High levels of pain, fatigue, and many other symptoms are reported by individuals receiving treatment for cancer (Anderson et al., 2007). To cope with and relieve the side effects of cancer treatment, many individuals turn to complementary and alternative therapies in addition to standard medical treatment (Williams et al., 2006). This article describes the effects of a specific complementary approach, art making, for individuals receiving blood or marrow transplantation (BMT) treatment.

Art Therapy and Art Making

Art therapy is a mental health intervention based on the belief that the creative process involved in artistic self-expression improves and enhances individuals’ physical, mental, and emotional well-being (American Art Therapy Association, 2010). Art therapists are master’s level professionals who hold a degree in art therapy or a related field (Art Therapy Alliance, 2011). Art therapy is well established for individuals with mental health concerns and is a growing trend in health care for patients with cancer. Evidence suggests that art therapy reduces levels of anxiety and other therapy-related symptoms in patients with cancer and caregivers (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007; Nainis et al., 2006; Thyme et al., 2009; Walsh, Radcliffe, Castillo, Kumar, & Broschard, 2007). Although art therapy may be beneficial for patients with cancer, it can be costly and time consuming. Art therapy must be administered by an art therapist and requires time to verbally process the feelings associated with the art experience. Therefore, art making is a practical alternative to art therapy, as it does not require an art therapist.

**Purpose/Objectives:** To examine whether a one-hour art-making session during blood and marrow transplantation (BMT) treatment significantly affects therapy-related symptoms, state anxiety, and stress.

**Design:** A pre- and post-test crossover design.

**Setting:** An urban outpatient cancer center in the midwestern United States.

**Sample:** A convenience sample of 20 patients, aged 20–68 years (X = 38.5), receiving treatment at a BMT clinic.

**Methods:** Participants completed a demographic questionnaire, the Therapy-Related Symptom Checklist, and the Spielberger State-Trait Anxiety Index, and provided salivary cortisol samples. After pretesting, individuals were assigned to either a wait list or intervention. Individuals in the wait-list group received the usual treatment before completing the post-test measures. Individuals in the intervention group participated in a one-hour art-making session, after which they completed post-test measures. Participants then crossed over to the other group.

**Main Research Variables:** Art making, stress, state anxiety, and therapy-related symptoms.

**Findings:** Therapy-related symptom concerns for the intervention group at post-test were significantly lower than at pretest; no change occurred in the control group. The salivary cortisol levels were significantly lower at post-test in the intervention and control groups. No change occurred in the anxiety levels of participants in the intervention and control groups. The study hypothesis was partially supported.

**Conclusions:** Art making decreased therapy-related symptoms (e.g., feeling sluggish, difficulty concentrating). Use of more physiologic indices to measure stress and replication on a larger sample are suggested.

**Implications for Nursing:** Individuals receiving BMT may benefit from participation in art-making interventions. Art making is easy to implement in a clinic setting and allows for positive interactions between nurses and patients.