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## Integrating Expressive Arts Therapies into Facilitated Online Therapy Groups for Adults: A Review of the Literature

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Integrating Expressive Arts Therapies into Facilitated Online Therapy Groups for Adults:

A Review of the Literature

Capstone Thesis

Lesley University

April 27, 2021

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Expressive Arts Therapy

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### **Abstract**

In early 2020, COVID-19 infections soared throughout the world, driving most group interactions online. Online adult Expressive Arts Therapy (EAT) groups faced unique challenges and opportunities, as the arts interventions did not always translate directly online without adaptations. In this literature review, this thesis focuses on how the specialization of Expressive Arts has been applied to these online adult therapy groups. Where the literature lacked references to the Expressive Arts specifically, the individual arts of Dance Movement Therapy (DMT), Expressive Writing (EW), Art Therapy, and Music Therapy were considered. This capstone thesis offers suggestions for areas of future research to include the use of Expressive Arts Therapies as ways to ameliorate challenges found in online therapy groups; to consider ways in which the use of online Expressive Arts Therapy groups might serve some populations better than in-person groups; and to apply the Expressive Therapies Continuum as a theoretical framework through which to reimagine Expressive Arts interventions with adult therapy clients in online settings.

*Keywords:* Telehealth, Online Therapy, Expressive Arts Therapy, Group Therapy, Expressive Therapies Continuum, Dance Movement Therapy, Expressive Writing, Art Therapy, and Music Therapy.

Integrating Expressive Arts Therapies into Facilitated Online Therapy Groups for Adults:  
A Review of the Literature

### **Introduction**

In early 2020, COVID-19 infections soared throughout the world, and many of the ways people gathered previously were no longer considered safe or prudent (Weinberg, 2020). As a result, many previously in-person activities shifted online, including therapy groups (Weinberg, 2020). As an Expressive Arts Therapies (EAT) master's student in the midst of a first internship, I wondered which EATs might be applied to online group therapies and how that was already being done. Which arts had been found to translate effectively to online platforms, and what adaptations, if any, were necessary? What were the challenges of shifting therapy groups online, and in what ways did the arts ameliorate some of the unique challenges facilitated therapy groups faced? What theoretical frameworks might be applied to determine which arts to use and when to apply them? These questions drove this capstone thesis project.

### **Literature Review**

The following search parameters were employed: online group therapies and Expressive Arts Therapies, as well as synonyms for each. For online therapy, I also searched for telehealth and virtual therapy. For Expressive Arts Therapies, I also searched by some of the individual arts that fall under the umbrella of EATs: art therapy, dance movement therapy (DMT), music therapy, and writing therapy/expressive writing (EW). Because of my professional interest in working with adult populations, I further narrowed the search to include only therapist-facilitated adult therapy groups.

“Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services

at a distance” (Levy et al., 2018, p. 21). Telehealth includes multiple platforms, including those cited in this research: telephone, WhatsApp, CancerChat, and Zoom. There were four possible ways of interacting via telehealth noted: “Live synchronous videoconferencing,...store-and-forward (photos, videos, and documents) transmitted electronically,...remote patient monitoring..., and mobile health” (Knott & Block, 2020, p.151). This thesis focused primarily on live, synchronous interactions, though to the extent that asynchronous interactions were noted as supports to synchronous therapies, they were included.

There are a number of individual expressive arts, including but not limited to dance, art, music, and writing. “These are all examples of creative arts therapy. Most of these disciplines find grounding in a single art modality,” according to the International Expressive Arts Therapy Association (IEATA) (IEATA, 2018). In contrast, expressive arts therapy as a speciality grounds itself theoretically rather than in terms of modality (IEATA, 2018).

The use of or combination of different arts-based modalities thus becomes itself a new modality separate and distinct from the sum of its parts. Expressive arts therapists call upon their own creativity and training with arts-based approaches to determine which modality or combination of modalities is needed in any given moment in time (IEATA, 2018).

Estrella (2003) offered more to clarify how EAT is a specialty in its own right. “Expressive therapists use a multimodal approach—at times working with the arts in sequence, at other times using the arts simultaneously, and at still other times carefully transitioning from one art form to another within the therapeutic encounter” (Estrella, 2003, p. 183).

As of the time of the writing of this capstone thesis, there was little academic literature to speak directly to the specialty of EATs. The individual creative arts specialties each have some

literature to represent them. There is, however, a dearth of research on the use of EATs in online facilitated therapy groups for adults. Sometimes, however, they were employed, if not named as such explicitly, and that phenomenon has been pointed out where it occurred. As an EAT master's student at the time of this writing, my interest lay primarily in the realm of the combined, overlapping, sequential "intermodal" (Estrella, 2003, p. 183) uses of the arts that is unique to this specialty.

Two of the researchers in this literature review added significant historical perspective. At the time of this writing, Weinberg (2020) had over 25 years of telemedicine experience since beginning to practice telehealth in 1995. They provided an invaluable historical context as well as expertise to the topic of online therapy groups. While not themselves an expressive arts therapist, Weinberg (2020) drew upon extensive experience and a literature review to identify problems that were unique to online therapies and recommended the use of both client imagination and movement, as well as therapist self-disclosure as ways to enhance embodiment, presence, and engagement. The use of imagination and movement can be considered aspects of the EATs. So while Weinberg (2020) was not an expressive arts therapist, they nonetheless employed the expressive arts. The article they wrote was a literature review on the topic of telehealth for groups, and Weinberg (2020) summarized their recommendations based on this review and their extensive experience.

Collie et al. (2017) also had a wealth of experience in telehealth to contribute to perspective on its use, having a history of published research on the topic since 1999. They noted that "art therapy and other art-based forms of group interaction can be used in this context to enhance emotional expression beyond what is possible with words and to promote interpersonal bonding"

(Collie et al., 2017, p. 1). In studying art therapy interventions for young adult cancer patients in their 20s and 30s, Collie (2017) named one of the obvious strengths of art for online format:

Art-based support services are well suited to Internet delivery because visual images can be transmitted electronically from place to place, bridging distances between participants and therapists...The use of expressive visual images can enhance communication when group members do not see each other. The images they create and share provide rich visual cues while still allowing group members to be shielded from view (Collie et al., 2017, p. 2).

They stated their theoretical framework was “liminality,” liminality being defined as “a fluid and ambiguous threshold between a previous identify structure and a new identity taking shape” (Collie et al., 2017, p. 3). While this stated theoretical framework bore the somewhat poetic language that can be indicative of arts-based research, it was not entirely clear how it was applied. The meaning and application of this theoretical framework could gain clarity from elaboration, particularly in communicating with others who do not share an arts-based research model, and perhaps even for those who do.

Collie et al. (2017) specifically targeted the delivery of art therapies to those “who would have difficulty accessing in-person services” (p. 3), which was notable because this is one of the few researchers who also wrote about art therapy via telehealth methods prior to COVID-19.

They studied different methods of administering these art therapy interventions:

Synchronous (instructions, art making and discussions all happen during live chat sessions), asynchronous (the discussion board is used for instructions, art making and discussions with no live chat) and mixed... (the discussion board is used during the week with a live chat session at the end of the week) (Collie et al., 2017, p. 3).

As will be noted later, this study was not the only one to research both live interactions during the group therapies along with the role of communication between sessions (Collie et al., 2017). This study was one of the few where there was no video interaction; neither the facilitators nor the participants used video interaction, though they were encouraged to share their art images (Collie et al., 2017).

After the lockdown due to the pandemic, Lynch et al. (2020) converted their recovery oriented behavioral health services (RS) program for 24 NYC clients with complex psychosis to telehealth. The writers noted that attendance to the online services was equal to the in-person services, which they noted is a topic that begs further research to explain why compliance was so high online (Lynch et al., 2020). Lynch et al. (2020) noted that the pandemic lockdown initiated the first time U.S. regulatory bodies allowed RSs to occur online. This brief article allowed one a glimpse into the understanding the role that regulation had on limiting the development of telehealth services prior to the pandemic. Lynch et al. (2020) did not elaborate on the implications for regulatory changes post-pandemic. These regulatory changes may require greater consideration moving forward.

Of the researchers who wrote about the individual EATs, Mikočka-Walus et al. (2020) presented an online, facilitated Expressive Writing (EW) study. Patients met in online groups via Zoom and were prompted by a researcher to write about distressing emotional events as a way to determine if writing reduced their Inflammatory Bowel Disease (IBD) distress. This research was timely, as it focused on patients who were medically vulnerable to serious complications from COVID-19. They concluded that, “if successful, this simple intervention may bring personal and societal benefits, particularly because it is low cost, can be easily implemented online, ensuring social distancing, and be made widely available, during future disasters and to

help with trauma-related distress in IBD” (Mikocka-Walus, 2020, p. 1). They reported that “disclosing one's thoughts and feelings (experimental disclosure) concerning difficult events through expressive writing has been shown to lead to broad health improvements” (Mikocka-Walus, 2020, p. 2). This included many psychological benefits and reduction of distressing states, improvement in work performance and social interactions (Mikocka-Walus, 2020).

Lotan Mesika et al. (2021) researched Dance Movement Therapy (DMT) in online group therapy through anecdotal and arts-based research methods. In this context, they recommended uses for play, humor, games, movement, metaphor, and images in telehealth settings (Lotan Mesika et al., 2021). These authors discussed the benefits and effects of DMT then conducted research with outpatient psychiatric patients, including a “treatment group” and a “treatment as usual group” (Lotan Mesika et al., 2021, p. 35). Patients were given self-evaluations at the beginning and ending of three months of treatments. Lotan Mesika et al. (2021) offered a distinct contribution to the method of informal assessment of online clients. “The construct of Global Vitality (GV) was applied as a measurement unit for this pilot research observing how interactive bodily actions are performed, thus calling attention to the ‘shading’ of behavior similar to Stern’s (1985) notion of ‘vitality affects’” (Lotan Mesika et al., 2021, p. 36). They went on to elaborate on the ways in which GV might be noted in a client:

[Global Vitality] considers several movement qualities: directionality: ‘where is the movement going to?’; tension flow: ‘how much effort was involved in the movement?’; tempo: ‘what is the movement beat?’; and space: ‘where is the movement taking place?’; disembodiment: the experience of not feeling fully present in one’s own body (Lotan Mesika et al., 2021, p. 36).

Due to the constraints of what participants and facilitators can see in online telehealth platforms, DMTs might make unique contributions to offering an assessment methodology for “reading” client body language. Another contribution these authors made to the field of telehealth and EATs was to suggest strategies for increasing patient vitality through play and some of its specific expressions: “Within the first three stages of the protocol, it was necessary to implement Winnicott’s words: ‘If a patient does not play, our task is to help him do so.’ Play has many manifestations in the therapeutic process, including use of humour, games, movement, metaphors, and images” (Lotan Mesika et al., 2021, p. 37). These authors also reflected on the evolving telehealth options, beginning with phone calls then moving to WhatsApp Video. While the article focused on DMT, other Expressive Arts came into use (Lotan Mesika et al., 2021). Expressive drawing on paper preceded movement in response to the shapes and movements of the drawings (Lotan Mesika et al., 2021). The DMTs used a music playlist in the background to facilitate the particular focus desired for the clients, thus layering music and movement (Lotan Mesika et al., 2021). The authors noted challenges with online therapies: “At times WiFi connection is poor, children and other sources of disruptions occur,” (Lotan Mesika et al., 2021, p. 39). A weakness of this article was a somewhat blended approach to the writing that shifted tenses without explanation and described events with a combination of poetic, impressionistic language in some places and a more academic, observational tone in others. The transitions between these shifts in language were not clear and could use some bridging explanations in order to help more academically oriented researchers to understand the intentions of the authors.

Sánchez Garcia and Pinna-Perez (2021) also applied DMT to online groups. They specifically studied Expressive Flamenco© prior to and during COVID-19. Sánchez Garcia and Pinna-Perez (2021) wrote about the application of the method to online groups during the

pandemic. Some important contributions they made to the material of this capstone thesis consisted of the following. First, they acknowledged the potential for cultural appropriation of this work across cultural boundaries (Sánchez Garcia & Pinna-Perez, 2021). This was of particular importance because of the blurring of geographical boundaries online therapies make possible. Sánchez Garcia (Sánchez Garcia & Pinna Perez, 20201) developed this method, themselves a trained flamenco dancer and expressive arts therapist. They applied the method to therapeutic groups from 2018 to 2020. One group met over a period of five months during the pandemic. They met weekly, and

Explored the use of flamenco movements in combination with different expressive arts including: guided meditation, storytelling, collage, visual art, metaphors, creativity...to express and transform their profound emotions (Sánchez Garcia & Pinna-Perez, 2021, p.23).

They gathered qualitative and anecdotal feedback from the participants, and the art-based reflections of Sánchez Garcia themselves served as observations of the apparent effectiveness of the work to “find alternate social, spiritual, and aesthetic connections to the individual’s unconscious which can then help to express their truth, like the author did and as participants have reported,” (Sánchez Garcia & Pinna-Perez, 2021, p. 29). Sánchez Garcia’s work here strove to blend a psycho-spiritual approach to the healing experienced through the EATs;

Through flamenco, one can listen to the inner voice and be carried away by the emotions of the soul.... This enlivens the person by providing the opportunity to experience personal freedom through their expression and be authentically who they are in that moment (Sánchez Garcia & Pinna-Perez, 2021, p. 30).

As with Lotan Mesika et al. (2021), Sánchez Garcia and Pinna-Perez (2021) worked to bridge understandings between a nonverbal art form with a holistic, integrating approach and the scientific, data-driven research form. This was a challenging task that they arguably succeeded in accomplishing.

Re (2021) explored the use of DMT in Italy, where they worked as a Dance Movement therapist in a women's prison prior to the pandemic lockdown. They took inspiration from the prison-like effect of the lockdown, identifying that "space limits mean short-sighted horizons with a restricted perspective and reduced ability to perceive distance...The body adapts to standstill position and boredom, falling into a state of hypokinesia," (Re, 2021, p. 10). Choosing the music of *The Carnival of Animals*, Re (2021) used animal themes to inspire playfulness and movement in an intergenerational group contacted through a local family center and a nursing home. Forty-six families participated, along with teachers, the manager of the school, and many other adults, for a total of about 105 participants (Re, 2021). Re (2021) led weekly sessions initially, then more frequently as the time for performing their program neared. They used choreography, created masks (as the time of the program coincided with their season of Carnival, which had been cancelled due to the pandemic), told personal stories from their lives, and otherwise co-created their performance (Re, 2021).

Afterward, Re (2021) solicited verbal and written feedback from participants without any particular guidance about the feedback to give, and they noted ways in which participants had enjoyed interacting with different generations. Re's (2021) qualitative study provided a loose idea of an intergenerational group might use DMT and the EATs to interact, connect, perform, and reintroduce movement under lockdown circumstances. It would have been useful to have

before and after study measures of wellbeing from this researcher, as well as recommendations for future research.

Levy et al. (2018) and Spooner et al. (2019) wrote about the use of art therapies with veterans. While they worked together on the same study, they each wrote about the study from a different perspective in separate articles. What they shared in common was working with individual veterans, not groups, over a series of 6-8 weeks. However, they made excellent contributions to the topic of online creative arts therapies to an adult population, if not to groups. They discussed the use of visual arts, dance movement therapy, music, and writing.

Levy (2018) did an excellent job of discussing challenges unique to online arts therapies, as well as strategies for addressing them. They discussed client access to art supplies. “Given that both creative arts therapists incorporate multimodal techniques into their practices, all veterans receive art supplies, which are theirs to keep” (Levy et al., 2018, p. 22). They discussed the challenges of privacy and interruptions in an online platform and offered remarkably inclusive strategies for dealing with these issues:

Privacy is a primary ethical concern when conducting telehealth-based sessions, as conducting a session in an individual’s home does not allow for the same assurance of privacy that therapists can maintain in an office environment, due to family member or housemate interruptions. Personal interruptions can impact the level of disclosure that occurs in sessions. The therapist can request that the participant alert them when others are present, or coming and going, or determine in advance how interruptions will be handled. Clients may choose: 1) to incorporate family members into the session; 2) change topics or 3) discontinue and reschedule when family members are present (Levy et al., 2018, p. 23).

Levy et al. (2018) also discussed the challenges of an art therapist seeing client's work clearly. They noted the following:

The veteran's description of his or her artwork may also leave out details that are potentially relevant to the art therapist. One way this may be addressed is by offering simple visual thinking strategies training. For example, the therapist can share screen shots of art images and ask the participant to describe what he or she sees, thus establishing a common vocabulary (Levy et al., 2018, p. 23).

They also pointed out that if the therapist asks the client to step back from the camera in order for the therapist to see more of the client, the therapist then loses the ability to notice the smaller movements the client may make, losing details (Levy et al., 2018).

Spooner et al. (2018) wrote about three case studies from the same study as Levy et al. (2018), selecting one client example of each of the arts interventions, though it was notable that all the clients used multi-modal creative arts interventions (Spooner et al., 2018). "Valerie," for example, was assigned to an art therapist, but the art therapist had them write a story in order to process a difficult life event (Spooner et al., 2018). "Collin" was noted to be in DMT, but they also drew and wrote (Spooner et al., 2018). "Sam" experienced an intermodal transfer experience of the EATs, starting with art but transitioning to music because they never quite became comfortable with the art medium (Spooner et al., 2018). Spooner et al.'s (2018) unique contributions to this discussion included the importance of ensuring that the platform one uses for hosting therapies meets regulatory requirements for this relatively nascent field. It's important to note another aspect of challenge to working online: "Collin" had difficulties with balance, and ensuring their safety was a challenge (Spooner et al., 2018). Telehealth DMT clients with balance or strength issues could require great care to be set up to move safely.

Trachtenberg et al. (2020) wrote “Translating the Restoring Body Image After Cancer (ReBIC) group therapy intervention into an online version,” (p. 307). This article did not include the words “Expressive Therapies” or their synonyms, but Expressive Therapies were included in the forms of writing, journaling, and drawing (Trachtenberg et al., 2020). They made unique contributions that no one else discussed regarding embodiment. “The research team paradoxically translated an intervention to treat women’s body image concerns in an environment where the body was never present, also known as a disembodied environment,” (Trachtenberg et al., 2020, p. 314). They went on to clarify, however, that “Skype therapy [is still] having an ‘embodied presence’ because ‘in cyberspace we are still embodied. What changes is our experience of our own and the other person’s embodiment,” (Trachtenberg et al., 2020, p. 314). Understanding what embodiment means in a telehealth platform and how one accesses a sense of embodiment is a significant topic for EAT therapists to tackle as we move forward in this arena.

They also noted barriers to in-person therapies, such as “geographic distance to interventions and transportation issues, long wait lists, general fatigue, limited mobility or disability, compromised immunity, social anxiety, and lack of available therapists with appropriate expertise,” (Trachtenberg, 2020, p. 308), things which are especially true for clients who have concurrent medical challenges.

Trachtenberg et al. (2020) also noted the use of text messages between sessions as a way to enhance contact and connection with group members. They’d found a particularly helpful use of the technology platform: it alerted the facilitators when individual participants were silent for 15 minutes or more, providing a way to track group participation and to prompt the therapist to check in with the quieter participants (Trachtenberg et al., 2020). The most salient contribution

Trachtenberg made to this burgeoning field of online EATs was to recommend that in-person therapies not be shifted online without first making some adaptations for the platform. “The development of an online intervention must focus on critically and creatively considering how to adapt key therapeutic ingredients in an online environment, while maintaining the integrity of the original version” (Trachtenberg et al., 2020, p. 312). They noted that “few publications systematically describe the translation process or standardized guidelines used to maintain the integrity of the original intervention” (Trachtenberg et al., 2020, p. 310). They concluded that, at least in one case, the control group fared better than the intervention group, and that the need to adapt the material consciously for the platform ought to be considered as a possible cause for the outcome.

Zerwas et al. (2016) wrote about the use of a facilitated online chat group in comparison to face-to-face group therapy for clients with bulimia. The sample size was 179 adult patients in 16 sessions of CBT (Cognitive-Behavioral Therapy) over the span of 20 weeks. The conclusion was that these facilitated chat groups had equal efficacy but that it took longer for the online participants to see the results of the interventions (Zerwas et al., 2016). In this study, participants used a chat room where participants’ faces were hidden from view. Both the online chat and in-person groups experienced high dropout rates and challenges with becoming abstinent from purging behaviors, and the writers proposed future research for making online worksheets and educational materials more readily available post-therapy and for testing the interspersing of some in-person, text, or online video conference contact with the therapist to enhance the effects of the chat forums (Zerwas et al., 2016). They discussed a general, societal decrease in the use of chat rooms for this age range (Zerwas et al., 2016). Additionally, given that it has been another five years since this study, it would be important to ascertain if the drop in numbers of chat room

use continued, potentially making this form of telehealth irrelevant to the clinical population it was designed to serve.

Parks (2020) reviewed studies of groups who used group teletherapy and non-therapeutic virtual groups more generally. Parks (2020) noted that, “We just do not know very much about the extent to which the online group psychotherapy experience mimics the in-person setting and whether the interpersonal dynamics, so crucial for successful group psychotherapy, are impacted by the virtual setting” (p. 118). They made an excellent point: “Widespread use of poorly understood techniques has hampered group psychotherapy before and led to the abandonment of promising tools, and we need to make sure that virtual group psychotherapy does not suffer the same fate” (Parks, 2020, p. 118).

Parks (2020) recommended an interdisciplinary collaboration. “Collaboration between education researchers who are tackling this problem and group psychotherapy researchers could be productive and lead to rapid development of methods to help group psychotherapists move seamlessly into the virtual environment” (Parks, 2020, p. 118).

Parks (2020) made excellent points to consider when engaging clients in online groups. First, the compulsory nature of these online interactions can themselves “elevate anxiety and diminish self-efficacy” (Parks, 2020, p. 118). Parks (2020) also noted that online groups introduce “norm- and cue-detection problems, uncoordinated communication, and opportunities for distracted attention among other challenges” (p. 118). They went on to say that a “camera head shot removes body language that helps to assess others’ emotions...loss of noncontent information makes verbal statements ripe for misinterpretation, which can produce a conflict spiral and general negative reactions” (Parks, 2020, p. 119). Skillful intervention “can have

meaningful and positive impact on group performance by enhancing motivation and synergy” (Parks, 2020, p. 119).

O’Hayer’s (2021) contributions were significant in helping the reader to understand some of the both the challenges and solutions to running online therapy groups. They researched the applications of DBT (Dialectical Behavioral Therapy) to online therapy. They were the only researchers to point out that facilitators of online groups were often fatigued emotionally by these forums (O’Hayer, 2021). As a result, special processing groups were convened for the facilitators to renew themselves and to use the tools of DBT on themselves (O’Hayer, 2021). Use of mindfulness was part of this, as were the spontaneous incorporation of drawing to help reinforce the messages of the DBT (O’Hayer, 2021). “Several of our team members, particularly those isolating alone in small apartments, reported an increase in psychological distress...At the same time, they were expected to continue to provide phone coaching, conduct individual therapy sessions, and run groups for patients” (O’Hayer, 2021, p. 7).

O’Hayer (2021) sent videos to clients between sessions to address problems like suicidality. They noted that some participants were concerned about being on screen, and some had difficulties with finding technology for their use (O’Hayer, 2021). They discussed some specific issues with particular clinical populations: overstimulation due to the switching speaker view (in which case, they recommended gallery view) and body dysmorphia issues being triggered by seeing oneself on screen (O’Hayer, 2021). O’Hayer (2021) also brought up the use of text as a way to reconnect with those who left the group without warning. Skillful use of the chat function allowed group members to type “same” (p. 4) when they agreed with someone else’s comments, and the chat also served as a place to communicate needs for DBT “coaching” (p. 4) from the therapist. However, the chat function was sometimes used in ways that distracted

from group dynamics, and in that case, the chat rules needed to be reestablished (O'Hayer, 2021). They also noted that some lifestyle behaviors were easier to identify because of these online groups, e.g., hoarding behaviors in the home or having the shades drawn/sitting in darkness all day, were easier to observe (O'Hayer, 2021).

Hass-Cohen et al. (2021) explored art therapy in chronic pain patients and developed quantitative research methods for their 34 participants, five of whom were online pre-pandemic and seven of whom were online during the pandemic. The participants all experienced chronic pain, and the study was designed to explore “the effects of psychosocial empirically supported arts drawing protocol for trauma on chronic pain reduction, positive and negative affect, as well as relationships and resources. Additional aims were to explore memory reconsolidation as a change factor in art therapy” (Hass-Cohen et al., 2021, p. 1). They concluded that “both online and in-person administrations were effective...online interventions are likely as effective as face-to-face interventions and there is some research to suggest a combination of internet and face-to-face interventions may be as effective if not more so” (Hass-Cohen et al., 2021, p. 7). They brought up another excellent point about the tangible nature of art materials in these online forums: “It is possible that art materials created a tangible shared therapeutic space” (Hass-Cohen et al., 2021, p. 7). Four variables were tested: a 3- or 4-drawing assignment either with or without reminder prompts by the facilitators. This study was the only one that integrated the use of the ACEs (Adverse Childhood Events) survey, integrating the awareness of people's childhood trauma on their current-day experience of pain (Hass-Cohen et al., 2021). Because the ACEs survey is so short and easily analyzed, it offered an easily accessed window into the possibilities of distress and stress in their clients, and this has applicability to online groups of all types for the same reason (Hass-Cohen et al., 2020). They also concluded that “nonverbal, art

therapy interventions likely supported the modification of both implicit and explicit stressful memories” (Hass-Cohen et al., 2021, p. 8). They acknowledged the limitations of the study: “small sample size, moderate statistical power, lack of a no treatment control group, and a large number of outcome variables” (Hass-Cohen et al., 2021, p. 8), and they made recommendations for future study to address these issues.

Datlen and Pandolfi (2020) wrote about a U.K.-based, in-person facilitated art therapy group for young adults with learning disabilities (LD) that transitioned online during the pandemic. The group, consisting of five regular attendees, worked with WhatsApp, an application that provided them with the security and flexibility they wanted to use video or not, to text, to send images, to phone call, and to use emojis (Datlen & Pandolfi, 2020). “The option of using image, sound, video and text also best imitated the free-flowing and collaborative nature of the physical studio environment” (Datlen & Pandolfi, 2020, p. 193). Emojis proved to be extremely helpful for this group, when verbally processing difficult emotions was not always possible (Datlen & Pandolfi, 2020). Datlen and Pandolfi (2020) presented insights to the process of facilitating art therapies online. First, distributing materials proved more challenging than originally planned. In an attempt to personalize the supplies to match interests and abilities of the group members, those members who did not receive the same supplies as others expressed distress (Datlen & Pandolfi, 2020). Next, because this was a group that typically required assistive touch as a means to convey instruction and sometimes also to assist with handling the materials, the lack of touch proved to be especially challenging. This was the only article to discuss the therapeutic role of touch in group therapies and the impact of the loss of touch due to moving online. They spoke of touch as “a fundamental human experience” (Datlen & Pandolfi, 2020, p. 195). Facilitators looked for therapeutic tools to approximate at least some of the

benefits of human touch and “the sensorial opportunities provided by the art materials, particularly clay” (Datlen & Pandolfi, 2020, p. 195). This provided an excellent example of how EATs could be used directly to ameliorate the limitations of online therapy. Datlen and Pandolfi (2020) also highlighted the challenges of boundaries between sessions. Some communication was necessary between sessions, but when the group members began to extend the conversations between themselves between therapy sessions, the facilitators found it necessary to delete the group (thus removing themselves from the group communications) and recreate it for each session in order to give the group members privacy from facilitators in their social communications (Datlen & Pandolfi, 2020). The researchers did an excellent job of defining their population, exploring the ethics of online work, touch, exhibition, and sale of client artwork, and proposing future research.

### **Discussion**

The literature offered multiple themes and paths for potential exploration. For one, there are unique challenges to online group therapy for adult populations in online platforms. Expressive arts therapies are used therapeutically in online groups, sometimes purely for the clinical needs of the population and sometimes to compensate for deficits arising from technologically mediated platforms. Additionally, there are some advantages to online group therapies that researchers are only beginning to explore. Thoughtful researchers are considering specific ways to translate and adapt therapies most meaningfully online; they are not merely conducting EATs online without adaptation to tailor the EATs to the platform. A great deal of untapped research potential lies before both clinicians and cross-disciplinary professionals who work with groups online.

Complex sets of variables come into play in order to gauge the effectiveness of online EAT interventions. The articles referenced in this literature review made clear that all of the following dynamics affect online group therapies and their effectiveness. Online therapies may or may not make use of cameras, for example. For some clients, having themselves on camera may or may not serve their clinical and therapeutic needs (Collie et al., 2017). Whether or not a client is on camera for the entirety of the session is a factor that may either support or hinder their and their group members' experiences. When the chat feature is enabled, it may be enabled for all participants or only between participants and facilitators, and this directionality of written communication has the potential to influence the dynamics of the group. The extent to which the chat is monitored and when and how responses to chat comments are made may influence the efficacy of group therapies, and the use of chat ought to be applied with intentionality. Given the need to communicate between sessions (even if only for the sake of communicating logistics), those administrative and logistical communications also may serve as part of the dynamics of the group. Whether that communication is free-flowing and occurs between all participants and whether or not that communication is monitored in any way by facilitators all carries significant impact on the group dynamics (Datlen & Pandolfi, 2020). Questions remain regarding how much and which kinds of outside communication the facilitators should initiate, respond to, or otherwise participate in for the purpose of enhancing the connection to the group and the effectiveness of the therapy (Datlen & Pandolfi, 2020).

Wakelin and Street (2015) discussed the role of a therapeutic "virtual third place" (p. 198), or an unfacilitated therapeutic online meeting place, as having therapeutic benefits. Clinicians may want to explore how these unfacilitated online meeting places complement facilitated groups and influence their dynamics. Some participants require assistive touch in

therapy sessions (Datlen & Pandolfi, 2020). A facilitator of group therapies must consider how to get such clients the support they need (Datlen & Pandolfi, 2020), using the medium of arts therapies (e.g, clay offering a tactile experience, visual images to enhance what can be seen through the camera, movement/dance to enhance a sense of embodiment and synchronization with the other members) as a possible means to make up for the lack of in-person connection between therapist and participants and between participants and one another.

This literature review suggested that every population encountered challenges with online group therapies that were unique to that population, and these populations each require research. People with “body/face/voice-related gender dysphoria” (O’Hayer, 2021, p.3), for example, sometimes expressed distress at hearing their own voices or seeing themselves on camera (O’Hayer, 2021). Young adults with learning disabilities relied heavily on emojis as a means to express emotions and found the emojis at their disposal alternately helpful or limiting for expression of feelings (Datlen & Pandolfi, 2020). People who were easily overstimulated required adjustments to their view of group members and the use of the spotlight feature (O’Hayer, 2021). Some people did not have a dedicated device to use (O’Hayer, 2021). Some people required tutoring in how to use the technology (Levy et al., 2018). Some were not able to travel onsite to complete a post-study assessment (Levy et al., 2018). Participants needed art supplies (Levy et al., 2018), but when determining what art materials to send to people in a group, there were unforeseen challenges to personalizing those materials (Datlen & Pandolfi, 2020). Levy et al. (2018) discussed the challenges of an art therapist seeing client’s work clearly and offered the suggestion that educating the participants on the language of describing their artwork could help the communication between therapist and clients. From these examples and more, it makes sense to consider what structures could supplement the therapies to improve their

effectiveness, e.g., providing art supplies; adding an education/training component to therapy groups; considering which technology platforms best fit the devices available to the participants; and the possibility of providing devices to those who do not have them.

The challenges faced in online facilitated adult group therapies were sometimes linked to the populations, as listed above, and sometimes to the use of the technology platforms themselves. Culturally, we've even coined the term "Zoomed-out" to describe the feelings that occur from the experience of too much Zoom-based meeting. The research leaves one wondering how EATs might be engaged to ameliorate the "Zoomed-out" feelings. We have work to do to define these feelings, first, and then to understand what causes them. From there, clinicians may explore how the use of EATs decreases the sometimes unsatisfactory nature of online interactions and increases the more desirable aspects of these interactions.

Not all reports from the literature pointed to challenges and difficulties in transitioning online. O'Hayer (2021) suggested that the safety of distance and anonymity improve the effects of group therapies for some populations. Participants can use images to represent themselves creatively through avatars (Oesterle, T.S., et al., 2020). Lighting, participant proximity to or distance from the camera, and their environment are all possible forms of self-expression in online platforms. Unlike in-person groups, one's online presence can provide open a window to reveal one's home, family, and pets (O'Hayer, 2021). This may be a strength, a weakness, or both. There are different possibilities online than in person. For some populations, they may even be preferable to in-person meetings due to health vulnerabilities (O'Hayer, 2021). "Without transportation-related obstacles, our group had its best turn-out ever," one researcher noted (O'Hayer, 2021, p. 2). Additionally, they mentioned concerns the community members had regarding the *end* of the pandemic, when some of the previously experienced life stressors would

resume (O'Hayer, 2021). For such participants, for whom anxiety or other psychological dynamics make in-person gatherings undesirable, it may be possible that online groups would be preferable.

Another factor that requires long-term study is the effectiveness of online group therapies in non-pandemic times. What effect does the experience of having *all* social interactions online have on the effectiveness of also experiencing one's group therapy online? The "Zoom fatigue" effect of being online all day for work and social interactions might have effects on the efficacy of meeting online for therapeutic purposes, and at this point it is not yet possible to safely run control groups who meet in person to study this for comparison and contrast. It would be good to study the effects of any given online EAT group if the participants did not *also* have the added stress of isolation from family, friends, and neighbors during a pandemic.

Park's (2020) recommendation to engage with integrated, cross-disciplinary research is an excellent one. Groups of therapists, educators, corporations, government agencies, religious congregations, and others have each worked with the limitations and strengths of online group interactions for over a year at the time of this writing. If we can find ways to collaborate and share ideas and resources, the uses of EATs might not only enhance the effectiveness of online adult therapy groups but also that of these other online groups.

One of my areas of professional interest lies in Gender Equity and Reconciliation (GER), a type of reconciliation work associated with the Truth and Reconciliation movement started in South Africa post-apartheid (Keepin et al., 2007). I'm a certified facilitator and an employee of the organization, and during the pandemic, this work shifted online exclusively as we awaited the ability to safely reconvene in person. The expressive arts have always been an integral aspect of this work, as the arts help to cultivate a sense of community connection, to modulate trauma

responses, and to integrate shifts of perspective (Keepin et al., 2007). The recent move of GER work online provides a perfect opportunity to examine which arts have specific online applications that would enhance the effectiveness of the work and the “felt reality” (Downes, 2002, p. 100) of the healing work. These GER online groups serve as a population for whom I hope to apply some of the insights from this literature review for future research.

The Expressive Therapies Continuum, developed by Lusebrink (2011), offers a potential theoretical framework for developing approaches to EATs for online group therapies. “The Expressive Therapies Continuum (ETC) provides a theoretical model for art-based assessments and applications of media in art therapy” (Lusebrink, 2011, p. 168). Lusebrink (2011) proposed that within the brain, “sensory information is processed on three hierarchical levels of perceptual knowledge” (p. 169). These levels correspond to parts of the brain. In short, “the three levels of the Expressive Therapies Continuum (kinesthetic/sensory, perceptual/affective, and cognitive/symbolic) parallel the three hierarchical levels of sensory information processing in the occipital, temporal, and parietal lobes” (Lusebrink, 2011, p. 170). An implication of this engagement of the brain is that using the arts therapeutically has the potential to enhance client engagement with the therapies. Lusebrink (2011) recommended beginning with assessment of client areas of strength and using those as the foundation from which to work into other, less familiar or less comfortable arts expressions. In terms of assessment and treatment planning, a therapist might use the ETC to ascertain whether clients are capable of fluidly exploring kinesthetic movement and sensory awareness; emotional affect and perspective in perception; and engagement with cognitive planning and the verbal along with symbolic thought (i.e., all arms and levels of the ETC) (Lusebrink, 2011). This method of assessment can help the therapist to ascertain the client’s flexibility and facility along the entire “Creative Axis” (Lusebrink, 2011,

p. 173) that runs through the center of this model. Lusebrink (2011) offers tools for assessing pathology, as well. Pathology may be assessed through the ETC through excesses in movement vs. preoccupation with sensory experience; extreme absorption in or distancing from emotion; or rigidity in literal thought or symbolic thinking (Lusebrink, 2011). For this reason, in future research, it seems useful to engage Lusebrink as a source of 1) determining which arts to apply to which clients/groups, and 2) using the arts as a form of assessment for determining the clinical needs of clients, 3) assessing the effectiveness of the EAT intervention, and 4) a means for enhancing embodied, full-brained involvement in the therapies. How participants exhibit their psychological, neurological, and physiological challenges may differ online from in-person therapeutic settings. As a result, therapists have the challenge and opportunity to see their clients through, quite literally, a new lens and to reimagine the use of the EATs to support their clients under these unique new circumstances. Lusebrink's (2011) model describes engagement with the whole brain through the use of EATs; this seems to be a model that may guide therapists to more thoroughly and completely engage online clients when some in-person therapeutic benefits and methods of engagement may be inaccessible. The ETC provides a nuanced framework for understanding client affect, cognitive processing, and sensory experiences and for coordinating the arts explorations accordingly (Lusebrink, 2010). Because the ETC has a particular focus on the visual component of all three levels (i.e., "kinesthetic/ sensory, perceptual/affective, cognitive/symbolic") (Lusebrink, 2010, p. 110), this framework could have particularly helpful applications in an online forum where the visual sense is a sense that is easily accessed.

Finally, as mentioned earlier, both Lotan Mesika et al. (2021) and Sánchez Garcia and Pinna-Perez (2021) strove to bridge methods of holistic, integrative, and nonverbal therapeutic art research with those methods which are more incisive, conventionally academic, and data-

driven. Expressive arts therapists face a challenge to take the past year's online experiences and translate them into research that furthers understanding and clinical applications that serve the many populations who will now have access to the EATs through online forums. When COVID-19 hit the world, therapeutic groups by necessity shifted entirely online in a crisis-driven manner. As at least some parts of the world emerge from this time of crisis and on-the-go adaptations, expressive arts therapists now face both the opportunity and obligation to harvest the lessons, to document them, and to share them within the counseling field and even cross-disciplinarily. Downes (2000) wrote about the "felt reality" (p. 100) of the person having the therapeutic experience, and this sense of that experience is by its nature difficult to capture in words. "Linguistics traditionally does not do justice to 'non-thought experiences,'" they wrote (Downes, 2000, p. 100), and yet for these experiences of technology we expressive arts therapists must find words to help us to understand nonverbal experiences, categorize them, explain them clearly, and, where needed, most effectively transform them into repeatable practices so that the online experience works at its best for all involved.

The literature regarding how EATs and their online applications is limited. A great deal still lies unexplored and unsubstantiated regarding the effectiveness of the many ways in which EATs may be adapted and applied online. However, many people for whom group therapy and EATs may not have been accessible previously may now find additional opportunities permanently opened by the forced expansion into online therapeutic groups, and the opportunities to formalize the observations and outcomes of that work hang ripe for harvesting. A window has opened to expand the availability of group therapies to people who previously could not access them. That window is unlikely to close after the pandemic eases, but the regulatory bodies that originally constricted the use of online therapies before the pandemic still

have work to do to determine what post-COVID online therapies will look like (Oesterle et al., 2020). The EATs provide an entire toolbox of methods to engage participants more fully in online therapies and also to serve as means to assess their levels of engagement and their clinical states. The EATs may serve as ways to enhance embodiment and to ameliorate some of the deficits of online therapies. It lies to the expressive therapists in the field to ensure that EATs are intentionally, systematically, and explicitly engaged and that their methods and outcomes are noted and published so that therapists, clients, and cross-disciplinary professionals may benefit from these methods. While it is in some ways a delight to see how the EATs are instinctively harnessed by therapists of all specialties in the literature, the professional specialization of “expressive arts therapist” (IEATA, 2021) is currently underrepresented in the literature. As such specialists, expressive arts therapists have contributions to make through arts-based theoretical frameworks (e.g., Lusekbrink, 2011). Through these frameworks, we may be able to contribute a rationale and a method to explain why particular therapies might be engaged and how they might be sequenced or layered for the client’s best clinical outcomes and even for the well-being of the therapists themselves.

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