

## Virtual Art Therapy at Home to Support Cancer Patients in the Covid-19 Pandemic: A Practice Report

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### Report

#### Abstract

This practical report shows a possibility of psychosocial support for cancer patients in an online format by means of "Art Therapy at Home" and is intended to stimulate discussion about how patients can be supported virtually during the pandemic. The project "Art Therapy at Home" illustrates how profitable virtual art therapy can be for patients despite social distancing and what different possibilities exist. At the same time, the limits and disadvantages, such as the limited interpersonal interaction while using the digital medium, become visible and demonstrate that personal contact cannot be fully replaced.

**Keywords:** Virtual art therapy; Cancer; COVID-19 pandemic

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## **Introduction**

Creative therapy forms such as art therapy are an integral part of psychosocial support and counseling for cancer patients as they offer a meaningful alternative or supplement to other medical and psychotherapeutic treatment methods (Kraus, 2002).

Art therapy allows a more holistic approach and enables cancer patients to express different emotions such as powerlessness, fear, and hope by using various creative media. As recent study showed that art therapy interventions effectively help improve patients' emotional well-being and reduce anxiety and pain levels (Elimimian et al., 2020). Depression and somatic symptoms can also be reduced through the creative medium [Czamanski-Cohen, Wiley, Sela, Caspi, & Weihs, 2019]. Thus, art-therapeutic support can make a positive contribution to improving the quality of life (QOL) and disease management of cancer patients and helps them develop new coping strategies (Petersen, 2002). Art therapy generally aims to support cancer patients in accepting the disease [Czamanski-Cohen et al., 2019], discovering and strengthening their own resources, dealing with and accepting a changed body image, and developing new individual perspectives (Menzen 2021). Art therapy can also make a particularly positive contribution to palliative care in terms of emotional well-being, meaning, and comprehensibility [Meghani et al., 2018]. Based on a resource-oriented approach, art therapy focuses primarily on the patient's strengths and creative powers.

Experiencing and handling various materials is an essential characteristic of art therapy. Materials like clay, soapstone, gouache colors, pastel chalks, and natural materials provide different levels of experience and can be used in a targeted manner. These materials appeal to each person in their own distinctive way and may trigger reactions, which then may allow him/her to get in touch with him/herself on a different level (Leutkart, 2010). The focus of art therapy is not the production of a formally aesthetic picture, but rather the process of individual creation and design. This process allows the designer to be completely with him or herself, to be guided by the materials and his/her own creations, and to express his/her state of mind through the movements of hands.

Another essential aspect of art therapy is the observation of one's own picture during the process of creation as well as at its completion. Tracing the individual design process and becoming aware of its content can offer numerous possible solutions for coping with the challenges of a cancer patient's everyday life and illness. Through the process of creating, patients can experience a stronger feeling of self-efficacy and they can discover and strengthen their own abilities and resources. This is furthermore supported by viewing and discussing one's own creations and designs in the group. The mutual exchange in a group allows the discovery of similarities, experiencing of compassion, and expansion of the individual's own perception through the perspectives and points of view of others (Leutkart, 2010).

## **Methods**

The art-therapeutic support of cancer patients at the psychosocial cancer counseling center of the University Medical Center Freiburg is scheduled once a week for 2 hours. However, with the beginning of the Covid-19 pandemic in April 2019 regular meetings with the high-risk group of cancer patients were no longer possible in the original setting at the Medical Center. Thus, the following method describes an alternative virtual art therapy conducted from home. The primary goal of this 'art

therapy at home' version is to continue bringing the participant group together, despite the necessary spatial distance. Although held in an unfamiliar virtual setting, these online art-therapeutic sessions are intended to provide a space for mutual exchange and feeling of belonging as well as continued individual support of the cancer patients in the best possible way.

A total of 15 sessions were held in the virtual setting between April and August 2020. The group consisted of 5 participants, 2 of whom joined the group as new members during the online sessions. In order to provide the participants with a reliable time structure, the virtual art therapy sessions were held in the same time slot as before, i.e., on Mondays from 10 to 12am. The virtual meetings were conducted via an online platform. The technical requirements were clarified with each participant beforehand and, if necessary, individual support was provided for which simple descriptions and explanatory videos were provided to help lower the individual inhibition threshold.

Each participant received a package with all the necessary materials, such as gouache paints, oil crayons, watercolors, brushes, and papers of different sizes, before the first online art therapy session as it cannot be assumed that the participants have art supplies at home. The package furthermore included an *artistic impulse*, a personal postcard, and a *painting diary*. The package had an attractive design to further inspire and encourage the participants to start getting creative. Every week, the participants received a new *artistic impulse* and a short description of the task a few days before the next session by mail. The artistic impulses and the corresponding tasks mainly focused on strengthening the patients' resources, self-esteem, and hope. In addition to the weekly artistic impulses, a *painting diary* was made available to every participant. This painting diary could be used individually, even outside scheduled art therapy sessions, as a creative space and a mean to consciously take time for oneself. Moreover, the painting diary could ultimately provide a review on pictures of a virtual and socially distanced time.

A further component of 'virtual art therapy at home' was a *group booklet*. Usually, non-virtual art therapy sessions are characterized by the experience of joint creation, such as creating paintings as a group together. This process of joint creation is meant to be adopted in the group booklet. For this, the group booklet needed to be sent by mail from participant to participant, whereby each person could fill the empty pages individually. It was not about painting a complete picture, but rather about adding one's own creative ideas and as such opening the picture to further artistic possibilities. By actively designing together and passing on a continuously evolving painting, the participants could experience a sense of solidarity and belonging.

Every art therapy session started with a meeting in the virtual room, a quick feedback by the participants on their general mood, and a short explanation of the artistic task ahead. Then, the participants left the virtual space and each one could get creative by him/herself alone. After approximately 75 minutes, all the participants returned to the virtual space in which a viewing of the individual paintings as well as another feedback took place. In addition, the created paintings could be photographed and sent to each participant by e-mail in order to allow for a better viewing of the paintings. Finally, additional *one-on-one conversations* between patient and therapist could be arranged via phone.

## Results

With the changed format to a 'virtual art therapy at home', the continued support of cancer patients was made possible even during lockdown and in spite of the

measures associated with the Covid-19 pandemic. Generally, all the participants accepted this new form of art therapy openly and gratefully. According to the participants' feedback, the continuation of regular art therapy sessions, even in this limited virtual mode, was perceived to be incredibly supportive and beneficial. It was regarded as very helpful and encouraging to have a fixed appointment every Monday, as before, which allowed the participants to be creative and take time for themselves. Having the opportunity to be in contact with each other was considered particularly positive. Since all the participants, who are a high-risk group, had to significantly reduce their actual personal encounters during the Covid-19 pandemic.

The *artistic impulses* given by the therapist were reported to be appropriate, strengthening, and inspiring. Moreover, the participants reported that they continued to contemplate the topics and developed creative ideas associated with the provided *artistic impulses* after the scheduled art therapy sessions. Furthermore, receiving these weekly *artistic impulses* through another medium (by mail) was met with great joy and appreciation by the participants.

The *group booklet* was generally considered to be the highlight of the participants' week. According to them, the *group booklet* was a way to stay in contact with each other on a different level, which allowed them to feel considerably more interconnected during a challenging time. This became particularly clear at the first "real", non-virtual meeting in September 2020, when the participants enthusiastically presented their *group booklets* and paintings. The participants emphasized how eagerly they always awaited the return of the *group booklet* in order to discover new additions to their paintings.

The *painting diary*, however, was used quite differently by each participant, by some it was used as a notebook during the creative process, and by others it was only used occasionally.

But the biggest challenge for the participants consisted in handling the necessary technology for the virtual art therapy sessions. Non-functioning microphones or cameras, poor internet connections, or being kicked out repeatedly from virtual meetings caused great frustration. Moreover, the virtual sessions made communicating successfully within the group more difficult. Thus, gestures and resonance in the virtual space were perceived differently and several misunderstandings occurred, which were reported as unsatisfactory and stressful by the participants.

A growing discontent and reduced willingness to accept technological difficulties was observed in the final virtual art therapy sessions. Communication, discussions, and mutual exchange, as they otherwise occur during the creative process in art therapy sessions, were felt to be much more difficult to realize. Furthermore, it was especially challenging for the new participants to share their private rooms via the camera, to get to know the other participants, and to successfully integrate into an already existing art therapy group.

## Discussion

The primary goal of the 'virtual art therapy at home' was to provide continued psychosocial art-therapeutic support for cancer patients even during the Covid-19 pandemic. The focus was to strengthen the participants' own resources and encourage a self-sustaining creative process. Being a high-risk group, cancer patients were particularly affected by contact restrictions and the resulting physical isolation from others.

According to the participants' feedback, this new mode of 'virtual art therapy at home' facilitated and supported their contact with each other by providing a common space and creative task. Over a course of 5 months, this virtual mode of art therapy showed that it could contribute significantly to supporting and improving QOL for cancer patients by helping them develop new coping strategies. The willingness of the participants to get involved in a virtual art therapeutic setting was increased considerably by providing them with an appealing package, which contained various art supplies and weekly *artistic impulses* and tasks. Moreover, giving clear and concise instructions about the technological handling of Zoom proved to be quite important.

However, the necessary technology repeatedly reached its limits and caused much frustration among the participants. In some cases, despite intensive support by the therapist, it proved to be very difficult to access the technology. Thus, it was crucial to communicate and work via different media, such as letters via mail, e-mails, and the *group booklet*, in addition to the virtual Zoom meetings. This approach allowed us to reach and support the participants on different levels.

Including and integrating new participants into an already existing art therapy group proved to be particularly difficult in this merely virtual setting. For one thing, it was a considerable challenge and even obstacle to get to know each other virtually without having ever met in person before. Another point was that working creatively proved to be a great challenge for the new participants, who had never been in an art therapy group and had little experience of creative working methods before. It was quite difficult for them to get involved in the creative process and paint a picture all by themselves at home. Thus, the importance of art therapy sessions taking place in an inviting and comfortable room equipped with inspiring art supplies, which help encourage the participants' confidence and joy to get creative, became apparent. Moreover, the common creative experience and being able to observe others creating helps to develop one's own creative ideas. The virtual setting also prevented the art therapist from accompanying and supporting the participants individually with suggestions and ideas regarding materials, and limited their mutual exchange. New participants, who had no or little access to art therapy before, in the beginning often focused on creating formally aesthetic paintings. Therefore, they needed to be directly supported and encouraged by the therapist in order to be able to explore and get to know their own creative abilities as well as the diversity of the material. This could then allow them to process and express their inner thoughts creatively.

In order to be able to follow the individual creative processes and to provide a feeling of joint creation, it might be an option to stay virtually connected throughout the individual creative part of a session. However, it must be considered that sharing private rooms via camera can be quite a challenge and too great an intrusion into the participants' privacy. A sensitive handling of this matter by the therapist is therefore strongly advised. Thus, the therapist should be able to provide the participants with alternative strategies, e.g., which part of their private rooms they are willing to share with the group or whether there is a camera angle which does not reveal the background of their rooms.

The feedback by the participants revealed how much the *group booklet* contributed to creating a group experience and the feeling of togetherness. The *group booklet* was not limited to a merely virtual experience, but rather offered tangible and evolving paintings and the creative ideas of everyone involved. Moreover, the group booklet allowed the participants to get in touch with each other about their individual thoughts and ideas outside the scheduled art therapy sessions. By expanding and supplementing the

paintings of other group members, the participants experienced empathy and gained new perspectives on their own individual and creative perceptions.

The study here described is a practice report with the aim to stimulate discussion on how to support patients online in the pandemic. It did not integrate an evaluation or psychometric questionnaires to tests changes in defined outcome parameters. The results describe the experience of a single group with a single therapist. This approach definitely has limitations regarding scientific criteria such as objectivity, reliability and internal and external validity. Still, it can be a valuable approach to stimulating discussion on how to establish online support and on how to evaluate approaches like this.

## Conclusion

In our view, this new mode of 'virtual art therapy at home' contributed significantly to supporting cancer patients in their process of coping with the illness, in dealing with the restrictive situation due to the Covid-19 pandemic, and in strengthening their own individual resources. However, the importance of genuine face-to-face mutual exchange and communication in a suitable art-therapeutic environment as well as direct therapeutic support must not be overlooked. On the one hand, the virtual setting offered the possibility of coming together as a group despite social distancing measures.

On the other hand, new communication difficulties arose due to the limitations of a virtual setting, which would probably not have occurred otherwise. Misunderstandings in perception and lack of direct physical resonance contributed to growing miscommunications and discontent. Genuinely resonating with fellow human beings and experiencing empathy and oneself in interaction with a group is only partially possible in a virtual setting. Nonetheless, the 'virtual art therapy at home' sessions showed that personal resources and abilities could be fostered and expanded through targeted creative impulses and individual support by the therapist.

## Conflict of Interests

Authors have no conflict of interests.

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