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## Expressive Arts Therapy Group Helps Improve Mood State in an Acute Care Psychiatric Setting (Une thérapie de groupe ouverte en studio basée sur les arts de la scène améliore l'humeur des patients en psychiatrie dans un établissement de soins intensifs)

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### ABSTRACT

The objective of this research is to investigate whether an Open Studio-Based Expressive Arts Therapy Group has an impact on the mood of hospital psychiatric inpatients in an acute care setting. Patients participating in a weekly Expressive Arts Therapy Group completed the *Profile on Mood States Brief* (POMS-B) form to assess mood states before and after group participation. In addition, a true and false questionnaire was given to participants post-group to gather information about their individual experiences. Thirty-six patients participated in the study. Participation in the group was significantly associated with a reduction in the POMS-B Total Mood Disturbance score, consistent with a decrease in negative mood states [POMS-B  $t(35) = 4.06003, p < .05$ ].

### RÉSUMÉ

L'objectif de cette recherche est d'étudier l'impact sur l'humeur d'une thérapie de groupe ouverte en studio basée sur les arts de la scène pour des patients en psychiatrie hospitalisés dans un établissement de soins intensifs. Les patients participant à une thérapie de groupe hebdomadaire en arts de la scène ont complété le formulaire *Profile on Mood States Brief* (POMS-B) afin d'évaluer leur humeur avant et après la participation dans le groupe. En outre, un questionnaire vrai ou faux a été remis aux participants post-groupe pour recueillir des informations sur leurs expériences individuelles. Trente-six patients ont participé à l'étude. La participation au groupe a été associée à une réduction significative du score *POMS-B Total Mood Disturbance* mesurant les perturbations de l'humeur, révélant une diminution des humeurs négatives [POMS-B  $t(35) = 4,06003, p < 0,05$ ].

### Introduction

The Expressive Arts Therapy Group is an open-format session and all admitted patients are welcome to participate. By utilizing an existing treatment program known as the Expressive Arts Therapy Group, participants were recruited for the research study based on their ability to provide consent and interest in exploring the expressive arts. The study used a standardized and well-known assessment tool that has been used by professionals since 1971. The *Profile on Mood States Brief* (POMS-B) form was chosen because of its ease of use, and because the scales are known for monitoring patient responses in short-term treatments.

Expressive arts therapy uses various forms of art, which include the use of musical instruments, visual art materials, drawing, painting, writing, movement, poetry, storytelling, and sound and improvisation in a supportive setting to experience and express feelings (Rogers, 1999). This type of intervention is different

from traditional verbal therapy, as expressive arts therapy moves the individual into the emotional world, while introducing playful and creative aspects into the therapeutic process. Since expressive arts therapists recognize that individuals have different styles of expression, by integrating these various expressive capacities into the therapeutic model, practitioners can more fully encourage each person's abilities to communicate authentically and effectively (Malchiodi, 2005).

Art therapy was a routine component of care in many long-stay or chronic psychiatric wards in the mid-20th century; institutions frequently had full-time art therapists and dedicated studio space (Luzzatto, 1997). Malchiodi (2005) reminds us of the importance of patient care being a combination of custodial care and "moral care," which includes the arts. Research and reports of arts-based interventions can be found in a wide array of journals and texts. Cohen, Barnes, and

Rankin (1995) speak about managing traumatic stress through art-based interventions. De Petrillo and Winner (2012) report their findings based on their research with 42 undergraduate college students to see if art-making improves mood. Luginbuehl-Oelhafen (2009) illustrates how art-based interventions can help with a wide range of medical diagnoses to assist with patients' coping abilities and their quality of life. Malchiodi (1999) informs us through selected papers and case studies that using art interventions with patients dealing with serious or life-threatening illnesses permits them to express themselves in a safe environment and makes it less difficult than just using talk therapy. Waller (2004) illustrates the importance of group art therapy in larger institutions like hospitals and how it can be a very effective method to help patients express their emotions and anxiety about their illness. The most recent *Cochrane Review* of art therapy studies with schizophrenia patients, for instance, demonstrates the value of the treatment in assisting the expression of experiences and feelings that could not be communicated verbally (Milnes, 2005). The current literature focuses on the impact of ongoing arts-based therapy in patients with specific diagnoses (Slayton, D'Archer, & Kaplan, 2010), with few studies examining the use of arts-based therapy in current acute care settings.

Recent research results have been mixed, demonstrating no evidence of benefit for patients with schizophrenia in longer term outpatient settings (Crawford et al., 2010), and neutral or positive effects in other diagnostic groups in ambulatory care (Slayton et al., 2010) and in those with other severe illnesses requiring acute care hospitalization (Lamont, Sutton, & Brunero, 2009). There is minimal literature on the potential impact of arts-based therapy as it is delivered in the current acute care psychiatric system. Further, Crawford et al. found no evidence of impact in the ambulatory setting. A call for research on the impact of art therapy in acute care is necessary to further clarify its role in current psychiatric services.

Compared to psychiatric hospitals in the mid-20th century, a large number of psychiatric beds are in general hospitals (with limited physical space) and patients who are being assisted at these hospitals have very short lengths of stay. Thus, this setting does not allow for the longitudinal, studio-based approach previously studied (Luzzatto, 1997). Arts-based therapy in our current system is delivered in brief (possibly

single) interactions in the space available on a standard psychiatric unit.

This study was designed to examine the impact of participation in single sessions of an Open Studio-Based Expressive Arts Therapy Group on patients in a general hospital psychiatric setting. This study used a survey and integrated both quantitative and qualitative data along with a discussion of session notes taken during each group.

## Methodology

This study was conducted at the Toronto General Hospital site of the University Health Network in Toronto, Ontario, Canada. The unit is a 34-bed acute care unit in a large urban general hospital. It has a 10-bed eating disorder treatment program and a 24-bed inpatient acute care psychiatry program for adult and geriatric patients. This study was reviewed by the University Health Network Institutional Review Board.

The contributors involved in the study are: the intern co-facilitator and investigator (Grace Chiu) who conducted the study as part of her graduate thesis; the group facilitator Janine Hancock, an Expressive Arts Therapist and staff member of the Toronto General Hospital; and Dr. Andrea Waddell, Medical Director of Psychiatry who supervised the study.

An Open Studio-Based Expressive Arts Therapy Group was introduced to the General Psychiatry Inpatient Program in 2010. The group studied was held weekly in the Psychiatric Inpatient Unit dining room for a two-hour period. The group was open to all admitted patients, did not require referral and was facilitated by the Expressive Arts Therapist and another staff member (i.e., Art Therapy Intern or Occupational Therapist). Because the Toronto General Hospital is part of the University Health Network (UHN) and is a teaching hospital, health professional trainees would attend the group as participant-learners, but did not provide facilitation. Everyone who attended the group was welcome to participate in their own way. The environment offered a creative community experience to all, no matter what position one held in the general psychiatric ward.

The space used for the Open Studio-Based Expressive Arts Therapy Group was the patient dining room, which was transformed each week to provide suitable space for the group to run. Most of the tables and

chairs were removed from the dining room and replaced with floor mats and cushions. Equipment for the group, including instruments, art supplies, and paper, was stored on the unit in a general storage area used by all program staff.

Eligible participants were identified in daily case review by the staff nurse, and participants received a flyer explaining the study along with a follow-up visit by the Occupational Therapist to invite participation and answer questions. Written informed consent was obtained for all participants.

The minimum sample size required for a power of 0.8 and alpha of 0.05 was for 34 subjects. The total targeted enrolment was set to 40 subjects, which accounted for possible dropouts during the study. The total number of achieved subjects was 36.

The population for this study was comprised of psychiatric inpatients who were experiencing acute symptoms of mental illness. They may have included patients who had been diagnosed with mood disorders, psychosis, bipolar disorders, and/or schizophrenia, along with some geriatric patients with mental illness. In this open studio-based group, the focus was placed on the patients' innate creative capacity rather than the differing diagnoses of illness.

The study recruited patients over a six-month period from December 2011 to June 2012. Eighty-five patients were eligible to participate, and 36 patients consented to participate in the study (42% participation rate). All participants completed the study procedures—there were no drop-outs. There were 16 women and 20 men between the ages of 23 and 79.

Eligible participants included all patients admitted to the Inpatient Acute Care Psychiatry program who were at least 17 years of age and had basic literacy in English. Exclusion criteria included patients determined to be incapable of consenting to treatment (according to their attending physician), patients under the care of a guardian for personal care, or under the care of a trustee for finances or property.

The gender difference of consenting participants is within a fairly close margin making up 47 per cent women participants and 53 per cent male participants. Age was not a consideration in the study; personal information such as age was provided only if the participant was comfortable with disclosing it. The POMS-B form did include this information, but some participants chose not to complete that section. Based

on the participants who did provide their age (89%), the age ranged from 23 to 79 years. Similarly, race and ethnicity information was not gathered in the study as this was not part of the POMS-B form.

The POMS-B form uses a list of 30 words to ask how participants are feeling presently or "right now." The key areas measured were tension–anxiety, fatigue–inertia, depression–dejection, confusion–bewilderment, anger–hostility and vigor–activity. The validity of the POMS-B has been established for use with psychiatric outpatients and has a history of being used in a wide scope of research settings. The additional questionnaire includes seven true-or-false items related to the underlying theory guiding expressive art therapy, and asks for narrative comments and feedback. Therapy session notes from the participants' involvement were reviewed and used to create descriptions of engagement in the therapy.

### **Challenges of facilitating an open studio-based model**

Working with psychiatric inpatients, Allen (1983) wrote about her two-year experience as an art therapist while conducting short-term group therapy in an inpatient psychiatric unit. After 30 years, the same problems still existed with the dynamics of a short-term group in an adult psychiatric unit: patients varied widely in their diagnoses and level of functioning. Other factors to consider were: willingness to participate and length of stay in the hospital. At any given time, most patients may have been new to the group (Allen, 1983). This was also true at the Toronto General Hospital, where the mix of patients varied widely and short-term stay resulted in a need to provide a more flexible format for group therapy. As patients had different privilege levels determined by their stability, some patients had access to leave and return to the hospital. At times, patients would decide that they wanted to be outside or were greeted by a family member or friend during the group process. Participating was voluntary and the flexibility of an open group took the pressure off of having to attend a two-hour group session and offered a low-stress opportunity to participate in a group activity. Since patient stays at the psychiatric inpatient unit generally ranged from one to three weeks, the Expressive Arts Therapy Group was an open-group format for all patients currently admitted to the inpatient unit. Everyone was

welcome to participate; thus, the group was inclusive of all patients.

### **Mechanisms of change within the open studio-based model**

There are a number of mechanisms that influenced the success of the Expressive Arts Therapy Group. The door to the studio room was kept open during the two-hour session, which meant that patients were free to drop in anytime and leave at their will. This flexibility helped ease any possible anxiety about attending the session and insinuated an accepting atmosphere. The group often began by playing musical instruments as a warm-up exercise. The sounds echoed throughout the corridors and heightened patients' curiosity. The music acted as an open invitation to participate in whatever way they were inspired. Some patients would stand at the door and dance, some would stand and tap their feet, some would engage in playing instruments. This was a sensory experience that required no effort on the part of the patients (Malchiodi, 2005); all that was required was the presence of the individual. There were also other art materials available, which provided the sensory invitation should the music flow into another form of expression. For example, a patient may listen to the music and at the same time start painting or drawing on the large mural paper provided.

Expression through the arts is not limited. Neither prior experience nor technical skill is required. A high-sensitivity, low-skill approach gave the patients the avenue of expression best suited for their present state of being. The inclusivity of the group environment permitted any mood or emotional experience as acceptable, and therefore expressible.

The facilitators themselves used their own creative presence and were engaged in the art-making experience. The flexibility and being in the "present moment" was the main focus of the intervention (Luzzatto, 1997). Knill, Barba, and Fuchs (1995) speak about the importance of the therapeutic presence and mindfulness brought into the group. He states that it is essential that the therapist be fully present and engaged both prior to the session and at critical moments during the session.

An individual's perception and use of his imagination can be enhancing or isolating. The facilitation can encourage and invite the patients to engage with

others. The facilitation of the creative process allowed patients to move from an isolated experience to a collective and creative sharing experience. The call and response of individuals through the arts shifted the once perceived limitations. For example, in the case study below, the image of the starry night on the painting inspired the reciting of a poem out loud.

As in the case studies of Allen (1983) and Luzzato (1997), the studio-based groups brought patients with different behaviors and diagnoses. Some patients were interested in solely watching while others wanted to fully engage; more importantly a creative space was offered where all these patients could coexist in a non-judgmental and safe environment. It is the availability and the creation by the facilitators of the studio space, art materials, and acceptance of the individual expression within the group dynamic that made the application of a multitheoretical approach meaningful toward successful mechanisms of change (McNiff, 1997).

### **Theoretical perspectives operating within the open studio-based model**

The study incorporated a broad range of relevant theories and used a multitheoretical framework to address the needs of the patients, starting with cognitive therapy as a working model for preventing and coping with negative thoughts and belief patterns. Our negative thoughts are believed to play a significant role in increased symptoms of depression, anxiety, low self-esteem, and anger. Beck (1976) believed in the intrinsic value of using a patient's own rationality to solve problems. Beck would validate and encourage a patient's thoughts and their own problem-solving ability rather than perpetuate the thought that patients cannot help themselves but must seek the help of a professional healer when confronted with distress and the everyday problems of living. Since our thoughts are directly linked to our moods, the type of thought dictates the mood outcome. Hence, creating an opportunity to express feelings and thoughts in the Expressive Arts Therapy Group presented an opening for the individuals to receive new thoughts and experiences, possibly breaking the negative thought patterns, and coming away with a more positive frame of mind, mood, and a deeper understanding and appreciation of their current situation. For example, the facilitators explained to the group that there was no "right" or "wrong" way to do things. If patients decided that

**Table 1.** Mean POMS-B TMD scores and standard deviations for pre- and post-Expressive Art Therapy Group.

	n	Pre-Expressive Art Therapy Group	Post-Expressive Art Therapy Group
Mean (M)	36	16.86	8.13
Standard Deviation (SD)	36	24.88	20.53

they did not want to participate in the music-making exercise, then it was perfectly fine to sit, observe, and listen, thereby validating and encouraging them to make their own decisions.

At the Toronto General Hospital, patients were reminded of the accepting environment in which the therapy sessions were conducted. They were encouraged to attend the group with a “come as you are” invitation, and to attend to their own needs and inspiration during the group, making themselves as comfortable as possible. In this way, the Expressive Arts Therapy Group was similar to how a Mindfulness-Based Cognitive Therapy Group might be conducted. The Mindfulness-Based Cognitive Therapy practices involve becoming aware and entering a “being” mode, with the focus more on the experiential and interactive aspects (Barnhofer & Fennell, 2009). At times, patients discovered new perspective or awareness about themselves as a result of participating in the Expressive Arts Therapy Group. One example is a patient who mentioned that he used to practice meditation, and playing the drums again reminded him of his appreciation for meditation and the drums. This patient spoke of using this tool when he was discharged from the hospital to help with stress management.

Rogers’ (2001) person-centered expressive arts philosophies spoke to the way in which the groups were conducted and the values held by the facilitators. The creation of a safe environment was an integral part of the group setting. The basic premise

here is that the human being has the potential for positive growth if given the proper environment, and the belief that individuals hold the inherent capacity for self-direction and ability to empower themselves. Hence, during group sessions, participants were always encouraged to make their own decisions and accept or reject a suggestion for a particular exercise. Rogers used the term “person-centered expressive arts therapy” to describe a way of working with clients in a nonverbal and/or metaphorical expression that may include dance, art, music, writing, poetry, meditation, and improvisational drama. In this way, she used these expressive arts to support emotional healing and awaken creativity (Rogers, 2001). It was the very nature of interweaving of the arts at the Toronto General Hospital that allowed individuals to reclaim vital parts of themselves and experience insight, personal strength, and power that may not be apparent if they were limited to the familiar boundaries of their diagnoses.

### Change in mood state

There was a significant improvement in Total Mood Disturbance (as measured by the POMS-B) after group participation: [Paired t-test,  $t(35) = 4.06003$ ,  $p < .05$ ]. An improvement in mood disturbance can reflect a reduction in negative mood states or an increase in positive mood states (Table 1).

**Table 2.** Expressive Arts Therapy Feedback Statement.

	Positive response (%)
1. I discovered in the expressive arts therapy group that playing and listening to music made me feel happy.	31 (86%)
2. Working with art materials allows me to express what I cannot express verbally.	33 (92%)
3. I learned something new about myself after participating in the expressive arts therapy group.	31 (86%)
4. I feel more hopeful about the future after participating in the expressive arts therapy group.	29 (81%)
5. Participating in the expressive arts therapy group made me feel like I was part of a community.	34 (94%)
6. I would like to participate in more expressive arts therapy groups after I leave the hospital.	29 (81%)
7. After participating in the expressive arts therapy group, I realized that I have many things to be grateful for in my life.	30 (83%)

## Therapy feedback questionnaire

The feedback questionnaire (see [Table 2](#)) was completed post-group and asked participants to identify statements that were true and represented their experience. Seven statements were provided for the participants to circle either “true” or “false” as it applied to their experience. These statements were designed to help participants frame their experiences into different contexts. Almost all participants reported that the group allowed them to express things they could not express verbally, and that the group allowed them to feel part of a community.

Some patients provided written feedback about the group and the experience. One patient stated “[i]t makes me feel special,” while another described that it “helps people take their minds off the mundane existence of being in a hospital.”

Other feedback demonstrates that even very ill patients derive benefit from participation: “...[it] provides a wonderful venue for nonverbal thera-musik expression. It is 360 in the right direction. It has changed my life forever into the giving path for eternity.”

The qualitative feedback obtained from the participants indicates that the opportunity of participating in an Expressive Arts Therapy Group allowed the participants to experience an alternative intervention in their recovery. A common theme for the participants was that music had a positive effect, improving their mood. In a facilitated experience where everyone took turns to write about the impact the music making had on them, one participant wrote: “when you listen to the music it spreads harmony between people.” Another participant wrote: “music is communication between people without words.” Offering the patients an intermodal exchange (moving from one modality into the next) deepened their own expression and brought a sense of group sharing. Through the facilitation of the studio space, the participants’ experiences challenged their perception and belief of the stigma of mental illness. Again, it is the focus on the creative potential of the participants that is key, and highlights their value as individuals rather than their illness.

Reflecting on [Table 2](#), the results from statement 6 showed that 81% would be interested in participating in these experiences outside of the hospital. A call for research is needed for outpatient care.

## Discussion of group therapy session notes

As previously stated, the importance of patient care to include both aspects of custodial care and “moral care,” which includes the integration of the arts, are supported by Cohen et al. (1995), De Petrillo and Winner (2012), Luginbuehl-Oelhafen (2009), Malchiodi (1999, 2005), Milnes (2005), and Waller (2004). The following discussion reviews two case studies to highlight the importance of using the expressive arts as a vital part of patient health care.

Although the group therapy session notes recorded during the study are not indicated as “measurable” data, the importance of the details captured in terms of observations and participant comments are still valuable and relevant as they inform us on how participants experienced the group therapy sessions. This would not otherwise be transparent in the evidence-based data.

### Case study 1

In this session, participant 1 addressed one of the facilitators and said: “You gave me a sense of worth today.” At the start of the session, participant 1 was reserved. As other participants were playing their instruments, participant 1 suddenly started to sing Christmas carols. The group responded by joining the participant and singing along. As some participants were singing, others were painting on the large piece of mural paper in the center of the group (see [Figure 1](#)). An image of a starry night with fields of bright red flowers emerged. This image reminded the participant of a poem called “Daffodils” by William Wordsworth, and participant 1 started to recite the poem verbatim. The participant was surprised by her own recall of the poem. Memory is effectively elicited through our senses, and due to the arts can be held in the context of the present moment and shifted through the experience within the group context (Malchiodi, 2005). This suggests that the Expressive Arts Therapy Group may help patients/participants get in touch with their cognitive and creative abilities that may not have been accessed for quite some time.

### Case study 2

In the group session, participant 2 started to sing and create a song as she was singing. Participant 2 stated



**Figure 1.** "I Wandered Lonely as a Cloud."

that the act of singing and using her own voice was "very powerful." Participant 2 stated that she would not be able to use her voice if she did not feel safe. At the close of the group when patients were asked for closing comments participant 2 stated: "Extraordinary inner events for me. I have spent decades as a professional singer. My experience is very profound and very, very personal. Both times, last time and this time, were almost transforming and an initiation, like rite of passage." The words that this participant articulated demonstrates what expressive art therapists call the liminal space, which is a potent transitional space where the expression of the ineffable is possible. This offers an experience of change. McNiff (1997) states it beautifully: "There is a dynamic interplay between all the elements involved—the people, the place, the images, the spirits—that create an opening for the level of authenticity and healing that can only happen in a safe and sacred space." The Expressive Arts Therapy Group offered a safe and nonjudgmental environment for this patient to process what she needed and enabled her to foster deep personal connectedness and decrease isolation.

As the sessions progressed throughout the study, common themes that materialized were the importance of holding a safe and nonjudgmental studio space for participants to be able to discover something new. Case study 1 and 2 are examples of the participants' surprise and curiosity, elicited through the creative process that allowed for new thoughts and

perspectives to enter their minds and gave them the opportunity to change their ways of thinking.

As one of the participants stated when participating in any type of arts activities, whether it be karaoke or making art, the mind is focused on the art and therefore the problems go away. Participants in the group expressed the theme of gratitude for the opportunity to create music and visual arts in a supportive environment. Patients gained value from watching the artwork being created: listening to the music and being observers was enough for them to experience the creative community. One participant stated that "there was something magical about this group." Perhaps the magical component refers to the expressive arts as an effective intervention for expressing the ineffable.

The findings of this study demonstrate that participation in an Open-Studio Expressive Arts Therapy Group is associated with an improvement in mood disturbance. Participants identify feelings of hopefulness, community, and even happiness. The session notes and participant comments reveal significant experiences occurring in a single session.

This study provides support for the use of group-based expressive art therapy interventions in an acute care setting. While participation in longitudinal expressive art therapy would likely provide additional, valuable experiences for the patient, there is evidence of benefit from one-time experiences. In addition, this group was run within the existing space of an acute care unit with access to highly specialized materials or

dedicated space, suggesting this is a feasible intervention for many acute care psychiatry settings. It is evident that arts-based interventions are an important and vital professional health service that addresses the “moral care” aspect of an integrated patient care model (Cohen et al., 1995; De Petrillo & Winner, 2012; Luginbuehl-Oelhafen, 2009; Malchiodi, 1999, 2005; Milnes, 2005; Waller, 2004).

### Areas for further research

This preliminary study of an Expressive Arts Therapy Group based on a supportive, multitheoretical approach demonstrated a positive impact on psychiatric inpatients and supports the need for further research in this area. The inclusion of a survey question about interest in participating in a group after discharge informed us that a high percentage of participants were interested in continuing outpatient expressive arts therapy groups, and it is necessary to conduct further research to indicate whether this type of group would help with prevention of hospital readmittance in the future.

### Conclusion

The study's prime focus was to report on whether a single session of an Expressive Arts Therapy Group would have an impact on the mood state of inpatient psychiatric patients. Acute psychiatric patients were invited to participate in the studio-based group that offered them the opportunity to collectively experience a liminal space. The liminal space where the art-making takes place is a transitional space where both facilitators and patients share. Through this research we have observed the experience of participating in these groups as an agent for transformation.

Being diagnosed with mental illness, patients are stigmatized and feel isolated and misunderstood. Their literal reality residing in a locked psychiatric ward is segregated from the outside world. This is a unique experience. Patients suffering from mental illness are often highly sensitive, creative, and imaginative, and when feeling isolated there is a possibility that their imaginations could fuel their illness. By using the expressive arts as a component of their treatment, the group experience offered them an avenue into their senses, their imagination and their self-expression within a facilitated, safe environment with others.

One of the factors of success in offering psychiatric patients this type of group is that the Expressive Arts Therapy Group facilitators are entering into this liminal space with acceptance. Everyone in the group was seen and heard as valued creators. Sharing this experience can act as a bridge to transform any stigma and experience true human connection within a community.

The fact that the patients made their own decisions, exercised their own power and voice through the use of expressive arts, proved to be a learning experience. Through the playful opportunity, the patients opened up their inner world and shared it with others in familiar and unfamiliar ways. This led to a better understanding and acceptance of themselves and in turn, created a shift in their mood.

The use of a facilitated expressive arts framework allowed the reporting of a positive change in mood states. As it is detailed in this research paper, it is all of these elements that worked with a population that was diverse in diagnosis and age, and any intervention relied on the creative process to elicit curiosity, heal, inform, and empower patients to experience a lighter heart.

This study communicated the nuances of human behavior in the form of words and creative expression while contributing to the literature of expressive art therapy. Each Expressive Art Therapy Group was unique in terms of patient mix, and what patients and research participants brought into the group. From those small seeds that were planted, a dialogue would blossom and the group flourished from that point on.

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