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Expressions that care: a guide to care through art in oncology

*Expressões que cuidam: guia para o cuidado
através da arte em oncologia*

*Expresiones que cuidan: una guía para el
cuidado a través del arte en oncología*

ABSTRACT

Objective: To present the process of developing a psychological intervention proposal, with a focus on psychoeducation, through discussion groups and the use of artistic resources, designed for patients and their caregivers in an oncology ward at a referral general hospital. **Method:** The intervention guide was developed by psychology students, based on hospital psychology practice, and structured according to the Maguerez Arc. Observation of the reality revealed a scarcity of spaces for emotional expression and the strengthening of bonds in the context of oncology hospitalization, guiding the development of the material. **Results:** The activity promotes symbolic expression, the exchange of experiences, and a broader perception of the support network, contributing to the strengthening of bonds and the reduction of feelings of isolation. **Final considerations:** The proposal constitutes a powerful strategy for the humanization of care and can be applied by healthcare professionals in the hospital setting.

Keywords: *Humanization of Assistance; Oncology; Mental Health; Medical Psychology; Psycho-Oncology.*

RESUMO

Objetivo: Apresentar o processo de construção de uma proposta de intervenção psicológica, com foco na psicoeducação, por meio de rodas de conversa e do uso de recursos artísticos, destinada a pacientes e acompanhantes de uma enfermaria oncológica de um hospital geral de referência. **Método:** O guia de intervenção foi desenvolvido por estudantes de Psicologia, a partir da prática em psicologia hospitalar, e estruturado segundo o Arco de Maguerez. A

observação da realidade evidenciou a escassez de espaços para a expressão emocional e o fortalecimento de vínculos no contexto da hospitalização oncológica, orientando a elaboração do material. **Resultados:** A atividade favorece a expressão simbólica, a troca de experiências e a ampliação da percepção da rede de apoio, contribuindo para o fortalecimento de vínculos e a redução da sensação de isolamento. **Considerações finais:** A proposta se configura como uma estratégia potente de humanização do cuidado, podendo ser aplicada por profissionais da saúde no contexto hospitalar.

Descritores: *Humanização da Assistência; Oncologia; Saúde Mental; Psicologia Hospitalar; Psico-Oncologia.*

RESUMEN

Objetivo: Presentar el proceso de elaboración de una propuesta de intervención psicológica, centrada en la psicoeducación, mediante círculos de conversación y el uso de recursos artísticos, dirigida a pacientes y acompañantes de una sala de oncología de un hospital general de referencia. **Método:** La guía de intervención fue desarrollada por estudiantes de Psicología, a partir de la práctica en psicología hospitalaria, y estructurada según el Arco de Maguerez. La observación de la realidad puso de manifiesto la escasez de espacios para la expresión emocional y el fortalecimiento de los vínculos en el contexto de la hospitalización oncológica, lo que orientó la elaboración del material. **Resultados:** La actividad favorece la expresión simbólica, el intercambio de experiencias y la ampliación de la percepción de la red de apoyo, contribuyendo al fortalecimiento de los vínculos y a la reducción de la sensación de aislamiento. **Consideraciones finales:** La propuesta se configura como una potente estrategia de humanización de la atención, que puede ser aplicada por profesionales de la salud en el contexto hospitalario.

Descriptorios: *Humanización de la Atención; Oncología; Salud Mental; Psicología Médica; Psicooncología.*

INTRODUCTION

Cancer is a disease characterized by the uncontrolled growth of cells and encompasses more than one hundred subtypes, being considered a multifactorial and singular illness process for each patient and support network. Receiving an oncological diagnosis and facing treatment can cause a significant impact on the emotional health of those involved, impairing the psychological well-being of both the patient and their family. Cancer treatment modalities frequently involve invasive procedures that may generate both physical and emotional side effects. These effects, associated with changes in lifestyle, can trigger psychological distress marked by feelings of fear, anxiety, sadness, uncertainty regarding prognosis, and threats to the patient's and family's identity, autonomy, and life projects, necessitating holistic care in the face of the presented needs^{1,2}.

Hospital psychology plays an essential role in this scenario by applying psychological knowledge within the hospital environment to promote emotional balance and contribute to an improved quality of life for patients. This specialty has become an indispensable part of integral health care, especially in highly sensitive contexts such as the treatment of individuals with cancer. It encompasses the use of various methods and intervention strategies, requiring the professional to have a broad understanding of the human being that considers the biological, social, political, and spiritual aspects influencing the subject. Among the diverse difficulties faced by these patients, the need for competent emotional support is a fundamental element in reducing suffering and fostering general well-being. The psychologist must be prepared to provide support not only to the patient but also to their family members, caregivers, and the hospital staff itself, promoting integral and collaborative care^{1,2,3,4}.

In this context, psycho-oncology stands out, focused on understanding the emotional and behavioral dimensions related to the cancer illness process. This field investigates, on one hand, the impact of the oncological diagnosis and treatment on the emotional functioning of the patient, their family, and the health professionals involved; and, on the other hand, the role of psychological and behavioral variables in disease incidence, therapeutic adherence, and survival. Grounded in the principles of health psychology, psycho-oncology operates both in direct assistance to the oncological patient and their support network, encompassing the phases of prevention, treatment, rehabilitation, and terminality, and in the production of scientific knowledge and the organization of services that promote integral care. Thus, psychological interventions, conducted through support, counseling, or psychotherapy, contribute to the communication of the diagnosis, the acceptance of treatments, the reduction of psychological distress, and the promotion of quality of life throughout the illness process⁵.

Palliative care, in this sense, stands out as an indispensable approach, offering a type of assistance that transcends the purely medical scope by also encompassing the psychological, social, and spiritual dimensions of human suffering. Palliative care consists of a broad and humanized approach aimed at

improving the quality of life of patients with serious and life-threatening illnesses, as well as their families. It is deeply related to themes such as the terminality of life and the grieving process. However, contrary to the view still present in common parlance, palliation should not be offered only in the final stages of the disease but initiated from the moment of diagnosis and extended through the period following the patient's death, offering continuous support to family members^{6,7}.

The performance of the psychology professional within these palliative scenarios, as in oncology, requires specialized training and studies in the field to outline intervention proposals consistent with the emerging and specific demands of this area. Thus, in the context of the hospital environment, often associated with a cold and impersonal setting, art can emerge as a powerful tool within the treatment plan to humanize the experience of hospitalized patients. By establishing a connection between artistic expression and care, art plays a fundamental role in assisting the treatment of these patients. From painting to music, these forms of artistic expression demonstrate significant impacts on the physical and emotional health of patients, offering valuable therapeutic support to face the challenges of hospitalization and illness⁸.

Regarding the above, this article aims to present the process of constructing a psychological intervention proposal, with a focus on psychoeducation through conversation circles and the use of artistic resources, directed at patients and companions in an oncology ward of a general hospital, enabling its application by other public health professionals.

METHODS

The guide for the psychological intervention was developed by Psychology students from a reference health college in Northeast Brazil, based on hospital psychology practice. The proposal was structured according to Magueres's Arch⁹, a problematization methodology that stimulates the exchange between students and educators, promoting the construction of ideas and the sharing of experiences. Thus, those involved are encouraged to reflect on their daily experiences and interpretations. Magueres's Arch is developed through five stages: observation of reality; key points; theorization; solution hypotheses; and application to reality⁹.

In the observation of reality stage, for two months, students performed weekly follow-ups of psychological consultations with the reference professional of the oncology sector, recording experiences related to patients and companions, as well as the communication within the multidisciplinary team. Based on this experience, in the second stage, key points were identified that evidenced a scarcity of spaces intended for emotional expression and the reframing of self-perception and the illness experience, as many patients tended to focus their perception primarily on the disease and the hospital stay, to the detriment of other dimensions of their identity and life experience. Furthermore, the need to

include companions in this process was observed, as they are frequently neglected due to the exclusive focus on the patient, despite also experiencing suffering and requiring spaces for listening. In view of this, the following guiding question was formulated: “How to promote greater well-being and emotional expression for hospitalized oncological patients and their companions in shared rooms?”.

Subsequently, in the third stage, students resorted to theoretical frameworks that enabled the understanding of the identified key points, with emphasis on the ARTPAD resource¹⁰, a method focused on participation and development. This approach values symbolic expression, the strengthening of bonds, and the collective construction of meanings through accessible artistic resources, facilitating the planning of workshops. After analyzing the literature, the students formulated solution hypotheses, which led to the emergence of the intervention guide, thus concluding the fourth stage. Following the construction of the first version of the intervention proposal, the guide was updated through weekly theoretical and critical discussion meetings with the preceptor psychologist of the sector, who is a specialist in the field.

RESULTS

The guide "Expressions that Care" (Table 1) was developed as an intervention proposal to be implemented in the oncology sector with patients or companions. The activity may be led by any member of the multidisciplinary team, although the psychologist is preferred. Should another team member assume the role of facilitator, the presence of a psychologist is recommended throughout the entire conversation circle, acknowledging that this moment may trigger emotional mobilization, requiring a specialist for the ethical management of the situation.

Table 1 – Summary guide for group intervention

Focus	Bonding, mutual support, awareness-raising.
Energy	Low.
Facilitator	Multidisciplinary team – conducted by or preferably accompanied by a psychologist.
Participants	3 to 5 people; patients or companions.
Duration	20 to 30 minutes.
Materials	A4 paper sheets, colored markers, various magazines for cut-outs, safety scissors, glue, string/twine, masking tape, colored pencils/crayons.

Source: prepared by the authors (2026).

As a starting point, the activity must be conducted in a calm environment dedicated to its execution, previously prepared by the facilitator. The use of a circular table is advised whenever possible to promote group balance among participants and facilitate peer engagement. After selecting the location, the

facilitator must pre-allocate the materials (Table 1). It is recommended that some excerpts and images from selected magazines be cut out prior to the arrival of participants, as this can serve as an initial prompt for them to perform further cut-outs during the activity.

Subsequently, the configuration of the oncology ward must be analyzed, as it represents a critical illness scenario. In this regard, the facilitator must consult the nursing staff to determine if any patient is experiencing a clinical complication or is in an active dying process. If so, it is advised that these patients and their companions do not participate in the activity, given its objectives and the high possibility of emotional decompensation within a group context, which could lead to individual and/or collective harm.

Following this analysis with the nursing team, the target audience (patients or companions) is defined, followed by the invitation and welcoming of participants by the facilitator, who presents the proposal as a light moment for exchange among individuals experiencing similar circumstances. It is recommended that the target audience category not be mixed, that is, the activity should not be performed with patients and companions simultaneously, as each group presents distinct demands regarding the oncological illness.

To foster initial rapport and bonding, a brief icebreaker activity is conducted, in which participants and the facilitator introduce themselves by sharing their name, a personal interest, and a favorite food. The facilitator then clarifies that the activity has no right or wrong answers, reinforcing that all productions are considered valid. Guidance regarding necessary adaptations is also provided, highlighting the availability of assistance for cases requiring accessibility.

Each participant receives an A4 sheet of paper and is instructed to write a short phrase directed to someone experiencing a similar situation, such as a roommate or another person undergoing treatment. After writing, the sheets are circulated among participants. In each round, the participant reads the received phrase and adds a visual element, through a simple drawing or magazine collage, representing what was understood or felt from the reading. This process repeats until the sheet returns to the original author, now transformed by the group's contributions.

In the final stage, upon returning the material to the author, the facilitator leads a brief, calm, and welcoming conversation, maintaining low energy levels and respecting the emotional pace of each participant. Space for reflection is opened through guiding questions, such as: "How did it feel to see your phrase transformed by others?", "Did any image, color, or cut-out catch your attention?", and "Was there anything in the process that made you feel closer to the others?". The use of simple, accessible language suited to the hospital context is intentional, as it facilitates understanding and avoids emotional or cognitive overload for patients and companions.

Regarding the facilitator's posture, they are responsible for maintaining the group framework and creating a safe and welcoming space for participant

expression. The facilitator conducts the activity clearly and accessibly, establishing limits and providing guidance on participation possibilities while respecting the physical and emotional conditions of each subject. Furthermore, the facilitator welcomes the elements brought by participants and expands upon them, connecting individual experiences and strengthening the sense of belonging within the group.

The closing conversation is brief and welcoming, respecting the emotional rhythm of each participant. A temporary exhibition of the productions within the ward itself is suggested, using a rope or string to hang them in a "clothesline" format as a way to represent presence, bonding, and collective construction, while always respecting the participants' autonomy.

DISCUSSION

The guide to be implemented in the oncology sector directly engages with the understanding of art as a powerful resource for the humanization of care within the hospital context. The hospital environment is frequently experienced as a cold, impersonal space marked by symbolic losses, which can intensify the emotional suffering of patients and companions^{3,4,6,8}. In this sense, the use of an expressive activity enables a partial rupture of this logic, favoring the construction of a more welcoming and humanized space within the institution^{2,6,8}.

The experience of prolonged hospitalization tends to generate feelings of exhaustion, loneliness, and a reduction in social roles, causing many individuals to live exclusively in function of the disease^{4,6}. Such an experience is in line with the theoretical understanding that hospitalization imposes physical limitations, the rupture of routine, the distancing from affective bonds, and the loss of autonomy, factors that negatively impact mood, behavior, and quality of life⁴. Within this conjuncture, the expressive activity serves as a possibility to generate belonging among participants, allowing for the creation of a welcoming space.

The proposal for writing and circulating productions favors the symbolic expression of emotions and experiences that often find no room to be verbalized in daily hospital life. Artistic creation is configured as a form of non-verbal communication, particularly valuable in contexts of suffering where verbal language may prove insufficient to address the emotional complexity involved^{8,10}. Collectively constructed images, collages, and symbols become powerful metaphors for shared experiences, expanding the possibilities for psychic elaboration.

Furthermore, group dynamics contribute to reducing the sense of isolation for patients and companions, especially in the face of fragile family support. The exchange of messages, images, and meanings reinforces the perception of belonging and mutual recognition, promoting a symbolic support network within the group itself. This movement aligns with the understanding that art, by

contemplating the diversity of human experiences, favors the collective construction of meanings and strengthens interpersonal bonds⁸.

Thus, the literature confirms that art, as a therapeutic resource in the hospital environment, transcends its complementary character, establishing itself as a relevant strategy for facing the psychological challenges of the health-disease process. By enabling the expression of subjectivity, the construction of bonds, and the reframing of hospitalization experiences, the guide contributes to the humanization of care, the sense of belonging among peers, and the promotion of a more integral experience of well-being for oncological patients and their companions.

FINAL CONSIDERATIONS

The proposal highlights the potential of art as a care mediator by favoring symbolic expression, sensitive listening, and the creation of welcoming spaces in a context marked by intense physical and emotional suffering. The guide proves effective in strengthening bonds, promoting symbolic exchange, and expanding the perception of a support network among patients and companions, contributing to the reduction of the sense of isolation frequently experienced during hospitalization.

The group dynamics facilitate the reframing of individual experiences, promoting belonging and mutual recognition among participants. The fundamental role of the facilitator is emphasized in maintaining the group framework, the ethical management of mobilized emotions, and the construction of a safe and humanized environment. This work contributes to the expansion of psychological practices within the hospital context and may serve as a reference for health professionals interested in integrating expressive resources into oncological care, thereby fostering an integral and humanized approach.

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