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Use of Expressive Arts to Improve Quality of Life in Individuals with Mental Illness

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Capstone Proposal: Use of Expressive Arts to Improve Quality of Life in Individuals with
Mental Illness

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Abstract

Within the mental health community, the expressive arts are gaining popularity as a respected form of therapy; however, there is still much to be discovered in regard to its effectiveness with individuals with a mental health diagnosis. Research completed to date includes the exploration of a variety of modalities and its benefits to those with a mental illness, but it lacks an examination of the effect that the expressive arts has on overall quality of life. As a contribution to what will hopefully be an expanding area of interest, this writer designed an expressive arts therapy group facilitated at a mental health day programming facility. The group was facilitated over ten weeks with participants ranging in age from 26 to 68. Results did not indicate a substantial change in quality of life scores; however, the participants' consistent participation, themes of hope, passing time, and moving forward, and demonstration of trust amongst group members suggested that the expressive arts modalities benefit the quality of life of individuals living with a mental health condition.

Keywords: chronic mental illness, expressive arts therapy, quality of life

According to the National Institute of Mental Health, “In 2015, there were an estimated 43.4 million adults aged 18 or older in the United States with AMI within the past year. This number represented 17.9% of all U.S. adults” (“Mental health by the numbers”, 2018). Although 17.9 may not seem to be a staggering percentage, consider the fact that “adults living in U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions” (Mental health by the numbers”, 2018). In addition to an earlier mortality rate, consider the impact that mental illness has on an area of our lives that may be underappreciated: education. According to the National Alliance on Mental Illness, “Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out—the highest dropout rate of any disability group” (“Mental health by the numbers”, 2018). It is known that an individual’s level of education has a significant impact on his or her ability to obtain gainful employment as the individual enters adulthood; therefore, those who dropped out of school will likely be significantly impeded in their employment journey. These considerations suggested that individuals living with mental illness do not experience the same quality of life as individuals living without mental illness. Huyett (2018) suggested that the incorporation of the expressive arts into treatment can improve the overall quality of the life of this population.

Quality of Life

The Center for Disease Control (CDC) defined quality of life (QOL) as “a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life” (“Health related quality of life”, 2016). Quality of Life for reason of assessment completion consists of five main categories: material and physical well-being; relationships with other people; social, community, and civic activities; personal development

and fulfillment; and recreation. The symptoms of mental illness, depending on their severity, can greatly impact an individual's functioning. Pitkänen, Hätönen, Kuosmanen, and Välimäki (2009) sought to gain insight about to what degree mental illness impacts individuals' quality of life. This study captured a snapshot of quality of life in participants with acute symptoms of mental illness within psychiatric units. Results of the study indicated that quality of life is impaired by mental illness as average scores across the areas of QOL measured ranged from 49.0-69.1 in comparison to a mean global score of 61.5 (Pitkänen et al., 2009). The highest rated areas of importance by the participants were as follows: health (including mental health); family; leisure activities; work or study; and social relationships (Pitkänen et al., 2009). The categories rated by the participants support the areas selected for assessment. As previously mentioned, health and work or study are areas greatly impacted by having a mental health diagnosis. Mental illnesses commonly have symptoms associated with an impact on one's social relationships. The impact on social relationships may then consequently affect an individual's leisure activities as symptoms of mental illness could include loss of interest in activities he or she enjoys and loss of energy. Relationships with family may be strained due to burn-out or enduring certain symptoms or behaviors of their loved one's illness. Not only does decreased quality of life affect the individual, but it also impacts others involved in his or her life. Every individual deserves to experience the highest quality of life possible.

Malchiodi (2005) defined expressive arts therapy as “the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation or health care” (p. 2). Each of these modalities can be utilized independently or can be combined when appropriate in what is referred to as an “integrative approach” (Malchiodi, 2005, p. 2). Every modality has a unique therapeutic offering.

Art therapy focuses on the art-making process rather than on the products created. According to the American Art Therapy Association, this process is used as a “therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem (as cited in Malchiodi, 2005, p. 2). Music therapy utilizes music to create positive changes in all areas of individuals’ functioning who have health or educational problems (American Music Therapy Association as cited in Malchiodi, 2005, p. 2). The National Drama Therapy Association defined drama therapy as the “use of drama/theatre processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth” (Malchiodi, 2005, p. 2). Additionally, it can assist in building problem solving skills, attaining catharsis, perceiving symbolism, and increasing self-awareness (Malchiodi, 2005). The NCCATA stated that dance/movement therapy emphasizes the concept of the interrelatedness of the mind and body and is used in order to “effect change in feelings, cognitions, physical functioning, and behavior” (as cited in Malchiodi, 2005, p. 2). Poetry therapy, also known as bibliotherapy, assists individuals with the process of healing and personal growth by exploring themselves introspectively through writing (NCCATA as cited in Malchiodi, 2005, p. 2). Play therapy assists clients with working through psychosocial problems using therapeutic play (Boyd-Webb, 1999 & Landreth, 1991 as cited in Malchiodi, 2005, p. 2). Lastly, sandtray therapy helps individuals to explore their inner selves more deeply using a sandbox and miniatures (Malchiodi, 2005).

The modality used is influenced by the goals of the client as well as his or her relationship to the arts. In some cases, an individual may be encouraged to work through discomfort with modalities if it is determined to be therapeutically beneficial for him or her. As

previously mentioned, it is possible that two or more modalities may be incorporated into a session. Expressive arts therapies can be beneficial when working with clients who are unable to communicate verbally; however, this is not the only situation in which it is effective. These therapies can be effectively utilized with individuals who are verbal to bring any subconscious feelings to the surface as well as to deepen understanding of their inner selves. This makes expressive arts therapies ideal not only for the acutely mentally ill, but also individuals who are higher functioning as discussion may take place during or following any modality processes.

Development of Expressive Arts Therapy

Although Shaun McNiff indicated that the arts have been used for healing purposes throughout history, Cathy Malchiodi (2005) indicated that it was not until the 1800's-1900's that the arts were explored as an adjunct to medical treatment including psychiatry (as cited in Malchiodi, 2005). Fleshman and Fryrear (1981) proposed that "During this time the movement to provide more human treatment of people with mental illness began and "moral therapy" included patient involvement with the arts" (as cited by Malchiodi, 2005). It was not until the early 1900s that documentation was available regarding the therapeutic properties of the arts. One notable example is during World War I, when music was referred to as a "miracle cure" because of its ability to assist patients when other treatments failed (Malchiodi, 2005). In 1926, Florence Goodenough measured child cognitive development through observing their drawings. According to Vick (2003), Hans Prinzhorn expressed an interest in the artwork of individuals with severe mental illness around this same time (cited by Malchiodi, 2005).

Hans Prinzhorn set the tone for the 1930's and 1940's as it was then that mental health professionals and artists became aware of the notion that "self-expression through nonverbal methods such as painting, music making, or movement might be helpful for people with severe

mental illness” (Malchiodi, 2005). Symptoms of acute mental illness seen in patients in a psychiatric hospital such as psychosis, disorganized speech, catatonia, and word salad cause difficulty in verbal communication making traditional talk therapy approaches less effective. In Europe “it became apparent the artwork made by people in the midst of psychosis often resonated with a more general need to understand those matters which lie below the surface” (Killick & Schaverien, 1997, p. 153). This led to the incorporation of the arts into treatment in major psychiatric hospitals such as the Menninger Clinic in Kansas and St. Elizabeths in Washington, DC (Malchiodi, 2005).

Post-World War II, art therapy was being utilized in Europe to rehabilitate military service members who had experienced trauma as a result of the war (Killick & Schaverien, 1997, p. 146). The influx of services needed to serve populations affected from both world wars created the “economic need to find more immediate understanding of the nature and treatment of mental distress” (Killick & Schaverien, 1997, p. 146). It was recognized that the need resulting from the world wars as well as the movement for deinstitutionalization called for community care solutions such as psychotherapeutic groups. Interestingly, this initial movement for community care was not directed towards individuals experiencing psychosis, but rather individuals with personality disorders. It was not until the 1960’s to 1970’s that these therapeutic community programs were introduced into psychiatric wards for patients with varying diagnoses, including a history of psychosis as well as acute psychosis (Killick & Schaverien, 1997, p. 149). The 1960’s to 1970’s were a time of great development for the expressive arts therapies as these years marked the emergence of humanistic schools of therapy as well as “existential ideas and the antipsychiatry movement” (Killick & Schaverien, 1997, p. 159). It was during this period of time that “an idea related to creative illness is that of the mad genius” became popular in western

culture. This became a controversial topic as it was debated whether artwork created by the “insane” were deemed to be art (Killick & Schaverien, 1997, p. 160). Jung (1933) stated,

Although from time to time my patients produce artistically beautiful creations which might very well be shown in modern art exhibitions, I nevertheless treat them as wholly worthless according to the tests of serious art. It is essential that no such value be allowed them, for otherwise my patients might imagine themselves to be artists, and this would spoil the effects of the exercise. It is not a question of art – or rather it should not be a question of art – but of something more, something other than mere art, namely the living effect upon the patient himself. (as cited in Killick & Schaverien, 1997, p. 160)

Macgregor wrote that particular conditions had to exist to facilitate the creation of artwork by individuals with mental illness: “prolonged hospitalization, prolonged psychosis (i.e. before the use of medication), and the absence of therapy” (as cited in Killick & Schaverien, 1997, p.160). With these being less common, Macgregor insinuated that artwork created by individuals who are severely mentally ill would come to an end (Killick & Shaverien, 1997).

This assumption was not the case as universities continue to establish training programs for expressive arts therapy. More recently, play therapy and sand tray therapy have started being included in expressive arts therapy practice (Malchiodi, 2005).

Literature Review

Over time, there has been a continued realization that forms of artistic expression can be incorporated into existing treatments as well as can be used to create their own forms of treatment. The emphasis on mindfulness in Dialectical Behavior Therapy makes it a potentially beneficial treatment to be utilized in combination with expressive arts therapies. Van Vliet, Foskett, Singhal, and Vohra (2017) studied how a mindfulness-based approach could impact adolescents with significant mental health issues. Participants of this study completed 8 weeks of weekly two-hour sessions of "didactic instruction, experiential exercises and practice, group discussion, and self-reflection" (Van Vliet, Foskett, Singhal, & Vohra, 2017, p. 18). In addition

to activities such as mindful eating, sitting and walking meditations, body scans, yoga, and mindful breathing, psychoeducational components were included. Data was collected through individual face-to-face semi-structured interviews conducted two weeks following the completion of the program and again after three months. Additional forms of data collection included "interpretive qualitative inquiry methodology thematic analysis methods" (Van Vliet, Foskett, Singhal, & Vohra, 2017, p. 18). Results from their study indicated that mindfulness-based practices improved mood, enhanced relationships with oneself, increase self-awareness, improved problem solving, increased self-control, provided an awareness of the present, and enhanced personal relationships (Van Vliet, Foskett, Singhal, & Vohra, 2017).

Research conducted by Davis and Boster (1992) proposed that the inclusion of both Cognitive-Behavioral and Expressive Interventions could assist youths with decreasing aggressive and resistant behavior. Individuals who engaged in aggressive or violent behaviors may struggle to express emotions verbally and it is thought that the use of expressive arts modalities can be utilized to assist with building problem solving skills (Davis & Boster, 1992). An example given was the use of visual arts to help an individual process the consequences of his/her actions as well as discuss alternative healthy behaviors. Although adolescents were the focus of this research, individuals with certain mental health diagnoses often experience similar difficulties with emotional regulation; therefore, results insinuate that this approach could be of benefit to this population as well.

Traditionally, exposure therapy has been utilized for the treatment of posttraumatic stress disorder, phobias, obsessive-compulsive disorder, and anxiety. When working with children diagnosed with anxiety disorders, exposure is still thought to be an effective treatment method; however, due to its typical rigid nature it tends to be met with reluctance by this population

(Weisman, 2017). To decrease this rigidity, “playful exposure” was introduced. Playful exposure is “the fusion between exposure technique and play, whether it occurs in the course of cognitive-behavioral therapy (CBT) or in a play therapy setting” (Weisman, 2017, p. 496). Integrating play, which occurs naturally for children, is a useful strategy to create a comfortable environment in which a child’s inner emotions and thoughts can be explored in a less intrusive or clinical manner. Winnicott implied that providing what is referred to as a transitional space, “the intermediate zone of experience between the inner and outer worlds where fantasy and reality overlap,” (as cited in Weisman, 2017, p. 499) brings forth the opportunity for children to process traumatic or frightening events more comfortably and freely. “From a behavioral perspective, it could be argued that by creating a playful atmosphere during the exposure task, the child may form new, competing associations between the stressor and the feeling of enjoyment” (Weisman, 2017, p. 498). If these new associations are created, the anxiety is likely to decrease. Although this research studied children, there may be lessons to be learned regarding how the environment could impact adults participating in exposure therapy. Lessened anxiety could significantly improve areas of an individual’s quality of life.

Another expressive arts modality relating to mental health that has been reviewed is clay therapy. It has been proposed that clay has therapeutic value such as to “promote the release of emotions and may lead the patients to feel pleasure in the act itself, as well as have control over their feelings through their hands” (de Moraes, Roecker, Salvagioni, & Eler, 2014, p. 129-130). Feeling a sense of control over their emotions is important for individuals with mental illness, particularly patients in a psychiatric unit who may be feeling as though other aspects of their worlds are out of their control. Several themes were explored in one study through means of patient statements: “becoming familiar with clay art therapy; feeling clay therapy; and realizing

the effect of clay therapy” (de Morais et al., 2014, p. 131). “While patients worked with the clay, they expressed themes that demonstrated painful way” (de Morais et al., 2014, p. 134). For individuals who have experienced trauma, clay therapy has insinuated that since “...touch allows access to all developmental stages from prenatal to adolescence, art therapy can encourage the hands to close developmental gaps and inform the brain of necessary or revised learning steps” (Elbrecht, 2012, p. 35). Clay work has also been shown to reactivate the prefrontal cortex of the brain after having been shut down as a result of trauma (Elbrecht, 2012). It can be difficult to verbally express one’s thoughts, especially for those whose illness causes symptoms such as disorganized thought processes, incoherent speech, rapid speech, and “word salad.” It is crucial for individuals who are experiencing these active symptoms of their mental illness to have a different channel through which to explore them when words fail. Lastly, when reflecting on their experiences post-clay therapy, all but one participant shared feeling that it made a positive impact to their mental well-being. It was also noted that participants “developed a healthier social life, improved their verbal and non-verbal communication, increasing their freedom, self-esteem and control of internal impulses” (de Morais et al., 2014, p. 135). These results then proposed that clay therapy can improve relationships with other people; social, community, and civic activities; personal development and fulfillment; and recreation.

In addition to clay therapy, a method that has been examined with the mental health population is the Tree Theme Method. The Tree Theme Method is composed of “storytelling and storymaking, combined with a creative activity that stimulates the clients to express themselves in terms of doing, being, and becoming,” all while centrally focused on the theme of a tree (Gunnarsson, Peterson, Leufstadius, Jansson, & Eklund, 2010, p. 201). The individual is invited to create an image of a tree that depicts him- or herself, as it is thought the tree can be

demonstrative of varying aspects of life such as development and growth (Gunnarsson, Jansson, & Eklund, 2006). The basis for the utilization of a tree as a metaphor is that the tree is one of the first images that children learn to draw, making it easy for individuals of all skill levels to explore (Gunnarsson, Jansson, & Eklund, 2006). The results of exploring this method were summarized into one overall theme, “the client made a journey, and engaged in a difficult process, offering new life perspectives” (Gunnarsson et al., 2010, p. 206). Storytelling was further investigated; however, utilizing a different method referred to as life story work. This approach to storytelling was developed from a person-centered approach and “aims to help the person gain or regain a sense of their identity in relation to others, and to support acceptance and rehabilitation, which in turn increases the benefits of other approaches (Waldram, 2010 as cited in Moya & Arnold, 2012). Life story work can be explored using various directives, including positive posters and photo stories.

Research conducted by Rickett, Greive, & Gordon (2011) sought to explore storytelling as well; however, in this case, it was explored through writing. Though this study consisted of individuals predominantly diagnosed with cancer, it examined the psychological aspect of their treatment. The researchers implied that writing provided “an opportunity for each individual to create a ‘second story’ that makes sense of experience, especially when a life-threatening illness has suddenly removed all sense of control” (Rickett, Greive, & Gordon, 2011, p. 265). This loss of sense of control is often experienced by individuals living with a serious mental illness as well. Methods utilized in the study included reading poetry, discussing aspects of poetry writing, creating their own poems and then vocalizing them for the group (Rickett, Greive, & Gordon, 2011). Data was collected through participant interviews prior to the 8-week program as well as following its conclusion. In addition, participants completed the Kessler Psychological Distress

Scale (K-10) which is a tool used to identify “non-specific emotional distress” (Rickett, Greive, & Gordon, 2011, p. 266). Participants described the poetry workshops as creating a “transformational space” and expressed feeling that they were “more useful than a support group, because the poetry workshops focused on significant existential questions rather than simply dealing with the details of their illnesses” (Rickett, Greive, & Gordon, 2011, p. 268).

Although its effectiveness is unable to be generalized to treating all mental health diagnoses, Costa’s (2006) article suggested that “focal psychodramatic psychotherapy might be effective, when combined with pharmacotherapy, in the treatment of major depressive disorder” (p. 42). This is a significant finding considering that major depressive disorder is one of the most prevalent diagnosed mental health disorders and results in a notable impact in the working world. Psychodrama provides new perspectives or solutions to a situation to be identified after individuals interact through role-play scenarios of their lives. The Hamilton Depression Scale as well as the Social Adjustment Scale-Self-Report were utilized to measure the effectiveness of psychodrama which reflected significant improvement in the psychodrama group on both scales (Costa, 2006, p. 41). Alleviating the symptoms of this disorder could then lead to an improvement in overall quality of life. After becoming educated on the current research, this writer supports future research that will investigate further the use of expressive arts therapy to improve quality of life of individuals living with a mental health diagnosis.

Dance movement therapy may be an effective treatment for individuals with serious mental illness as well as its goal is to “help a person to dissolve acts of immobilization and to rediscover flow in the living body” (Hayes, 2013, p. 25). It is not uncommon for those living with a mental health diagnosis to describe feelings of being stuck and wondering if recovery is possible. Dance movement therapists utilize embodiment and movement to assist individuals to

“express, digest and absorb, and contain undigested life experiences” (Hayes, 2013, p. 25). Its ability to assist in this process is why dance movement therapy is recommended for individuals who have experienced a traumatic event. There is a belief in mind-body connectedness, and it is thought that returning to one’s body and viewing it as a messenger will allow one to perceive and understand (Hayes, 2013). The act of witnessing is important in the dance movement therapy process. Witnessing occurs when the therapist intentionally and mindfully observes the individual moving, ensuring that the mover is safe and seen. “This spiritual and soulful presence in witnessing brings love into the process, nurturing self-confidence and self-love in the client” (Hayes, 2013, p. 39).

Although not expansive, research has been conducted to examine the relationship between mental illness and music therapy. Ulrich, Houtmans, & Gold's study (2007) more specifically sought to study how music therapy affects individuals living with schizophrenia. Although Ulrich, Houtmans, & Gold's study (2007) was unable to suggest that music therapy directly impacted individuals’ quality of life, it found that it “diminishes negative symptoms and improves interpersonal contact. These positive effects of music therapy could increase the patient’s abilities to adapt to the social environment in the community after discharge from the hospital” (Ulrich, Houtmans, & Gold, 2007, p. 262). While quality of life encompasses multiple aspects of one’s life, the ability to navigate one’s interpersonal relationships is important to address as this is often impeded by mental illness. It is suggested that music therapy can improve social interactions. In this study, sessions typically involved the participants playing rhythm instruments together. Engaging in music-making as a group, participants learned how to work together. This can be attributed to the theory of entrainment, the “tendency of people and objects to synchronize to a dominant rhythm” (Friedman, 2000, p. 43). A broader study looked into the

implementation of music therapy, more specifically, drumming, in two mental health centers in Kansas City. This study found that the patients who participated in hour-long drumming sessions achieved multiple goals reached for through psychiatric rehabilitation: “feeling a sense of accomplishment, developing a skill, contributing to society, and increased sense of self-esteem” (Friedman, 2000, p. 87). The group developed their skills enough to perform at mental health center banquets, giving them a sense of “being productive members of a larger group” (Friedman, 2000, p. 87). Often self-esteem and a sense of contributing to society becomes lost for individuals spending significant periods of time within the mental health care system, particularly psychiatric patients in inpatient settings. These are crucial pieces to be rediscovered for individuals to live whole, fulfilling lives.

Grocke, Bloch, and Castle (2009) examined the effect of music therapy on the quality of life of individuals living with a severe mental illness. Following the conclusion of the 10 weekly sessions, the group was given the opportunity to record in a professional music studio. Methods of data measurement included the World Health Organization Quality of Life (WHOQOL)-BREF Scale as well as the Social Interaction Anxiety Scale (SIAS) and the Brief Symptom Inventory (BSI) (Grocke, Bloch, & Castle, 2009). Additionally, data was collected through means of group interviews and analysis of themes within lyrics. Grocke, Bloch, and Castle (2009) found there to be significant changes in Quality of Life on five of the items measured by the scale. This was not found to be attributed to changes in symptoms as there were no notable changes on the Brief Symptom Inventory. Themes that arose during the group interviews were as follows: “music therapy gave joy and pleasure, working as a team was beneficial, participants were pleasantly surprised at their creativity, and they took pride in their song” (Grocke, Bloch, & Castle, 2009, para. 1). After analyzing the lyrics from the songs written in the groups, six themes

emerged: “a concern for the world, peace and the environment; living with mental illness is difficult; coping with mental illness requires strength; religion and spirituality are sources of support; living in the present is healing; and working as a team is enjoyable” (Glocke, Bloch, & Castle, 2009, para. 1).

Art psychotherapy was founded from the idea that “As well as needing a job, enough to eat, and a roof over their heads, people also need to find something in their lives that goes beyond the practicalities of day-to-day living, something that caters for inner emotional needs” (Killick & Schaverien, 1997, p. 238). This concept evolved from the realization that the traditional psychiatric rehabilitation model was lacking this, and it was thought that incorporating art psychotherapy could assist individuals in the recovery of their mental health. As we have progressed into more of a community-based approach and have begun to fade away from individuals spending extended periods of time in hospital and inpatient settings, a new problem began to emerge: individuals did not know how to survive in the community following their release from these services. It was thought that if individuals who have a mental health diagnosis are provided with the space and opportunity to engage in the creative process, they may unconsciously represent memories from childhood. Because there are times in which our words fail us, the arts provide a different route for those underlying emotions or thoughts to take form. It is also through the process of engaging in spontaneous art that past events or feelings may surface that the individual may not have recognized was still present with them. Additionally, art psychotherapy is utilized with individuals who have experienced trauma. The use of paint or clay can assist in opening the door to explore these traumatic events, especially for those who are not yet able to verbalize about it. Of course, the exploration of past trauma can evoke strong emotions and it is unlikely that an individual would process these emotions and

leave them behind quickly. A therapist is involved because although an individual cannot erase the trauma, the individual can take meaning from the art-making process and apply it to his/her life in a way that makes the emotions more manageable.

Of the research discussed, only one form of artistic expression has been explored per study. This writer felt that due to the benefits experienced by each modality individually, it would be of value to examine the incorporation of various modalities as they could appropriately be utilized to improve quality of life. Past research methods have informed this writer's use of data collection as participant observation and assessment tools appeared to be reliable means of obtaining results.

Methods

The Expressive Arts group was facilitated with individuals over the age of 18 using the following methods.

Participants

The participants of this study were members of the social rehabilitation program at a mental health day program in York, Pennsylvania who voluntarily signed up for the Expressive Arts group. The Expressive Arts group consisted of 2 Caucasian females, 2 African-American females, and 2 Caucasian males ranging in age between 26 and 68. There was variance in diagnoses consisting of Major Depressive Disorder, Post-Traumatic Stress Disorder, Anxiety Disorder, Schizoaffective Disorder, and Unspecified Mood Disorder. The attendance of group members varied throughout the duration of this study.

Materials

Participants engaged with varying art materials throughout the duration of the sessions, dependent on the directives provided. Materials included magazines, poster board, white printer paper, scissors, glue, markers, chalk pastels, and colored pencils.

Procedure

The Expressive Arts group was facilitated every Thursday for 2 hours, with a 15-minute break mid-way through over a 10 week period. The initial session was utilized to create guidelines together as a group, establishing trust and safety. Following the establishment of group principles, the facilitator led participants through a Bridge Drawing art therapy assessment. Participants were asked to create a bridge with no instruction aside from to draw a beginning and an end along with where they felt they belonged in relation. Each subsequent session began with a check-in with each group member followed by a description of the directive that developed from the prior one. During the 2nd session, to continue building group cohesion, the participants were asked to free write for five minutes. They then circled or underlined words that spoke to them or held any present significance and created a few sentences using those words. Upon the completion of their individual lines, the participants came together as a group to create one group poem. The group was provided the option to listen to music during their time in session. The subsequent three sessions were spent exploring quality of life and what that meant to each individual. The group was asked to collectively define quality of life which they identified as consisting of the following components: social life, physical health, financial, independence, leisure, mental health, and education. Participants were then invited to visualize their ideal quality of life and create a collage that reflected their defined components. The next session led the group through a guided meditation with a goal of creating a mindset of openness for change and for achieving the quality of life that the participants visualized. The group created gratitude

cards during sessions 7 and 8. The instruction was to think about an individual or experience that each member of the group was grateful for. The basis of working with gratitude was to remind them of the existing support participants have in their lives that can assist them in working towards building that ideal quality of life and to remind them to think of the positive during negative times. The final three sessions were utilized to create a Road Map of Change. The objective of the Road Map of Change was to begin to move the group towards acting to build an improved quality of life. Participants were asked to draw a map leading from their current life situation to their ideal quality of life. Along the way, they were invited to identify what “stops” were needed such as visits to a therapist, medication checks, continued education, work, etc. At the end of each session, group members were provided space and opportunity to share about their process or artistic creation.

Record Keeping

Scores on a Quality of Life Self-Assessment were recorded prior to beginning the Expressive Arts group as well as following the final session. The Quality of Life Self-Assessment measures responses based on a scale of 1-4 with 1 being poor and 4 being excellent. The assessment consists of 17 questions that examine each of the aspects of Quality of Life. Additional means of recording outcomes included the facilitator’s observations of the sessions as well as recognition of themes within the group. The participants’ artwork created in the sessions were utilized to assist this facilitator in gaining a deepened understanding of the individuals’ experiences.

Results

Observations

There appeared to be a sense of comfort and safety within the group which allowed for intimate sharing. Music was played throughout the sessions which seemed to help the individuals sink deeper into their work. At times there was conversation going on amongst the members of the group; however, overall, the space was typically quiet. Group members participated reluctantly in directives at times, with self-judgment present regarding their artistic abilities. As the participants became engrossed in the process, they appeared to become less critical of artistic abilities as evidenced by less vocalization of such. Overall, participants responded positively to the Expressive Arts group, requesting it be facilitated again in the next “semester.”

Art Responses

Themes presented themselves throughout the course of the group’s artwork. The Bridge Drawing directive resulted in varying representations, though there was a common similarity: the majority of the group placed themselves on the left side of the bridge. According to Hays & Lyons (1981), placement of the left side of the bridge could be indicative of being grounded in the past. During the creation of a group poem, a theme of passing time presented itself. Based on the discussion of the group poem, this was an accurate depiction of how the individuals in the group felt they spent their days; they were simply passing time and the days were absent of anything that provided them with a sense of purpose or meaning. When sharing about their ideal quality of life, the participants expressed common themes of owning one’s own home, having enough money to afford a vacation, and having a stronger social life/family life were present. During the creation of the gratitude cards, most of the group shared about a family member who influenced their lives. One response was a thankfulness for one’s religious affiliation and a higher being. This theme of faith was also present in several other directives that this individual partook in. Another notable response to this directive was one group member’s gratitude for her

mental illness as the individual reported it made her a better parent and stronger person. The Road Map to Change surfaced common themes of connecting with others to move forward to owning a home and affording retirement.

Quality of Life Assessment

Overall scores on the administered Quality of Life assessment indicated a need for moderate services within the social rehabilitation day program. No significant changes occurred in scores from administration prior to facilitation of the group to administration following the final group as they still fell within the moderate score range.

Discussion

The results discussed above reflect this writer's experience during an Expressive Arts group facilitated in a mental health day program with 6 individuals of varying attendance with an objective of exploring the quality of life of individuals with mental health diagnoses. Current research implies that various expressive arts modalities contribute to positive mental health outcomes; however, research is still lacking in regard to the exploration of quality of life. This study was completed to contribute to continued exploration of the relationship between the expressive arts and mental health.

Although directives were designed with the objective of improving quality of life, an Expressive Arts group could be facilitated to address other goals. Due to the nature of the social rehabilitation program within this organization, a group format was followed; however, these Expressive Arts directives could be adapted and utilized to improve quality of life in individual therapy sessions as well. Research currently exists that suggested that varying arts modalities are useful in addressing both different mental health diagnoses as well as different aspects of mental health. The results of this study did not reveal any significant changes in participants' quality of

life; however, participant responses insinuate that the group provided therapeutic value to their lives. As anticipated before beginning this study, participants reacted positively to the directives and expressed an anticipation of the following group. One participant asked if the facilitator was going to be having the group later that day because with how her day was going she really needed it. Following the final session, participants had asked if the group would be continued into another “semester” and expressed a desire to try to gain the interest of others to expand the group. It would be advantageous for further research to be continued on this subject and to address the limitations present in this study.

Limitations of this study included the rapport that was built with the participants prior to the facilitation of the expressive arts group. With having a positive relationship built with group members prior to its facilitation, it is possible that it influenced the participants’ attitudes towards the group. Participants also had preexisting relationships prior to the group, requiring much less time to create a sense of safety with one another. Another consideration to be made is the small sample size, with this study consisting of only 6 participants. Additionally, it would be recommended to increase the materials made available for use as it is possible that the limited materials provided for the participants could have impacted their processes and the art that was created. In future studies it would be beneficial not only to expand the number of individuals participating, but to attempt to create a more diversified demographic as well.

Of the current research in existence that explores the use of the arts in the mental health field, it is suggested that the arts hold therapeutic value. The discussion of these alternative forms of treatment is critical in validating additional effective ways in which individuals with mental health issues can receive help. There are individuals who may not feel comfortable in a traditional talk therapy setting or who may not find medication alone to be effective making the

expressive arts modalities an additional resource in their journey to recovery. The expressive arts strive to establish norms like those mentioned by the Moran and Alon (2011) study including “unconditional positive regard, encouragement, confidentiality, and opportunity for contact in between classes in case extra emotional support is needed” (p. 319). The establishment of these norms is critical when working in the therapeutic space because individuals are often lacking these in their daily lives.

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