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Master thesis

*Coping with Homesickness
after Migration:
Contact in Art Therapy*

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Abstract

Migrating to a different country may prompt homesickness (HS), which may in turn impact mental and physical health. HS involves feelings of longing and grief for the home left behind and is influenced by the challenges of adjusting to the new environment. Contact is disrupted from familiar environments and social networks. Contact with self and the new environment may become challenging. Art therapy encourages self-expression and reflection using art materials and techniques and considers a body-mind-emotion connection. For this master's thesis, a one-session art therapy intervention with a focus on *contact* was developed to support coping with HS after migration. The intervention was tested individually in a quantitative pilot study with adults who immigrated voluntarily to Germany in a pre-post-test control group design. HS was measured with the Dundee Relocation Inventory (DRI; Fisher, 2017). First, an online screening survey with the DRI pre-test and demographic data was conducted ($N = 58$). Then, participants were randomly assigned to the experimental group ($n = 7$) or the control group ($n = 4$; received intervention after post-test). The art therapy intervention was carried out, followed by the DRI post-test and evaluation questions. A one-way ANCOVA revealed a significant group effect ($p = .041$, $\eta^2 = .42$), with the intervention group showing lower HS scores. The complete sample ($n = 11$) rated the intervention as highly engaging, meaningful, and having greatly helped them process their HS better. These preliminary results suggest that art therapy may be implemented to support migrants experiencing HS. Limitations and implications are discussed, and recommendations for future research are provided.

Keywords: homesickness, migration, coping, contact, art therapy

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“He is tied to his home with many fibers, and most of these fibers are secret, beyond his waking consciousness. When the fibers tear or are torn, he experiences this as a painful surgical intervention into his innermost being.”¹

Vilém Flusser

¹ Translated by the author from the German: “Er ist nämlich mit vielen Fasern an seine Heimat gebunden, und die meisten dieser Fasern sind geheim, jenseits seines wachen Bewusstseins. Wenn die Fasern zerreißen oder zerrissen werden, dann erlebt er dies als einen schmerzhaften chirurgischen Eingriff in sein Intimstes” (Flusser, 2013, p. 17).

1 Introduction

According to the World Migration Report, it was estimated that in 2020 281 million people (3.6% of the world population) were living as migrants (International Organization for Migration, 2022). In 2022 22.1 million people living in Germany had a migrant background (including immigrants, naturalized citizens, and repatriates) (Statistisches Bundesamt, 2023a). Furthermore, in 2022 around 19.2% of the inhabitants of Hamburg were foreigners (i.e., individuals without a German nationality), with a growing tendency since 2009 (Statistisches Bundesamt, 2023b).

Migration refers to the movements of individuals and groups associated with a geographical relocation of personal living space and a change in cultural environment (Jäggi, 2016). People leave their home country for diverse reasons, for example, to study, in search of work opportunities, or to join other family members. Others move to escape poverty, persecution, insecurity, human rights violations, or in response to environmental factors.

The organization Amnesty International makes some distinctions between the terms *migrant*, *refugee*, and *asylum seeker*, due to legal differences relating to a person's status. Migrants are referred to as individuals relocating voluntarily. Amnesty International recognizes however that migrants may not only leave their country to pursue academic or financial goals, but also because of health concerns, poverty, political unrest, violence, or natural disaster (Amnesty International, n.d.). Nevertheless, adults who make an informed decision about their relocation and have personal goals and gains in the host country can be broadly categorized as voluntary migrants (Bakewell, 2021).

Deciding to move abroad is paired with dreams and expectations of a better future. People who successfully migrate may show higher levels of well-being, in comparison to those who would want to migrate but do not achieve it (e.g., Stillman et al., 2009). Yet migrants face particular challenges, with *contact* playing a central role: During and after migration *contact* is disrupted, both physically from familiar environments and daily routines, as well as socio-emotionally from family and social networks. *Contact* with the self may be compromised due to the impact of change and loss, and the fact that an individual's identity is related to home (Mallet, 2004). Furthermore, climate, cultural, language, and bureaucratic differences may lead to

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difficulties regarding *contact* with the new environment. These challenges may cause strong distress in the individual and in turn, lead to mental health issues.

The literature on migration and mental health refers to these individuals as being at a higher risk for clinical conditions such as depression, anxiety disorders, PTSD, adjustment disorders, somatic symptoms, and substance disorders (e.g., Carta et al., 2005; Hamid, 2022; Kirmayer et al., 2011; Virupaksha et al., 2014). An aspect that is often overlooked, as it is not included in clinical diagnostic manuals, is *homesickness*.

Homesickness has been described as involving feelings of longing and grief for the home environment while having difficulties adjusting to the new environment (Fisher, 2017). Studies looking into homesickness have mainly focused on university students (e.g., Scopelliti & Tibero, 2010; Tartakovsky, 2007; Thurber & Walton, 2012) and concerning migration, specifically on international students (e.g., Lu, 1990; Ying, 2005). Recently, research has also been conducted into the experiences of asylum seekers (e.g., Rosner et al., 2022) and refugees (e.g., Kamimura et al., 2021). There seems to be a research gap regarding other types of migrants who are also confronted with homesickness.

Acknowledgement and expression of homesickness may help individuals cope with the experience of relocation to a new country (Fisher, 2017). Art therapy offers, by using diverse art materials, as well as aesthetic (i.e., perceived by the senses) and embodied (i.e., body-mind-soul connection) experiences, the possibility to explore both inner and outer worlds in a safer space. However limited, there are efforts to study how art therapy may support people who have left their home country to live somewhere else. For example, Dieterich-Hartwell and Koch (2017) provide an overview of how creative arts therapies may be seen as a temporary home for refugees: By offering a safe container to self-express and create, artmaking (through visual art, music, drama, and dance and movement) supports identity reintegration and the acculturation process.

This master's thesis aims to address a group of people constituting a relevant proportion of Germany's inhabitants. This thesis follows an interdisciplinary approach, drawing literature primarily from the fields of (humanistic, cognitive, and clinical) psychology and art therapy, but also considers concepts and ideas from the fields of philosophy and sociology. In this work, three questions are theoretically and empirically explored:

- (1) How does contact play a role in homesickness after migration?
- (2) How may coping with homesickness be supported?
- (3) How can art therapy facilitate contact?

First, literature on *homesickness after migration*, *contact*, and *art therapy* is reviewed, to conclude with a conceptual model as a basis for the development of an art therapy intervention. Second, the developed intervention is quantitatively tested in a pilot study with adults who migrated to Germany by choice. Specifically, the underlying research question is: *How may an art therapy intervention, focused on contact, support adults coping with homesickness after migration?*

This thesis contributes to the body of work on art therapy and homesickness research and practice by proposing a clear, structured, and short art therapy intervention, and by discussing relevant factors for the understanding and supporting of migrants experiencing homesickness.

2 Theoretical and Empirical Literature

In the following chapter, theoretical and empirical literature will be drawn up to set a basis for the development of an art therapy intervention, exploring three main modules: (a) *homesickness*, involving definitions, models, and possible impacts of it, followed by considerations for coping; (b) *contact*, concerning philosophical and psychological approaches, and the possibility of contact for coping with homesickness; and (c) *art therapy*, with a particular focus on a body-mind-emotion connection.

2.1 Homesickness

2.1.1 Defining Home and Homesickness

In order to define homesickness, it is first necessary to define *home*. Mallet's (2004) literature review presents the term home as a complex, multidisciplinary (i.e., sociology, anthropology, psychology, human geography, history, architecture, and philosophy) concept, which includes geographical and physical spaces, as well as feelings and practices. Home has been related to a geographical location, house, dwelling, refuge, and retreat; to family, nurture, and belonging; to culture, and identity (Mallet, 2004).

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The notion of home and homesickness has long caught the attention of writers and poets. Syrian-German writer Rafik Shami (2018) states: "The longing for home, homesickness, is not a univocal emotional state, (...) but rather a conglomerate of longings for places and the time of childhood, for security, for recognition, for love, but also for the feeling to be rooted"² (p. 168), signalizing the deep emotions and needs experienced by homesickness.

Familiar environments tend to be experienced as more comfortable and secure, even in the event of family conflict or difficulties. New environments can be attractive and exciting. However, they may also be experienced as less warm, secure, and more challenging (Fisher, 2017; Mallet, 2004).

Across the literature, several terms are used to describe concepts involving a strong desire for something missing, such as *nostalgia*, involving feelings of longing for the long-gone, and the Portuguese *saudade*, describing a state of melancholic longing for an absent person or thing. Homesickness is a longing particularly related to a home left behind.

Stroebe et al. (2016) provide an overview of homesickness definitions in research, which mainly include one or both components of (a) home, and the (b) new place. When focusing on the first component *home*, attachment theories are usually addressed (e.g., Bowlby, 1973). Concerning the second component *new place*, homesickness has been regarded by some authors as a failure to adjust to the new environment, or as a state which prevents or interferes with a proper adjustment (Vingerhoets, 1997).

Homesickness is a phenomenon observed in a wide range of relocation settings, such as in individuals who relocate inside their home country to enter a boarding school (e.g., Fisher et al., 1986), a college or university (e.g., Fisher & Hood, 1987); in hospitalized people (e.g., Baier & Welch, 1992); and in individuals moving to a different country (e.g., Lu, 1990), including soldiers (e.g., Niziurski & Berntsen, 2018). Homesickness appears to be a common experience independent of age, gender, and culture (Fisher, 2017; Stroebe et al., 2015).

² Translated by the author from the German: „Die Sehnsucht nach der Heimat, das Heimweh, ist keine eindeutige Gefühlslage, ... sondern ein Konglomerat von Sehnsüchten nach Orten und der Zeit der Kindheit, nach Geborgenheit, nach Anerkennung, nach Liebe, aber auch nach dem Gefühl, verwurzelt zu sein“ (Schami, 2018, p. 168).

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Authors have tried to understand the nature of homesickness both theoretically and empirically. For example, Frigessi-Castelnuovo and Risso (1986) argues that “facing a foreign society with different customs, norms, values, behaviors, rhythm, and relationships to time and space is actually a strike at one’s cultural identity and cause for nostalgia in immigrants” (as cited in Dieterich-Hartwell and Koch, 2017, p. 2). Scharp et al. (2016) analyzed in a qualitative study with a sample of 12 university students, what homesick individuals missed about home. The authors found 12 content areas: activities, animals, family, feelings, food, friends, normalcy (i.e., routines, predictability, etc.), perks (i.e., specific objects and interactions from home), places, romantic partner, safety (sense of emotional/physical security), and traditions. The main categories were activities and feelings (both 100%), and family and places (both 97%).

Vingerhoets (1997) determined four independent factors indicated by homesick individuals: (1) missing the physical environment; (2) missing people; (3) difficulties adapting to the new environment; and (4) difficulties with the new routines and the different lifestyle. These factors suggest that there might be different reasons as to why people experience homesickness.

Concepts of homesickness include psychological states, such as missing their childhood home, family, and friends, and symptoms that involve behaviors such as crying, ruminating about home, and sleep disturbances (Duven, 2018). Fisher (2017) regards homesickness as “a complex cognitive-motivational-emotional state focused on missing home” (p. 31).

In a literature review, Stroebe et al. (2015) note that even though homesickness is understood as a common effect of relocation, the prevalence and duration of it are yet to be defined. Homesickness can manifest itself differently according to its cause, for example, due to relocation or separation difficulties (Stroebe et al., 2015).

Factors increasing or decreasing the likelihood of homesickness have also been studied. One of the risk factors is the geographical distance between the new location and home since contact with the missed environment and people occurs more seldomly (Fisher, 2017). In addition, personality characteristics such as the anxiety-attachment style and general emotional instability are also found to increase the risk (Stroebe et al., 2015). Protective factors include the decisional control over the move (Fisher, 2017) and self-compassion tendencies (Terry et al., 2013).

2.1.2 Models of Homesickness

Fisher's (1989) *Composite model of homesickness* acknowledges several psychological factors following a separation from home, which in combination with the experience of the new environment (i.e., job strain, dissatisfaction, and commitment) may cause a period of disruption and distress. Furthermore, the author argues that cognitive function plays a role in homesickness, in that two sources of information compete for a limited capacity of attention. These are referred to as internal (i.e., preoccupations with home) and external (i.e., demands from the new environment). Consequently, this may lead to a feeling of distress (Fisher, 2017).

Vingerhoets (1997) notes that Fisher's model is based on stress literature, but that it does not explain the mechanisms concerning the attachment with home. As an alternative, the author suggests looking into the mechanisms of romantic love (Debuschere, 1984, as cited in Vingerhoets, 1997), which are similar to homesickness:

- (1) strong affective reactions arise when the individual is separated from the home or person; (2) the home cq. person is not replaceable or exchangeable; and (3) the cognitive and somatic sensations show remarkable similarity: obsessive thoughts, rumination, idealization, stomach troubles, lack of appetite, and sleeplessness. (p. 8)

The *Dual process model of homesickness* developed by Stroebe et al. (2016), suggests that homesickness occurs following two independent, co-occurring regulatory processes, the separation from home and the relocation difficulties. Both may be related to the processing of a *mini grief*, defined by the authors as: "a negative emotional state primarily due to separation from home and attachment persons, characterized by longing for and preoccupation with home, and often with difficulties adjusting to the new place" (p. 7). Emotions following relocation, including grief for the losses, come as a natural reaction. "Only when grief reactions are protracted or the expression of the emotion is impaired, is the condition considered to have pathological properties" (Fisher, 2017, p. 22).

2.1.3 Impacts of Homesickness

Homesickness is not present in all migrants, and not all homesick people experience homesickness with the same severity (Fisher, 2017). Nevertheless, studying the possible impacts is important to understand how to offer better support for those affected. The philosopher Vilém Flusser argued in his work *Von der Freiheit*

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des Migranten [About the freedom of the migrant] (2013) that an individual's bond to their home is existentially compromised when migrating, which is then translated into an experience of confusion and pain.

Carta et al. (2007) described the process of migration as a "psycho-social process of loss and change" (p. 4), which involves losses in all areas of a person's life, including social relations, language, culture, homeland, and status. The authors further note that a grieving process takes place, which may develop into psychological conditions if not properly expressed, and if the conditions in the host country are adverse. Although the authors do not mention homesickness, these characteristics share large similarities in its description and possible consequences.

Empirical studies exploring homesickness in people who have left their home country emphasize the mental health impacts on their lives. For example, Koch (1999) conducted a semi-structured interview among 20 refugees from different nationalities living in Germany with an insecure residential status. After asking what the biggest stressor in their lives in the host country was, the author found that the most often named stressor was not even the insecure residential status ($n = 12$), but homesickness ($n = 16$). Furthermore, Stroebe et al. (2015) suggest that "homesick individuals can experience substantial distress and are at increased risk for psychological and physical health problems and lowered well-being" (p. 163).

The effects resulting from an experience of loss after leaving home may be comparable to those of bereavement, including anxiety, anger, distress, and searching behavior (van Tilburg et al., 1996). Authors investigating homesickness also refer to Bowlby (1980) and the four phases after experiencing a loss: (1) shock-numbness, (2) yearning-searching, (3) disorganization-despair, and (4) reorganization. Fisher (2017) notes that bereaved individuals experience the order of the phases differently, and that homesickness is usually a reversible bereavement, so that the reactions could vary from those grieving.

Watt and Badger (2009) mentioned that common somatic symptoms in homesick people are stomachache, loss of appetite, sleep difficulties, and headaches (as cited in Duven, 2018). In a quantitative study, Hamid (2022) found a small yet significant positive correlation between homesickness and somatic symptoms, with women presenting higher somatic symptoms than men.

Besides the psychological and somatic effects homesickness may have on the individual, it may also prevent or interfere with the adjustment process in the

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new environment (Vingerhoets, 1997). Additionally, homesick individuals that return to their homeland may experience difficulties in reintegrating due to overidealization of their previous lives or experiences (Begemann, 1988, as cited in Vingerhoets, 1997).

2.1.4 Coping with Homesickness

In psychology, coping is seen as a process to manage stressful situations and can be broadly categorized as problem-focused or emotional-focused coping (Baker & Berenbaum, 2007). Problem-focused coping strategies aim at finding solutions to the problem; emotion-oriented coping strategies focus on the efforts to reduce, eliminate, or tolerate the emotional response to the stressor.

Given that homesickness may result as a natural effect of relocation, coping may occur naturally with time for some individuals (Fisher, 2017). However, for others, coping may be challenging. Homesickness may appear as a general or diffuse feeling of unwell-being, which complicates the acknowledgment of feelings that need to be coped with. Studies have found discrepancies between the spontaneous incidence of homesickness and occurrence when providing a list of possible causes of distress that includes homesickness (around 18% versus 60-70%; Fisher, 2017). Fisher wrote: “Perhaps when the label is present for endorsement it acts as a catalyst for the grouping of feelings of distress” (2017, p. 25).

In an effort to better understand how individuals cope with homesickness, van Tilburg et al. (1997) conducted a quantitative study with 223 women living in the Netherlands. The authors found four factors regarding the ways of coping: (1) social support, (2) positive thinking and distraction, (3) turning to religion, and (4) mental escape.

Mental escapism has also been referred to in Fisher’s (2017) work. The author notes that perceived demands of a new environment may lead to mental escapism (i.e., selecting voluntarily thoughts of home); however, referring metaphorically to its effects, Fisher states that “the distress penalty that the pleasure of nostalgia brings is in one sense comparable with the unpleasant side-effects of taking a drug” (p. xiv).

Additionally, Hack-Polay (2012) investigated the ways of coping with homesickness in a qualitative study. The author interviewed expatriates (i.e., sponsored migrants) and (self-made) migrant workers in the UK, and named four main

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categories regarding how the individuals mitigated their homesickness: (a) social (e.g., use of social networks), (b) educational (e.g., pre-departure training, preparation), (c) personal (e.g., drive to maintain contact at home), and (d) medical (e.g., consumption of drugs).

Stroebe et al. (2016) noted that some coping strategies often used by international students on exchange programs include distraction and getting involved in the new situation, while contact with home seems to be restricted. However, the authors argue that according to the *Dual process model of homesickness*, attention to home (i.e., contact with home or thinking about home) might be crucial in coping with homesickness.

Finally, coping strategies focusing on a connection between the body, mind, and emotion may be useful for homesick people. Payne and Brooks (2019) suggest that a body-mind approach can assist in emotion regulation in individuals with medical unexplained symptoms. The authors note that “psychological experiences are formed, experienced, expressed, and reshaped through the body” (p. 5). Specifically, movement, body awareness, and breathing exercises may have a supporting function in the coping process of homesickness (e.g. Kosar-Altinyelken, 2018).

2.2 Contact

When individuals migrate to a different country, contact with familiar environments and people is disrupted, while the opportunity of contact with a new environment arises. In both a literal (i.e., physical) and a figurative sense, *contact* is a term that is commonly used in everyday vocabulary. Understanding the meaning of contact may help portray its role in mental health, and its relevance for people that have migrated.

2.2.1 Definitions of Contact

The word *contact* originates from the Latin *contingere* “to touch, seize”, deriving from *com* “with, together” and *tangere* “to touch, handle” (Online Etymology Dictionary, n.d.). However, the definition of contact appears to depend on the context or situation. Some definitions by the Cambridge University Press (n.d.) include nouns for “the fact of two people or things touching each other”, in electricity “a part in a circuit that makes the circuit complete when it touches another part”, as well as verbs that indicate non-physical (“to communicate with someone”), and physical (“to

touch something") actions (Cambridge University Press, n.d.).

These definitions indicate a happening and an effect. Something is set in motion by the moment of contact. From some of these definitions, it can be deduced that the contact-receiving body reacts to the contact-providing body. The contact in the chemical sense (i.e., catalyst) influences or brings about the chemical reaction, but itself remains unchanged (Dudenreaktion, Katalysator, n.d.). In contrast, other positions assume a shared, mutual effect between two parties (e.g., "two people or things touching each other").

In the field of the performing arts, a form of partner improvised art-sport dance emerged in the 1970s in the USA called *contact improvisation*. Steve Paxton defined contact improvisation as the following:

The exigencies of the form dictate a mode of movement that is relaxed, constantly aware and prepared, and onflowing. As a basic focus, the dancers remain in physical touch, mutually supportive and innovative, meditating upon the physical laws relating to their masses: gravity, momentum, inertia, and friction. They do not strive to achieve results, but rather, to meet the constantly changing physical reality with appropriate placement and energy. (Paxton, 1979, p. 26)

In this sense, contact is used as a tool to explore the own body in relation to another body, requiring both parties to be in a state of awareness and flexibility. The physicality of the body and its physical laws play an important role in the possibilities of contact for the individual.

2.2.2 Contact in Psychology and Therapy

Within the fields of psychology and therapy, contact is mainly referred to in a psychological, philosophical, or figurative sense. One of the most central concepts in Gestalt therapy is contact, laying interesting general foundations for therapeutic theory and practice. Gestalt therapy is considered a humanistic method since it takes a holistic and experiential approach to understand the individual. Accordingly, *the self* is understood as "the ever-flowing, ever-changing being connected to and detached from the world around us"³ (Perls, 1980, p. 75). This sentence implies a dynamic of contact: a changing process of approaching and distancing from the

³ Translated by the author, from the German: „das Selbst (ist) das immer fließende, sich ständig än-dernde Verbundensein mit und Loslösen von der Welt um uns herum“ (Perls, 1980, p. 75).

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outside, from what is other to the self. Furthermore, the self is not seen as a separate, physical entity, but is conceptualized as an outcome of the interplay between the organism and the environment. Perls et al. formulated in 1997 the following: "We call the complex system of contacts necessary for adaptation in a difficult field the self. One can consider this self as the boundary of the organism, but the boundary, in turn, is not isolated from the environment, ... it belongs to both."⁴ Thus, in Gestalt therapy, a contact boundary arises between the individual and their environment, allowing the experience to emerge: "At this contact boundary, the mental events take place. Our thoughts, our actions, our behavior, and our emotions are our way of experiencing and processing these boundary incidents"⁵ (Perls, 2019, p. 35). Additionally, Perls (1997) argued that the individual is not self-sufficient, but needs the world to fulfill their needs, suggesting an interdependence between both parties.

The aforementioned characteristics of contact between the self and the environment from Gestalt therapy can be borrowed and adopted in other therapeutic settings⁶. Accordingly, an individual's well-being is suggested to depend on their skill to remain flexible regarding contact with their surroundings. The philosopher Merleau-Ponty stated:

...we shall need to reawaken our experience of the world as it appears to us in so far as we are in the world through our body, and in so far as we perceive the world with our body. But by thus remaking contact with the body and with the world, we shall rediscover oneself. (2002, p. 239)

Contact with others is thoroughly studied in psychology as an important factor related to mental (and physical) health. Contact with other individuals, even single encounters with strangers, is associated with well-being (van Lange & Columbus, 2021). Moreover, there is robust evidence that (subjective and objective) social

⁴ Translated by the author from the German: „Das komplexe System der zur Anpassung in einem schwierigen Felde nötigen Kontakte nennen wir das Selbst. Man kann dieses Selbst als Grenze des Organismus betrachten, aber die Grenze ist ihrerseits nicht isoliert von der Umwelt, [...] sie gehört beidem an“ (Perls, 1997).

⁵ Translated by the author from the German: „An dieser Kontaktgrenze finden die psychischen Ereignisse statt. Unsere Gedanken, unsere Handlungen, unser Verhalten und unsere Emotionen sind unsere Art, diese Grenzvorfälle zu erleben und zu verarbeiten“ (Perls, 2019, p. 35).

⁶ It is not intended to give a comprehensive overview of the Gestalt therapy, but rather point out selected principles that broadly describe the philosophical definition of contact and may suggest its significance for well-being. Further fundamental aspects of Gestalt therapy such as the *contact cycle*, the *contact boundary disturbances*, or the *contact boundary between therapist and client* will not be addressed in this work.

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isolation increases the risk of mortality by up to 30% (Holt-Lunstad et al., 2015).

In psychotherapy, contact with oneself plays an important role both as a therapeutic tool and a therapeutic goal. *Contact with self* can be understood in terms of self-awareness, which involves having insight and reflecting on one's emotions, feelings, thoughts, wishes, and behaviors (Sutton, 2016). Self-awareness is also related to self-compassion (Neff, 2003). Self-compassion "involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003, p. 87). This suggests a type of contact with self that is kind and appreciative.

2.2.3 Contact: Coping with Homesickness

Problem-focused coping would include getting in contact with the missed environment, for example traveling back home, calling a family member, etc. Also, if there is a prevailing conflict between staying in the new environment and returning home, a problem-focused approach would be thoroughly re-evaluating the decision (Fisher, 2017).

Coping in the sense of an emotional approach has the chance of providing psychological self-help, which can assist in processing homesickness. Firstly, getting in contact with one's feelings and emotions around homesickness, but also getting in contact with the internalized home. This could involve reminiscing about memories from childhood with self-compassion, which may support coping with homesickness. Empirically, Terry et al. (2013) found the buffering effect of self-compassion on homesickness, depression, and dissatisfaction in university students.

Additionally, contact with the new environment is crucial for the acclimatization and acculturation process (Sam & Berry, 2010). Problem-focused coping initiatives include attending a local gym, or a public event to get in contact with locals and with the new culture. Emotion-focused coping may involve becoming aware of the inspiring and motivating reasons that drive the decision to be in the new country. Especially an emotion-focused coping (including body awareness; see Payne & Brooks, 2019) can be encouraged in art therapy, where sensorial and creative practices are used for emotional exploration and expression.

2.3 Art Therapy

As an integrative profession, art therapy has origins in art, psychiatry, psychology, education, philosophy, and the social sciences (Vick, 2003). In a therapeutic setting, artistic materials and methods are used with the goal of creating new, healing experiences in terms of perceiving, experiencing, thinking, communicating, acting, and relating (von Spreti et al., 2012). Art therapy allows "events and situations to be experienced aesthetically and to produce meaning *in actu*"⁷ (Sinapius, 2018, p. 140).

Art therapy can be categorized as a creative arts therapy, together with dance therapy, music therapy, and theater therapy, among others. These therapies are also closely related to expressive arts therapy, which integrates multimodal elements of creative arts therapies into psychotherapy and counseling (Malchiodi, 2003). Samaritter (2018) summarized the relevance of arts therapies in the medical field:

The specific contribution of the arts for the recovery of mental health and well-being may reside in the very fact that in the arts we live simultaneous presence of somatic, emotional, social and cultural involvement. A vital aspect of all arts is that they offer the opportunity to articulate and express experiential content within the hermetic density of the embodied actuality. (p. 7)

Resource-oriented art therapy approaches are characterized by an open-minded and appreciative attitude towards what is happening in the present moment, the so-called *here and now*. The here and now is indeed a contact condition according to Gestalt therapy. Furthermore, within resource-oriented art therapy, all artistic objects or actions are already valued as creative accomplishments independent of the content, and the creative process plays a more important role than the end product (Eberhart & Knill, 2010).

Engaging in a process of exploration with art materials and aesthetic processes encourages the contact with the creative potential of the self; meaningful, healing experiences can be made with sensory, expressive, relational, and socio-cultural characteristics (Samaritter, 2018).

⁷ Translated by the author, from the German „Ereignisse und Situationen ästhetisch erfahrbar werden und in actu Sinn hervorbringen“ (Sinapius, 2018, p. 140).

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Art therapy has been studied as a tool for coping with different life adversities, such as cancer (e.g., Öster et al., 2006), dementia (e.g., Wang & Li, 2016), substance abuse (e.g., Breslin et al., 2003), infertility in women (Hughes & da Silva, 2011), trauma in sex trafficking survivors (Kometiani & Farmer, 2020), and psychological disorders (e.g., van Lith, 2016).

For individuals who have migrated, art therapy may not only support the processing of complex feelings and emotions, but also “support the maintaining of a cultural identity, especially in situations where some of that identity is lost or is in conflict with the dominant culture” (Dokter, 1998, p. 16, as cited in Dieterich-Hartwell & Koch, 2017). Additionally, Dieterich-Hartwell and Koch (2017) argue that creative arts therapies can serve as a temporary home by creating simultaneously a container and bridge between the old home and the new environment, in which the individual can feel safer and can be themselves.

Carta et al. (2005) note that mental health services are often mainly available in the host country’s language, and particularly therapy services are strongly dependent on the language, which generates exclusion for many migrants. Art therapy is in contrast not talk-centered, but rather offers a non-verbal, experiential medium, posing great advantages for this group of people.

2.3.1 Art Therapy and Embodiment

Based on the premise that body, mind, and emotion are interconnected, embodiment theories offer theoretical and practical tools to work with in art therapy. The philosopher Merleau-Ponty contribute to the understanding that the self is intrinsically connected to the body and that the body is not only a physical tool of being in the world, but also a part of the self’s existence (Merleau-Ponty, 2002). An individual’s experiences are therefore not only saved in their (brain’s) memory but also in the body, which may not be accessible at first glance in the cognitive brain: “The body memory convey memories of our earliest existence” (Bollas, 1987, as cited in Jacobson, 2009, p. 364).

Psychologist Alan Fogel coined the term *embodied self-awareness*, as the “ability to sense, in the present moment and without mediating thought, [one’s] sensorimotor feelings along with the motivational and emotional feelings that accompany them” (2011, p. 183). Embodiment discourses also describe how an individual comes to be in contact with their surroundings. For example, Russon (2003) stated

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in *Human Experience*: “We are embodied. It is our living body which is the dynamic process of our establishing contact with the world. It is in this process, through this process, and as this process that both what the world is and who we are come into being for us” (p. 293).

A body-mind-emotion approach is relevant for the study of homesickness, as somatic symptoms have been largely observed in migrants (e.g., Hamid, 2022; Vingerhoets, 1997). Practices that support the exploration of the *embodied emotions* include mindfulness practices such as breathing and awareness of the body and the environment. They extend the psychological experience into a lived and felt experience, emphasizing not only the cognitive, and emotional nature but also the physical nature of an individual. In art therapy, embodiment practices are employed to encourage a holistic connection between body, mind, and emotional being, using diverse art materials and methods that are sensorial and experiential. Furthermore, internal conflicts can find a way of expression in an embodied way through movement, play, and improvisation (Dieterich-Hartwell & Koch, 2017).

2.4 Contact in Art Therapy for Coping with Homesickness: A Conceptual Model

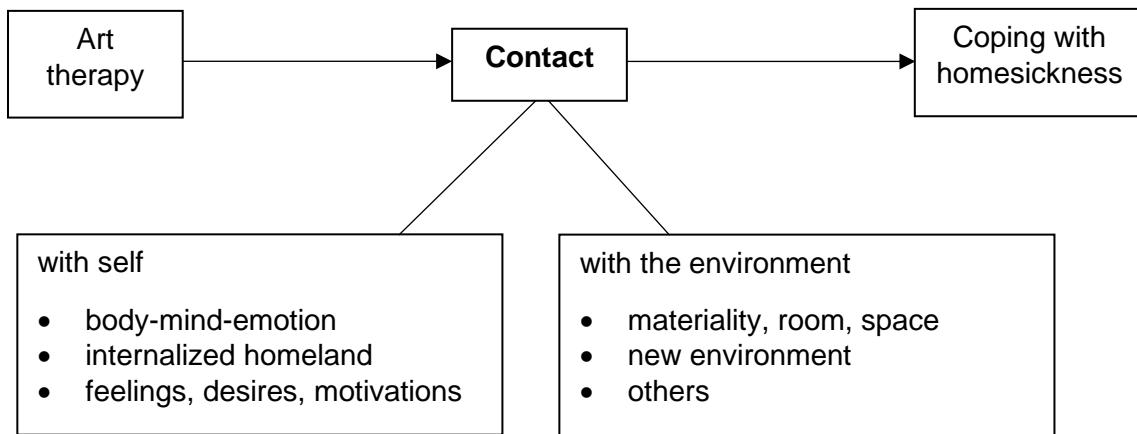
In the following, a model will be presented on how contact may play an important role in homesickness after migration, and how art therapy may support the coping process by creating a space for contact. The model is understood as a tool for developing an art therapy intervention (see Figure 1).

First, coping with homesickness is regarded from an emotional coping approach, since the aim is to aid in the processing of homesickness emotions, rather than developing practical ideas to solve it. Art therapy may support this type of coping in a creative, artistic, and experiential way.

Second, contact is regarded as a pivotal factor, which can be broadly categorized as *contact with self* and *contact with the environment*. Contact with self includes physical, cognitive, and emotional aspects (body-mind-emotion approach), including home-related memories and emotions. Contact with the environment comprises the physical encounter with the surroundings and with art materials, as well as with other people. It also involves psychological contact, for example in terms of dreams, motivations, and goals related to the new environment.

Figure 1

A Model of Contact as an Aim in Art Therapy for Coping with Homesickness



3 Research Questions and Hypotheses

Based on the existing literature framework, it appears that research on art therapy with people experiencing homesickness after migrating is limited. To address this gap, a conceptual model is here proposed, regarding how art therapy may create room for *contact* as a method for supporting people to cope better with homesickness. This conceptual model forms the basis for the development of a short (i.e., one-time session of 120 minutes) art therapy intervention that is focused on *contact*. Consequently, the research question underlying this thesis is the following: *How may an art therapy intervention with a focus on contact support adults coping with homesickness after migration?*

Since it is expected that an art therapy intervention, focused on *contact* with self and the environment, will support the emotional processing of homesickness in adults who migrated to Germany, the following hypothesis is made: Compared to the control group (CG), participants in the experimental group (EG) will show decreased homesickness scores after the intervention. Therefore, the statistical hypotheses are the following:

- H_0 : There is no statistically significant effect of the group (EG vs. CG) on the mean homesickness at the second assessment, after controlling for the baseline homesickness levels.

- H_1 : There is a statistically significant effect of the group (EG vs. CG) on the mean homesickness at the second assessment, after controlling for the baseline homesickness levels.

Furthermore, it is expected that the intervention will be rated positively by all participants (both EG and CG), specifically, as highly (1) engaging, and (2) meaningful, due to the aesthetic, creative, and experiential nature of the intervention. It is also expected that the intervention will subjectively (3) support the processing of homesickness, due to the confrontation with and creative expression of several aspects surrounding the homesickness experience.

4 Method

The developed intervention was tested quantitatively with a standardized instrument in a pilot study, involving adults responding to a recruitment flyer (see Appendix A). Additionally, qualitative material comprising text from open-ended questions and photographs of the final artworks from all participants was collected. All materials and methods used for the intervention, as well as the assessments will be in the following described. Ethical considerations involving voluntary participation, informed consent, anonymity, confidentiality, and well-being of the participants were applied for the research period.

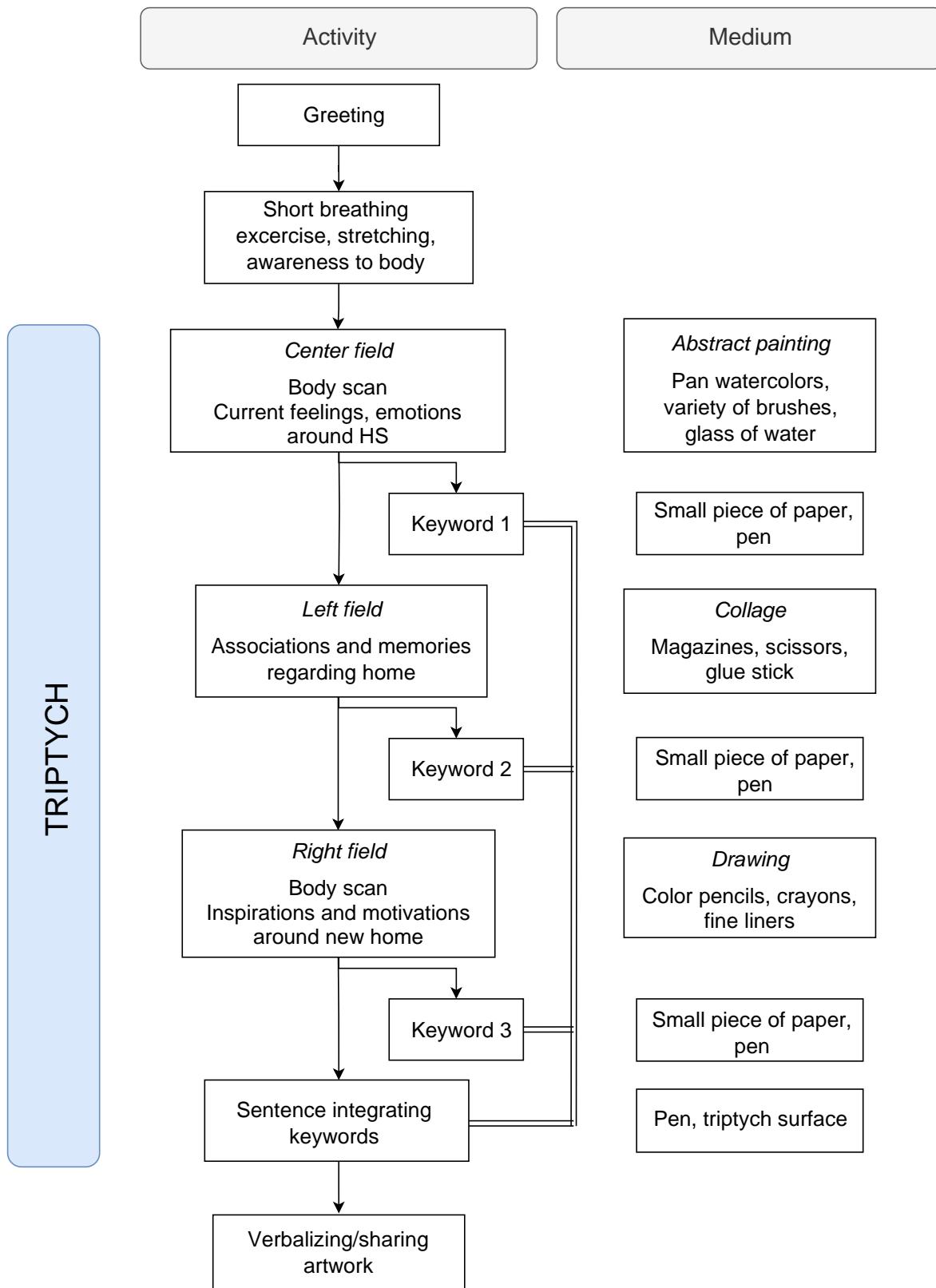
4.1 Intervention

A one-session art therapy intervention of approx. 120 minutes was provided. The session was conducted individually and followed a focus on *contact*. Art therapy exercises with diverse artistic media, supported by methods to promote embodied self-awareness (Fogel, 2011) were provided. The intervention took place on the premises of the Medical School Hamburg – University of Applied Sciences and Medical University and was offered individually to each participant in a standardized manner (see Figure 2). In the following, the different art therapeutic methods employed in the intervention will be described. Further, see Appendix B for the manual of the intervention and Appendix C for the art materials.

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Figure 2

Intervention Procedure



Note. HS = homesickness.

4.1.1 *Triptych*

The core of the intervention was a *triptych*. A triptych as an artwork consists of three fields that are interconnected in terms of space and content to impart a narrative or to portray different aspects of one topic. It was originally used to portray religious stories or motifs in the 15th and 16th centuries and had the characteristic that the two outer images could be folded over the middle image: the triptych could be opened to be contemplated, or closed shut (Ebersberger, 2013).

As an art therapeutic method, a triptych may be implemented with the client in order to work on complex topics; one topic can be broken down into three different parts both spatially and content-wise, while maintaining one larger picture. The creation of a triptych can already be seen as a process of change, since it requires a differentiated internal (i.e., emotionally, cognitively) and external (i.e., artistically, creatively) confrontation with a topic (Baer, 2010). Furthermore, perspective-shifting is supported (i.e., working on differentiated, individual fields), while also encouraging reflection on a topic from a meta-perspective (i.e., having the triptych as a whole) (Ebersberger, 2013).

In art therapy, a triptych can be created with a big paper surface (such as a DIN A1 or DIN A2), which is divided into three (equal) parts by folding and unfolding the paper. This way, each independent surface remains in contact with the others, while at the same time allowing for separateness. Usually, each field is worked on sequentially. At the end, the triptych is contemplated and reflected on as a unity (Ebersberger, 2013).

Ebersberger (2013) suggests three main approaches to be taken while working with an art therapeutic triptych:

- a. A sequence involving past, present, and future may be created to achieve some form of restructuring.
- b. When working on a conflict, two polarized emotional states or wishes may be expressed in the lateral fields, and in the center field a bridge between both may be explored.
- c. A central topic may be expanded by exploring further ideas or perspectives in each of the lateral fields.

Since homesickness is a complex phenomenon, which comprises elements involving the home left behind but also involving aspects regarding the new

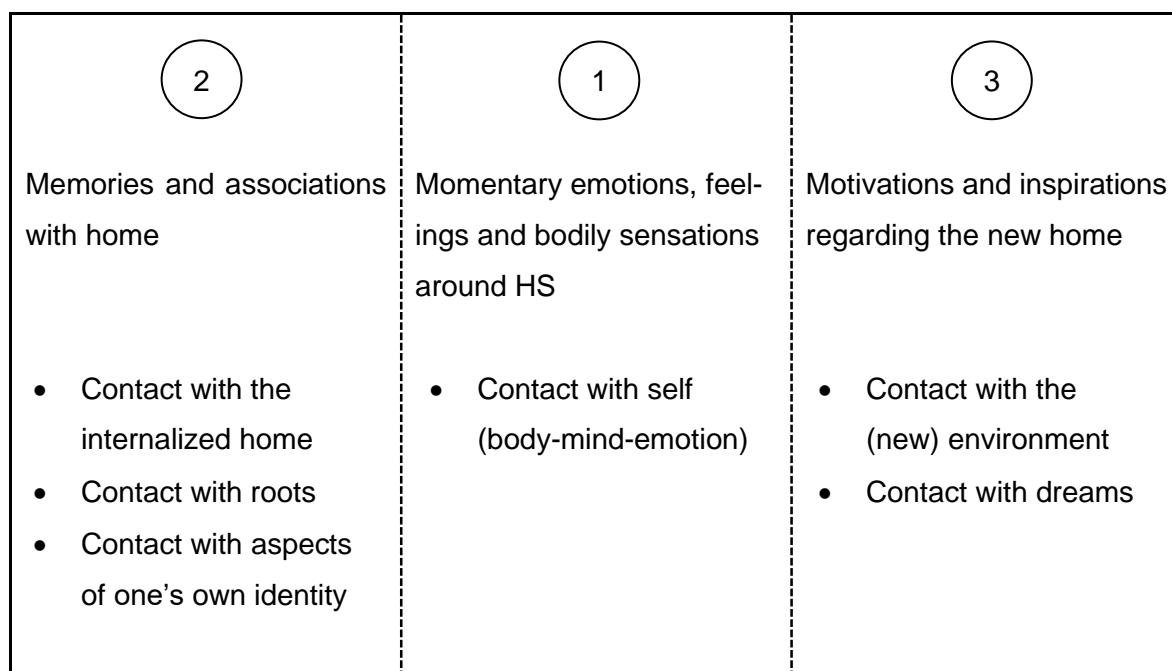
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environment and hopes and dreams for the future, a three-pieced artwork is well suited for therapy. In the present art therapy intervention, the triptych included both a time sequence of present (center field), past (left field), and future (right field), and the exploration of the main topic in the center field with the exploration of two further aspects on the left and right fields.

The order of the fields was planned to begin with the present (center field, contact with self), to activate and embrace momentary emotions, feelings and bodily sensations of homesickness; continued by the past (left field, contact with internalized home, contact with identity), to activate and embrace memories from home, possibly involving reasons for emigrating; and finishing with the future (right field, contact with new environment, contact with dreams regarding new home), to activate and embrace reasons for immigrating and motivations to live in the new environment (see Figure 3).

Figure 3

Schematic Representation: Triptych in the Intervention



Note. HS = homesickness.

4.1.2 Embodied Self-Awareness

The present experience, in other words, the *here and now* (constituting a *contact* condition in Gestalt therapy), plays a major role in embodiment theory and practice. For the intervention, the concept of *embodied self-awareness* (Fogel, 2011; see also Fogel, 2013) was used as an inspiration to select exercises to support the process of awareness and reflection throughout the intervention. As previously described, awareness may be a precondition of contact. The exercises included were breathing, stretching, body awareness, and doing body scans with the intention to explore the perceived quality and the location in the body of emotions. Consequently, a body-mind-emotion connection was encouraged. Its goal was to get in contact with the embodied emotions (emotions experienced and/or saved in the body) in a self-compassionate way.

4.1.3 Collage

Collaging describes the technique in which imagery and words, for example from magazines and brochures, are cut or torn off and glued onto a new surface. This technique has the advantage of using (finished) available material to extract and reorganize elements according to a particular topic. In an art therapeutic setting this can provide the client with a feeling of orientation and stability (Ebersberger & Tomanek, 2011).

While flipping through magazines, the client encounters images and words that aesthetically and symbolically catch their attention. This holds the chance of getting in contact with associations regarding home, such as the atmosphere, culture, people, activities, nature, animals, food, etc., and to access childhood memories and reminisce about them. The intention behind the collage method was to offer a process of personal searching and finding; of selecting independent fragments from the immediate environment and transforming them into a personal *home-oasis*.

4.1.4 Painting and Drawing

The Expressive Therapies Continuum (ETC; Kagin & Lusebrink, 1978) provides an understanding of the properties of materials and how they can be implemented in art therapy. Fluid media such as paint and watercolor are suggested to bring forth affective processes, while allowing a playful and abstract approach.

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Colored pencils (and similar media) are regarded as an accessible, familiar material to most people, that encourages controlled, structured, cognitive processes (Moon, 2011).

In the intervention, watercolor was selected for abstract work on feelings and emotions of homesickness. Participants were prompted to begin with body awareness in relation to the feelings of homesickness. Then, they were asked to find an abstract expression on the paper with the watercolors.

A further exercise in the intervention involved drawing. Colored pencils, crayons, and fine liners were provided. The activity consisted of reflecting on motivations and inspirations concerning the new home and creating a drawing.

4.1.5 Wording

Czamanski-Cohen and Weihs (2016) noted that in processing emotion an *embodied self-expression* takes place. This means that undifferentiated, physical sensations (i.e., somatic knowledge) are transformed into explicit, symbolic representations like words or pictures. Finding key words to describe previously created images may therefore support a coping process. Concluding an artwork with a sentence is a method used in art therapy to encourage the processing of emotion and experience, in creating more clarity and structure.

During the intervention, the participants were prompted to find one key word for each field (after concluding with the nonverbal exercise) and write it down on a provided piece of paper. The papers were consecutively set aside, until the end of the exercise of the third field. Finally, the triptych work was concluded with a sentence integrating all three previously written words to create contact between the different narratives, thoughts, and emotions experienced throughout the session.

4.2 Sample

Participants were recruited via online announcements. The ads were posted in international Facebook groups involving foreigners, expats, and exchange students, as well as printed flyers at universities and other public spaces in Hamburg, Germany (see Appendix A for the recruitment flyer). The study was conducted in English, including all announcements and contact with potential participants.

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An online screening was conducted from June to July 2023 (see Appendix D). Given the high drop-out rate, the survey kept on running for further recruiting parallel to the intervention period.

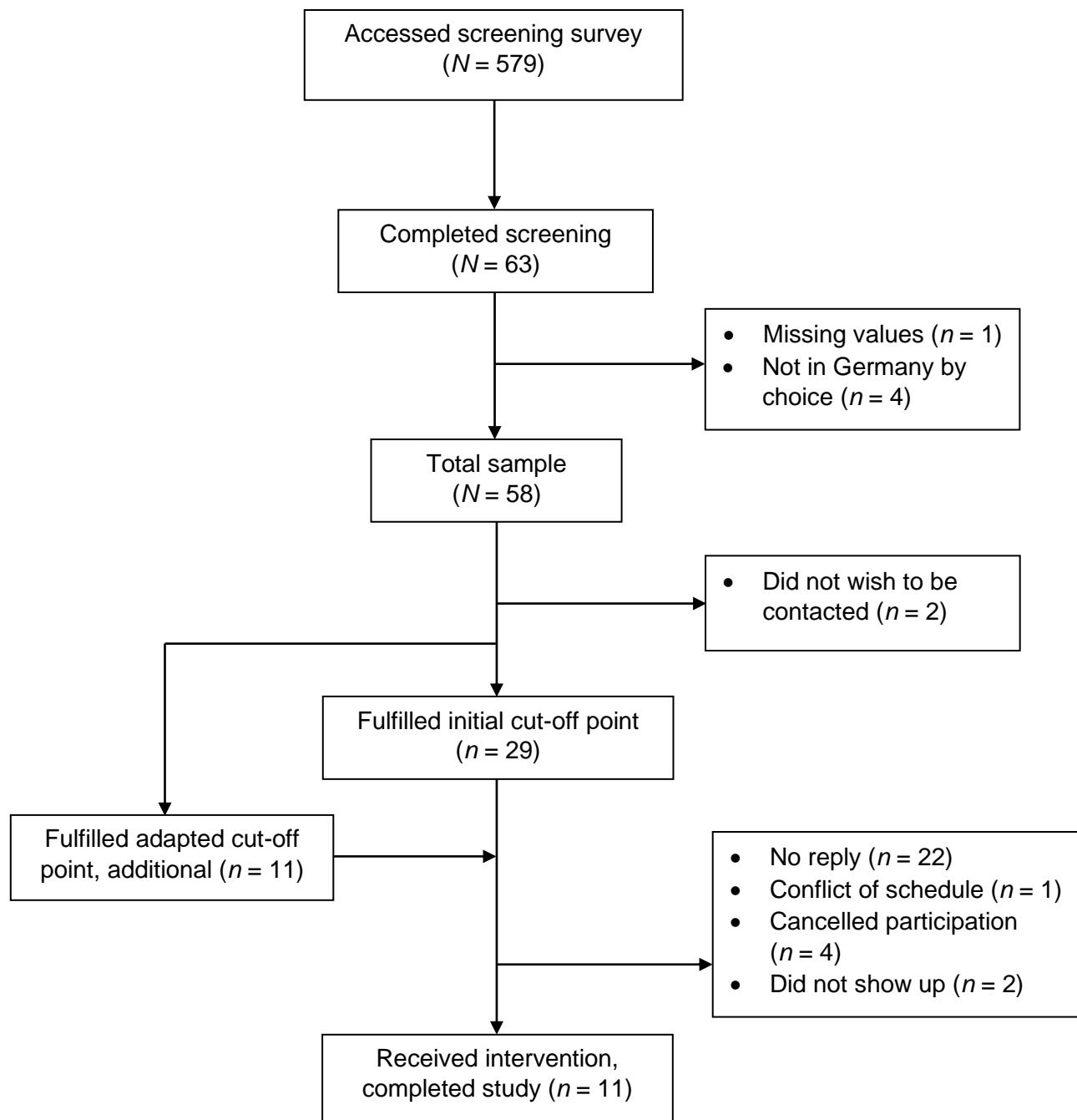
Inclusion criteria for the initial screening were: (a) adult (i.e., a minimum age of 18 years), (b) having migrated to Germany, (c) experiencing homesickness, (d) living in Hamburg and surroundings, and (e) having sufficient (i.e., intermediate) English knowledge. Additionally, the criterion of voluntary immigration to Germany (versus forced immigration) was set to homogenize the sample.

Based on the inclusion criteria and screening data, participants who indicated that they did not move to Germany (primarily) by choice were excluded ($n = 4$). The total sample consisted of 58 individuals. The mean of the homesickness instrument (assessed in the screening survey) was computed to set the cut-off point of the homesickness construct ($M = 2.95$, $SD = 0.58$). All participants scoring equal to the cut-off point and higher were considered eligible for the second part of the study ($n = 29$). However, due to the low response rate, the cut-off point was adapted ($M = 2.65$), gaining 11 additional potential participants. The final sample was a priori planned to be 14 participants (7 in each group); due to a high drop-out rate and low response rate, the final sample was comprised of 11 participants. See Figure 3 for the recruitment process.

To assign the participants into a group, the participants were randomized by using even (CG) and odd numbers (EG), according to the order they had answered the screening survey. Afterwards, the EG was prioritized to schedule individual appointments for the art therapy intervention. Individuals in the EG were contacted (at least twice) via contact details provided (e-mail or phone number) for the second part of the study. They were invited to select a date among a series of timeframes provided over the online software Doodle. Due to the low response rate and the adapted cut-off point, the division in odd and even numbers was dissolved. Participants were nevertheless randomly assigned to the control and experimental groups and were not made aware of the condition up until the end of the study. All participants were made aware of the confidentiality of their data and were required to read and consent to the anonymous saving and processing of the data for research purposes.

Figure 4

Flow Diagram: Recruitment Process



4.3 Design

Given the nature of the recruitment, the research design is quasi-experimental, as only a specific group of people could fill the criteria. The instrument measuring homesickness intensity was conducted before and after the intervention, resulting in a two groups (EG and CG) pre-post-test intervention study. The dependent variable was the homesickness measure at the second assessment (post-test).

4.4 Measurements

4.4.1 Dundee Relocation Inventory (DRI)

For measuring homesickness, the second version of the Dundee Relocation Inventory (DRI; Fisher, 2017), a validated standardized questionnaire, was used. The DRI was developed to assess the intensity of homesickness after relocation, assessing distress, satisfaction, as well as feelings about home and the new environment. The DRI presents a high state sensitivity, according to the test-retest correlations in homesick ($r = 0.59$) and non-homesick students ($r = 0.71$) across two weeks, and across six months ($r = 0.21$ vs. $r = 0.81$) (Fisher, 2017). These results suggest that the state of homesickness can change over time, while the state of non-homesickness is stable.

The DRI consists of 26 items (including two dummy items, *I forget people's names* and *When I do a job I do it well*). The statements include positive wording (e.g., *I feel optimistic about life here*) and negative wording (e.g., *I feel lonely here*) regarding current feelings and reactions of the individual to their new environment, while also assessing feelings about home (e.g., *I miss my family*). The original DRI second version, developed in 1989 by Fisher employs a 3-point rating scale (0 = *never*, 1 = *sometimes*, 2 = *often*). For the present study, the DRI rating was extended to a 5-point Likert scale to allow a broader qualitative differentiation of the feelings (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*, and 5 = *always*). The scoring is achieved by adding up all items (after reversing the positive items) and averaging them. A larger total score indicates a greater intensity of homesickness. The DRI was selected over other homesickness measures, as it focuses on both home-related and adjustment-related feelings and experiences.

The instrument was validated comparing homesick and non-homesick university students. To test construct validity, teachers were asked to rate boarding

school pupils regarding homesickness, resulting in strong correlation with the homesickness self-assessment. However, the author notes that testing construct validity for other groups is challenging due to lacking diagnosed criterion groups.

Since the test has some simple instructions and does not involve any further input from the study instructor, the implementation objectivity is fulfilled. The evaluation process is also meeting objectivity as it is only required to build a total score with the items. Norming of the questionnaire has not been conducted, as it is suggested that a specific pattern of homesickness cannot be divided by age or gender (Fisher, 2017).

The DRI was applied as a screening measure before (T1) and after the intervention (T2). Furthermore, demographic data regarding age, gender, country of origin, time (i.e., years and months) living in Germany, occupation, and momentary housing situation were captured. See Appendix D for all items assessed.

4.4.2 Evaluation Items

Additional items were used to evaluate the intervention. These comprised three rating items and four open-ended questions. The rating items were the following:

1. *How did you find the overall session?* The question comprised two aspects with a 5-point Likert scale, (a) engaging (1 = *not at all engaging* to 5 = *very engaging*), and (b) meaningful (1 = *not at all meaningful* to 5 = *very meaningful*).
2. *Could the art therapy session help you process your homesickness better?* Likewise, a 5-point Likert scale was provided (1 = *not at all* to 5 = *very much*).

Finally, four open-ended questions were added to the survey, to capture more information on the participants' thoughts and experiences throughout the intervention:

1. *Something you really enjoyed about the session.*
2. *Something you struggled with.*
3. *Something especially touching/meaningful about the session you would like to share.*
4. *Anything else you would like to add.*

4.5 Procedure

The assessment took place between June and August 2023. All assessments (i.e., homesickness, demographics, and evaluation questions) as well as the informed consent of each participant were implemented with the software UniPark (EFS Survey Release 22.2 from the company Tivian X GmbH). See Figure 5 for a flow diagram of the study procedure.

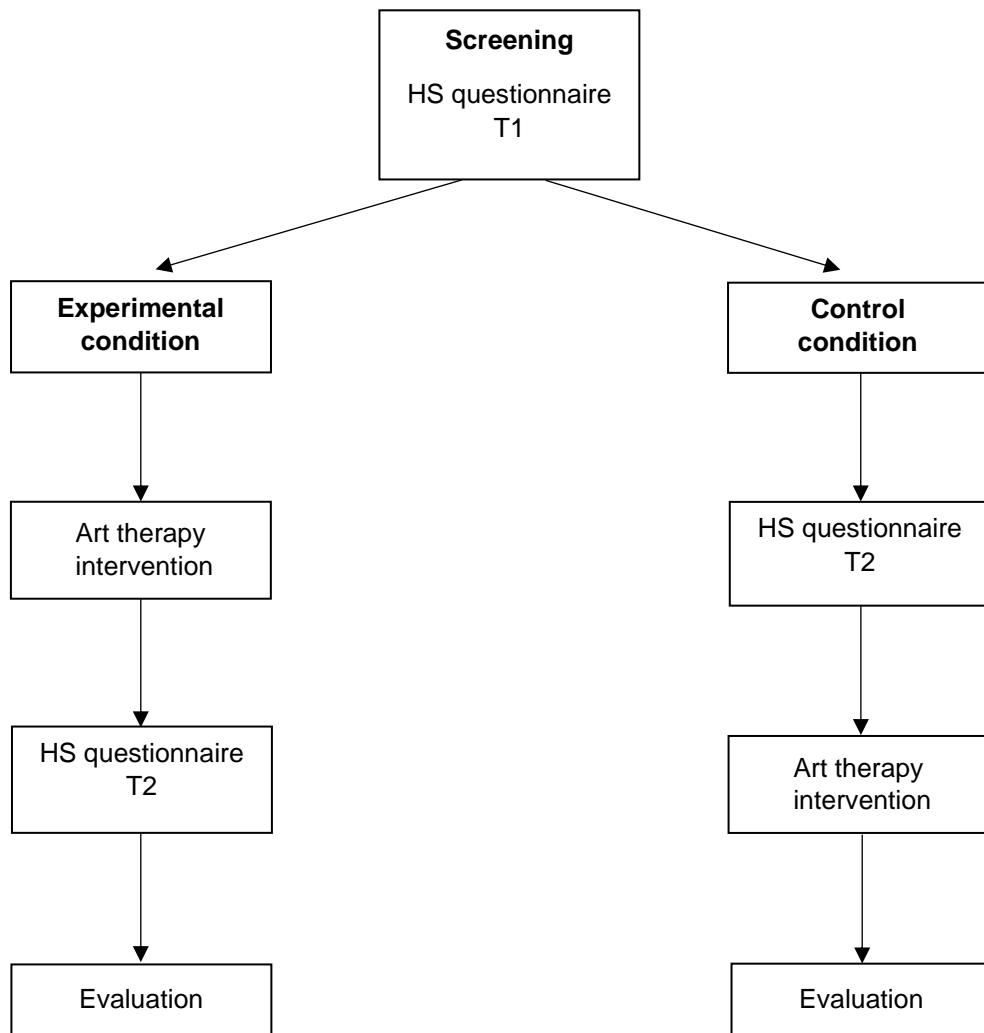
In the EG, all the interventions were carried out as individual art therapy sessions by the author. In the CG, the interventions were to take place in three small groups. Because of last-minute schedule conflicts and non-attendance by some participants, one individual and one group ($n = 3$) intervention were conducted.

The T2 assessment was prompted by a sheet of paper provided by the author that contained a QR code, which led to the digital survey. The EG received only one prompt at the end of the intervention. The CG received two separate prompts, one at arriving (i.e., before the intervention, concerning the DRI T2) and the second one after the intervention (with the evaluation questions). All participants except for one had no internet issues and could scan the code and answer the questions privately via their mobile phones. The remaining participant answered the questions using the author's computer; privacy for answering was also warranted.

Before each assessment, participants gave their consent about their data (see Appendix D). At the end of the intervention, the artwork was photographed after written consent of each participant was provided (see Appendix E). After each session was completed, time was provided for debriefing and attending to the participants' questions.

Figure 5

Study Procedure



Note. HS = homesickness; T1 = first assessment; T2 = second assessment.

4.6 Data Analysis

The statistical analysis was conducted using the software IBM SPSS Statistics Version 29.0.1.0 (171) (IBM Corp, 2023), and Microsoft Excel Version 2308. To prepare the DRI data for analysis, the two dummy items were excluded, and items with positive wording were reversed. Then, a total score was computed (with 24 items) for each participant and each assessment. To test for normal distribution of both measures T1 and T2, the Kolmonogrov-Smirnov test of normality was conducted. The first hypothesis concerning the DRI was tested with a one-way

ANCOVA, where the T1 values were used as a covariate to ensure that the mean differences at T2 resulted from the condition (EG vs. CG). For the second hypothesis, a mean score for each of the three rating items was computed; a higher score indicated a greater intensity of each variable. Descriptive statistics were reported, but no further comparison or correlation analyses were conducted.

Furthermore, in an exploratory analysis, one-way ANOVA tests were conducted to assess group differences between the demographics *housing* and *occupation* and homesickness. Pearson correlation tests were conducted between the remaining demographics and homesickness. For the analyses, the data of the total sample ($N = 58$) and the baseline homesickness scores (T1) were considered. In order to prepare the data for the correlation analyses, two variables were transformed: (1) The variable *length of residence in Germany* was computed adding the reported years and months, resulting in a total sum of months. (2) The variable *distance from home country* was estimated with an online calculator of the aerial distance between the reported home country and Germany (https://distancecalculator.globefeed.com/Distance_Between_Countries.asp). An a priori alpha level ($\alpha = .05$) was defined for all statistical analyses.

The text data comprising the open-ended questions was reported in tables but not further analyzed in the present study (e.g., in terms of a qualitative thematic analysis). Likewise, the visual data comprising photographs of the final artworks was not systematically analyzed. Only the text (i.e., sentences) from the photographs was extracted and reported. Qualitative analysis would have exceeded the scope of this thesis.

5 Results

Altogether, 58 individuals from 23 different countries, currently living in Hamburg and surroundings, completed the screening. One participant's data regarding age was invalid (i.e., reported being 1 year old), resulting in a sample ($n = 57$) with participants' age ranging from 19 to 59 years ($M = 32.33$, $SD = 8.01$). Concerning the total sample of 58 participants, the majority reported being female (79.3%), coming from Mexico (29.3%), being employed (60.3%), and living in a flat with a partner or family member (55.2%). The mean estimated distance from the home country (flight time) was of 7.83 hours ($SD = 3.78$; range 0.66-11.49) and the average length

of residence in Germany was of 4.40 years ($SD = 4.80$; range 1 month-28.08 years). See Table 1 for further demographic data of the total sample.

The final sample ($n = 11$) involved individuals from 9 countries (Mexico, South Africa, Croatia, Honduras, Ukraine, Syria, France, Ecuador, and United States), including 7 participants in the EG ($M = 28.29$, $SD = 3.25$; $n = 5$ women), and 4 participants in the CG ($M = 31.50$, $SD = 7.05$; $n = 4$ women). The average time between T1 and T2 was 31.86 days for the EG ($SD = 6.47$, range 24-39), and 38.25 days for the CG ($SD = 19.41$, range 13-54).

5.1 Quantitative Results

Cronbach's Alpha for the DRI was $\alpha = .91$ in this study. A Kolmogorov-Smirnov test was used to confirm the normal distribution of the DRI assessments, revealing both T1 ($p = .200$) and T2 ($p = .200$) to be normally distributed. Additionally, the condition of linearity of both T1 and T2 was met, as no significant interaction was found between the measures ($p = .828$). See Figure 6 for a visualization of the DRI scores at both assessment times. The ANCOVA, conducted to determine a difference between the group (EG and CG) on the post-intervention DRI scores controlling for the pre-intervention DRI scores, revealed a significant group effect ($F(1,8) = 5.90$, $p = .041$, $\eta^2 = .42$). See Table 2 for the descriptive statistics and the adjusted means (estimates).

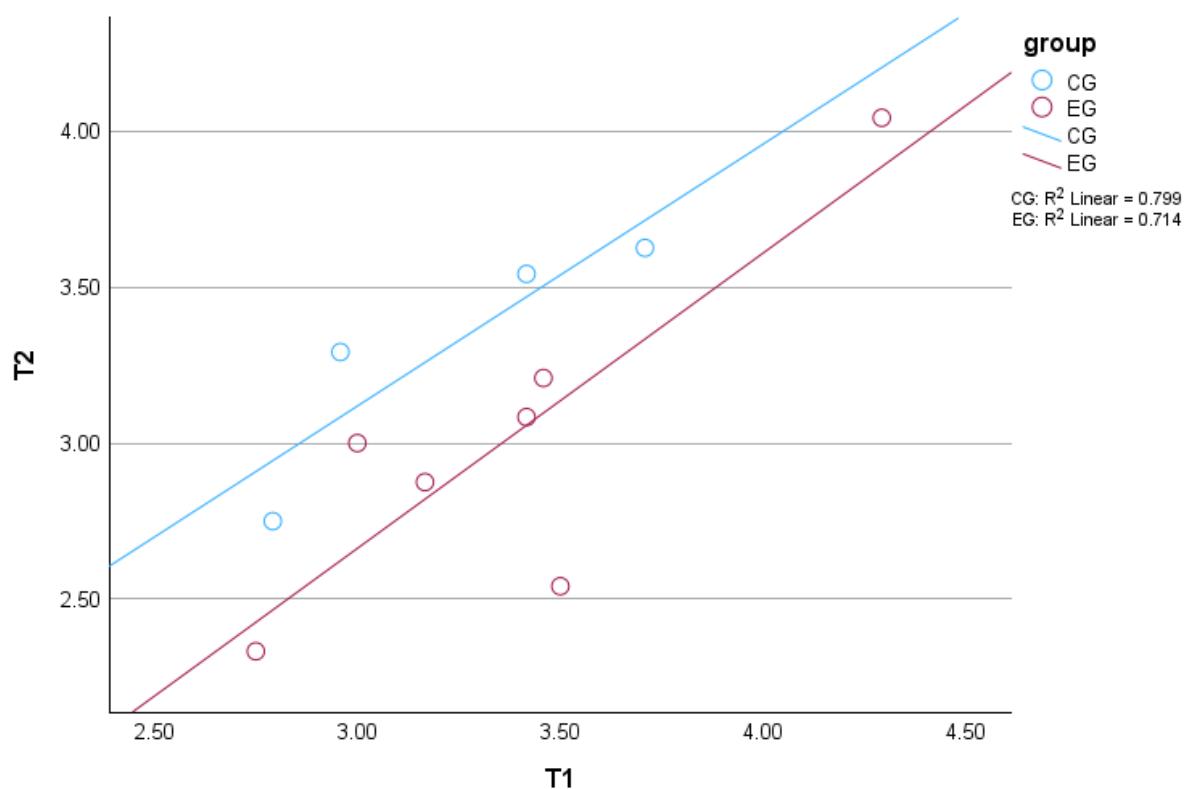
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Table 1

Demographics of Total Sample

Variable	N	%
Gender		
female	46	79.3
male	12	20.7
diverse	0	0
Country of origin		
Albania	1	1.7
Armenia	1	1.7
Bolivia	1	1.7
Colombia	3	5.2
Croatia	2	3.5
Ecuador	1	1.7
France	2	3.5
Honduras	2	3.5
India	2	3.5
Mexico	17	29.3
North Macedonia	1	1.7
Peru	1	1.7
Philippines	1	1.7
Poland	1	1.7
Portugal	1	1.7
Romania	1	1.7
South Africa	9	15.5
Spain	1	1.7
Syria	1	1.7
Turkey	1	1.7
Ukraine	2	3.5
United States	5	8.6
Venezuela	1	1.7
Occupation		
student	12	20.7
employed	35	60.3
freelancer	4	6.9
unemployed	7	12.1
retired	0	0
Housing		
student accomodation	1	1.7
shared flat (WG)	9	15.5
flat with partner/family member	32	55.2
own flat	10	17.2
other	6	10.3

Note. N = 58

Figure 6*Visualization of the DRI Scores*

Note. DRI = Dundee Relocation Inventory (Fisher, 2017). T1 = pre-test; T2 = post-test. Statements were scored in a 5-point Likert scale (1 = *never* to 5 = *always*), comprising a higher intensity of the construct with a larger score. CG = control group; EG = experimental group.

Table 2*Descriptive Statistics and Estimates of the DRI*

group	Descriptives		Estimates			
	M	SD	M	SE	95% CI	
					LB	UB
CG	3.30	0.39	3.39 ^a	0.14	3.07	3.71
EG	3.01	0.55	2.96 ^a	0.11	2.72	3.21

Note. Dependent variable: post-test. DRI = Dundee Relocation Inventory (Fisher, 2017). CG = control group ($n = 4$); EG = experimental group ($n = 7$). CI = confidence interval; LB = lower bound; UB = upper bound.

^aCovariates appearing in the model are evaluated at the following values: pre-test = 3.31.

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The rating items concerning the evaluation of the intervention delivered the following total scores ($n = 11$). In the question *How did you find the overall session?*, participants mean answers were 4.91 ($SD = 0.30$) for *engaging* and a mean of 4.82 ($SD = 0.40$) for *meaningful*. The question *Could the art therapy session help you process your homesickness better?* was rated with a mean of 4.73 ($SD = 0.47$). See Table 3 for the means divided by groups.

Table 3

Means of the Items Evaluating the Intervention

		Item		
		engaging	meaningful	coping with HS
group	CG	5.00	5.00	5.00
	EG	4.86	4.71	4.57

Note. CG = control group ($n = 4$), EG = experimental group ($n = 7$); HS = homesickness; DRI = Dundee Relocation Inventory (Fisher, 2017). Scoring from 1 to 5, where larger scores indicate a higher intensity of the characteristic.

In the post hoc analyses, correlations between demographics and the baseline DRI scores were explored. ANOVA analyses delivered no significant group effects in the variable *occupation* ($F(3,58) = 2.24, p = .093$) nor in the variable *housing* ($F(4,57) = 1.07, p = .378$). The correlation analyses revealed low to no correlations between the measures and homesickness. The low correlations were not found to be statistically significant (see Table 3).

Table 4*Pearson's Correlations between Homesickness and Demographics*

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1. Age	57	32.33	8.01	—			
2. Homesickness ^a	58	2.95	0.58	-0.19	—		
3. Distance to home country ^b	58	7.81	3.75	-0.04	-0.12	—	
4. Length of residence in Germany ^c	58	4.40	4.80	0.58*	0.04	-0.05	—

* $p < .05$ ^a Measured with the Dundee Relocation Inventory (Fisher, 2017).^b Calculated aerial distance between Germany and home country (in hours).^c Total years and months reported, summarized in years.

5.2 Qualitative results

Following the rating items, 4 open-ended questions were asked to further capture the experience of the participants regarding the session. The answers to the open-ended questions are reported in Tables 5-8. The sentences are reported exactly how the participants wrote them in the survey (i.e., the original wording has been kept). The 11 participants have been coded as P1 through P11. A distinction between the control and experimental group is not made.

Finally, the sentences related to the triptych created at the end stage of the intervention are provided in Table 9. To note, the sentences were hand-written by the participants on their artwork. In order to report the final sentences, they have been transcribed by the author from the photographs (see Appendix F); the original wording has been kept.

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Table 5

“Something you really enjoyed about the session”

P1: havin the time an space to think about my feelings and being able to process them in a non verbal way

P2: I did not know what to expect and was really nervous about drawing because I cannot draw and I am not creative. Surprisingly everything flowed so easily.

P3: having a clear question/task/ direction to work with, also focusing on where in my body the sensations and feelings are present and the fact that once I saw the result it was easier to explain with words what i was feeling

P4: no judgment a new experience for me

P5: Eunice is very kind and empathetic. She has a warm energy and it is easy to let my creative process take place around her. I liked how non judgemental the atmosphere was.

P6: That every activity was different, that helped me to keep the interest and express my emotions in a creative way.

P7: Using different mediums, and the order of tasks (for me, negative to positive emotions)

P8: Being able to sit down and express my feelings in a different way.

P9: Collage exercise Sharing about the meaning behind my art.

P10: Taking some time to do art with different mediums. It was quiet and relaxing.

P11: Creativity, mindfulness, dealing with emotions.

Note. n = 11. The participants are coded as P1-P11.

Table 6

“Something you struggled with”

P1: confronting the feelings which arose throughout the session

P4: Finding enough to do the exercises

P5: Not being artistic enough! But Eunice encouraged me through it.

P6: The drawing part but just because I'm not very good at it.

P7: The last task of finding inspiration, as that's my current struggle in my life

P8: Not having the prompt for the art written down. I feel like at some point I forgot.

P9: Creating only one sentence that combines the three words.

P10: Portraying my thoughts without words.

P11: I struggled finding the motivational pictures for the last picture. Sometimes I struggled keeping my years away.

Note. n = 11. The participants are coded as P1-P11.

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Table 7

"Something especially touching/meaningful about the session you would like to share"

P1: it helped me feel more calm and also consider the positive aspects of why i migrated and thing of the hope and opportunities i have in this new country

P2: It made me dig deeper into myself and gave me a really great overview all in front of me on the past, present and future. I really miss my mom.

P3: it was a nice and beautiful way to face my feelings without actually fully embracing a crisis

P4: /

P5: I liked connecting the three words at the end. It showed me that everything is connected.

P6: The part of explaining the art work was very meaningful, make me said out loud what it was in my head and to organize my emotions and thoughts.

P7: I surprised myself regarding how creative I was

P8: I realize I have more than one reason to be here.

P9: Remembering that my grandma was the most important person in my life, how my family is disconnected from emotions and communicates toxically, how much I miss my ex-girlfriend even though she was abusive. I need people in my life who want to spend time with me without a time limit. I want the positives what I had with my ex without the abuse.

P10: It really made me think. I learnt a lot about my own motivation. I have somewhere to focus going forward.

P11: It was touching to realize that we have so much in common with other participants. And I am not alone

Note. n = 11. The participants are coded as P1-P11.

Table 8

“Anything else you would like to add”

P1: it was a very emotional experience and left me feeling less overwhelmed by the end

P2: I did not know what to expect, but it is really enlightening to now understand how well this process actually worked for me to get deeper in touch with my emotions about moving so far away.

P3: thanks for the safe space

P4: Interesting to do, thank you

P5: I'm very thankful for the experience and think Eunice is onto a great journey!

P6: The activity was very nice! Maybe music as background would be nice so the room is not so quite.

P7: I'd like to do art therapy regularly

P8: Thank you.

P9: Great session

P10: Thank you for the opportunity, all the best with your study!

P11: Thank you so much for such great opportunity to learn and experience art therapy. I liked it very much.

Note. n = 11. The participants are coded as P1-P11.

Table 9

Final Sentences from the Triptych

P1: Leaving my *warm family* created a *knot* but sometimes the rain will help me *grow*.

P2: Looking back at the past, I had a really lovely *routine* that I miss and found very *relaxing*, however, the future is looking *bright*.

P3: Is there a way to *organically overcome spiriling* thoughts?

P4: Staying in Hamburg (new *home*?) to build a stable life and try the best for me and my *family*.

P5: It takes *flexibility* to find *comfort* in the *entanglement*.

P6: Being far from *home* it's like a *storm* of emotions and *independence*.

P7: *Hesitant*, I lay my *trust* in the *conflicting* inevitable.

P8: I miss the *warmth*, even though I don't think I'll be able to fully feel it again. This leads to the *anger* to many other aspects of life. Then I try to deal with it by making up excuses filled with *hope*.

P9: *Dreams* have brought me to Germany and the avoidance of my emotions in order to feel safe made me disconnect and not feel *love*, and that is what *family* is.

P10: Leaving *warmth* behind, I stay because of *fear* but my days have a fragile, thin line of *optimism* → easily punctured, perhaps easily strengthened?

P11: It started all with the feeling of *hopelessness* caused by the nostalgic feelings of *happyness* in the past and ended up with *hope* for the future.

Note. n = 11. The three key words that the participants wrote regarding each of the triptych fields appear in *italic*. The participants are coded as P1-P11.

6 Discussion

To date and to the author's best knowledge, this is the first study involving an art therapy intervention with a focus on contact to support adults coping with homesickness. The results of the pilot study appear promising; nevertheless, they must be interpreted with caution due to the limitations of the study. This chapter provides a discussion of the research outcomes and the methodological and conceptual limitations. Finally, recommendations for future research are presented.

6.1 Summary of Findings

6.1.1 Hypotheses

The present pilot study aimed at quantitatively assessing if homesickness levels would drop in adults that migrated to Germany, after receiving a one-session art therapy intervention. Based on statistical analysis, in which the homesickness means of both experimental and control groups were compared after controlling for the baseline means, a significant difference with a moderate effect was found. This was consistent with the hypothesis that there is an effect of the group (experimental versus control) on the homesickness mean scores at T2. The preliminary results suggest that the intervention was effective in supporting adults coping with homesickness.

Additionally, the intervention was highly rated as engaging, meaningful, and helping to better process homesickness, with scores landing between *much* and *very much*, consistent with the expectations of the study. These results are in line with literature that explain the working mechanisms of art therapy in coping (e.g., Czamanski-Cohen & Abato, 2021; particularly the mechanisms *emotion awareness*, *perspective taking*, *relaxed arousal*, *agency* and *meaning making*).

6.1.2 Exploratory Analyses

In the post hoc analyses, none of the demographics were found to significantly correlate with homesickness. However, a small negative correlation between homesickness and the distance between Germany and the home country was revealed. This result suggests that the homesickness severity is lower for those living further away. This relationship appears contradictory to the literature, which regards geographical distance as a risk factor for homesickness (e.g., Fisher et al., 1985;

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Stroebe et al., 2002; Sun et al., 2016). A larger distance between both countries usually involves a longer travel time, higher travel costs, and larger cultural and climate differences, which can all increase the experience of homesickness. However, the association is not consistent throughout the literature. For example, Scopelliti and Tibero (2010) found that the geographical distance was a strong predictor of homesickness; after other factors such as *earlier homesickness experiences* and *social relations* were entered into the model, distance was no longer a significant predictor. The authors note that measuring the *perceived* distance from home might be an alternative way of exploring this factor.

Individuals coming from further away countries may perceive a higher increase in life quality (e.g., higher safety, better economical and academic opportunities, etc.), in comparison for example to other countries in the EU, which might have similar life quality opportunities. For instance, it can be argued that “for migrants who have fled traumatic events or harsh economic realities back home, the host country represents a safe haven that allows them to start afresh, devoting psychological energies to rebuilding a life” (Madziva, 2018, as cited in Hack-Polay & Mahmoud, 2021, p. 289). Hack-Polay and Mahmoud (2021) speculate as well that there might be a difference between the reasons of migrating in homesickness. They argue:

There may be significant differences between migrants who can be homesick but nevertheless are committed to their new country; expatriates who accept assignments in the Western world mainly for career development and know they will go home when their assignment ends can be at higher risk of homesickness. (p. 289)

Fisher (2017) also regards commitment to the new life as a factor moderating the level of homesickness. Accordingly, engaging in the demands of the new environment competes with the attentional capacity of an individual to ruminate about home, which in turn decreases the occurrence of homesickness (see the *Competing Demands Model*; Fisher, 2017). A hypothesis that emerges is that individuals that emigrate further away may become more committed to their new life. However, further research is needed concerning the geographical distance and the reasons for migrating to better understand homesickness.

The aspect of *length of residence* in relation to homesickness has also been studied, as it is suggested that people living longer in the host country have a better chance of acculturation. Research has found that length is negatively correlated with

distress and homesickness (e.g., Chou, 2007; Hamid, 2022). However, this relationship was not found in the pilot study, probably because the recruitment ad specifically called for adults experiencing homesickness. Nevertheless, this study gathered homesickness-reporting from adults living in Germany as long as 28 years, which suggests that not only time, but further factors may play a role in homesickness. To further investigate homesickness, for instance in relation to its duration, studies involving a broader community should be conducted.

Furthermore, the demographic *occupation* was not associated with homesickness in this study. Literature suggests that employment status (employed vs. unemployed) may be correlated to homesickness (e.g., Hamid, 2022). In this study, occupation was not assessed binarily, but consisted of several employment status and included the student status. Future research could address in a heterogenous sample (including e.g., employed, freelancer, students, unemployed and retired people) how employment may be related to homesickness.

6.1.3 Open-End Questions and Triptych-Sentences

In the open-ended questions, participants reported meaningful experiences involving past, present, and future (see Table 7). It appears that the triptych prompted a reflection on the personal narrative and provided a better understanding of the migration experience. This process of integration is supported by further studies. For example, Wong-Valle's (1981) conducted an intervention with Puerto Rican immigrants called *The Collage of Your Life*, which involved imagery and words integrating the bi-cultural identities. In a qualitative study with immigrant expressive therapists, Albert-Proos (2015) found that "the use of the arts provides a connection—a bridge between two homes, two identities, and two dimensions of experience: separation and reconstruction of home" (p. 140). Further studies concerning art therapy and homesickness in voluntary migrants are yet to be conducted, in order to confirm the validity of these preliminary results.

Additionally, the participants' answers show that the processing of homesickness may involve both positive and negative affect. As suggested by the results of the evaluation, while the confrontation with the feelings of homesickness may be perceived by some as difficult (see Table 6), the participants still acknowledged that the session had helped them and were thankful for it (see Table 8).

The intervention also suggests that getting in contact with the motivations and inspirations regarding the new home may have had a relevant effect on the participants. By being confronted with the task, some found it challenging (see table 6 and 9). For most, it appeared to reinforce the decision of relocation, highlighting a sense of independence, autonomy, and hope (see Tables 7 and 9).

Furthermore, the final sentences of the triptych make the complexity of the homesickness experience clear, including feelings of longing, sadness, confusion, love, and hope. In addition, the sentences portray a finding of meaning and opportunities for action regarding their homesickness experience. This illustrates the resourceful quality of the that participants (see Table 9).

6.1.4 Summary

An art therapy intervention that includes different media, as well as embodiment-related aspects such as body awareness in relation to emotions, seems adequate for supporting adults to cope with homesickness. In the study, participants reported enjoying different exercises and media. The structured, step-by-step intervention allows its applicability and comparability between participants. The surface of the triptych containing three separate fields, which are addressed one after the other, may also be perceived as foreseeable, which may increase the sense of security in the participant.

Based on the literature review, the results from the pilot study, and the author's observations during the interventions, the research question *How may an art therapy intervention, focused on contact, support adults coping with homesickness after migration?* can be answered following these three guiding questions:

(1) How may contact play a role in homesickness after migration?

Contact with the familiar environment (culture, customs, routines, people, nature) is discontinued after migration. Contact with self is challenged after leaving home behind, as identity is related to home; the identity may need to be redefined. Getting in touch with the motivations, inspirations, and wishes concerning the new environment may have a reassuring effect on the decision to migrate. Contact with the new environment is critical for the acculturation process; however, maintaining contact with home may serve as an anchor to the self, and as an ignitor to further pursue one's dreams.

(2) How can coping with homesickness after migration be supported?

Coping with homesickness can be supported with a problem-focused or emotion-focused approach. The emotion-focused approach can aim at becoming aware of the emotions surrounding homesickness, in a self-compassionate, non-judging way. Sharing the experience with others may be important for the coping process. Homesickness may require a therapy approach that involves the connection of body, mind, and emotion, as homesickness is characterized by cognitive, emotional, behavioral, and somatic aspects.

(3) How may art therapy facilitate contact?

Art therapy creates a space for getting in contact with complex feelings in a non-judgmental environment. With an experiential and process-orientation, art therapy encourages the contact between body, mind, and emotion at an individual pace. Art therapy uses nonverbal and aesthetic processes, allowing memories to be accessed and embraced in a safer space; a reflection on the personal narrative may be experienced as meaningful. The medium of art therapy is sensorial in nature, which encourages contact with the here and now; contact with self and the environment can take place.

6.2 Limitations

The preliminary results suggest the effectiveness of the developed art therapy intervention in supporting adults coping with homesickness. In the upcoming sections, methodological and conceptual limitations should be discussed. Recommendations to address the limitations are made.

6.2.1 Methodological Limitations

Despite collecting both quantitative and qualitative data through the pilot study, the scope of this thesis' analysis is narrow due to time and resource constraints. Only the quantitative data regarding homesickness was systematically analyzed in a control-experimental-group comparison. Regarding the rating items, descriptive statistics were provided but no further analysis was conducted. Further material collected during the intervention, such as open-ended questions and photographs of the created artworks, were reported but not systematically analyzed. Qualitative data was included in the interpretation of the results for a better understanding of the mechanisms underlying the coping process of homesickness through art

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therapy; this carries however the risk of subjectivity and selective bias. Further systematical analysis, especially of the qualitative data, would be needed to reach a broader understanding of how the art therapy intervention may have supported the coping process.

Perhaps the biggest limitation of the pilot study is the fact that the sample size is too small for quantitative analysis. For the results of statistical tests to recognize important relationships within the data, and to be generalized to a larger population, a larger sample is required. Additionally, a larger sample may ensure that it is representative of a population. When running the software G*Power for a two-group study, the minimum sample size to run an ANCOVA expecting a medium effect size ($f = 0.25$), would be $N = 210$. However, in psychology and psychotherapy research, a minimum sample size of $N = 30$ is a common practice. Further research based on the pilot study with a larger sample is advised in order to reach more accurate conclusions.

A further limitation in relation to the quantitative study is the recruitment and allocation process. Optimally, after individuals have been selected according to the inclusion criteria (screening process), participants are systematically randomized to the control or experimental group, following *a priori* criteria. In the pilot study, randomization was initially implemented by dividing the total sample into odd and even numbers (according to the order of the registered participation in the screening survey), creating two pools of participants. However, this strategy had to be modified as not sufficient participants could be scheduled for the intervention due to drop-outs; new participants had to be recruited. As it was prioritized to assign individuals to the EG first, some participants were randomly selected from the CG pool and assigned to the EG. Ultimately, only those who responded to the invitation and made an appointment for the intervention were included in the final sample. Nevertheless, the fact that participants were still randomly allocated to the condition, and disclosure only took place at the end of the study, could be regarded as a strength of the study. The recruitment process should however be extended for a larger period (e.g., 6 months, instead of 6 weeks), if more resources (in terms of time and financial resources) are available. For the pilot study these resources were limited, as it was a student project.

In total, participants that dropped out during the recruitment and intervention process comprised around two thirds of the total survey participants included after

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the cut-off point. Drop-out is a known and expected phenomenon in research; meta-analyses estimate mean rates ranging from around 16% to 39% in different psychology and therapy settings (e.g., Lewis et al., 2020; Ong et al., 2018; Pfund et al., 2021; Semmlinger et al., 2021). Some strategies that are implemented to optimize the recruitment and retention rates include recurrent e-mail/phone reminders (also to non-respondents), open designs (vs. blinded or placebo), and financial and other incentives (Treweek et al., 2018). In the pilot study, participants (including non-respondents) were contacted at least twice to recruit them for the second part of the study. Participants were also sent email reminders days prior to their appointment. However, incentives as such were not incorporated into the participation; receiving an insight into an art therapy session was considered to be motivating enough.

The Likert scales selected to rate the engagement, meaningfulness and helpfulness of the intervention were designed to be unipolar. Such unipolar scales are used to measure the intensity of an attribute in one direction. To reduce confirmation bias, researchers include a two-pole rating system to allow participants a broader spectrum of possibilities. For instance, it would be interesting to include a question such as: "How would you rate your affect regarding your homesickness in comparison to before the intervention?", where the answers could be bipolar (-2 = *a lot worse than before*, -1 = *somewhat worse than before*, 0 = *neither worse nor better*, 1 = *somewhat better than before*, 2 = *a lot better than before*). However, both unipolar and bipolar scales offer advantages and disadvantages, depending on the research aim (Höhne et al., 2022).

Although the qualitative data obtained from the open-ended questions was not systematically analyzed, some aspects were included in the interpretation of results. This carries the risk of confirmation bias, which means that only information may be selected which confirms/strengthens the expected outcomes. The collected data could be analyzed in future studies, for example employing Mayring's (2000) qualitative text-content analysis. Additionally, it would be interesting to ask the participants to elaborate how the intervention helped process their homesickness. This question could be included in the digital survey or asked in an audio-recorded interview for further analysis. These considerations should be made in future research.

Possible confounding variables should also be discussed. Firstly, the room designated for the intervention was aimed at keeping constant as much as possible. In total, two different rooms at the Medical School Hamburg were available for

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booking (as some courses and seminars were still taking place). Independently of the room, a non-disturbing environment was chosen (e.g., by placing a note outside the room's door to not interrupt), and the placement of the working tables (facing towards the window) and materials employed in the study (see Appendix C) were kept constant. However, there was a disturbance on one occasion (i.e., some students wanted to use the room in the middle of the session), and on a further occasion, the room next door was particularly noisy. This may have influenced the participants' process.

Additionally, it is plausible that *researcher bias* (i.e., the risk of a subjective point of view in research) may have not been preventable in this study. The author was the same person who created the hypotheses, developed the intervention, conducted the recruitment and the intervention, and analyzed the data. However, some practices were considered to minimize the risk. For instance, the recruitment process, including contact to potential participants, was kept constant across participants. Similarly, the intervention was conducted in a standardized manner following a manual (see Appendix B); the author kept a rather reserved yet friendly attitude up until the time of debriefing. Furthermore, offering a digital questionnaire (i.e., the homesickness measure and evaluation questions), which could be accessed with the participants' mobile phones, was an attempt to create more privacy while answering and to minimize the researcher's influence on the participants responses. Particularly regarding the evaluation of the intervention, a face-to-face interview would have carried the risk of social desirability bias (i.e., risk to respond according to social norms and expectations) and/or courtesy bias (i.e., polite behavior with the researcher). Furthermore, the author herself immigrated to Germany voluntarily; this might have influenced the interpretation of the results (particularly the evaluation items), although objectivity was aimed to be kept throughout the entire research. However, based on own observations, this fact may have encouraged sympathy from the participants, which in turn may have made them feel more comfortable to open up and work on their homesickness.

A further limitation to consider involves the generalizability of the results. That is, how useful the results from the pilot study are for the broader migrant community experiencing homesickness. The sample included in the pilot study may not be representative of the general population which has immigrated into Germany. For instance, since the study was conducted in English, only people with sufficient

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English-language knowledge were invited to participate. This criterion may possibly exclude people with a lower socioeconomic background, who did not have the possibility of receiving English education at their home countries. However, since the socioeconomic background of the participants was not assessed, and this can be portrayed differently in different countries, this aspect should be explored in future research. Also, the flyer for recruitment was mostly shared in Facebook groups, which may exclude individuals that are not active in social media. A possible mitigation of this could be providing an analog survey (i.e., pen and paper) at international and cultural centers to recruit a more representative sample.

An additional factor to discuss is the language the study was conducted in. The English language was chosen to potentially target more individuals that have not been long enough in Germany to feel comfortable enough with the German language, while still being able to internationally communicate (possibly due to learning English as a foreign language from school onwards). Interestingly, not only newcomers were interested in participating, but also people living for up to 28 years in Germany. As expected, not all participants' mother tongue was English, which might result in language barriers regarding: (a) the completion of the questionnaires; (b) the understanding of the intervention instructions; and (c) the wording of each field in the triptych and the building of the final sentence. Nevertheless, while the English language was a requirement for participation, the main part of the art therapy intervention took place in a creative, nonverbal way, thus decreasing the possible language barriers as opposed to studies involving other types of counseling or psychotherapy services. Furthermore, conducting research on only native speakers would have narrowed the scope of research concerning homesick immigrants, which was not the aim of this study. Finally, it is also plausible that some individuals immigrating to Germany focus on learning German over English, as a way to prepare for the relocation and better integrate in the new country they would live in. Therefore, generalizability of the immigration population might be compromised with the English language criterion.

The aspect of gender in relation to homesickness also needs attention. Predominantly individuals that identified as female (80.6%) showed interest in the study (i.e., completed the screening survey), and 81.82% participated in the complete study. This raises the question, if women were more drawn to the study because of experiencing homesickness rather than men (and diverse individuals). This study

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did not find any correlations between homesickness intensity and gender, which is also consistent with the literature (e.g., Fisher, 2017; Stroebe et al., 2015). A possible explanation for this higher rate is that women might acknowledge it more than men, but the homesickness incidence might be similarly distributed, or that rather women were interested in the study because of art therapy.

Noteworthy is the underrepresentation of queer communities in relation to homesickness. So far, all the mentioned literature has employed a binary categorization of gender. In this pilot study, the option *diverse* was offered when asking for gender, however there were no individuals that identified as such. When For example, Fuks et al. (2018) looked into acculturation process in LGTB immigrants in Canada; Kuntsman (2003) investigated the identity of Russian lesbians immigrating in Israel; however, homesickness was not a research focus in neither of these studies. In a sociological art analysis, Rouhani (2019) appeals for a queer methodology to be involved in migration studies, particularly concerning *diasporic belonging*. Finally, it is advised that future research includes (a) queer individuals experiencing homesickness and (b) the role creative arts therapies may play to support them.

Another question that emerges concerns the age of the participants in relation to homesickness, since more younger people (in their 20s and 30s) completed the survey: Are older individuals less homesick and were thus less drawn to the study in general? The literature suggests this might be the case. For example, Hamid (2022) found a negative correlation between age and homesickness in Sudanese migrants living in the United Arab Emirates. The author suggested that:

The lives of older migrants and those who have stayed for a longer time in the host country may be better established and more secure, which may help them build strong social networks, receive more social support, and develop more adaptive coping techniques to deal with the demands in the host country. (p. 4)

In contrast, other studies have found no correlations between homesickness and age (e.g., Fisher & Hood, 1987). However, in a literature review, Stroebe et al. (2015) concluded that studying homesickness across the life span is yet to be done.

The operationalization of homesickness is additionally to be discussed. In this study, the DRI was selected. The criterion validity may be compromised, as the DRI has so far only been validated for boarding school pupils and university students, and the present study was not limited to these groups. The DRI has nevertheless also been used in studies with other groups of migrants (e.g., Hamid, 2022; Morrow,

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1993). Furthermore, unlike clinical measures (such as depression, anxiety, etc.), the DRI does not deliver a criterion group against which homesickness has been tested. Therefore, a binary categorization of homesick and non-homesick individuals is not possible. In the present study, a cut-off point was determined, in order to meet a selection of participants that would most likely benefit from an art therapy intervention. However, homesickness may rather be regarded as a spectrum of intensity experience.

A further factor to discuss is the optimal length of an art therapy intervention. In the pilot study, a one-session art therapy intervention was offered. It had a structured beginning and ending and considered several aspects of the homesickness experience. The question arises if an intervention for a longer period (e.g., 5 or 8 sessions) would be more optimal. Some advantages for the client/participant are evident, such as the possibility of a deeper processing of emotion and conflict, a better therapeutic relationship-building, and achieving more effective/sustainable results. Yet, from a research perspective, a one-time intervention may minimize drop-out rates, while still achieving positive outcomes.

In psychology and psychotherapy, single-session interventions (SSIs) have gained popularity, as they are regarded as flexible and cost-effective, while delivering significant improvements in diverse mental health aspects (Schleider & Beidas, 2022). Bloom's review about single-session psychotherapy, published in 2001, provides an overview of findings in both controlled and uncontrolled trials in a variety of settings up until the 2000's. Bloom (2001) concluded that in spite of methodological limitations, short-term-psychotherapy, including one-session interventions, show positive tendencies in achieving clinical goals. Bloom states: "In a way, this finding should not be surprising. By petitioning for help, therapy clients signal not only their acceptance of a psychological component to their difficulties, but also their high motivation as well as their willingness to change" (p. 84). The author further emphasizes the importance of a good-planned intervention: "time-conscious therapists think of each client contact as a self-contained unit, an opportunity to accomplish a significant, focused piece of clinical work so that additional contacts may not be necessary" (p. 76). Regardless of the length of an intervention, longitudinal research is advised to observe if the effects are stable over time. The pilot study presented in this work could be complemented with follow-up assessments and/or interviews.

The recruitment ad called for people *curious about art therapy*. This meant that some type of art-affinity could be expected from the individuals responding to the ad. Yet the results suggest that some participants were worried about their creative potential or artistic skills. The aspects of *art-affinity* and *art-skill* (i.e., experience with art) could be explored in future work to investigate if they play a role in art therapy effectiveness.

Lastly, the media selected for each of the art therapy exercises was not evaluated in this study. Future research could address how adequate the selected media is for the processing of homesickness. Interviews specifically focusing on each medium could be an approach for upcoming research.

6.2.2 Conceptual Limitations

As a first noteworthy limitation stands the fact that the conceptual framework delivered by Fisher (2017), which was referenced widely in the present work (including the homesickness measure DRI), is largely based on empirical work with students at university residences and boarding school pupils. This may compromise the generalizability of the assumptions. However, the work done by Fisher and her colleagues is commonly referred to in homesickness research. Additionally, the findings of numerous authors were also considered in the present work to build a broader picture of homesickness.

Mental health characteristics, such as depression and anxiety (see Stroebe et al., 2015), and personality traits (e.g., Khademi & Aghdam, 2013; Verschuur et al., 2003) have been found to correlate with homesickness levels. Van Tilburg et al. (1999) made a distinction between two types of homesickness after interviewing 24 adults: (1) homesickness related to signs of psychopathology (such as agoraphobia and separation anxiety), and (2) homesickness following average adjustment difficulties (which are overcome naturally with time). The authors argue that even though the sample was small, the understanding of the etiologies of each type may be relevant for the development of appropriate therapies. Stroebe et al. (2015) note that some characteristics such as rumination, might be part of the homesickness experience, while other aspects might precede or proceed homesickness. In future research, clinical characteristics could be controlled for, when assessing the effectiveness of an intervention.

Furthermore, the criterion *voluntary migration*, which determined the study's sample, should also be discussed. Bakewell (2021) challenges the distinction between forced and voluntary migration. The author argues that there are legal, economical, and social advantages and disadvantages for the individuals who have immigrated depending on their status (voluntary vs. forced); however, the reasons for migrating might be too complex for such a binary categorization.

In this study, active confrontation and expression of the feelings around homesickness was the coping method chosen, which has been portrayed in this thesis to be supported by both theory and practice. However, some authors recommend distraction as a better coping strategy. For example, van Tilburg (2012) argues that shifting the focus on the positive aspects of the new environment "increases self-efficacy, social support (in the new environment), and adjustment" and that "thoughts about home should be reserved for times when we feel good" (as cited in Stroebe et al., 2015). Further research may be needed to define more accurately which coping strategies prove to be more effective (e.g., short-term vs. long-term) in people experiencing homesickness.

6.3 Future Research

Limitations of the pilot study were discussed and recommendations for addressing them were provided. In the following, further methodological and conceptual suggestions are made for future research.

A factor that might be interesting to explore is the perceived difference between the home country/town and the host country/town. For example, it could be plausible that a western European moving to another western European country might experience more similarities than a person coming from an Arabic country and now living in a western European country. Perceived or objective similarities (or differences) in customs, climate, food, interpersonal interactions, etc. might influence the feeling of home after relocation. Furnham (2019) refers to this as the "culture-distance concept" (p. 1842) and notes that the distance is proportionally related to the experienced difficulties in the host country. Research involving the *culture distance* and homesickness experience might be worth conducting.

Verschuur et al. (2003) reported that earlier homesickness experiences strongly predicted the severity of homesickness, when studying two large samples ($n = 367$ and $n = 283$) of the Dutch population. The authors argue that one possible

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explanation is that previous experiences of homesickness are not fully overcome, leading to distress on each new experience of separation from familiar environments. However, the authors suggest that a developmental characteristic, namely an anxious-ambivalent attachment style might be a risk factor for these individuals. This aspect could play a role in preventive measures and should therefore be further studied.

Furthermore, the factor of *identity conflict* should be researched in relation to homesickness. Leong & Ward (2000) note: "Individuals who make cross-cultural transitions are generally expected to conform to the normative values, attitudes and behaviors of their host countries. If these prescribed commitments are inconsistent or incompatible with those of their cultures of origin, conflict may ensue" (p. 765). Some possibilities may be that identity conflict precedes the experience of homesickness, or that homesickness intensifies the experience of identity conflict. This could be addressed in future research.

It would additionally be interesting to assess homesickness intensity in relation to the (perceived or objective) possibility that migrants have of preserving their cultural beliefs, behaviors, and practices in the host country (in the sense of *acculturation*; see Sam & Berry, 2010). Tartakovsky (2007) found in a longitudinal study with adolescents immigrating without their parents in Israel that acculturative stress and homesickness levels were low, attributing it in part to the effect to social environment they lived in the host country. The author explained how this may have been achieved:

Integration was chosen as the mode of acculturation: adolescents lived in groups with their compatriots, they were encouraged to preserve their culture (celebrating holidays, using their native language in daily conversations, watching TV and reading newspapers in their native language), and they were encouraged to be in contact (through telephone and internet) with their parents and friends at home. At the same time, a special program for developing their Israeli identity was implemented, which included trips around the country, meetings with Israelis from various socio-cultural groups, and learning on the Israeli holidays. (Tartakovsky, 2007, p. 491)

Challenges in the new location may increase the conflict between staying or going back home. For instance, individuals that migrate to pursue a professional career may feel fulfilled in that area, while simultaneously feeling dissatisfied in their social life. A survey conducted by InterNations called *Expat Insider* illustrates the complex experiences of people living abroad. For example, in the 2023 survey,

around 1,000 expats in Germany rated the *Working Abroad Index* highly (ranked 15 out of 53), while the *Ease of Settling In Index* ranked almost last (50 out of 53) (InterNations, 2023). This type of conflict may trigger feelings of homesickness and would therefore be interesting for future research.

6.3.1 Home Within

Especially for foreigners, an opportunity lies to strengthen the feeling of home within the self, within the own body. Merleau-Ponty (2002) states that “our own body is in the world as the heart is in the organism: it keeps the visible spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system” (p. 235). This view highlights that the individual’s sense of being is intrinsically paired with the bodily experience of being in the world. The philosopher Kirsten Jacobson (2009) writes:

Our home is not a separate part of our experience, but is rather a pervasive structure, providing the core to all our action. Whether we show signs of continuing the traditions of our childhood home or show signs of turning distinctly away from them, we are shaped by our first home in terms of how these self-developments will unfold. (p. 364)

Accordingly, the *first home* plays an essential part in the self. An art therapy approach could aim at activating and strengthening the elements from home that an individual is embodying, even after relocating. This could work as an alternative coping mechanism since contact with home may be at times more accessible within the self than physically with the home left behind.

In another sense, the body itself may be seen as a home. “Home can be an expression of one’s (possibly fluid) identity and sense of self and/or one’s body might be home to the self” (Mallet, 2004, p. 84). This approach is particularly adopted by dance and movement therapy, which regards the body as a central element for experiencing the self and the world (see Koch & Fuchs, 2011). The opportunity of regarding the body as a home may be especially fruitful in people that migrated, to regain a sense of security, control, and comfort (Meeks, 2017; as cited in Dieterich-Hartwell & Koch, 2017).

Including dance and movement techniques in the art therapy practice, following an embodied approach to get in contact with the body, mind and soul may be valuable for people experiencing homesickness. As these individuals struggle to stay in contact with a home left behind, and to get in contact with a potentially new

home in the new environment, the feeling and experience of *home within* may support the coping process.

Authors argue that some individuals search for a home that is known, and others, for an unknown, ideal home. Mallet (2004) states that "this may be a confused search, a sentimental and nostalgic journey for a lost time and space" (p. 69). The longing for an ideal home may, however, drive people to create their *own* dream home, which could possibly be accomplished anywhere, independently from the geographical location.

6.3.2 Intragroup Contact

Making the experience that other people who have migrated to Germany by choice also go through similar feelings of homesickness, may help normalize the own experience, as a first step to accept and process it. Indeed, perceiving individual experiences as "part of the larger human experience rather than seeing them as separating and isolating" (Neff, 2003, p.89) is a step further into self-compassion. Offering spaces in social and therapeutic settings for individuals experiencing homesickness to get in contact with each other may be therefore beneficial for the coping process.

Research suggests that social prejudices around homesickness may lead to shame in people experiencing homesickness. In a pilot study, university students were asked to judge a hypothetical person regarding the attributes of intelligence, social desirability, and success at the university; the homesick person was rated significantly lower in all three aspects, in comparison to the bereaved person (who had lost a relative), and the control person with no attributes of homesickness nor bereavement (Fisher, 2017). Authors have also found that homesick people often think of themselves as childish or immature concerning their homesickness experience (Fisher, 2017; van Tilburg, 2005). Therefore, exposure to similar others may encourage the acceptance and expression of feelings of homesickness, which may otherwise be denied to others (or to oneself).

Additionally, Tartakovsky (2007) found a consistent negative correlation between perceived social support from peers, which the author notes were mostly immigrants, and homesickness. The results suggest the buffering effect that contact with others that share similar migration experiences can have on homesickness, which should be further studied.

6.3.3 Intercultural Contact

Lastly, investigating contact between groups in a macro-level seems of relevance in relation to homesickness. The term *culture shock* describes an unexpected, straining experience when moving/visiting a new country. It includes confusion in expectations, beliefs and self-identity; rejection from and towards the new culture; and feelings of anxiety and distress due to being unable to understand and predict the others' behaviors (Furnham, 2019). The degree of culture shock in homesick individuals is worth investigating since the shock may be partly prevented or reduced. As a preventive manner, learning about cultural norms and behaviors from the host country, while strengthening the individual cultural identity, might be beneficial. Furthermore, intercultural interventions, focusing on mutual cultural learning, and emphasizing similarities cultural similarities may mitigate culture shock (Zhou et al., 2008)

Perceived acceptance by the larger community is also an important factor when studying homesickness. Watt and Badger (2009) investigated international students in Australia and found that even if individuals had supporting friends in the host country, those who did not perceive acceptance from their community were more prone to experience homesickness. Similarly, Tartakovsky (2007) found a strong correlation between perceived discrimination from the host country and acculturative stress and homesickness, consistently after one, two and three years of immigration. Research could be directed toward developing intercultural programs, including art therapy methods, to encourage acceptance of and prevent discrimination against migrants (e.g., Salom, 2015). Furthermore, bringing more awareness in the society of the experience of migrants is desirable.

6.4 Conclusions and Implications

The understanding of homesickness is not unambiguous: homesickness is referred to as a mini-grief, an adjustment disorder, a longing for belonging, a longing for familiarity, etc. Homesickness may be seen as a process which for some individuals lasts a couple of months or years, while others integrate the experience in their lives. Feelings of homesickness (involving longing, yearning, and searching) may become part of their narratives and their identity.

This thesis portrays the importance of addressing minorities in society, such as voluntary migrants. These individuals bring a wide range of personal and professional resources into the host country, including their motivation to study and work, diverse skills and qualifications, and cultural diversity. However, they too are at a higher risk for mental health issues due to all the change and loss happening in their lives.

From an interdisciplinary point of view (e.g., philosophy, psychology, therapy), contact with self and the environment can be regarded as playing an important role in well-being. Especially concerning people who are foreign to an environment (climate, language, customs, routines, people, etc.), contact may be crucial for their process of acculturating and embracing/rebuilding their identity. This underlines the relevance of putting effort into creating spaces for contact with the self and the environment for immigrant people. Efforts to improve the well-being of migrants should consider offering programs around homesickness, including art therapy programs with different aims, such as intrapersonal (i.e., individual support), interpersonal (i.e., group support with other homesick individuals), and intergroup (i.e., within the larger community).

Art therapy is an effective and meaningful tool to get in contact with the self and with the environment, and to help process complex feelings in a nonverbal, creative, and experiential way, particularly relevant for individuals experiencing homesickness. As Samaritter (2018) notes, “it is in our perception of beauty or of meaningful aesthetics that we fully grasp the complex density [...] in just one sigh, whereas the attempt to put this complexity into the linearity of words, still is a challenging endeavor” (p. 9).

The triptych as an art therapy method may assist in restructuring the homesickness experience, encapsulating different aspects of it, relating time (past, present future) and quality (feelings, body sensations, and cognitions). It creates contact in terms of space and content between the three different components. This study showed that working with a different medium in each field may have an engaging effect on the clients and that it may allow distinctive coping processes. The sensorial quality of art materials and the actions involved in art making bring the individual to the here and now, allowing contact to emerge.

A therapeutic setting encourages getting in contact with treasured memories from home in a safer place within the new environment. Memories from people,

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places, and activities left behind may entail feelings of belonging and love, but also of sadness and grief. In collaging, the imagery from magazines may support associations, which in turn bring back memories of home into consciousness. Getting in touch with what has been missed and longed for in a symbolic or metaphoric way through art may be experienced as meaningful and healing.

This thesis contributes to the interdisciplinary understanding of homesickness in migrants. It also delivers a practical proposal of support for homesick individuals in the form of an art therapy intervention focused on *contact*. The preliminary results and the conceptual and methodological recommendations provided, set a good starting point for discussion and further research.

“When you get homesick, it’s not something missing, it’s something present, a visit. People and places from far away arrive and keep you company for a while.”

Erri de Luca

7 Literature

- Albert-Proos, D. (2015). Separation from and reconstruction of home: A study of immigrant expressive therapists. *Expressive Therapies Dissertations*. 68. https://digitalcommons.lesley.edu/expressive_dissertations/68
- Amnesty International. (n.d.). Refugees, asylum seekers and migrants. Retrieved May 8, 2023 from <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/>
- Baer, U. (2010). *Gefühlssterne, Angst-fresser, Verwandlungsbilder* (7th ed.). Affen-könig Verlag.
- Baier, M., & Welch, M. (1992). An analysis of the concept of homesickness. *Archives of Psychiatric Nursing*, 6(1), 54-60. [https://doi.org/10.1016/0883-9417\(92\)90055-N](https://doi.org/10.1016/0883-9417(92)90055-N)
- Baker, J. P., & Berenbaum, H. (2007). Emotional approach and problem-focused coping: A comparison of potentially adaptive strategies. *Cognition and Emotion*, 21(1), 95-118. <https://doi.org/10.1080/02699930600562276>.
- Bakewell, O. (2021). Unsettling the boundaries between forced and voluntary migration. In E. Carmel, K. Lenner & R. Paul (Eds.), *Handbook on the governance and politics of migration* (pp. 124-136). Edward Elgar Publishing. <https://doi.org/10.4337/9781788117234.00017>
- Bloom, B. (2001). Focused single-session psychotherapy: A review of the clinical and research literature. *Brief Treatment and Crisis Intervention*, 1, 75-86.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Sadness and depression*. Basic Books.
- Breslin, K. T., Reed, M. R., & Malone, S. B. (2003). An holistic approach to substance abuse treatment. *Journal of Psychoactive Drugs*, 35(2), 247-251. <https://doi.org/10.1080/02791072.2003.10400006>
- Cambridge University Press. (n.d.). Contact. In *Cambridge dictionary*. Retrieved May 2, 2023 from <https://dictionary.cambridge.org/dictionary/english/contact>
- Carta, M. G., Bernal, M., Hardoy, M. C., Haro-Abad, J. M., & Report on the Mental Health in Europe Working Group. (2005). Migration and mental health in Europe (the state of the mental health in Europe working group: appendix 1).

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Clinical practice and epidemiology in mental health: CP & EMH, 1, 13.*
<https://doi.org/10.1186/1745-0179-1-13>
- Chou, K. L. (2007). Psychological distress in immigrants over 50 years old: a longitudinal investigation. *Journal of Affective Disorders, 98*, 99-108.
<https://doi.org/10.1016/j.jad.2006.07.002>
- Czamanski-Cohen, J., & Abato, K. (2021). The Bodymind Model of art therapy in coping with problem substance use. *International Journal of Art Therapy, 26*(4), 176-184. <https://doi.org/10.1080/17454832.2021.1886135>
- Czamanski-Cohen, J., & Weihs, K.L. (2016). The Bodymind Model: A platform for studying the mechanisms of change induced by art therapy. *The Arts in Psychotherapy, 51*, 63-71. <https://doi.org/10.1016/j.aip.2016.08.006>
- De Luca, E. (2002). *God's Mountain*. Riverhead Books.
- Desai, M. (2020). Recruitment and retention of participants in clinical studies: Critical issues and challenges. *Perspectives in Clinical Research, 11*(2), 51-53.
https://doi.org/10.4103/picr.PICR_6_20
- Dieterich-Hartwell, R., & Koch, S. C. (2017). Creative arts therapies as temporary home for refugees: Insights from literature and practice. *Behavioral sciences (Basel, Switzerland), 7*(4), 69. <https://doi.org/10.3390/bs7040069>
- Dudenredaktion. (o. D.). Katalysator. Duden online. Retrieved February 18, 2023, from <https://www.duden.de/node/76938/revision/1263954>
- Duven, C. J. (2018). The problem with homesickness: A new way of coming home. *Graduate Theses and Dissertations*. 16573.
- Eberhart, H., & Knill, P. (2010). *Lösungskunst* (2nd ed.). Vandenhoeck und Ruprecht.
- Ebersberger, S. (2013). Das Triptychon in der Kunsttherapie. *Musik-, Tanz- und Kunsttherapie, 24*(3), 128-134. Hogrefe Verlag. <https://doi.org/10.1026/0933-6885/a000123>
- Ebersberger, S., & Tomanek, J. (2011). Collage als therapeutisches Mittel in der Kunsttherapie mit Scheidungskindern. *Musik-, Tanz- und Kunsttherapie, 22*(3), 150-159. Hogrefe Verlag. <https://doi.org/10.1026/0933-6885/a000054>
- Fisher, S. (1989). *Homesickness, cognition and health*. Erlbaum.
- Fisher, S. (2017). *Homesickness, cognition and health* (1st ed.). Routledge.

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Fisher, S., Frazer, N., & Murray, K. (1986). Homesickness and health in boarding school children. *Journal of Environmental Psychology*, 6(1), 35-47. [https://doi.org/10.1016/S0272-4944\(86\)80033-0](https://doi.org/10.1016/S0272-4944(86)80033-0)
- Fisher, S., & Hood, B. M. (1987). The stress of the transition to university: A longitudinal study of psychological disturbance, absent-mindedness and vulnerability to homesickness. *British Journal of Psychology*, 78(4), 425-441. <https://doi.org/10.1111/j.2044-8295.1987.tb02260.x>
- Fisher, S., Murray, K., & Frazer, N. (1985). Homesickness, health, and efficiency in first year students. *Journal of Environmental Psychology*, 5, 181-195. [http://dx.doi.org/10.1016/S0272-4944\(85\)80016-5](http://dx.doi.org/10.1016/S0272-4944(85)80016-5)
- Flusser, V. (2013). *Von der Freiheit des Migranten. Einsprüche gegen den Nationalismus*. CEP Europäische Verlagsanstalt.
- Fogel, A. (2011). Embodied awareness: Neither implicit nor explicit, and not necessarily nonverbal. *Child Development Perspectives*, 5, 183-186. <https://doi.org/10.1111/j.1750-8606.2011.00177.x>
- Fogel, A. (2013). *Body sense. The science and practice of embodied self-awareness*. W. W. Norton & Company.
- Fuks, N., Smith, N. G., Peláez, S., De Stefano, J., & Brown, T. L. (2018). Acculturation experiences among lesbian, gay, bisexual, and transgender immigrants in Canada. *The Counseling Psychologist*, 46(3), 296-332. <https://doi.org/10.1177/0011000018768538>
- Furnham, A. (2019). Culture shock: A review of the literature for practitioners. *Psychology*, 10, 1832-1855. <https://doi.org/10.4236/psych.2019.1013119>
- Hack-Polay, D. (2012). When home isn't home: A study of homesickness and coping strategies among migrant workers and expatriates. *International Journal of Psychological Studies*, 4, 62. <https://doi.org/10.5539/IJPS.V4N3P62>
- Hack-Polay, D., & Mahmoud, A. B. (2021). Homesickness in developing world expatriates and coping strategies. *German Journal of Human Resource Management*, 35(3), 285-308. <https://doi.org/10.1177/2397002220952735>
- Hamid A. A. R. M. (2022). Psychological distress and homesickness among sudanese migrants in the United Arab Emirates. *Frontiers in Psychology*, 12, 710115. <https://doi.org/10.3389/fpsyg.2021.710115>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review.

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Perspectives on psychological science: A Journal of the Association for Psychological Science*, 10(2), 227-237.
<https://doi.org/10.1177/1745691614568352>
- Höhne, J. K., Krebs, D., & Kühnel, S.-M. (2022). Measuring income (in)equality: Comparing survey questions with unipolar and bipolar scales in a probability-based online panel. *Social Science Computer Review*, 40(1), 108-123.
<https://doi.org/10.1177/0894439320902461>
- Hughes, E. G., & da Silva, A. M. (2011). A pilot study assessing art therapy as a mental health intervention for subfertile women. *Human Reproduction*, 26(3), 611-615. <https://doi.org/10.1093/humrep/deq385>
- IBM Corp. (2023). IBM SPSS Statistics for Windows (Version 29.0) [Computer software]. IBM Corp.
- International Organization for Migration. (2022). *IOM World Migration Report*.
<https://doi.org/10.18356/9789292680763>
- InterNations. (2023). *Expat Insider 2023: Expats in Germany are among the unhappiest & loneliest worldwide*. Retrieved August 17, 2023 from <https://www.internations.org/expat-insider/2023/germany-40368>
- Jäggi, C. J. (2016). *Migration und Flucht*. Springer Fachmedien.
- Kagin, S. L., & Lusebrink, V. B. (1978). The expressive therapies continuum. *Art Psychotherapy*, 5(4), 171-179. [https://doi.org/10.1016/0090-9092\(78\)90031-5](https://doi.org/10.1016/0090-9092(78)90031-5)
- Kamimura, A., Weaver, S., Sin, K., Pye, M., & Panahi, S. (2021). Immigration stress among refugees resettled in the United States. *The International Journal of Social Psychiatry*, 67(2), 144-149.
<https://doi.org/10.1177/0020764020939611>
- Khademi, A. F., & Aghdam, A. A. (2013). The role of personality traits and resilience on homesickness of college students. *Procedia - Social and Behavioral Sciences*, 82, 537-541. <https://doi.org/10.1016/j.sbspro.2013.06.305>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., Pottie, K., & Canadian Collaboration for Immigrant and Refugee Health (CCIRH) (2011). Common mental health problems in immigrants and refugees: general approach in primary care. *CMAJ: Canadian Medical Association Journal = Journal de l'Association Medicale Canadienne*, 183(12), E959–E967. <https://doi.org/10.1503/cmaj.090292>

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Koch, S. C. (1999). *Die psychosoziale Situation Asylsuchender am Beispiel der Stadt Heidelberg zur Zeit der Deutsch-Deutschen Wende*. Ibidem Verlag.
- Koch, S. C., & Fuchs, T. (2011). Embodied arts therapies. *The Arts in Psychotherapy*, 38(4), 276-280. <https://doi.org/10.1016/j.aip.2011.08.007>
- Kometiani, M. K., & Farmer, K. W. (2020). Exploring resilience through case studies of art therapy with sex trafficking survivors and their advocates. *The Arts in Psychotherapy*, 67, 101582. <https://doi.org/10.1016/j.aip.2019.101582>
- Kosar-Altinyelken, H. (2018). Promoting the psycho-social well-being of international students through mindfulness: A focus on regulating difficult emotions. *Contemporary Buddhism*, 19(2), 185-202. <https://doi.org/10.1080/14639947.2019.1572306>
- Kuntsman, A. (2003). Double homecoming: Sexuality, ethnicity, and place in immigration stories of Russian lesbians in Israel. *Women's Studies International Forum*, 26, 299-311. [https://doi.org/10.1016/S0277-5395\(03\)00075-X](https://doi.org/10.1016/S0277-5395(03)00075-X)
- Leong, C.-H., & Ward, C. (2000). Identity conflict in sojourners. *International Journal of Intercultural Relations*, 24(6), 763-776. [https://doi.org/10.1016/S0147-1767\(00\)00030-4](https://doi.org/10.1016/S0147-1767(00)00030-4)
- Lewis, C., Roberts, N. P., Gibson, S., & Bisson, J. I. (2020). Dropout from psychological therapies for post-traumatic stress disorder (PTSD) in adults: Systematic review and meta-analysis. *European Journal of Psychotraumatology*, 11(1), 1709709. <https://doi.org/10.1080/20008198.2019.1709709>
- Lu, L. (1990). Adaptation to British universities: Homesickness and mental health of Chinese students. *Counselling Psychology Quarterly*, 3, 225-232. <http://dx.doi.org/10.1080/09515079008254253>
- Malchiodi, C. A. (2003). Expressive arts therapy and multimodal approaches. In C. A. Malchiodi (Ed.), *Handbook of Art Therapy* (pp. 106-119). The Guilford Press.
- Mallet, S. (2004). Understanding home: A critical review of the literature. *The Sociological Review*, 52(1), 62-89. <https://doi.org/10.1111/j.1467-954X.2004.00442.x>
- Mayring, P. (2000). *Qualitative Inhaltsanalyse. Grundlagen und Techniken* (7th ed.). Deutscher Studien Verlag.
- Merleau-Ponty, M. (2002). *Phenomenology of perception* (Colin Smith, Trans.; 2nd ed.). Routledge. <https://doi.org/10.4324/9780203994610>

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Moon, C. H. (Ed.). (2011). *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies*. Taylor & Francis Ltd.
- Morrow, R. M. (1993). *The relationship between quantity of possessions transported and homesickness in migrants*. Edith Cowan University. https://ro.ecu.edu.au/theses_hons/490
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101. <https://doi.org/10.1080/15298860309032>
- Niziurski, J. A., & Berntsen, D. (2018). A prospective study of homesickness in soldiers during military deployment: Corrigendum. *Personality and Individual Differences*, 124, 215. <https://doi.org/10.1016/j.paid.2017.12.033>
- Ong, C. W., Lee, E. B., & Twohig, M. P. (2018). A meta-analysis of dropout rates in acceptance and commitment therapy. *Behaviour Research and Therapy*, 104, 14-33. <https://doi.org/10.1016/j.brat.2018.02.004>
- Online Etymology Dictionary (n.d.). Contact. In *Online Etymology Dictionary*. Retrieved May 2, 2023 from <https://www.etymonline.com/word/contact>
- Öster, I., Svensk, A., Magnusson, E., Thyme, K., Sjödin, M., Åström, S., & Lindh, J. (2006). Art therapy improves coping resources: A randomized, controlled study among women with breast cancer. *Palliative & Supportive Care*, 4(1), 57-64. <https://doi.org/10.1017/S147895150606007X>
- Paxton, S. (1979). A Definition. *Contact Quarterly*, Winter vol. V/2.
- Payne, H., & Brooks, S. (2019). Corrigendum: Different strokes for different folks: The Bodymind Approach as a learning tool for patients with medically unexplained symptoms to self-manage. *Frontiers in Psychology* 10, 1837. <https://doi.org/10.3389/fpsyg.2019.01837>
- Perls, F. S. (1980). Gestalt – Wachstum – Integration. Aufsätze, Vorträge, Therapiesitzungen. In H. Petzold (Ed.), *Integrative Therapie*. Junfermann.
- Perls, F., Hefferline, R., & Goodman, P. (1997). *Gestalttherapie. Grundlagen*. Dtv.
- Perls, F. (2019). *Grundlagen der Gestalt-Therapie* (16th ed.). Klett-Cotta.
- Pfund, R. A., Peter, S. C., McAfee, N. W., Ginley, M. K., Whelan, J. P., & Meyers, A. W. (2021). Dropout from face-to-face, multi-session psychological treatments for problem and disordered gambling: A systematic review and meta-analysis. *Psychology of Addictive Behaviors*, 35(8), 901-913. <https://doi.org/10.1037/adb0000710>

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Rosner, R., Hagl, M., Bücheler, L., & Comtesse, H. (2022). Homesickness in asylum seekers: The role of mental health and migration-related factors. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsyg.2022.1034370>
- Rouhani, F. (2019). Belonging, desire, and queer Iranian diasporic politics. *Emotion, Space and Society*.
- Russon, J. (2003). *Human experience: Philosophy, neurosis, and the elements of everyday life*. State University of New York Press.
- Salom, A. (2015). Weaving potential space and acculturation: Art therapy at the museum. *Journal of Applied Arts and Health*, 6, 47-62. https://doi.org/10.1386/jaah.6.1.47_1
- Sam, D., & Berry, J. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*, 5, 472-481. <https://doi.org/10.1177/1745691610373075>
- Samaritter, R. (2018). The aesthetic turn in mental health: Reflections on an explorative study into practices in the arts therapies. *Behavioral Sciences (Basel, Switzerland)*, 8(4), 41. <https://doi.org/10.3390/bs8040041>
- Scharp, K. M., Paxman, C. G., & Thomas, L. J. (2016). "I want to go home": Homesickness experiences and social-support-seeking practices. *Environment and Behavior*, 48(9), 1175-1197. <https://doi.org/10.1177/0013916515590475>
- Scopelliti, M., & Tibero, L. (2010). Homesickness in university students: The role of multiple place attachment. *Environment and Behavior*, 42, 335-350. <http://dx.doi.org/10.1177/0013916510361872>
- Semmlinger, V., Takano, K., Schumm, H., & Ehring, T. (2021). Dropout from psychological interventions for refugees and asylum seekers: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 89(9), 717-730. <https://doi.org/10.1037/ccp0000681>
- Schami, R. (Ed.). (2018). *Sehnsucht*. ars vivendi.
- Schleider, J. L., & Beidas, R. S. (2022). Harnessing the Single-Session Intervention approach to promote scalable implementation of evidence-based practices in healthcare. *Frontiers in Health Services*, 2, 997406. <https://doi.org/10.3389/frhs.2022.997406>
- Sinapius, P. (2018). *Intermedialität und Performativität in den künstlerischen Thapien*. HPB University Press.

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Statistisches Bundesamt. (April 20, 2023a). Verteilung der Bevölkerung* in Deutschland im Jahr 2022 nach Migrationshintergrund und Migrationserfahrung (in 1.000) [Graph]. In Statista. Retrieved August 7, 2023 from <https://de.statista.com/statistik/daten/studie/161051/umfrage/bevoelkerung-mit-und-ohne-migrationshintergrund-in-deutschland/>
- Statistisches Bundesamt. (June 20, 2023b). Anteil der ausländischen Bevölkerung an der Gesamtbevölkerung in Hamburg von 2009 bis 2022 [Graph]. In Statista. Retrieved August 7, 2023 from <https://de.statista.com/statistik/daten/studie/254693/umfrage/auslaenderanteil-in-hamburg/>
- Stillman, S., McKenzie, D., & Gibson, J. (2009). Migration and mental health: Evidence from a natural experiment. *Journal of Health Economics*, 28(3), 677-687. <https://doi.org/10.1016/j.jhealeco.2009.02.007>
- Stroebe, M., Schut, H., & Nauta, M. (2015). Homesickness: A systematic review of the scientific literature. *Review of General Psychology*, 19(2), 157-171.
- Stroebe, M., Schut, H., & Nauta, M. H. (2016). Is homesickness a mini-grief? Development of a dual process model. *Clinical Psychological Science*, 4(2), 344-358. <https://doi.org/10.1177/2167702615585302>
- Stroebe, M., van Vliet, T., Hewstone, M., & Willis, H. (2002). Homesickness among students in two cultures: Antecedents and consequences. *British Journal of Psychology*, 93, 147-168. <http://dx.doi.org/10.1348/000712602162508>
- Sun, J., Hagedorn, L. S., & Zhang, Y. (2016). Homesickness at college: Its impact on academic performance and retention. *Journal of College Student Development*, 57(8), 943-957. <https://doi.org/10.1353/csd.2016.0092>
- Sutton, A. (2016). Measuring the effects of self-awareness: Construction of the Self-Awareness Outcomes Questionnaire. *Europe's Journal of Psychology*, 12(4), 645-658. <https://doi.org/10.5964/ejop.v12i4.1178>
- Tartakovsky, E. (2007). A longitudinal study of acculturative stress and homesickness: High-school adolescents immigrating from Russia and Ukraine to Israel without parents. *Social Psychiatry and Psychiatric Epidemiology*, 42, 485-494. <http://dx.doi.org/10.1007/s00127-007-0184-1>
- Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity*, 12(3), 278-290. <https://doi.org/10.1080/15298868.2012.667913>

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

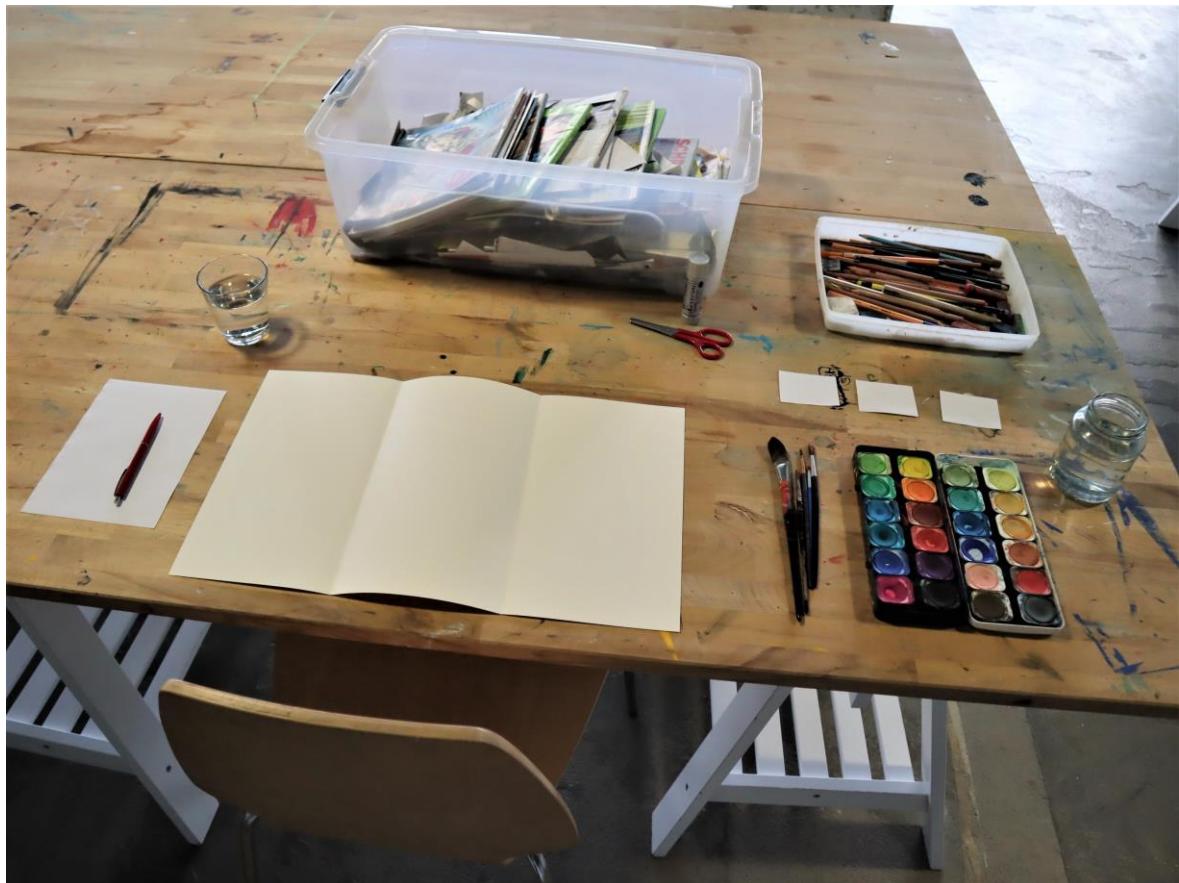
- Thurber, C. A., & Walton, E. A. (2012). Homesickness and adjustment in university students. *Journal of American College Health*, 60, 415-419. <http://dx.doi.org/10.1080/07448481.2012.673520>
- Treweek, S., Pitkethly, M., Cook, J., Fraser, C., Mitchell, E., Sullivan, F., Jackson, C., Taskila, T. K., & Gardner, H. (2018). Strategies to improve recruitment to randomised trials. *The Cochrane Database of Systematic Reviews*, 2(2), MR000013. <https://doi.org/10.1002/14651858.MR000013.pub6>
- van Lange, P. A. M., & Columbus, S. (2021). Vitamin S: Why is social contact, even with strangers, so important to well-being?. *Current Directions in Psychological Science*, 30(3), 267-273. <https://doi.org/10.1177/09637214211002538>
- van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy*, 47, 9-22. <https://doi.org/10.1016/j.aip.2015.09.003>
- van Tilburg, M. A. L. (2005). The psychological context of homesickness. In M. A. L. van Tilburg & A. J. J. M. Vingerhoets (Eds.), *Psychological aspects of geographical moves: Homesickness and acculturation stress* (pp. 35–48). Amsterdam University Press. <http://www.jstor.org/stable/j.ctt46mv9k.7>
- van Tilburg, M. A. L., Eurelings-Bontekoe, E. H. M., Vingerhoets, A. J. J. M., & Van Heck, G. L. (1999). An exploratory investigation into types of adult homesickness. *Psychotherapy and Psychosomatics*, 68(6), 313-318. <https://www.jstor.org/stable/48510543>
- van Tilburg, M. A. L., Vingerhoets, A. J. J. M., & van Heck, G. L. (1997). Coping with homesickness: The construction of the Adult Homesickness Coping Questionnaire. *Personality and Individual Differences*, 22(6), 901-907. [https://doi.org/10.1016/S0191-8869\(97\)00010-X](https://doi.org/10.1016/S0191-8869(97)00010-X)
- van Tilburg, M. A. L., Vingerhoets, A. J. J. M., & Van Heck, G. L. (1996). Homesickness: A review of the literature. *Psychological Medicine*, 26, 899-912.
- Verschuur, M. J., Eurelings-Bontekoe, E. H. M., Spinhoven, P., & Duijsens, I. J. (2003). Homesickness, temperament and character. *Personality and Individual Differences*, 35(4), 757-770. [https://doi.org/10.1016/S0191-8869\(02\)00281-7](https://doi.org/10.1016/S0191-8869(02)00281-7)
- Vick, R. M. (2003). A brief history of art therapy. In *Handbook of art therapy* (pp. 5-15). Guilford Press.

COPING WITH HOMESICKNESS: CONTACT IN ART THERAPY

- Vingerhoets, A. J. J. M. (1997). The homesickness concept: Questions and doubts. In M. van Tilburg & A. J. J. M. Vingerhoets (Eds.), *Psychological aspects of geographical moves: Homesickness and acculturation stress* (pp. 1-16). Tilburg University Press.
- Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. *Journal of Natural Science, Biology, and Medicine*, 5(2), 233-239. <https://doi.org/10.4103/0976-9668.136141>
- von Spreti, F., Förstl, H., & Martius, P. A. (Eds.). (2012). *Kunsttherapie bei psychischen Störungen* (2nd ed.). Urban & Fischer in Elsevier.
- Wang, Q., & Li, D. (2016). Advances in art therapy for patients with dementia. *Chinese Nursing Research*, 3, 105-108. <https://doi.org/10.1016/j.cnre.2016.06.011>
- Watt, S. E., & Badger, A. J. (2009). Effects of social belonging on homesickness: an application of the belongingness hypothesis. *Personality & Social Psychology Bulletin*, 35(4), 516–530. <https://doi.org/10.1177/0146167208329695>
- Wong-Valle, E. (1981). Art therapy as a tool in the acculturation of the immigrant mental patient. *Pratt Institute Creative Arts Therapy Review*, 2, 46-51.
- Ying, Y. (2005). Variation in acculturative stressors over time: A study of Taiwanese students in the United States. *International Journal of Intercultural Relations*, 29, 59-71. <http://dx.doi.org/10.1016/j.ijintrel.2005.04.003>
- Zhou, Y., Jindal-Snape, D., Topping, K., & Todman, J. (2008). Theoretical models of culture shock and adaptation in international students in higher education. *Studies in Higher Education*, 33, 63-75. <https://doi.org/10.1080/03075070701794833>

Appendix C

Art Materials and Intervention Setting



Note. In the photograph, the materials are displayed altogether. During the intervention, the materials were placed on a separate table on the right, where the author was sitting. For each exercise, the author explained and brought over the material to the participant's table. Afterwards, she placed it back on her table. This allowed the participant to focus on each activity separately. Altogether, the materials comprised pan watercolors, a glass of water, assorted brushes, colored pencils, fine liners, crayons, magazines, a glue stick, scissors, a watercolor paper sheet (31 x 50 cm) as the base for the triptych, and three small pieces of paper (each one 5 x 7 cm) for the keywords from each field. Additionally, each participant had a DIN A5 sheet of paper and a pen at their disposition throughout the intervention for personal notes. This was not collected.

Appendix F

Photographs of Final Artworks

Participant 1



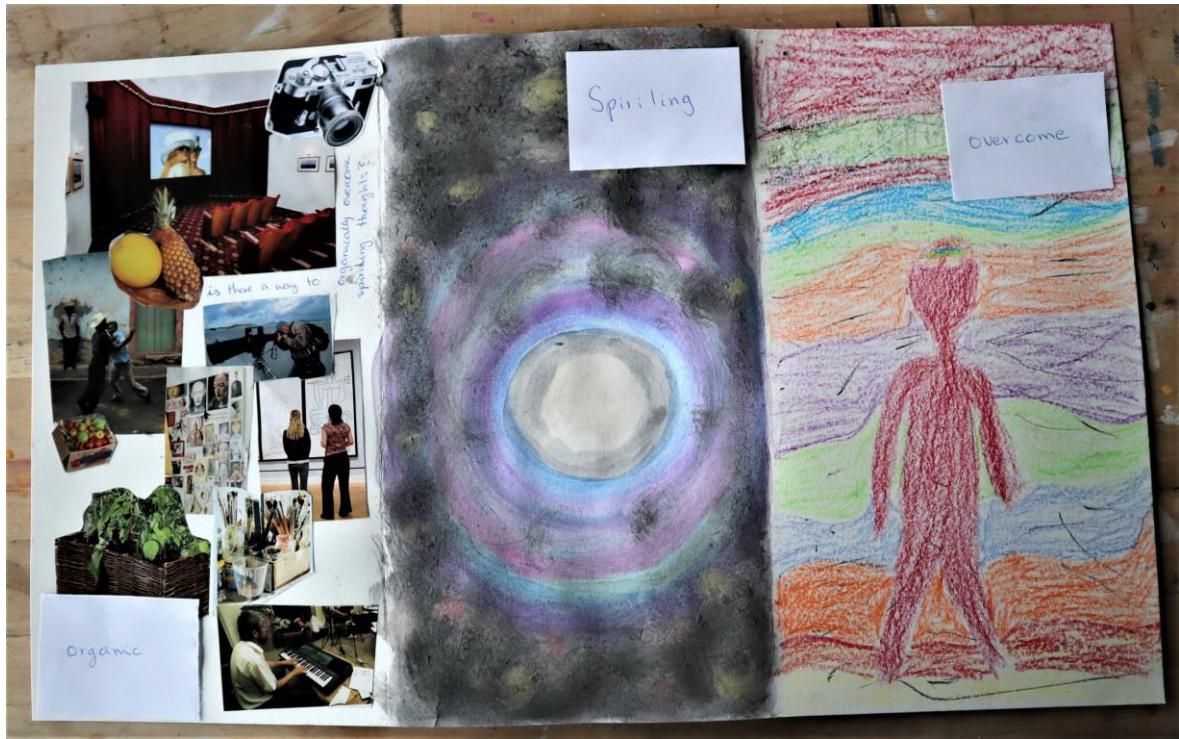
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Participant 2



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Participant 3



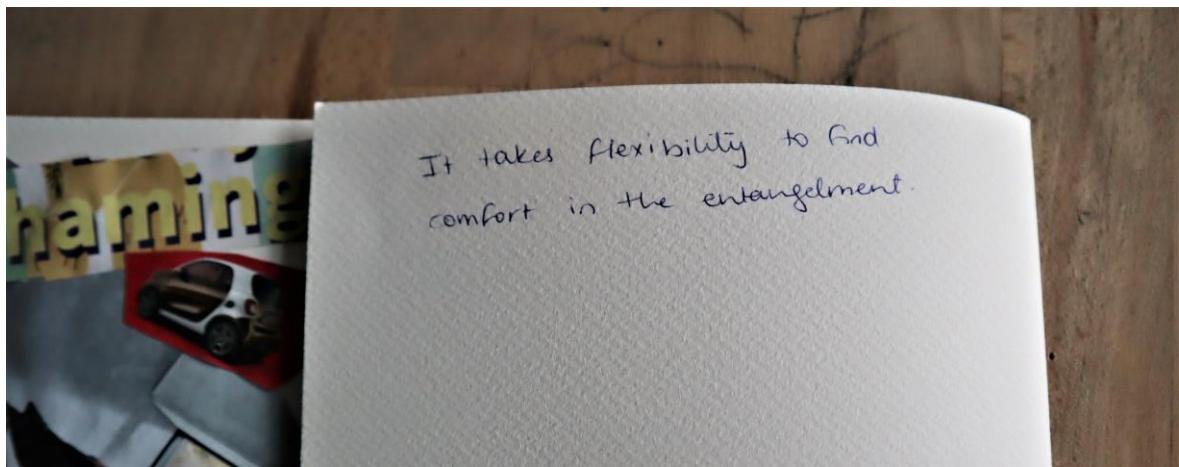
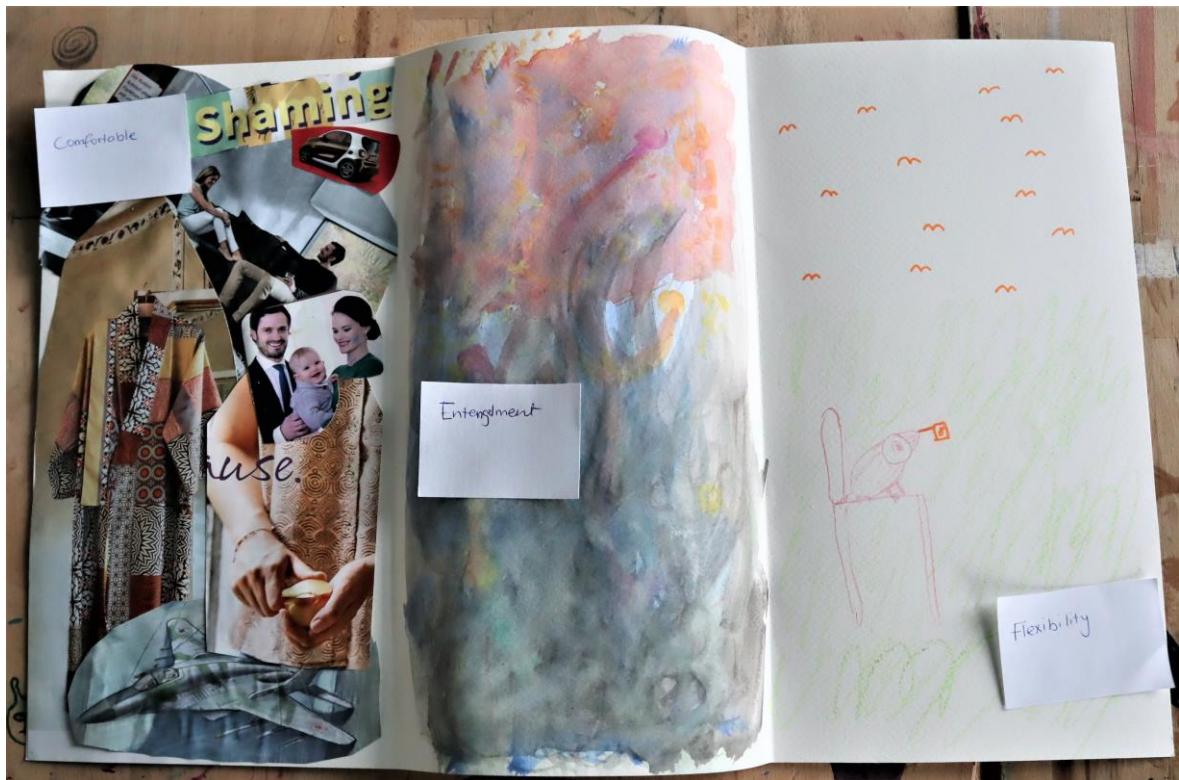
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Participant 4



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Participant 5



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Participant 6



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Participant 7



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Participant 8



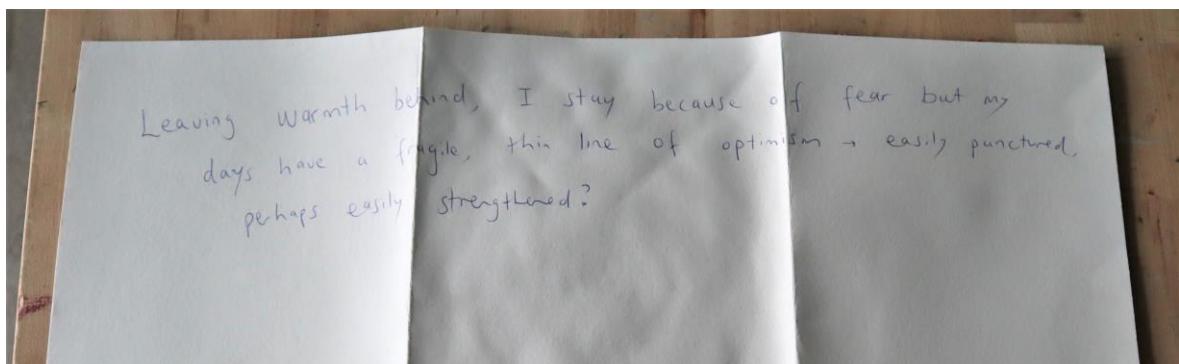
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Participant 9



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Participant 10



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Participant 11

