

# EFFECTS OF BUDDHIST PERSONAL GROWTH AND COUNSELING GROUP WITH ART IN POST-LEUKEMIA TREATMENT INDIVIDUALS

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## ABSTRACT:

**Background:** The necessity of restoring psychological well-being of post-cancer treatment individuals has been widely recognized both among medical and mental health professionals. Attempts have been made to enhance such support, with art therapy being among those demonstrated to be effective. Still, the benefits of the therapy remain compromised due to the lack of a facilitating role of group leaders. The current study aimed to address this and add structure into the use of art in assisting post-cancer treatment individuals to explore and express their personal experiences. Buddhist Personal Growth and Counseling (BPGC) which has been developed by incorporating the teaching and way of living of Buddhism, Thailand's national religion, were made, beginning with art.

**Methods:** The current study, therefore, aimed to demonstrate the effects of BPGC with art on indicators of psychological well-being, both from the Eastern and Western perspective, PAÑÑĀ and Acceptance. Additionally, the effectiveness of the group for reducing the psychological distress of depression will be examined. One hundred and thirteen post cancer treatment persons participated in this quasi-experimental research study with pre-posttest treatment and control groups. Participants were randomly assigned into the BPGC with art, an art therapy group, and a control group. Upon completing an eight-week program, participants responded to the repeated measures using the quasi-experimental research design of PAÑÑĀ, Acceptance, and depression. Repeated Measures ANOVAs were conducted to compare the pre-post treatment and between- group scores.

**Results:** Findings demonstrated that, at post-treatment, the PAÑÑĀ and Acceptance of participants in the BPGC with art increased significantly; and their depression decreased significantly. Their post-treatment scores were also higher in terms of PAÑÑĀ and Acceptance and lower in terms of Depression, when compared those of participants in the art therapy and control groups.

**Conclusions:** Findings, discussion and theoretical results, as well as therapeutic implications of the use of BPGC with art, both within and outside the Thai cultural contexts, are offered.

**Keywords:** Buddhist Personal Growth and Counseling Group; Art therapy; Post-leukemia treatment; Depression; PAÑÑĀ

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## INTRODUCTION

Being the world health issue, cancers have been inflicting 12.7 million individuals a year leading to the casualty of 7.6 million annually [1]. The numbers of cancer population is increasing in every country, with the case of 7.6 million being reported

in Thailand [2]. Other than health impact, 12.9-29.8% of the cancer patients also experience mental health challenges of negative mentality and depression [3].

Psychological impact of cancer treatment could be seen as starting from the period in which the individuals have been inflicted by the cancer symptoms, the assessment, diagnosis, and treatment. Upon post treatment, the way of living of individuals

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with cancer-post treatment has been reported to be drastically changed. The degree to which the individuals are accepting of such changes, acceptance or PANNÂ refers to “intuitive wisdom” or insight into the true nature of reality. This wisdom usually attained when individuals understand and accept the three characteristics of all things, namely impermanence, suffering and no-self, and the four noble truths [4] has been shown to be associated with the degree to which these individuals would experience ensuing psychological impact. For post-cancer treatment individuals, depressive mood is unexpected. Such a psychological state has been shown to be associated with a host of adjustment difficulties and psychological disturbance of anxiety, panic [5]. Additionally, it has been linked to physical health adverse. To circumvent this vicious cycle, attempts have been made to propose psychological intervention that helps alleviate the psychological impact of post-cancer treatment and to enhance psychological well-being of individuals who has been through the treatment process.

Art therapy has been one of the key medium promising in enhancing psychological health of individuals with post-cancer treatment. Art therapy uses art as a means of personal expression to communicate feelings, rather than aiming at aesthetically pleasing end-products [6]. The therapy involves the use of art-related activities to facilitating the patients to communicate, express their feelings and thoughts to the changes in their lives [7]. Empirical findings have demonstrated the effectiveness of art therapy. The strengths of the therapy are often cited in terms of its facilitating role in enhancing the post-treatment individuals’ communication and expression affecting an increase in a quality of life [8]. Exclusive use of art-based therapy after cancer remedy, however, remains questioned due to criticisms that the approach is yet to fully utilize the facilitating role of the group leader to piece together the art activities and to patients’ experience and temperament [9].

The current study, therefore, proposed to examine the use of art therapy within Thailand. The aim of this study is two-fold. Firstly, the study addressed the criticisms of Art Therapy in relevance to its compromised leader role and used its strengths in expression by integrating art into a method of counseling and psychotherapy in which the facilitating role of the group leader was well-emphasized. Secondly, the use was adjusted to best incorporate the cultural heritage of the Thai. For

these two reasons, art was used as a medium here in the current study as an auxiliary to Buddhist personal growth and counseling (BPGC) Group, a counseling approach that has been increasingly recognized by empirical support in Thailand.

Proposed by Pokaew [10] BPGC drew the core theses of Buddhist teachings and ways of living in increasing the individuals’ insight regarding their suffering and gained clarity into their assumed problems through the identification of unrealistic expectation which could be incongruent with the transience and interconnectedness of the nature of living. These insights were cultivated through the counseling process in which the group leaders played a crucial role in facilitating. The group facilitator led the group members, using the Buddhist counseling process, through various group dynamics that changed their view of themselves and their world. In this regard, the facilitator in the BPGC has applied the conventional group process to help patients become more clearly aware of what has occurred and has been occurring in their lives and shared their experience, be it similar or different, with the other participants. Such process would help a person realize and determine what happens to his/her life, leading to greater understanding and increasing acceptance. While empirical evidences have been accumulated to demonstrate the effectiveness of BPGC in enhancing various factors of well-being, the approach should benefit from the utilization of art as the medium for the group members’ exploration of their psychological experiences.

The effectiveness in the use of BPGC with art as a medium would be compared in the current study with that of art therapy. The comparison would be made using a pre-posttest treatment-control group among Leukemia-post treatment individuals. That this type of cancer was selected because in Thailand, according to Statistics Department, National Cancer Institute, cancer was responsible for 13% of all deaths, accounting for the death of more than 8 million people. Cancer has also been reigning over all the death causes in Thailand for the ten consecutive years [2]. A survey between 2003 and 2005 of the incidence and survival rate of cancer in Thailand by the Thai Pediatric Oncology Group (ThaiPOG) showed that newly diagnosed cancers per year were around 1,000 cases; 700 of which were leukemia [11]. From this situation, cancer has been proven to be a nationally critical problem that deserves special attention based on the sheer number

of patients affected. Despite the need for intensive care and treatment, physically and mentally among cancer patients, past research reveals that only physical, rather than psychological, malady was dealt with during the post-treatment period [12]. The researcher is interested in applying art to the BPGC as it is convinced from the evidence of relevant literature that the art has great potential to encourage cancer patients to communicate and express more of their feelings and thoughts after treatment [6]. Upon the completion of the group participation, the degree of depression and acceptance would be measured. Additionally, PAÑÑÂ, the state of understanding of the true nature or reality, would be included in the current study. The addition of the Buddhist-based concept should provide a discriminant evidence for the function of BPGC in relation to that of Art Therapy.

The study was conducted to test a set of two hypotheses. Firstly, it was hypothesized that, changes would observe in the levels of acceptance, PAÑÑÂ, and depression of those participating in the BPGC with art as a medium. Specifically, these participants were hypothesized to obtain higher scores of acceptance and PAÑÑÂ at post-participation, when compared with pre-participation. The score of depression, however, was hypothesized to be lower at post treatment. The second set of hypotheses were relevant to between-group post-treatment comparison. When compared with those participating in art therapy and in the control group, those in the BPGC were hypothesized to obtain higher scores on acceptance and PAÑÑÂ but lower score on depression.

## METHODS

This study was a research applying quasi-experimental design by using pre-test and post-test control group design. Data collection commenced only after an Institutional Ethical Review Board approval, COA No. 181/2556, was obtained, on 25 October 2013.

### Participants and recruitment

One hundred and thirteen post - Leukemia treatment persons (72 males, and 41 females) participated in the current study. They were recruited from a large public Thai hospital during their follow-up visit, with their cancer being in remission for at least 6 months. Their age range was between 20 and -65, with the mean of  $53.24 \pm 8.34$  years. The majority of the participants (83.33%) had high-school education and below. On average, the

cancer had been remitted for  $4.65 \pm 48$  years. Participants were assigned into the BPGC with art, Art Therapy, and control group, with 47, 46, and 42 in each group respectively, with consideration of similarity of key study variables within each group.

### Measures

In addition to demographic sheet where participants' personal and cancer-related information were obtained, a set of three instruments was administered. Those originally constructed in English were translated into Thai and then pilot tested. The instruments were used only after their psychometric properties were ascertained. These properties included discriminant validity and Cronbach's Coefficient alpha. For the former, scores on each item of the measures between two known groups (i.e., those scoring at the 27 percentile and below and 73 percentiles and beyond) needed to be significantly different at the .05 level. As for the latter, the internal consistency of each scale needed to be at least satisfactory (i.e., with an alpha estimate of at least .70). Information about these measures is as follows:

Acceptance was assessed by Acceptance and Action Questionnaire-II (AAQ-II) [13]. Participants rated the extent to which they agreed with 10 statements (e.g., My thoughts and feelings do not get in the way of how I want to live my life, My painful experiences and memories make it difficult for me to live a life that I would value.) on a 7 -point scale, ranging from 1 (Never true) to 7 (Always true). After scoring reversal, the total AAQ score was calculated with the score for each item being summed and then averaged. A higher AAQ score indicates higher acceptance whereas the lower score indicates lower acceptance (Sample  $\alpha = .84$ , high internal consistency).

PAÑÑÂ was assessed by PAÑÑÂ Assessment. [14]. Participants rated the extent to which they agreed with 40 statements (e.g., The changes in my life make me feel disheartened. I take care of my parent.) on a 5 -point scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). After scoring reversal, the total PAÑÑÂ score was calculated with the score for each item being summed and then averaged. A higher PAÑÑÂ score indicates higher wisdom whereas the lower score indicates lower acceptance (Sample  $\alpha = .98$ , high internal consistency).

Depression was assessed by Beck Depression Inventory-II [15]. Participants rated the extent to which they agreed with 21 statements (e.g., I do not feel sad, I feel my future is hopeless and only get worse.) on a 4 -point scale, ranging from 0 (Strongly

**Table 1** Repeated measures ANOVA of depression scores between groups (n= 113, BPGC = 38, art therapy group = 34, control group = 41)

Source	Variable	Type III Sum of square	df	Mean square	F	Partial Eta squared
Time*Group	Depression	703.606	2	351.803	47.09***	.461
	PAÑÑÂ	47637.748	2	23818.87	131.48***	.705
	Acceptance	2249.37	2	1124.68	22.94***	.294

\*\*\*p&lt;.001

**Table 2** Post hoc multiple comparison (Game-Howell) of PAÑÑÂ and acceptance scores between groups (n= 113, BPGC = 38, art therapy group = 34, control group = 41)

Variables	Groups	BPGC	Art therapy group	Control group
PAÑÑÂ	BPGC			
	Art therapy group	61.49***		
	Control group	91.53***	20.04**	
Acceptance	BPGC			
	Art therapy group	14.54***		
	Control group	15.05***	0.51	

\*\* p&lt; .01, \*\*\* p&lt; .001

disagree) to 3 (Strongly agree). After scoring reversal, the total BDI-II score was calculated with the score for each item being summed and then averaged. A higher BDI-II score indicates higher Depression whereas the lower score indicates lower Depression (Sample  $\alpha = .87$ , high internal consistency).

### Procedure

Participants in the BPGC with arts and Art Therapy conditions attended an 8-session counseling and psychotherapy. Each session lasted 3 hours and was conducted on a weekly basis in a group format. Each group composed of 7-8 participants and was led by postgraduate-trained psychologists with at least 7-year of experience. The group leaders conducted the group based on a group program verified as reflecting BPGC with arts and Art Therapy by a panel of qualified committees. Upon pre- and post-group participation, the participants responded to a set of paper-and-pencil questionnaires capturing variables examined for 15-20 minutes. Responses were also obtained from participants in the control group at the same interval.

### Data analysis

The analysis procedure started with the descriptive analysis when the distribution, mean, and standard deviation of scores for the variables studied were examined. The assumption of Analysis of Variance: ANOVA (i.e., normal distribution, homoscedasticity, and correlation of dependent variables) was met [16]. Then, within- and between-

group ANOVAs were then conducted Statistical analyses using the version 22 of SPSS for window were employed in this study.

### RESULTS

At post-treatment, PAÑÑÂ and acceptance of participants in the BPGC with art increased significantly; and their depression decreased significantly (Table 1), supporting the first set of hypotheses.

Table 1 presents results of the Repeated Measures ANOVA for the measures of depression. Participants who received either the BPGC with art or art therapy group interventions had significantly lower scores on the depression scale after intervention than did comparison group members ( $F = 47.03$ ,  $df = 2$ ,  $p = .001$ ) and lower scores after the treatments compared to the depression scores before the treatments ( $M^{\text{Before}} = 13.04$ ,  $SD^{\text{Before}} = 8.95$ ;  $M^{\text{After}} = 4.82$ ,  $SD^{\text{After}} = 4.14$ ). Participants who received either the BPGC with art or art therapy group interventions had significantly higher scores on the PAÑÑÂ and acceptance scale after intervention than did comparison group members ( $F^{\text{PAÑÑÂ}} = 47.03$ ,  $df = 2$ ,  $p = .001$ ,  $F^{\text{Acceptance}} = 22.94$ ,  $df = 2$ ,  $p = .001$ ) and higher scores after the treatments compared to the scores before the treatments (PAÑÑÂ:  $M^{\text{Before}} = 118.26$ ,  $SD^{\text{Before}} = 31.86$ ;  $M^{\text{After}} = 183.31$ ,  $SD^{\text{After}} = 16.63$ , Acceptance:  $M^{\text{Before}} = 46.26$ ,  $SD^{\text{Before}} = 12.45$ ;  $M^{\text{After}} = 61.10$ ,  $SD^{\text{After}} = 10.17$ ).

**Table 3** Post hoc multiple comparison (Game-Howell) of depression scores between groups (n= 113, BPGC = 38, art therapy group = 34, control group = 41)

Groups	BPCG	Art therapy group	Control group
BPCG			
Art therapy group	-5.30		
Control group	-9.15***	-3.84	

\*\*\* p< .001

Post-treatment scores were also significantly higher in PAÑÑÁ and acceptance, when compared those of participants in the art therapy and control groups. The results showed that there was no statistically significant difference of Acceptance scores between the art therapy and the control groups (Table 2). The scores of depression of those in the BPGC with art group were significantly lower than those in the control group. These, however, were not significantly different than the scores of those attending Art Therapy group, lending partial support to the second set of hypotheses (Table 3).

Repeated measures MANOVA was also performed on the pre and post intervention scores, comparing group and time effects and interactions between group and time. Significant time effects were found across both groups on all variables except the score of the BPCG compared to the art therapy group, indicating that regardless of group membership, scores improved from time 1 to time 2. However, the interactions between group and time were also significant in overall according to a multivariate test of all variables (Pillai's Trace = .705,  $F = 19.77$ ,  $p = .000$ ). Individually, group-by-time interaction effects were found on scores for the subscales of PAÑÑÁ ( $F = 114.925$ ,  $df = 2$ ,  $p = .000$ ), Acceptance ( $F = 18.968$ ,  $df = 2$ ,  $p = .000$ ), Depression ( $F = 9.900$ ,  $df = 2$ ,  $p = .000$ ). This indicates that the improvements over time were significantly greater in the treatment group than in the control group.

## DISCUSSION AND CONCLUSION

The current quasi-experimental study was conducted with the aim to examine the use of BPGC with art within the Thailand. The aim of this examination was mainly to integrate BPGC with art-related activities which should help address limitations of Art Therapy in relation to its lack of leaders' facilitation. Additionally, the culturally relevant BPGC with art should lend support to the Thai leukemia post-treatment individuals.

According to the study, it was a demonstrated the benefits of the integration. At post-test

participation, participants attending an 8-weekly 3-hour sessions of BPGC with art reported increased PAÑÑÁ and acceptance as well as reduced depression. When compared with Art Therapy and the control groups, the changes introduced reported by those in the BPGC with art were significantly stronger. An exception, however, lied in the domain of depression, when the post-treatment scores of those BPGC with art and Art Therapy were not significantly different.

That BPGC with art contributed to enhanced psychological well-being and reduced distress of the Thai leukemia post-treatment individuals could be attributable to the core theses of BPGC. Built upon the Buddhist concept of interrelatedness and, thus, the inevitability of changes as well as suffering, [13] those attending the BPGC were likely to conceptualize their illness within a bigger scheme of nature, recognizing the inevitability, and becoming more accepting of their adverse condition. [17] With such acceptance, the understanding of changes inflicted to them, PAÑÑÁ, was likely to pursue [18] and so did the reduction of negative emotional experiences which could amount to depression. With art-related activities as a medium in assisting participant's reflection and expression [19] group leaders gradually facilitated changes based on the Buddhist perspective and ways of living.

That both BPGC and art-related activities contributed to enhance psychological well-being of the participants could be considered a limitation of the current study. While the integration of art-related activities in the current study was superior Art Therapy alone, the comparison of this integration to the use of BPGC was not examined in the current study. Hence, whether elements of BPGC alone were similarly sufficient in facilitating changes examined here, without the elements of art, were yet to be addressed in the current study. Similarly, while it was superior to control, that those attending BPGC with art and Art Therapy were not significantly different in their reports of depression alleviation. Despite this lack of difference, it is worth further exploring regarding possible explanations of the

alleviation. Past empirical support of the use of Art Therapy in the area generally attribute mood enhancement to activity engagement and emotion expression. [20] While empirical evidence remained limited in the application of BPGC on depression, based on its theses, its depression alleviation was likely to result from the cultivation of acceptance and insights.

Future studies could benefit from addressing these questions as well as other potential limitations of the current study. Not unlike other studies where self-report data collection is used, social desirability could not be ruled out. [21] Obtaining other sources of information regarding participants' adjustment and psychological well-being for triangulation could be beneficial. Lastly, the process in which BPGC with art brought about these benefits to post-Leukemia treatment individuals could be clarified using qualitative data collection where information about change process could be unveiled.

## REFERENCES

- Jemal A, Bray F, Center MM, Ferlay J, Ward E, Forman D. Global cancer statistics. *CA Cancer J Clin*. 2011 Mar-Apr; 61(2): 69-90. doi: 10.3322/caac.20107
- National Cancer Institute. Annual report 2011. Bangkok: National Cancer Institute; 2011.
- Feros DL, Lane L, Ciarrochi J, Blackledge JT. Acceptance and Commitment Therapy (ACT) for improving the lives of cancer patients: a preliminary study. *Psychooncology*. 2013 Feb; 22(2): 459-64. doi: 10.1002/pon.2083
- Pokaew S. Personal growth and counseling group: a Buddhist perspective. Bangkok: Faculty of Psychology, Chulalongkorn University; 2004. (Personal Communication, Unpublished manuscript)
- Stanton AL. Psychosocial concerns and interventions for cancer survivors. *J Clin Oncol*. 2006 Nov; 24(32): 5132-7. doi: 10.1200/JCO.2006.06.8775
- Liebmann M. Art therapy for groups: a handbook of themes and exercises. 2<sup>nd</sup> ed. London: Taylor & Francis; 2004.
- Carlson LE, Speca M, Patel KD, Goodey E. Mindfulness-based stress reduction in relation to quality of life, mood, symptoms of stress, and immune parameters in breast and prostate cancer outpatients. *Psychosom Med*. 2003 Jul-Aug; 65(4): 571-81.
- Waser G. The role of the communicative unconscious in creative therapy, with particular reference to transitional relationships. Toronto: Palmerston Press; 1991.
- Stuckey HL, Nobel J. The connection between art, healing, and public health: a review of current literature. *Am J Public Health*. 2010 Feb; 100(2): 254-63. doi: 10.2105/ajph.2008.156497
- Pokaew S. From psychology to dhamma. Bangkok: Amarin Printing and Publishing; 2006.
- Wiangnon S, Veerakul G, Nuchprayoon I, Seksarn P, Hongeng S, Krutvecho T, et al. Childhood cancer incidence and survival 2003-2005, Thailand: study from the Thai Pediatric Oncology Group. *Asian Pac J Cancer Prev*. 2011; 12(9): 2215-20.
- Wood MJ, Molassiotis A, Payne S. What research evidence is there for the use of art therapy in the management of symptoms in adults with cancer? A systematic review. *Psychooncology*. 2011 Feb; 20(2): 135-45. doi: 10.1002/pon.1722
- Hayes SC. Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*. 2004; 35(4): 639-65. doi: 10.1016/S0005-7894(04)80013-3
- Daensil P. The effects of Yonisonamasikara counselling group on increasing public consciousness among students of Silpakorn University. *Veridian E-Journal SU [Internet]*. 2011 [cited 2015 Jan 30]. Available from: <http://www.tci-thaijo.org/index.php/Veridian-E-Journal/article/.../7303>
- Beck AT. Beck depression inventory@-II (BDI@-II). New York: Psychological Corporation; 1996.
- Hair J, Black WC, Babin BJ, Anderson RE. Multivariate data analysis. 7<sup>th</sup> ed. New Jersey: Pearson Education International; 2010.
- Ciarrochi J, Bilich L. Acceptance and commitment therapy. Measures package. Wollongong, New South Wales: University of Wollongong. (Unpublished manuscript)
- Bach P, Hayes SC. The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: a randomized controlled trial. *J Consult Clin Psychol*. 2002 Oct; 70(5): 1129-39.
- Gussak D. Comparing the effectiveness of art therapy on depression and locus of control of male and female inmates. *The Arts in Psychotherapy*. 2009; 36(4): 202-7. doi: 10.1016/j.aip.2009.02.004
- Johnson DR. On the therapeutic action of the creative arts therapies: the psychodynamic model. *The Arts in Psychotherapy*. 1998; 25(2): 85-99.
- Karkou V, Sanderson P. Arts therapies: a research-based map of the field. London: Elsevier Health Sciences; 2006.