Chapter 15
Look of Life:
The Wonder Therapy

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ABSTRACT

The use of virtual reality (VR) shows promising results in improving the emotional wellbeing of cancer patients, reducing anxiety, depression, and pain symptoms. No data exist concerning the use of VR in cancer patients assisted at home. The ANT Foundation decided to conduct a pilot study to test the use of VR in cancer patients assisted at home. Fifty-eight ANT patients were randomized and assigned to a control group that didn’t use VR devices and to an experimental group that used them. The primary objective of the pilot study was to determine whether VR device could be a viable instrument in homecare patients. Furthermore, the aim of the study was to discover if VR could have beneficial effects on patients’ quality of life as well as discover which kind of videos were more effective. The innovative aspect of this study was to test the use of VR directly at home of patients, proposing a use of VR that is compatible with the needs and the daily rhythms of families, and investigating its effectiveness through appropriate validated psychometric questionnaires and semi-structured interviews.

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INTRODUCTION

The experience of a cancer diagnosis and progression of the disease in its different phases can lead to psychological distress, relationship problems, cognitive limitations and numerous physical symptoms of a strong emotional impact. Besides compromising the physical health of the patient, cancer often causes psychological discomfort characterized by anxious and depressive symptoms that may be clinically significant in some cases. These factors can seriously affect the quality of life of the person and his family environment, hampering the adherence to treatment, the efficacy of therapies and deteriorating the clinical prognosis. Cancer greatly interferes with all aspects of daily life of the person affected, from family and personal relationships to business and financial areas. Numerous studies confirm that a high number of cancer patients experience severe levels of psychological distress such as depression and anxiety, with a percentage people affected respectively of 20% and 10% (Pitman et al., 2018). Contrary to expectations, percentages of people suffering of depression and anxiety in end-of-life phase do not differ significantly from those of patients in non-palliative care settings (Mitchell et al., 2011). In addition to the emotional distress related to the anguish of confronting death, advanced stages of the disease very often imply a progressive loss of functional autonomy. This puts the patient in a state of deprivation and forced isolation from a relational and social aspect that was hitherto part of their life. This state of psychological distress naturally adds to the burden of the physical symptoms caused by the disease and/or invasive therapies, above pain. The reduction of the opportunities in which it is possible to experience positive emotions and meaningful social interactions often corresponds to an intensification of the concerns and the obsessive thoughts, which in turn increase stress and connect to further negative emotional experiences. This vicious circle, in absence of rapid and effective intervention, risks to worsen patients’ quality of life. Beyond pharmacological approach, complementary psychological techniques aiming to deflect patient’s attention from unpleasant symptoms have been employed (e.g. muscular progressive relaxation, mindfulness, guided imagery). By moving attention towards neutral or positive emotions and sensations, these techniques may help patients to manage distress and pain.

BACKGROUND

Alongside traditional interventions, in recent years several studies have tested the effectiveness of the use of immersive audiovisual technologies, which are able to emotionally involve the person, capture his attention and directing it to new stimuli (Nichols & Patel 2002; Spagnolli et al., 2003; Spagnolli & Gamberini, 2005; Scozzari & Gamberini, 2011; Gamberini & Spagnolli, 2015). Moreover, such a technology offers the significant advantage of being used in low mobility conditions and without specific and complicated training. In recent years, Virtual Reality (VR) has been employed with great success to manage anxiety in different anxiety disorders – through the Virtual Reality Exposure Therapy – chronic pain and acute pain in patients undergoing routine and invasive medical interventions (Li et al., 2011; Morina et al., 2015). Indeed, use of VR has shown promising results in reducing emotional and physical discomfort among cancer patients. A common disturbing experience relating to cancer is definitely pain: chronic cancer pain often involves persistent pain – which may last all day – and breakthrough pain—a brief flare-up of severe pain occurring even while patient is regularly taking pain medication. Cancer-related pain affects about 70% of patients and recent data suggest that it may be inadequately controlled in up to 50% of patients (Neufeld et al. 2017). VR has gained recognition as means of attenuating pain in