivors as well: while some individuals embrace and feel comfortable using these terms for themselves, many others feel that these labels are restrictive and limiting.

Also, since cancer itself exists within the body, it could be argued that externalization of the resulting psychological struggles can be especially useful, as it takes some of the negative focus and conflicting feelings away from the body and places them as a problem or situation that exists outside of the self. As Spiegel and Classen (2000) point out, “cancer induces a special kind of fear – that of the body turning on itself” (p. 15). When this fear is externalized and relocated in the context of the world around them (Madigan, 2011), clients are afforded greater distance from and increased control over the fear, which as Dunne (2006) notes can be empowering.

### **Drama Therapy**

Drama therapy processes and techniques offer many different possibilities when it comes to negotiating the distance between clients and their issues. The use of projection onto images, objects, or fictional stories and roles can help increase the distance clients have from difficult psychological material. This can facilitate the development of new and different perspectives, as well as potentially protect clients from becoming

emotionally overwhelmed (Jones, 1997). Drama therapy involves an attitude of playfulness, which allows participants a more open, experimenting, and flexible perspective toward themselves and their life experiences (Dunne, 2006).

A narrative approach can be incorporated within the process of drama therapy quite naturally. In drama therapy, through exploratory processes involving play and creativity, people are provided with the opportunity to see different aspects of their stories, from different points of view (Dunne, 2006). Clients can then choose the specific stories that are the most meaningful and important to them, and that they want to emphasize in their lives (Dunne, 2006). Beyond simply thinking about and verbalizing one's experiences from multiple perspectives, clients can embody different roles and enact events or situations. While the narrative stance activates the imagination through "hypothetical, open-ended, and future-oriented questioning" (Dunne, 2006, p. 14), drama connects us to the "magical as if" (p. 14). Together, narrative and drama open up infinite possibilities and afford a freedom for the client that cannot always be accessed in other forms of psychotherapy. This freedom helps to facilitate the process of re-authoring life stories, which in turn leads to a process of change, healing, and growth (Dunne, 2006).

### **Narradrama**

Narradrama, developed by Pamela Dunne, integrates both drama therapy and narrative therapy, and can be practiced in clinical as well as community and educational settings (Dunne, 2010). It is a client-centered approach to psychotherapy that aims to help participants develop their own resources and strategies (Dunne & Rand, 2013). The approach is based on the belief that creativity increases people's potential to tap into their alternative knowledge (Dunne, 2006), facilitating access to different perspectives and

different sometimes forgotten aspects of themselves. Like narrative therapy, narradrama is a story-centered approach to psychotherapy. It allows for an expansion of people's stories beyond the verbal realm using many different forms of creativity and artistic expression (Dunne & Rand, 2013). Narradrama makes use of drama therapy's core processes, tapping into the wisdom of the mind as well as that of the body and the senses (Dunne, 2010). The eight steps proposed by Dunne (2006) for a narradramatic process, to be explained in further detail throughout the intervention section, are as follows:

1. Warming Up to New Descriptions of Self Identity and Environment
2. Externalizing the Problem
3. Possibility Extension
4. Externalizing Choices
5. Personal Agency
6. Alternative Stories and Unique Outcomes
7. Restory Life
8. Closure, Reflection and Rituals

Narradrama involves similar practices and techniques to those used in narrative therapy, often taking them a step further or applying them in different ways. The process of externalization in narradrama, for example, involves encouraging clients to identify their problems as existing literally outside of themselves (Dunne & Rand, 2013) through the use of projection. Going beyond the hypothetical, clients can choose or physically create objects or items to represent their problems in tangible forms. This allows the separation and distance between the client and the problem to become all the more clear

and concrete, opening up different possibilities for their relationship to the problem and offering clients a greater sense of control.

As Dunne (2006) explains, in narradrama, “instead of seeking to avoid sickness, people access other parts of their experiences. They transform painful experiences through artistic expression and expansion of roles. This creative process enlarges human consciousness, providing space for alternate experiences to emerge” (Dunne, 2006, p. 13). Through narradrama, clients can change their relationships to the problems they face, and can explore different approaches and potential solutions. By exploring, extending, and deepening their awareness of their experiences, people affected by cancer can move beyond limiting views of themselves as sick people, and of their lives as being threatened.

### **Proposed Intervention**

#### **Structure**

The typical duration of narradrama sessions and drama therapy sessions varies and can range anywhere between one hour and two and a half hours (Bezuidenhout, 2011; Gersie, 1996; Stanton, 2011). Brief drama therapy interventions, commonly used in groups that share a particular problem or focus, such as the experience of a traumatic event, tend to last between one and twelve sessions but can go on for as long as thirty sessions (Gersie, 1996). While Spiegel and Classen (2000) note that ongoing therapy groups lasting at least a year are preferable for patients with advanced cancer, they have also found that primary cancer patients can benefit from interventions as brief as twelve sessions in length.

This paper proposes a therapeutic program involving twelve weekly sessions lasting two hours each. While the process could be expanded and extended over a longer period of time, a brief intervention has been opted for in this case with the aim of making it a more feasible and accessible option when time and financial resources are limited. The process would roughly follow most but not all of the basic narradrama steps suggested by Dunne (2006), including: Warming Up to New Descriptions of Self Identity and Environment; Externalizing the Problem; Personal Agency; Alternative Stories; Restorying Life; and Closure, Reflection and Rituals. These steps will be explained in further detail throughout the description of the intervention itself. The middle portion of each drama therapy session usually involves one main exercise that is the most fully developed (Emunah, 1994). This exercise engages clients in a process of working through their issues on a deeper level. A closure exercise would mark the ending of every session, in order to allow for a review of the work done, the naming of any discoveries made, and to facilitate clients' transitions back into their daily lives.

### **Facilitator**

Narradrama utilizes a collaborative approach, involving the participation of therapist and clients in the process of making meaning (Dunne, 2000). While the facilitator is a trained drama therapist with knowledge of the narradrama process, rather than taking on the role of expert, she or he defers to the clients' knowledge (Dunne, 2000) encouraging them to reconnect with their own inner resources. The facilitator is encouraged to embrace a position of uncertainty, as it is more conducive to collaboration and the discovery of different perspectives and possible solutions to clients' problems. The therapist keeps an open mind, encouraging free exploration and allowing clients to



take the lead in their own healing process. Furthermore, “Transparency, openness, and a willingness to be vulnerable” on behalf of the facilitator are encouraged (Dunne, 2000, p. 28). Throughout this therapeutic process, the therapist establishes real connections with clients, allowing her or himself to engage deeply with the group’s psychological material and the work being done. The facilitator does not maintain a neutral stance but allows her or himself to be affected and moved, and stays open to changing and growing with the group.

### **Space**

In order to further facilitate clients’ separation from the restricting role of “cancer patient” or “sick person,” sessions would be held away from the hospital in a more neutral setting, such as a wellness centre, community centre, art studio, or school. The space in which sessions take place must be large and open enough to allow the group to move freely throughout it and to permit participants to work individually with some degree of privacy. The space should also remain intimate enough to allow clients to feel comfortable and connected with one another. Dunne (2006) notes that it is important to consider the physical arrangement of the space in which narradrama is to be practiced. An important detail to consider, for example, is the degree of separation between the playing space and the audience space, and it is useful when this can be adjusted (Dunne, 2006). Storage space for the safe keeping of art supplies and clients’ material between sessions is also necessary.

### **Materials**

A variety of art materials should be made available to clients’ throughout the narradrama process. Clients will make use of paper (including large sheets or rolls of

butcher paper), markers, crayons, pencil crayons, pastels, paints, as well as glue, magazines, cardboard, and tissue paper for collage making. Clay, sheets of plaster, and newspaper for paper maché should also be on-hand for the creation of masks and other objects. Pieces of fabric, both small and large, as well as cushions, chairs, and wooden blocks or benches and other items will be necessary for the creation of different environments within the space.

### **Group Members**

In order to ensure ample time and space for the working through of each participant's material, this type of intervention would involve a closed group consisting of eight to ten members. While a similar therapy group could include members of different ages and with different stages of the disease, this paper proposes an intervention specifically for a group of young adults having received a primary cancer diagnosis, aged between 18 and 39 years, currently undergoing treatment. Patients would be recruited by referral from their hospital.

### **Therapeutic Goals**

The proposed treatment program aims to facilitate a reconstruction of identity in ways that promote a strengthened sense of self-efficacy. The ultimate goal is to facilitate adjustment and improve coping, which can lead to psychological healing and growth. The main focus is on incorporating the experience of cancer within one's sense of self in ways that allow for maintaining or improving a sense of self-efficacy and personal agency. By creating a safe and open environment of mutual support, this intervention encourages the expression and exploration of emotion in ways that can be contained by the narradramatic medium. Throughout this process clients are invited to examine their

experience of cancer in depth and to consider its place within and its impact upon their lives and their sense of themselves. With an emphasis on the externalization of problems and a reconnection with a sense of their own personal agency and self-efficacy, the applied narradrama techniques incite clients to restory their experiences in ways that are empowering and allow them to regain access to their inner resources and strengths.

### **Description**

The process described for this intervention is a general guideline for facilitators to follow. The order of the different steps and the exercises themselves can be modified and adjusted to reflect the emerging needs of the group. The terms client, participant, and group member are used interchangeably to refer to the individuals participating in the narradrama group. Examples are provided throughout the session descriptions in order to ensure comprehension. These are only examples meant to clarify the ideas put forward, as the therapist cannot anticipate the ways in which clients will engage in the narradrama exercises.

### **Overview**

- Session 1 – Opening
  - Cluster formation
  - Sharing of life story in two minutes
  - Preferred words
  - Creation of group poem/image
- Session 2 – Exploring Identity
  - Preferred environment – image drawn or painted then shared with group

- Environment created in the space and then experienced by all group members
  - Sharing
- Session 3 – Exploring Identity continued
  - Orpheus exercise
  - Restorative body drawings
  - Sharing
- Sessions 4 and 5 – Externalizing the Problem
  - Personal reflection
  - Creation of a problem mask or sculpture
  - Living sculptures to represent different relationships to the problem
  - Containing the masks, de-roling and sharing
- Sessions 6 and 7 – Identifying Strengths and Inner Resources
  - Letter of praise to self
  - Creation of a personal agency mask
  - Representation of relationship between problem mask and personal agency mask
  - Witnessing and sharing
- Session 8 – Alternative Stories
  - Representation of current relationship between problem mask and personal agency mask
  - Creation of a story using the problem mask and the personal agency mask as characters

- Witnessing and sharing
- Sessions 9, 10 and 11 – Restorying the Self and Life
  - Life map
  - Creation of a restoried book
  - Sharing of one element
- Session 12 – Closure, Reflection, Ritual
  - Restoried script performance
  - Creative response tasks

### **Session 1**

The main goals within this initial session would be to begin to establish group cohesion and the creation of an environment where clients feel safe and comfortable to express themselves openly. This early work aims to open up a space in which clients engage with one another in a way that is mutually supportive. In order to begin the process of integrating the experience of illness within identity in ways that promote each individual's sense of self-efficacy, it is important that clients are given the opportunity to identify and express their own personal ways of perceiving and coping with their experience of cancer.

A common narradrama warm-up, cluster formation (Dunne 2010), would be used to begin the first session. It facilitates interaction and connection between participants by inviting them to gather together in smaller groups according to different commonalities they share. For example, participants could be asked to group together according to their eye color, then according to their age, and then the number of siblings they have. With a group of young adults affected by cancer, commonalities related to the cancer experience

would be included in this list in order to begin to prepare participants for the sharing of these aspects of their experiences. They could be asked to get into groups according to the amount of time since their initial diagnosis, the number of surgeries they have had, and the degree to which they are experiencing fatigue or other common side effects. In order to encourage even further discussion between group members, participants can be asked to randomly find themselves in small groups and to identify three things they have in common with one another that are not visible. This exercise aims to encourage a sense of universality, which is an important factor for the development of group cohesion (Yalom, 1995). It can be especially beneficial for young adults with cancer to recognize that they are not alone in their experiences.

Next, clients would be invited to share their life stories within a maximum of two minutes (Dunne, 2006). Following the telling of these stories, group members would be encouraged to discuss whether anything surprised them about what they shared regarding their own story and what stood out most when listening to the others' stories. This exercise brings to the surface the ways people see themselves, allowing the therapist and the other group members to begin to learn about the impact the cancer experience has had on their identities.

The central exercise within this first session would be what Dunne (2006) refers to as preferred words. Words and phrases would be written by the therapist and placed throughout the space. In this case the words chosen would specifically relate to the cancer experience, for example: patient, survivor, fighter, battle, victim, win, lose, why, faith, mind over matter, gift, sick, healthy, life, death, and so on. Blank paper and pens or markers would be made available should clients wish to add some of their own ideas.

Each participant would then be invited to choose the words she or he prefers or feels connected to and to create something from them: an image, a poem, a story, or an embodied sculpture. A client having chosen the word life, for example, might draw a tree to represent what the idea of life means to her. She might also physically take on a shape that represents being alive.

To close this session the group would be invited to collectively create a mural or a poem incorporating the preferred words/phrases of each group member. This entire process would ideally open up the space for some discussion around different people's perspectives and their preferred ways of perceiving their experiences and themselves. The act of both choosing and transforming the words that represent one's experience may help to support patients in feeling that they have some control over the way the illness is defined and discussed. This, in turn, can allow clients to reconnect with feelings of confidence that they do have the power to influence their own experiences in certain ways.

## **Session 2**

Session two builds upon the goals of the first session, aiming to further increase the group's cohesiveness and, following the first proposed step in Dunne's (2006) narradrama process: Warming Up to New Descriptions of Self Identity and Environment, creating "an environment that encourages change and positive experience" (p. 42). To begin, in an exercise called preferred environment (Dunne, 2006) each participant would be invited to create, on a large sheet of paper, a drawing, painting, or a collage to represent her or his preferred or ideal environment. Participants are given the freedom to choose how they define environment: it can represent a real or imagined place, or even a

situation. One client might paint an image to represent a space that feels more healing to him than the chemotherapy treatment room. Another client might create a collage that represents her idea of a more peaceful and supportive home environment. Upon completion these images would be shared with the group.

Next, clients would be given access to various materials in order to actually create a three-dimensional version of their preferred environment. A client having painted his idea of a healing place outdoors amidst trees, with fresh clean air, and near a body of water could use fabrics of different colors and other materials to create a larger version of it. All group members would then have the opportunity to visit each of the different preferred environments. Beyond continuing to facilitate group cohesion, through this exercise “participants find inner resources of strength and energy in their lives” (p. 43) that they can tap into in order to rearrange elements of their real world the way they prefer (Dunne, 2006). One client might be able to use his idea for a healing space as something to visualize while in treatment in the hospital, or as inspiration for an actual space to visit. Another client might develop insight about conversations she could have with her family members in order to improve her home environment in the ways that she needs. Once again, this can serve to reinforce a sense of self-efficacy.

This session would come to a close with a discussion in which group members reflect about what resonated for them in what their fellow group members created. This is a psychodramatic technique (Blatner, 2007) that is sometimes used in narradrama. It encourages clients to make connections between their own experiences and what they have witnessed of their fellow group members. This kind of sharing would be used at the end of every session in order to encourage reflection about the work that has taken place,



as well as to facilitate further group connections and cohesion. It also helps clients to name their discoveries, which can facilitate the integration of emerging ideas and aspects of the self.

### **Session 3**

Session three turns the group members' focus to their own sense of themselves, inviting clients to begin to process some of the changes and losses they have experienced as a result of cancer. Clients are encouraged to develop greater awareness of the different ways they have learned to cope and adjust. The goal is for them to begin to recognize the inner resources they have and the strength they have shown.

The session would begin with the Orpheus exercise, described by Spiegel and Classen (2000) in their book *Group Therapy for Cancer Patients*. While not strictly a narradramatic technique, this exercise is similar to the role method approach to drama therapy (Landy, 2000), and can be a useful warm up before engaging clients more deeply in an exploration of their identity. Participants would be invited to make a list of roles they play in their lives or aspects of themselves (such as daughter or son, mother or father, boyfriend or girlfriend, teacher, student, athlete, brave person, fearful person, kind person, angry person, joyful person, strong person, and so on). They would then be asked to rank them in order of relevance, identifying the level of importance of each role or aspect with regard to the way they see themselves. Next, they would be asked to close their eyes and imagine having to give up each different aspect, one at a time, beginning with the least important one, and ask themselves: "Who am I if I am no longer this?" (Spiegel & Classen, 2000, p. 202). After taking a moment to process privately, group

members would be asked to open their eyes and discuss their feelings around giving up each particular aspect or role.

As noted by Spiegel and Classen (2000), this exercise can be quite pertinent for people with cancer, since the disease often actually does force them to give up parts of themselves to which they have become attached. This exercise aims to help clients to identify what is at the core of their being, and to clarify which aspects of themselves are most important to them. This process can also help clients to acknowledge the multiple losses they are enduring and to identify the changed parts of their identities.

The central exercise in this session is another identity exercise called restorative body drawings (Dunne, 2006). In pairs, participants would be asked to trace each other's bodies as they lie down on large sheets of paper on the floor. Each participant has their body traced twice, as they will all eventually create two body drawings. For the first one each participant would be invited to draw, paint, or use collage materials to represent different parts of themselves as they are now. These drawings of images or symbols would be done on separate pieces of paper and then placed on or outside the traced body so that clients could move and adjust them as they see fit (Dunne, 2006). The second body drawing involves a similar process but this time participants would be invited to create an image that represents themselves as they would like to be.

After each drawing is completed it would be placed upright where it could easily be seen and interacted with. Group members would then be invited to choose an action moment (Dunne, 2006): they can either speak to the drawing as themselves, create a monologue from the drawing's perspective, or develop a dialogue between themselves and the drawing. This exercise has the potential to be especially meaningful for young

adults with cancer, since their bodies and selves are so deeply impacted by the disease. Participants would be invited to reflect about the way they see or feel about their bodies both on the outside and inside. This could be a meaningful way of exploring and making more explicit people's relationships with their bodies after the onset of illness and the multiple effects of treatments, ranging from scars, to loss of body parts and/or hair, to weight gain or loss, loss of energy, sexual and fertility changes, or any others.

For young adults in particular, it can be difficult to accept and manage all the physical changes cancer brings about at such an early stage of life. This process allows clients to begin to adjust to these changes, and can lead to the mourning of some of what they have lost. In addition, it can facilitate recognition and realizations about inner strengths and resources already existing within them that they can work to improve. As they begin to set goals for themselves and imagine working towards them, clients can further connect with a sense of confidence in their own abilities to cope with cancer and its effects.

Once again, the closure exercise for this session would involve a brief discussion involving the sharing of what resonated for the group members as they witnessed each other's body drawings and their interactions with them.

### **Sessions 4 and 5**

In these next two sessions the emphasis would be placed on Externalizing the Problem, the second suggested step described by Dunne (2006), and a process that is central to narrative therapy in general (Madigan, 2011). The relocation of their psychological struggles as issues existing outside of themselves offers clients a degree of distance from their problems. This distance can allow clients to view their problems, and

their relationships to their problems, from different perspectives. In this way, different possible solutions can be imagined and explored. This can help clients to experience a greater sense of control over the problem, encouraging a greater sense of self-efficacy. Through the process of externalization clients separate themselves from their problems, which can be a liberating experience. When clients' identities are not defined by their problems, they can more easily reconnect with their inner strengths and resources and their own sense of personal agency.

To begin, participants would be invited to close their eyes and reflect about the main problem or problems they face as a result of cancer. This would lead into the central exercise: the creation of a problem mask (Dunne, 2006) to represent this problem or problems. Clients would use materials of their choice – paper or cardboard, clay, plaster, and so on – in order to create a representation of their problems in a way that is meaningful to them. They would then be invited to give their mask a title that refers to the problem it represents. One client might create a dark and heavy mask to represent his fear of dying young for example, while another might create a cardboard mask with jagged edges to represent her unsettling anger about the disease. Once the masks have been completed and given a title, participants would have the opportunity to share them with the group.

Next, clients would be invited to create living sculptures (Dunne, 2006). Each client would invite one group member to play the role of her or himself, and another group member to play the role of the problem. The participant in role as problem could either wear or hold the problem mask. These living sculptures would portray different relationships between the client and the problem: times when the problem exerts the most

influence over the person, times when it exerts the least, what the relationship between the two is at this point in time, and finally what the preferred relationship between the person and the problem would be. One client might create, for example, a live sculpture to illustrate that his anxiety tends to worsen before scans or treatments. He might direct the participant embodying the problem of anxiety to physically press down on the other participant, to demonstrate the weight of the anxiety he experiences before certain appointments. The experience of anxiety becoming more manageable when the client is in the presence of close friends could be portrayed in a different sculpture. The participant embodying the problem of anxiety might be placed further away, while several other group members in role as the client's friends stand close by and supportively place their hands on his back.

To close, group members would share a new perspective, thought, or idea they gained about their problems or their relationship to their problems, and the masks would be removed and placed in a container for safe-keeping until the following session.

### **Sessions 6 and 7**

Sessions six and seven would center around Dunne's (2006) fifth proposed step for a narradrama process: Personal Agency. Essentially, the focus would be on helping clients to identify their own inner strengths and resources. Since a cancer diagnosis can leave patients feeling both helpless and hopeless, it is especially important to help clients recognize and reconnect with the power and abilities they do have. As Boman (2011) notes, "In psycho-oncological work, where loss and death by definition is more immediately present than in human life in general, it is a salient point to focus on intentionality and ability or skills" (p. 76).

To begin, group members would be asked to write a letter to themselves from the perspective of a person or multiple people – living or deceased – who hold them in high-esteem: people who love and respect them, admire them, are proud of them. The letter is meant as a form of congratulations for all of the strengths they have shown throughout the past and up until this point in time. This exercise is inspired by the narrative therapy technique of therapeutic letter writing (Madigan, 2011), which typically involves inviting actual members of a client’s community to write them letters of praise. For this particular intervention, however, the letters are fictional and written by the clients themselves in order to encourage an internalization of the positive views of that others hold.

Participants would then be invited to create a personal agency mask (Dunne, 2006) choosing from different materials provided, much like the process in the previous session. This mask, however, is meant to be a projection of the clients’ inner strengths and abilities. Group members would then be asked to place both the problem mask and the personal agency mask somewhere in the space in order to demonstrate the current relationship between them. They could be placed close together, far apart, facing toward or away from one another, and so on. A client who has identified one of her strengths as an ability to remain connected to hope for the future, for example, might place her personal agency mask directly facing her problem mask representing fear. This could illustrate that at this point in time she is experiencing very conflicting feelings involving hope and fear. She would then be invited to physically place herself in relation to the masks according to her perception of the current situation. If she is feeling extremely preoccupied by the issue, for example, she might place herself very close to or even directly between the two masks. To close, group members would have the opportunity to

witness each other's living sculptures and to reflect what they perceive and what resonated for them in their fellow participants' creations.

### **Session 8**

Session eight builds on the previous sessions and aims to provide clients with the opportunity to continue to examine their relationships with both their problems and their inner resources, encouraging the exploration of different perspectives. Clients are invited to consider their situations and experiences in new ways. This can open them up to considering stories that are alternative to the dominant, problem-saturated ones within which they have become trapped, and that support preferred views of themselves that incorporate a sense of their own agency within their lives.

Clients would be asked to begin this session by reconnecting with both their problem mask and their personal agency mask, placing the two masks in the space and noting any relationship differences there may be from the previous session. They would then be invited to construct a story involving both masks as characters. This story could be told through drawn or embodied images, movement, dialogue between the masks, monologues, and so on. Splitting the participants into smaller groups would allow group members to participate in each others' stories as needed. Each participant would then have the opportunity to share their story with the group as a whole.

Continuing from the example mentioned previously, a client having constructed a problem mask to represent fear and a personal agency mask to represent hope might, for instance, develop a story in which fear and hope are two separate characters. Perhaps, in this story, fear and hope begin as enemies. When they find themselves trapped in close proximity with one another, however, these two characters might find a way to co-exist

peacefully. With the help of other group members, these two characters could be embodied and the story of their struggle to come together and live side by side could be told through movement. As in previous sessions, closure would take the form of a group discussion in which group members reflect and share about what resonated for them in their fellow group members' work.

### **Sessions 9, 10, and 11**

The following three sessions would be devoted to clients' creative restorying of their lives, in preparation for a final performance of these stories in front of the group in the very last session. Throughout this phase of the intervention, clients are provided with direct opportunities to integrate their experiences of cancer within their own sense of themselves and in ways that they prefer. Clients are invited to take ownership of their life stories and cancer's place in them, which allows them to highlight aspects of their lives and themselves that they want to bring forward (Dunne, 2006). This is a final culminating project that centers around the development and strengthening of a sense of self-efficacy and personal agency. Clients are given the opportunity to actively shape their own sense of their lives and how the experience of cancer has affected them, as well as how their own identity or sense of themselves is expressed to others.

To begin session nine, clients would be invited to create a life map (Dunne, 2006) by representing, through drawings, the way in which they perceive their lives in the present moment, as well as the direction they would like their lives to take. After completing their drawings participants would be divided into small groups and invited to take turns representing their life map in the actual space using different objects, materials, and their fellow group members to represent different aspects. This would allow clients



to explore their maps in a more embodied way, with an emphasis on the different potential future paths they choose to explore. This can help to clarify the participants' different options, and can facilitate their making decisions based on what is most important for them (Dunne, 2006).

Participants would then be invited to work independently throughout the next two sessions to create what Dunne (2006) refers to as a restoried book: essentially, a form of autobiography that tells the story of their lives using words, images, and so on. The participants would have free reign to decide which events and experiences are part of the story, and their significance or importance. They can decide on a title for the story, names for different chapters or sections, and even whether or how the story ends or continues into the future. To close each of these three sessions, group members would be invited to share one element from their story with one another.

## **Session 12**

This final session would mark the closure of the group and of the process as a whole. Participants would be invited to share their stories as they have created them through what Dunne (2006) calls restoried script performance. This exercise aims to provide participants with the opportunity to perform the restoried version of their lives, incorporating the alternative stories and the different descriptions of themselves they have uncovered throughout the entire narradrama process, emphasizing the stories and perspectives that are part of the identity she or he prefers (Dunne, 2006). In this way, clients communicate to their fellow group members the new ways in which they have come to view themselves and their lives, and the ways in which they want to be seen by others. By taking on the multiple roles of playwright, actor, director, set designer, and so

on, clients take control of all the aspects of this process (Dunne, 2006), which can facilitate a feeling of empowerment as they move forward into the future. Once again, here, enhancing a sense of personal agency and self-efficacy are key within this process. As Dunne (2006) notes, “presenting a restoried script performance allows participants to integrate aspects of personal history with a sense of self-affirmation and pride and develop more accepting and positive self-images” (p. 234).

The experience of being witnessed is a very important element within this exercise, and it is essential that each client feel listened to and accepted by the group. Following every performance, group members would be invited to honor and validate their fellow group member’s work through response tasks, a therapeutic storymaking technique developed by drama therapist Alida Gersie (1997). After sharing her or his story, each group member would be invited to choose the way in which she or he would prefer the witnessing group members respond: by drawing or painting an image, writing words, creating a living sculpture, or performing a movement or gesture, for example. Group members would then use the creative form chosen in order to reflect an element of what they have received from having witnessed the story.

In this final session, clients are invited to share with their fellow group members what they have discovered and decided about the experience of cancer and its impact on themselves and their lives. Each client is given the opportunity to express the central and most important aspects or parts of themselves. Through the process of restorying their lives, clients engage in an active reconstruction of their identities, which are then acknowledged and honored by the other members of the group. This can help clients to

experience a sense of accomplishment and pride, which can reaffirm their own sense of self-efficacy and personal agency within their lives.

## **Conclusion**

### **Recommendations for Further Research**

This theoretical paper is exploratory in nature and further research is required in order to assess the effectiveness of the proposed narradrama intervention. Studies comparing its effects with those of supportive-expressive psychotherapy interventions, as well as comparisons between a treatment and a no-treatment control group could help to determine the usefulness of this narradramatic approach. Clients' well-being and quality of life could be assessed through self-report questionnaires or interviews. Following the approach taken by Spiegel and Classen (2000) in their evaluation of the effectiveness of their groups, participants could be assessed both pre- and post-treatment using the Profile of Mood States, which is commonly used to measure psychological adaptation to cancer and its treatments (Guadagnoli & Mor, 1989). Self-efficacy could be evaluated using the Generalized Self-Efficacy Scale, that has previously been used to study the effects of a meaning-making intervention for cancer patients (Lee, Cohen, Edgar, Laizner, Gagnon, 2006). This scale measures the strength of a person's belief in her or his own ability to adjust to and deal with new or difficult situations (Lee et al., 2006). Self-efficacy as it relates to coping with cancer could be measured using the revised version of the Cancer Behavior Inventory (Merluzzi et al., 2001), which can be useful in detecting changes at different points throughout treatment. Psychological growth in members from each of these different groups could be evaluated using Tedeschi and Calhoun's (1996)

Posttraumatic Growth Inventory, which measures the extent to which survivors perceive personal benefits stemming from a traumatic experience.

Following tests for this intervention's efficacy, the remaining steps for intervention research could be taken, including the refining and dissemination of the program (Fraser & Galinsky, 2010). Similar psychotherapeutic processes could also be undertaken and evaluated with individuals of different ages, and with different stages of cancer. Studies could examine this form of psychotherapeutic treatment for individuals even years after the cancer experience, since it seems that a diagnosis of cancer has an impact on an individual's life that extends beyond the end of treatments (Zebrack, 2000). Indeed, while distress has come to be expected following diagnosis and during treatments for cancer, the distress the disease can cause for survivors across the trajectory of survivorship is less recognized (Andrykowski, Lykins, & Floyd, 2008). Zebrack (2000) points to "the importance of interventions that increase long-term survivors' opportunities for expressing and experiencing cancer as a potentially positive experience" (p. 241).

### **Implications**

This paper has proposed a narradrama intervention that aims to allow for psychological healing and growth in young adults with cancer. The goal of this intervention is to facilitate a reconstruction of identity in ways that enhance an individual's sense of self-efficacy and personal agency. As the literature shows, cancer can have a profound impact on a person's life and sense of self, and adjustment and coping can be challenging on many levels. The loss of a sense of control and meaning in life due to the diagnosis of a life-threatening disease can lead to feelings of helplessness and hopelessness that can be difficult to overcome. Narrative approaches to

psychotherapy can help cancer patients find meaning within their experience of the illness, and regain a sense of control. Narradrama in particular can actively and creatively engage young adults affected by cancer in ways that facilitate a reconnection with their own inner resources and strengths.

In the proposed narradrama intervention, the development of group cohesion and mutually supportive relationships between group members helps to create a safe and open environment. This can help clients to feel more comfortable in expressing their emotions freely and in working deeply through difficult psychological material. Clients are encouraged to re-examine their cancer experience, and to explore from different perspectives the way it has impacted their lives and themselves as individuals. Through processes of externalization, clients gain enough distance from their problems that they can begin to consider them from different perspectives. When clients can separate themselves from their problems, they can experience a greater sense of control over them, and are no longer defined by them. This can potentially be a liberating experience, one that can help these individuals make new and important discoveries about themselves and the lives they want to live. Young adults with cancer can regain a sense of control and personal agency through the process of restorying their lives, and can reconstruct their identities in the ways they prefer.

## References

- Andrykowski, M., Lykins, E., & Floyd, A. (2008). Psychological health in cancer survivors. *Seminars in Oncology Nursing*, 24(30), 193-201. doi: 10.1016/j.soncn.2008.05.007
- Arpawong, T., Oland, A., Milam, J., Ruccione, K., & Meeske, K. (2013). Post-traumatic growth among an ethnically diverse sample of adolescent and young adult cancer survivors. *Psycho-Oncology*, 22, 2235-2244. doi: 10.1002/pon.3286
- Bellizzi, K., Smith, A., Schmidt, S., Keegan, T., Zebrack, B., Lynch, C., Deapen, D., Shnorhavorian, M., Tompkins, B., & Simon, M. (2012). Positive and negative psychosocial impact of being diagnosed with cancer as an adolescent or young adult. *Cancer*, 118(20), 5155–5162. doi:10.1002/cncr.27512
- Benight, C. & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy*, 42, 1129-1148. doi: 10.1016/j.brat.2003.08.008
- Bezuidenhout, C. (2011). *Narradrama as group therapeutic intervention in addressing inner strength of mildly intellectually impaired children who have been sexually abused* (Unpublished master's thesis). University of Johannesburg, Johannesburg, South Africa.
- Blatner, A. (2007). Psychodrama, sociodrama, role playing, and action methods. In A. Blatner (Ed.) *Interactive and improvisational drama: Varieties of applied theatre and performance*. (153-163). New York, NY: iUniverse.
- Boman, B. (2011). Narrative therapy. In W. Watson & D. Kissane (Eds.) *Handbook of psychotherapy in cancer care*. (69-77). Chichester, West Sussex: Wiley-

Blackwell.

- Breitbart, W. (2002). Spirituality and meaning in supportive care: Spirituality- and meaning-centered group psychotherapy interventions in advanced cancer. *Supportive Care in Cancer*, 10(4), 272-280. doi: 10.1007/s005200100289
- Brown, C. & Augusta-Scott, T. (2007). *Narrative therapy: Making meaning, making lives*. Thousand Oaks, CA: Sage Publications.
- Cassileth, B. (1995). History of psychotherapeutic intervention in cancer patients. *Supportive Care in Cancer*, 3(4), 264-266. Retrieved from:  
<http://www.ncbi.nlm.nih.gov/pubmed/7551631>
- Chandross, D. (1994). *Health, knowledge and identity: A search for the definition of human health* (Unpublished doctoral dissertation). University of Toronto, Canada.
- Charmaz, K. (1983). Loss of self: A fundamental form of suffering in the chronically ill. *Sociology of Health and Illness*, 5(2), 168-195. doi:  
10.1111/1467-9566.ep10491512
- Charmaz, K. (1995). The body, identity, and self: Adapting to impairment. *The Sociological Quarterly*, 36(4), 657-680. doi: 10.1111/j.1533-8525.1995.tb00459.x
- Cunningham, A. (1995). Group psychological therapy for cancer patients: A brief discussion of indications for its use, and the range of interventions available. *Supportive Care in Cancer*, 3(4), 244-247. Retrieved from:  
<http://europepmc.org/abstract/MED/7551627>
- Dunne, P. (2000). Narradrama. In P. Lewis & D.R. Johnson (Eds.), *Current approaches in drama therapy* (pp. 162-195). Springfield, IL: Charles C Thomas.
- Dunne, P. (2006). *The narrative therapist and the arts* (2nd ed.). Los Angeles, CA:

Possibilities Press.

- Dunne, P. (2010). Narradrama with marginalized groups: Uncovering strengths, knowledges, and possibilities. In E. Leveton (Ed.) *Healing collective trauma: Using sociodrama and drama therapy*. (25-53). New York, NY: Springer.
- Dunne P. & Rand, H. (2013). *Narradrama: Integrating drama therapy, narrative, and the creative arts* (2nd ed.). Los Angeles, CA: Possibilities Press.
- Emunah, R. (1994). *Acting for real: Drama therapy process, technique, and performance*. New York, NY: Routledge.
- Evan, E. & Zeltzer, L. (2006). Psychosocial dimensions of cancer in adolescents and young adults. *Cancer, 107*(7), 1663-1671. doi: 10.1002/cncr.22107
- Fraser, M. & Galinsky, M. (2010). Steps in intervention research: Designing and developing social programs. *Research on Social Work Practice, 20*(5), 459-466. doi: 10.1177/1049731509358424
- Fobair, P. (1997). Cancer support groups and group therapies. *Journal of Psychosocial Oncology, 15*(1), 63-81. doi: 10.1300/j077v15n01\_05
- Foster, C. & Fenlon, D. (2011). Recovery and self-management support following primary cancer treatment. *British Journal of Cancer, 105*, S21-S28. doi: 10.1038/bjc.2011.419
- Gersie, A. (1996). Introduction. In A. Gersie (Ed.) *Dramatic approaches to brief therapy*. (pp. 1-28) London: Jessica Kingsley Publishers.
- Gersie, A. (1997). *Reflections on therapeutic storymaking*. London: Jessica Kingsley Publishers.
- Guadagnoli, E. & Mor, V. (1989). Measuring cancer patients' affect: Revision and



- psychometric properties of the Profile of Mood States (POMS). *Journal of Consulting and Clinical Psychology, 1*(2), 150-154. doi: 10.1037/1040-3590.1.2.150
- Jones, P. (2007). *Drama as therapy: Theory, practice and research*. (2nd ed.). London, UK: Routledge.
- Karnilowicz, W. (2011). Identity and psychological ownership in chronic illness and disease state. *European Journal of Cancer Care, 20*, 276-282. doi: 10.1111/j.1365-2354.2010.01220.x
- Kreitler, S., Peleg, D., Ehrenfeld, M. (2007). Stress, self-efficacy and quality of life in cancer patients. *Psycho-Oncology, 16*, 329-341. doi: 10.1002/pon.1063
- La Guardia, J. (2009). Developing who I am: A self-determination theory approach to the establishment of healthy identities. *Educational Psychologist, 44*(2), 90-104. doi: 10.1080/00461520902832350
- Landy, R. (2000). Role theory and the role method of drama therapy. In P. Lewis & D.R. Johnson (Eds.), *Current approaches in drama therapy* (pp. 50-69). Springfield, IL: Charles C Thomas.
- Lee, V., Cohen, S., Edgar, L., Laizner, A., & Gagnon, A. (2006). Meaning-making intervention during breast or colorectal cancer treatment improves self-esteem, optimism, and self-efficacy. *Social Science & Medicine, 62*, 3133-3145. doi: 10.1016/j.socscimed.2005.11.041
- Maddux, J. & Gosselin, J. (2011). Self-efficacy. In M. Leary & J. Tangney (Eds.), *Handbook of Self and Identity* (2nd ed.) (pp. 198-224). New York, NY: Guilford Press.

Marlowe, J. (2010). Using a narrative approach of double-listening in research contexts.

*The International Journal of Narrative Therapy and Community work*, 3, 41-51.

Retrieved from: <http://www.narrativetherapycentre.com>

Merluzzi, T., Nairn, R., Hegde, K., Sanchez, M., & Dunn, L. (2001). Self-efficacy for coping with cancer: Revision of the cancer behavior inventory (Version 2.0).

*Psycho-Oncology*, 10, 206-217. doi: 10.1002/pon.511

Murray, M. (1997). A narrative approach to health psychology: Background and potential. *Journal of Health Psychology* 2(1), 9-20. doi:

10.1177/135910539700200102

O'Neill, M. (1975). Psychological aspects of cancer recovery. *Cancer*, 36(S1), 271-273.

doi:

10.1002/1097-0142(197507)36:1+<271::AID-CNCR2820360703>3.0.CO;2-X

Peterson, C., Park, N., Pole, N., D'Andrea, W., & Seligman, M. (2008). Strengths of character and posttraumatic growth. *Journal of Traumatic Stress*, 21(2), 214-217.

doi: 10.1002/jts.20332

Pozatek, E. (1994). The problem of certainty: Clinical social work in the postmodern era.

*Social Work*, 39(4), 396-403. doi: 10.1093/sw/39.4.396

Ronson, A., Body, J. (2002). Psychosocial rehabilitation of cancer patients after curative therapy. *Supportive Care in Cancer*, 10, 281-291. doi: DOI

10.1007/s005200100309

Spiegel, D. (1995). Essentials of psychotherapeutic intervention for cancer patients.

*Supportive Care in Cancer*, 3(4), 252-256. Retrieved from:

<http://www.ncbi.nlm.nih.gov/pubmed/7551629>

- Spiegel, D. & Classen, C. (2000). *Group therapy for cancer patients: A research-based handbook of psychosocial care*. New York, NY: Basic Books.
- Stanton, D. (2011). *Restoring wellbeing in distressed law students: An integrative group approach* (Master's thesis). Available from ProQuest Dissertations and Theses database. (UMI No. 1501388)
- Tedeschi, R. & Calhoun, L. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471. doi: 10.1007/BF02103658
- Tsang, S., Hui, E., & Law, B. (2012). Positive identity as a positive youth development construct: A conceptual review. *The Scientific World Journal, 1*-8. doi:10.1100/2012/529691
- Yalom, I. (1995). *The theory and practice of group psychotherapy (4<sup>th</sup> ed.)*. New York, NY: Basic Books.
- Yanez, B., Garcia, S., Victorson, D. & Salsman, J. (2013). Distress among young adult cancer survivors: A cohort study. *Supportive Care in Cancer, 21*, 2403-2408. doi: 10.1007/s00520-013-1793-8
- Yaskowich, K. & Stam, H. (2003). Cancer narratives and the cancer support group. *Journal of Health Psychology, 8*(6), 720-737. doi: 10.1177/13591053030086006
- Zebrack, B. (2000). Cancer survivor identity and quality of life. *Cancer Practice, 8*(5), 238-242. doi: 10.1046/j.1523-5394.2000.85004.x
- Zebrack, B. (2011). Psychological, social and behavioral issues for young adults with cancer. *Cancer, 117*(10), 2289-22894. doi: 10.1002/cncr.26056
- Zebrack, B., Kwak, M., Salsman, J., Cousino, M., Meeske, K., Aguilar, C., Embry, L.,

Block, R., Hayes-Lattin, B., & Cole, S. (2014). The relationship between posttraumatic stress and posttraumatic growth among adolescent and young adult (AYA) cancer patients. *Psycho-Oncology*. doi: 10.1002/pon.3585