

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-21-2022

Benefits of Expressive Arts in Coping with Anxiety for Inpatient Adolescents: Development of a Method

Cecelia Fioriello
cfioriel@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Fioriello, Cecelia, "Benefits of Expressive Arts in Coping with Anxiety for Inpatient Adolescents: Development of a Method" (2022). *Expressive Therapies Capstone Theses*. 625.
https://digitalcommons.lesley.edu/expressive_theses/625

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

Benefits of Expressive Arts in Coping with Anxiety for Inpatient Adolescents: Development of a

Method

Capstone Thesis

Lesley University

May 21, 2022

Cecelia Fioriello

Expressive Arts Therapy

Donna C. Owens

Abstract

Developmentally, adolescence is a period of change and for teens experiencing psychiatric crisis, these changes may be more difficult to manage. Adolescents admitted to a psychiatric inpatient unit are often experiencing emotional or psychological crises and complex mental health needs. The arts-based intervention that took place aimed to seek the benefits of artmaking in coping with anxiety and stress for adolescents in a short-term psychiatric inpatient unit who all experience symptoms of anxiety. Patients, ages 12-18, participated in three expressive arts groups that used watercolor to encourage the use of arts-based interventions to cope with anxiety, encourage connections with peers to build a sense of belonging, and increase a sense of self. The results demonstrated an increase in presence, focus, and relaxation while using watercolors. Altogether, this paper emphasized the benefits of arts-based interventions, specifically watercolor, and the need for more arts-based interventions during treatment for the inpatient setting.

Keywords: inpatient unit, anxiety, arts-based interventions, adolescents, watercolor

Benefits of Expressive Arts in Coping with Anxiety for Inpatient Adolescents: Development of a Method

Adolescence is a period of great transformation physically, emotionally, and mentally. For youth experiencing psychiatric crisis, it may be difficult to navigate these developmental changes, exploration of identity, and mental health crises. Adolescents admitted to a psychiatric inpatient unit are experiencing complex mental health needs and are often in severe emotional or psychological crisis. Many of these adolescents admitted experience suicidal ideation and self-injurious behaviors or engage in self-harm as a form of communication (DiCorcia et al., 2017; Smith-Gowling et al., 2018). For teens, anxiety can be very common experience. Anxiety is recognized by the American Psychiatric Association (APA; 2013) as persistent anticipation and preparation for future threat. Coholic et al. (2020) recognize the benefits of arts-based intervention with adolescents diagnosed with anxiety disorders as it may improve mood or self-concept and during this crucial stage, positive ways of coping, like art, are useful for treatment.

Expressive arts modalities offer a way to relieve some stress through creation and play (Stokrocki, 2010). The arts can be a powerful way to communicate our own individual lived experiences (Seko et al., 2016; Woodgate et al., 2020). Lived experiences are part of what makes up identity, which may involve abstract external characterizations and internal psychological factors that are everchanging (Stockrocki, 2010). Artmaking can be a useful way to explore these internal changes. Specifically, watercolor painting can be a purposeful activity for hospitalized adolescents because of the physical movement aspect, self-expression, and engagement of communication through non-verbal aspects of art-making (Wexler, 2002).

This thesis explores an expressive arts therapy painting intervention to assist with anxiety management through the use of art making as a way of coping and meaning making, which may lead to use outside of hospital setting following discharge. For these adolescents it is important to consider the

greatest risk for suicide is during the transitional period directly after hospital discharge (Mutschler et al., 2019). I hoped to understand the benefits of expressive arts for crisis stabilization on an inpatient unit and the implications of further use as a helpful coping skill. The use of the arts, like painting, can help as a way to manage anxiety and allow for a connection with one's inner world to possibly allow for reduction of harmful coping skills.

In this thesis, I reviewed the literature on adolescents admitted to a psychiatric inpatient unit experiencing anxiety and self-harm, and the benefits of expressive arts interventions in coping with anxiety. I introduced a method for anxiety management through an expressive arts exploration with adolescents on a psychiatric inpatient unit. I reported on the results of anxiety levels experienced by adolescents and the energy levels in the room during artmaking with paint. Finally, I make recommendations based on this experience for clinicians working with adolescents or those working on psychiatric inpatient units.

I acknowledge my race and experiences. I am a White, cis gender, hetero female from New York and I reside in New England, both of which are predominately White communities. As an expressive arts therapy graduate intern, I came from outside the community to work with adolescent patients using painting and artmaking as a way to manage anxiety. I acknowledge the socioeconomic privilege of access to a master's level program and a variety of arts materials.

Literature Review

This literature review focuses on the commonness of anxiety in adolescents, which impacts everyday life and if persistent, can present as excessive worrying and anticipation (Woodgate et al., 2020). Though not every teen is diagnosed with anxiety, anxiety can often be a symptom of other mood disorders, such as depression (APA, 2013). Some adolescents may cope with anxiety through self-harm with or without suicidal intent and during psychological crisis, may be admitted to a short-term crisis stabilization psychiatric inpatient unit. During hospitalization, it may be beneficial to use arts-based

interventions for managing anxiety and promoting expression through creative means, such as painting. Art can be a powerful tool in creating a sense of belonging and exploration of experiences without the pressure of verbal communication.

Prevalence of Anxiety in Adolescence

Anxiety is understood by the APA (2013), as a persistent anticipation of future threat and is often associated with avoidant behaviors or muscle tension. It can be a diagnosed disorder and, a symptom of other common mental health disorders. For some adolescents, who are living with an anxiety disorder, characterize anxiety as a “feeling a constant state of worry, stress, overthinking, and feelings of being out of control” (Woodgate et al., 2020, p. 11). It can be a continuous feeling of suspense. The APA (2013) recognizes diagnosable anxiety disorders can significantly interfere with psychosocial functioning in everyday activities. The worries associated are excessive for longer periods of time and are often accompanied by physical symptoms. Increased anxiety can be a crucial impairment for day-to-day life and in adolescence, a period of great development, it can impact areas of physical, mental, and emotional changes. Coholic et al. (2020) highlighted mental health issues, such as anxiety and depression often created notable difficulties in everyday life including the ability “to engage with school and learning” (p. 277). The combination of physical symptoms, distress, and emotional discomfort can lead to “feeling overwhelmed by the pain, fearful of the pain, and fearful in anticipation of future pain and anxiety” (Woodgate et al., 2020, p. 10).

When working with adolescents on a short-term crisis stabilization unit, there is a mixture of complex diagnoses, and most patients can identify with symptoms of anxiety. In the current climate of the world amidst the ongoing COVID-19 pandemic, it is critical to examine the effects on adolescents’ mental health and how it may play a role in their heightened anxiety. Giannakopoulos et al. (2021) explored the effects and emotional needs of adolescents on a psychiatric inpatient unit during the COVID-19 pandemic by conducting in-depth interviews with psychiatric inpatients ages 12-17. The

researchers found “predominately negative changes” in anxiety and sense of belonging (p. 1). Adolescents and children with “pre-existing severe mental health problems” are grouped as high-risk for worse outcomes due to their “impairment of the ability for adaptive coping and emotion regulation” (p. 2). The pandemic is an additional stressor for adolescents in environments like school, home, and community which contributes to mental health factors. Healthy coping strategies are essential in the management of anxiety (Giannakopoulos et al., 2021; Woodgate et al., 2020). There is an emphasized importance for clinicians, researchers, and policy makers to understand the perspective of the patient to develop interventions for creating healthier coping skills (Giannakopoulos et al., 2021).

Self-Harm and Suicidal Ideation

Suicide ideation is the “fleeting to detailed thoughts of suicide” and can typically be associated with an increased risk for suicide attempt (Swee et al., 2020, p. 2265). This can commonly be tied to a sense of burdensomeness or belongingness, “an important precursor to suicide ideation in young people” (Swee et al., 2020, p. 2265).

Self-harm can be defined as an “intentional act of self-injury” regardless of “method and motivation, whether suicidal or non-suicidal” (Smith-Gowling et al., 2018, p. 529). It can be a response to distress or anger and this behavior can be recognized as a “form of communication” (Crouch et al., 2004, p. 197). This mindset can allow clinicians, mental health workers, and other members of the treatment team a framework to best help the patients they are working with on an inpatient unit. “Young people who self-harm experience intense feelings of anger and upset and perceived interpersonal conflict. The act of self-harm creates a temporary resolution from these feelings and conflicts” (Crouch et al., 2004, p. 200). On an inpatient unit, mental health staff need to be aware of the impact of self-harm for each patient as they are experiencing their own anxieties and recognize the exposure to self-harm can be traumatic for youth (Smith-Gowling et al., 2018). Crouch et al. (2004) found within their research of

psychiatric patient populations who have a history of deliberate self-harm are at the greatest risk for eventual suicide.

Though it is a “maladaptive coping strategy,” it can be useful to recognize the self-harm’s element of distraction from thoughts for adolescents who are experiencing suicide ideation (DiCorcia et al., 2017, p. 695). There is a feeling of temporary release in self-harm from thoughts and some adolescents may view self-harm as a break “from the relentless nature of their emotional pain” (Woodgate et al., 2020, p. 12). Crouch et al. (2004) conducted a study of adolescents seeking psychiatric care who have had a lifetime engagement of non-suicidal self-injury to better understand who engages with this behavior and why they engage. Participants in this study who experienced the most severe symptoms of anxiety reported multiple functions of self-injury and “one such function includes the alleviation of symptoms of anxiety” (DiCorcia et al., 2004, p. 696). Owen-Smith et al. (2014) found the first few months following psychiatric hospitalization are “a period of extremely high risk of self-harm and suicide” (p. 154).

Psychiatric Inpatient Hospitalization

“Psychiatric inpatient units are used when youth experience severe behavioral or emotional concerns causing significant impairment or needing emergency attention” (Rodriguez-Quintana et al., 2021, p. 424). These adolescents have become a danger to themselves or others and are not safe in their current environment. Acute psychiatric inpatient units often serve children and adolescents who experience depression, anxiety, suicidality, and psychosis, among other psychological distress (Rodriguez-Quintana et al., 2021). Adolescents who engage in self-harm “may need to obtain a wider variety of coping strategies” to eventually replace their current coping strategies of self-injury (DiCorcia et al., 2017, p. 701). Woodgate et al. (2021) aimed to explore the role of pain as a central experience for adolescents living with anxiety disorders and the researchers found pain could impede “participation and functioning in the world” (p. 9). Specifically in a short-term crisis stabilization unit, the goal of

treatment is safety and providing coping skills to tolerate distress. Rodriguez-Quintana et al. (2021) found the lack of research on youth admitted to psychiatric inpatient units and because of this deficit in existing research, they acknowledge the significance in understanding the population as the first step towards providing the best care.

Cresswell-Smith et al. (2020) aimed to raise awareness to psychiatric rehospitalization by advocating for person-centered treatment during hospitalization and to highlight the impact of day-to-day barriers in personal recovery. Within hospitalization, it is pivotal for “access to meaningful activities” and “engaging in planning for community life” (p. 175). These activities and planning for life after discharge each emphasize a sense of belongingness, which Giannakopoulos et al. (2021) identified as a key role in adolescents’ coping strategies.

During the transitional period from inpatient to community, there is the greatest risk for suicide (Owen-Smith et al., 2014). “Transitional interventions involve integrating a number of supports into the typical discharge as usual” with the aim to create a “continuity of care from inpatient stay to the community” (Mutschler et al., 2019, p. 1255). When patients reintegrate back into their communities, there may be stressors from those environments which they are being re-exposed to (Mutschler et al., 2019; Owen-Smith et al., 2014). Patients may feel they lack necessary coping skills for the transition and the need for consistent support, like they received during their inpatient admission (Mutschler et al., 2019).

Hospitalization of adolescents is an interruption during a period of crucial growth of separation from physical environments, family, friends, and school (Wexler, 2002). Swee et al. (2020) researched the role of belongingness as a risk factor for suicide ideation and suggest the need for therapies that promote belongingness for a greater impact, especially during adolescence. Creating a community within an inpatient milieu may benefit the adolescents during their hospitalization to connect with

peers. Additionally, the sense of community and peer building relationships may be beneficial in connecting with communities following discharge.

Arts-Based Interventions and Anxiety

Artmaking is a “powerful means for communicating lived experiences” (Seko et al., 2016, p. 54). Art can be a tool for expression through non-verbal communication and allows a connection with your inner self. Developmentally, adolescence is a time full of immense changes and formation of identity. Engaging in making art can be a way for identity exploration or transformation. Stockrocki (2010) defined identity as both concrete and abstract. This involves psychological factors, such as characteristics, and acknowledges the fluidity of identity throughout the lifetime as “never final” (p. 73). Art allows a communication of feelings or emotions and “art can serve as a tool for creating dialogue” (Woodgate et al., 2020, p. 14). Arts-based interventions allow active co-construction of meanings, which can promote a sense of belonging on an inpatient unit and connection with others (Seko et al., 2016). Within the inpatient setting, art has played a therapeutic role for adolescents to engage in a meaningful activity and the use of painting may allow symbolic imagery to emerge (Wexler, 2002).

Through conducting interviews with adolescents, Woodgate et al. (2020) found many teens have a negative self-image, despise themselves, and experience emotional pain. Youth with mental health diagnoses may experience very low self-esteem and their identity may become entangled with their mental health challenges (Wexler, 2002; Woodgate et al., 2020). Owen-Smith et al. (2014) found some adolescents experienced “a change to their sense of personal identity” after their first psychiatric hospitalization (p. 157). These concepts that make up the self can be explored through arts-based interventions. Coholic et al. (2020) researched arts and mindfulness-based interventions for youth experiencing mental health challenges. Their research found adolescents who engaged with these interventions had improvement “in mood, self-concept, and interpersonal relationships” (p. 270). “In the health care research context, qualitative, arts-based methods can help youth find external

expression for the subjective experience of pain by acting as a conduit between language and affective state” (Woodgate et al., 2020, p. 15). Art can be a form of expression without the limits of verbal language. Short-term stabilization units would benefit from strengths-based and arts-based approaches for understanding experiences of individual adolescents (Coholic et al., 2020; Woodgate et al., 2020).

Within a short-term psychiatric unit, arts-based interventions can be beneficial to promote development of self-awareness, connection with inner and outer self, and self-concept (Coholic et al., 2020). Wexler (2002) developed a painting intervention within a hospital setting for adolescents with life-long trauma and serious injury, and found painting as a way to connect with the inner self throughout the healing journey. Painting is medium that involves self-expression through movement and “allows for spontaneity” (Buchalter, 2009, p. 98). Wexler (2002) emphasized a sense of intentionality and within painting, adolescents may find connection to their life inside and outside of the hospital. Adolescents with complex mental health needs may benefit from the non-verbal aspect of visual imagery within artmaking and the connection to inner self. Through painting, these adolescents might experience internal processing of subjective experiences (Woodgate et al., 2020).

This thesis explores the benefits of arts-based painting intervention for adolescents who experience anxiety on a psychiatric inpatient unit. It focuses on using artmaking as a way of managing anxiety and promotion of expression, building community, and exploring art materials. The inpatient unit, where this intervention takes place, follows a strengths-based treatment model and this can be instrumental for working with this population who experience such intense anxiety and often use self-harming as a way to cope. Artmaking can be used as a healthy coping skill and assist in the management of anxiety.

Methods

The intervention was held on a short-term crisis stabilization inpatient unit in the Greater-Boston area serving adolescents with a range of complex mental health diagnoses. This intervention

took place with adolescents between the ages of 12 and 18 experiencing emotional or psychological crisis. These adolescents are offered expressive arts therapy groups on a weekly basis led by the intern or staff art therapist. The groups I lead consist of all patients on the unit, which could be up to 22 patients' total.

The group I run is called "Expressive Group" and it incorporates all expressive arts modalities and meets weekly on Tuesdays and Thursday afternoons for 45 minutes. Patients in this group have a range of clinical diagnoses, typically including major depressive disorder or other mood disorders and most patients experience symptoms of anxiety. The patients are all ages 12-18 and identify as cisgender, genderfluid, non-binary, or transgender. These adolescents are offered Expressive Group as part of their daily schedule within the program.

The purpose of the group is to promote the use of expressive arts modalities to cope with anxiety, encourage connections with peers to build a sense of belonging, and increase insight and sense of self. The use of tempera paint and watercolor paint were used for this group because of the movement quality in the act of painting and connection with the materials. This group intended to use art as therapy and allow for creative expression in the moment. Artmaking is recognized as a powerful way of expressing and communicating lived experiences that may be more difficult to put into words (Seko et al., 2016; Stockrocki, 2010; Woodgate et al., 2020).

I held three sessions over 3 weeks with adolescents from the inpatient unit with about five to 15 group members during each group. The sessions included a warm-up, group introduction, painting activity – different theme each week, and a closing activity. The warm-up activity is used in all groups at the site and the closing activity is structured the same as other closings for expressive groups on this inpatient unit.

The warm-up consists of all group members introducing themselves—names and pronouns—and then answering an icebreaker question with the intention to allow each group member to be

present when starting group and to gain comfort in sharing during group. This consistency with other groups at the site provides routine and dependability for group members. In the introduction, the group leader goes over group norms and gives a small overview of the activity. The closing activity invites group members to reflect on their experience of artmaking and the use of the materials, and to notice how they are feeling in that moment. The group leader thanks group members for being part of the group, offers options for what to do with their art piece, and reminds group members about the upcoming transition to the next group on their schedule.

In session one the participants were asked to identify what emotions or feelings were present for them in the moment. Once these were identified, participants chose two emotions to explore through painting and were given a few minutes to write down any words they associate with the identified emotions. This included how they experience the emotion, what color represented this emotion, and word association. In this session, participants identified the level of anxiety present for them in the beginning of the session. The materials provided were mixed media paper, paint, paint brushes, and water cups. They were given 10 minutes for each exploration and were encouraged to use imagery, words, or colors they assigned to these emotions. In the background, soft instrumental music played. After the explorations, participants were asked to look at both pieces side-by-side to notice any differences, similarities, and what they noticed while creating each. We took a group deep breath and were guided through the closing activity. Group participants observed their anxiety level at the end of group before transitioning to the next part of their schedule.

In session two the group participants were directed to paint mindfully to two different songs. The materials provided included watercolor paper, paint, paintbrushes, water cups, markers, and post-it notes. They were encouraged to take a deep breath and move their fingers or shake their hands before beginning to increase movement. Once the music started, participants were prompted to paint to the music, however they felt and allow the music to act as their guide. This was repeated for the second

song and participants were given a second paper. Next, we walked around the room with post-it notes and stopped at each image to write a word or short phrase of what they saw in the image, what it reminded them of or something that came to their mind. After we were with our original images, the person read the words gifted by their group members and were asked to use the notes to create a poem. Participants were then guided through the closing activity and space was given to share their created poems, if they wanted.

In session three the group was asked to identify one emotion they were currently feeling and to explore visually what it looks like for them. They were then asked to identify an emotion or feeling that they would like to feel and to visually represent this on a different piece of paper. Next, we talked about how to get from one emotion to another and if there were a way to visually represent this transition between emotions. Group members were given time to create their transition and were prompted to add words or phrases of coping skills or other ways they identify to be helpful during the transitional period. Participants were guided through the closing activity.

Parallel Process

I kept process notes in my own art journal for this project. Throughout the process, I created watercolor images in response to each prompt along with the participants and created response poems to the sessions on my own. I anticipated the group members would engage with materials and hoped most would attend the entire group session. I wrote this journal following each session and following the entire project. My watercolor images from two sessions and one response poem are included as Figures in the Results.

Results

What I observed during each of the sessions follows. Overall, themes of relaxation, presence, and variation of painting techniques were noticed throughout each of the sessions. Most patients were engaged with the materials and were present for almost the entirety of group.

Group 1

At the start of group, there were about 15 patients and four staff members. Group began in chairs on the opposite side of the room from the tables, separated by the hallway. Some patients were engaged in conversations, while others were quiet and kept to themselves. I noticed there were different energy levels present in the room from each patient. To start group, all group members, staff included, shared their name, pronouns, and answered an icebreaker question. All participants were willing to share and listen to each other. After introductions, I went over the group norms and then began to introduce the activity for the group. Each patient was asked to identify their level of anxiety they felt in the moment, rating it on a scale of 1-10 (1 was the lowest, 10 being the highest). Most patients were willing to share their number out loud in the group. There was a range of anxiety levels including lower numbers, like 1 and 3, middle numbers, 5 and 6, higher numbers, 8 and 10. Then, group members were asked to identify five emotions they were experiencing and choose two emotions to use as themes for their painting activity. A few examples of emotions chosen by patients were anxious, optimistic, nervous, and depressed.

Next, group members transitioned to the tables to watercolor. They were given one sheet of paper, a set of watercolors, paintbrush, and water cup. In this transition time, patients began to talk and the volume in the room began to raise when patients were choosing which tables to sit at. After all participants were sitting, they had the option to write down any associations about the emotions they chose to work with. I observed many patients did not choose to write down their associations to the emotion and a few patients asked, "what are we supposed to paint?" They were asked to use one of their emotions to explore with watercolor with imagery, color, or words for about ten minutes while soft instrumental music played in the background. At first, a few patients talked to each other and then, after about 2 minutes of music, the room was quiet with only the sounds of paintbrushes dipping in

water. Once 10 minutes passed, they repeated the process with the same prompt on a new paper to explore the second emotion they chose.

After creating both images, the group was prompted to notice the similarities or differences in their final images, what it felt for them when painting each, the use of color or painting techniques. At this time in closing, patients were asked if they would share if they noticed their anxiety level was the same or higher/lower than the beginning of group and they were not prompted to share the new number, unless they wanted. Some patients were quiet during this time and did not share. It is important to note the snack cart was brought into the room at this time and many staff walked through the hall during the change of shift time. As a final closing, I oriented patients to the schedule following group and gave options for saving their artwork, hanging it up in their room or day room, or throwing it away.

Group 1 Reflections

Initially, the transition between the two sides of the room seemed to be an interruption in the flow of the group while the patients were gathering materials they needed. During this time a few patients were pulled for meetings with their treatment team and a couple patients joined for the first time. This made it challenging for full group continuity due to the interruption of focus. Once each patient had materials and the music was playing, there was flow in the group again. I noticed all patients were engaged with the watercolor as evidenced by the silence in the room, the intentional brush strokes, and the focus of their eyes on their painting. I could sense relaxation in the room which was different than the beginning of group.

All patients but one painted abstract shapes or imagery, whereas one patient painted a human like figure. I noticed most patients covered their entire page with watercolor, most with repetitive or similar strokes of the paintbrush back and forth. Two patients used a splatter technique with their brush onto their page. Some patients used more than one color for each emotion and some patients used only

one color for each. While using the watercolor, patients were engaged for the entirety of the activity and when I began to transition to the reflective closing part of group, there was less focus overall. At the end of group when patients were asked to share if they noticed a change in anxiety level, most patients reported no change in their anxiety level. One patient reported feeling less anxiety during the time they were painting, but higher afterwards and other patients felt similarly evident by nodding in agreement. At this time, many staff were walking through the room in the hallway talking, the snack cart was brought into the room, and patients who were pulled for meetings entered the space again. These factors added to the noise level in the room and seemed to be a distraction for most patients during this time of sharing.

Following the group, I documented my process with written notes and by engaging in the directive given to the group. The two emotions I chose to explore were anxiety and optimism because I noticed a few group members chose these emotions. I decided to use one color for each exploration, the blue representing optimism and purple, anxiety in Figure 1. I found myself using different types of brush strokes in each of these explorations due to what the emotions provoked for me. In the optimism exploration, my hand was more fluid and repetitive in painting in contrast to the purple anxiety piece where my brush strokes were shorter and entangled. Similarly, I noticed differences in group members' paintings brush strokes and overall movement quality of their paint brush between their emotion explorations. Although group members did not verbally reflect on the process afterwards, my

observations and artmaking afterwards showed the relaxation during the act of painting and presence while using watercolor.

Figure 1

Group 1 Watercolor Emotion Exploration



Group 2

This group was facilitated one week after the first group. This group began with the same check-in routine, including name, pronouns, and an icebreaker question. Group began on the side of the room with the chairs and transitioned to the tables to use watercolor. I noticed the group was smaller than the first, with about seven patients and one additional staff member at the start and there were conversations happening as group began. All patients were willing to share and listen to others. I went over the group norms and introduced the activity. The group transitioned to the tables and this

transition was easier than the first group. Of note, one door on each side of the hallway were closed in effort to create a space with less outside distractions.

For this activity, patients were asked to use watercolor during the duration of a song and to let the music act as a guide for painting. This was repeated with a second song. The two songs were both instrumental, one with a slower pace, and the other was upbeat. Before we began painting, a few more patients joined group and each group member was given materials and reminded of what they were supposed to do once the music began. Patients were engaged in some conversations and when the music began, there were a few reactions to the upbeat music before it became quiet in the space. I noticed the calm energy in the room and focus each patient had when painting to the music. Once the song stopped, one more patient joined group for the first time and a peer explained what the activity was. A new piece of mixed media paper was given to each participant and once everyone was settled with materials, the next song began. Fifteen seconds passed of the second song, one patient left the room without any verbal explanation and appeared to be in an anxious space evident by their hands shaking and tightening into fists. The group continued to paint with the music and seemed uninterrupted by this.

The next part of the activity involved each patient using a sticky note to write one word or short phrase next to each painting of an emotion they feel when looking at it or an association they have. Patients walked around the room to write one word for each painting on the tables. During this part, there was conversation between patients and when they were finished, they returned to their artwork to read the words. They were instructed to create a poem with the sticky notes by placing them in order using only the words gifted by each group member.

As a closing activity, once poems were constructed, patients were encouraged to share one or both poems with the group. Some patients were willing to share their poems and only three patients were willing to share about their experience. Group members noticed similarities in words written by

peers and some patients noticed similarities in what they noticed about their own painting with the words written. One patient shared they felt immersed in painting and didn't notice any thoughts while doing so. Another patient said they felt calm when painting and they liked writing words for each of their peers. Other group members nodded, feeling similarly. In closing, I oriented group members to the program schedule for after group, and provided options for saving artwork, displaying, or throwing away.

Group 2 Reflections

It was challenging to create group cohesion due to a few patients being pulled for meetings, one patient leaving during group, and another joining during the activity. This seems to be a continuous process in this setting, but with one door closed on each side of the room, it helped in holding the space for group members who stayed in group. Another difference from the first group was the snack cart did not come in during the end of group, but after, and I noticed the focus was harder for patients at the end, but it was less of a distraction. Staff did walk through the room towards the end of group when sharing, due to the change of shift, and most patients were able to remain focused or somewhat present for their group members to share.

During the painting itself, I noticed all patients were engaged with the painting materials and there was an overall calm energy in the room. Most patients had different imagery for each song. For example, in the first upbeat song, I noticed many patients used multiple colors, quick motions in touching the end of the brush down to create a dot, and splatter techniques. I noticed during the second, slower song, some patients had longer brush strokes with repetitive movement back and forth. In the second part of the activity, I observed patients walking around each table to take in their peers' art and there were some conversations. When creating their poems, some patients were observed to laugh or smile as they arranged their words.

Following the group, I again documented my process with written notes and because I participated in the group, I used the words the patients wrote for both my images to create the poem in Figure 2. I noticed soothing themes arose in my paintings for the patients as some words were repeated such as sunset and ocean. I noticed in some patients' paintings, there were themes in the words others wrote. I did not include the repeated words in the poem.

Figure 2

Group 2 Response Poem

Soothing sunset
 soft and nice;
 a happy world.
 Footsteps surround
 ocean waves,
 oddity and friendship
 like whimsical seafoam
 and sunshine

Group 3

This group was held in the following week. Following the same routine, it began with group introductions of name, pronouns, and icebreaker question, which all patients were willing to answer. This group was held at the tables for its entirety and both doors were closed on each side of the hall. Patients were prompted to use watercolor to explore an emotion they are feeling in that moment. The group began with seven patients and during the first watercolor, two patients were pulled for treatment meetings. The patients were willing to use paint and there was minimal conversation throughout painting and there was no music on during this painting. Ten minutes passed and patients were encouraged to share which emotion they chose, what it was like to paint, or something about the

experience. At this time, most patients were quiet and did not verbally share, instead nodded their head in agreement to the statements I prompted.

For the second part, patients were asked to use watercolor to explore an emotion or feeling that they would like feel. Some patients began to paint right away, whereas others seemed to take their time deciding what to paint before starting. They were given 10 minutes to paint and during this part, one patient asked if I would turn on music. I agreed and played instrumental music while painting. After 10 minutes, patients were asked the same prompts and there was minimal conversation. One patient shared they knew exactly what they were going to paint.

The final part of the activity began with a conversation about how to get from one emotion to another. One patient continued to paint throughout the conversation and the other patients were engaged in conversation evident by nodding, eye contact, and verbal participation. Group members were asked to create a final watercolor image to represent the bridge or transition between the two emotions they chose. This piece stemmed from the conversation of recognizing something happens to get from one emotion to another. Participants were invited to share after 10 minutes passed, with the same prompts and final reflections about the whole process. Most patients were willing to share their experience of painting and the process. One patient talked about deliberately choosing colors and another patient shared they did not know what to paint at first, but they wanted to. For the final closing, I oriented patients to the daily schedule and provided options for saving their artwork, displaying, or throwing it away.

Group 3 Reflections

This group had less interruptions than the previous groups and had less participants for the entirety of the group. I noticed when painting, each patient had intention about color choice and what they painted. Overall, the group seemed to be calm and engaged with the materials. I noticed patients were present while creating and they were focused. Two patients painted trees while most patients

used abstract shapes, imagery, and color. One patient mixed multiple colors together, before painting, to use in their artwork. In sharing about their piece, most patients were willing to share with verbal prompts.

Subsequently, I documented my process through both written work and watercolors. I engaged in the directive given to the group on my own and used watercolors to represent two different emotions and the bridge between. In Figure 3, the pieces are in order of the first emotion, the bridge between, and the second emotion, though they were created in order of the first emotion, second emotion, then the bridge. I found myself drawn to blending colors, like one patient had, and I used specific colors in each piece shown in Figure 3. I was struck by the vibrant colors and how the water blends colors together while still creating boundaries within the larger color. I noticed this within one patient's paintings as well and I noticed another patient used a paper towel to dry the excess water before adding more colors to their page.

Figure 3

Group 3 Watercolor Emotion Exploration



Discussion

The purpose of this inquiry was to gain a better understanding of the use of expressive arts interventions for coping with anxiety, specifically for adolescents admitted to a psychiatric inpatient unit. The results of this research provide supporting evidence that arts-based groups can promote self-expression through art, increase relaxation, and provide patients with expressive coping skills for managing their anxiety. This short-term crisis stabilization unit aims to increase patients' sense of belongingness, keep them safe, and provide them with healthier coping skills for anxiety that can be used on the unit and after discharge.

Reflections

My observations of the three sessions found the use of painting and artmaking had an impact in the treatment of adolescents experiencing anxiety. These results are consistent with the claim that artmaking can provide a purposeful activity for meaning making (Stockrocki, 2010; Wexler, 2002) and increase the development of self-awareness (Coholic et al., 2020). It seemed within each of my three sessions, patients appeared to be relaxed and there was a general sense of calmness in the room during the active artmaking process. I observed most patients to appear focused evident by intentional brush stroke and color choice, and each session had moments of quiet while group members were creating. These aspects could be attributed to the time of day, the creative nature of Expressive Group, the use of watercolors, or the individual experiences throughout the group. At the start of each group, all patients were willing to participate in check-in and listened to their peers while they shared. Most patients entered the group room and were observed to be excited when they noticed the watercolors out on the tables, indicated by the smiles on their faces.

Implications

Based on initial reflections from leading three groups, I believe that watercolors and the use of expressive arts interventions would be beneficial for the inpatient level of care in addition to lower or

higher levels of care. The results are consistent with the research that advocates for the benefits of art making as a way of meaning making and communicating through self-expression (Seko et al., 2016; Woodgate et al., 2020). In the critical developmental period of adolescence, art making can provide ways to create and express. The results of this investigation suggest painting may be useful in the management of anxiety for adolescents on an inpatient unit and furthermore, may be useful for other ages groups or human service settings.

Future Research and Limitations

Although the current results support the benefits of arts-based interventions for anxiety management, it is important to recognize potential limitations. There are at least three limitations concerning the results. One limitation is the small group size as all sessions had between five and 15 participants, which could be attributed to group members leaving group for either treatment team meetings or to take space in their room with staff. With only a small number of participants, this intervention may have different results in a larger group. A second potential limitation is the physical space of the room which has the central hallway running through the room and the time-of-day Expressive Group is held. This is due to the nature of the inpatient unit to allow for staff to complete 5-minute checks on each patient to assess for safety. During the Expressive Group, evening staff enter the unit walking through the room to get to the staff room down the hallway and this happens usually for the final 10-15 minutes of Expressive Group. This often results in an interruption of flow or group cohesiveness and can be distracting for patients when wrapping-up group. A third limitation is the materials used on the unit. The priority of the inpatient setting is safety for all patients, which results in many restricted items and there are limits for that materials that can be used for groups.

In terms of future research, it would be useful to extend the current findings by examining arts-based interventions for managing anxiety in hospital settings and with a wider range of population. When conducting the literature review, there was limited research available regarding expressive arts

therapy interventions on inpatient units for children or adolescents experiencing psychiatric crisis. There is a need for more research with this population and exploring creative techniques as coping skills for anxiety because every adolescent is unique in what coping skills work for them or do not work them. Expressive arts interventions may provide a wider range for managing anxiety or stress when on an inpatient unit or when returning to communities following discharge. In addition, expressive arts groups are often well-received by adolescents because of the impact artmaking has for each individual experience and strengthening connections would be beneficial in a setting providing acute treatment for complex mental health needs.

Conclusion

Despite these limitations, the present investigation has enhanced understanding of the relationship between expressive arts-based interventions, like painting and the management of anxiety for adolescents admitted to an inpatient unit. I hope that the current research will stimulate further investigation of this important area. Hospitalized adolescents experience a variety of changes, such as developmentally, mentally, emotionally, and for their admission, are living away from their usually home environments. Offering expressive interventions may allow for personal growth in self-awareness, an increase in self-expression, and a way to communicate without the use of verbal words. The present research, therefore, contributes to understanding the use of expressive arts modalities as a way to manage anxiety, which may lessen harmful coping skills.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM 5, 5th Ed.)*.
- Buchalter, S. (2009). *Art therapy techniques and applications*. Jessica Kingsley Publishers.
- Coholic, D., Schnike, R., Oghene, O., Dano, K. Jago, M., McAlister, H., & Grynspan, P. (2020). Arts-based interventions for youth with mental health challenges. *Journal of Social Work, 20*(3), 269-286. <https://doi.org/10.1177/1468017319828864>
- Cresswell-Smith, J., Donisi, V., Rabbi, L., Sfetcu, R., Sprah, L., Strabmayr, C., Wahlbeck, K., & Adnanes, M. (2020). 'If we would change things outside we wouldn't even need to go in...' Supporting recovery via community-based actions: A focus group study on psychiatric rehospitalization. *Health Expectations, 24*(1), 174-184. <https://doi.org/10.1111/hex.13125>
- Crouch, W., & Wright, C. (2004). Deliberate self-harm at an adolescent unit: A qualitative investigation. *Clinical Child Psychology and Psychiatry, 9*(2), 185-204. <https://doi.org/10.1177/1359104504041918>
- DiCorcia, D. J., Arango, A. Horwitz, A.G., & King, C.A. (2017). Methods and functions of non-suicidal self injury among adolescents seeking emergency psychiatric services. *Journal of Psychopathology and Behavioral Assessment, 39*, 693-704.
- Giannakopoulos, G., Mylona, S., Zisimopoulou, A., Belivanaki, M., Charitaki, S., & Kolaitis, G. (2021). Perceptions, emotional reactions and needs of adolescent psychiatric inpatients during the COVID-19 pandemic: A qualitative analysis of in-depth interviews. *BMC Psychiatry, 21*(1), 1–10. <https://doi.org/10.1186/s12888-021-03378-w>
- Mutschler, C., Lichtenstein, S., Kidd, S. A., & Davidson, L. (2019). Transition experiences following psychiatric hospitalization: A systematic review of the literature. *Community Mental Health Journal, 55*(8), 1255–1274. <https://doi.org/10.1007/s10597-019-00413-9>

- Owen-Smith, A. Bennewith, O., Donovan, J., Evans, J., Hawton, K., Kapur, N., O'Connor, S., & Gunnell, D. (2014). "When you're in the hospital, you're in a sort of bubble." Understanding the high risk of self-harm and suicide following psychiatric discharge: A qualitative study. *Crisis*, 35(3), 154-160. <http://dx.doi.org/10.1027/0227-5910/a000246>
- Rodriguez-Quintana, N., & Ugueto, A. M. (2021). Who are the adolescents admitted to an inpatient unit? Results of a latent profile analysis from an acute, psychiatric hospital. *Evidence-Based Practice in Child and Adolescent Mental Health*, 6(4), 424-434. <https://doi.org/10.1080/23794925.2021.1950078>
- Seko, Y., & van Katwyk, T. (2016). Embodied interpretation: Assessing the knowledge produced through a dance-based inquiry. *Aotearoa New Zealand Social Work*, 28(4), 54-66. <http://dx.doi.org/10.11157/anzswj-vol28iss4id299>
- Smith-Gowling, C., Knowles, S. F., & Hodge, S. (2018). Understanding experiences of the self-harm of others: A qualitative exploration of the views of young people with complex mental health needs. *Clinical Child Psychology and Psychiatry*, 23(4), 528-541. <https://doi.org/10.1177/1359104518755216>
- Stokrocki, M. (2010). Understanding adolescents' identity formation through arts-based research: Transforming an ethnographic script into a play. *Journal of Cultural Research in Art Education*, 28, 70-86.
- Swee, G., Shochet, I., Cockshaw, W., & Hides, L. (2020). Emotion regulation as a risk factor for suicide ideation among adolescents and young adults: The mediating role of belongingness. *Journal of Youth and Adolescence*, 49, 2265-2274. <https://doi.org/10.1007/s10964-020-01301-2>
- Wexler, A. (2002). Painting their way out: Profiles of adolescent art practice at the Harlem Hospital Horizon Art Studio. *Studies in Art Education*, 43(4) 339-353. <https://doi.org/10.2307/1320982>

Woodgate, R. L., Tennent, P., Barriage, S., & Legras, N. (2020). The lived experience of anxiety and the many facets of pain: A qualitative, arts-based approach. *Canadian Journal of Pain*, 4(3), 5-18.

<https://doi.org/10.1080/24740527.2020.1720501>

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy**

**Student's Name: Cecelia Fioriello
Type of Project: Thesis**

Title: Benefits of Expressive Arts in Coping with Anxiety for Inpatient Adolescents: Development of a Method

Date of Graduation: May 21, 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD