Expressive Arts Therapy:
A way for Patients with Mental Illness in Hong Kong
LIU-Man Yin, Loretta
June 2015

The European Graduate School, Switzerland
Master of Arts in Expressive Arts Therapy with a Minor in Psychology
Thesis Advisor: Prof. Margo Fuchs-Knill and Drago Lai
Acknowledgments

I would like to express my appreciation to the patients for their trust and the time they invested. Thanks to the Hospital and Center for support, and a special thanks to Professor Margo Fuchs-Knill and Mr. Drago Lai for help and supervision. Most important, thankful to all the blessings given by my Lord who has sent me lots of angels during the time, like my parents, friends and other beloved ones.

In partial fulfillment of the requirements for the degree of Master of Arts from the Division of Arts, Health and Society at the European Graduate School EGS Hereby I give EGS the authorization to send the Thesis file on CD-ROM to people who are interested in my thesis.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Summary</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>A. Abstract</td>
<td>4-5</td>
</tr>
<tr>
<td>One</td>
<td>B. Introduction</td>
<td>6-12</td>
</tr>
<tr>
<td>Two</td>
<td>C. Literature Review: Previous Studies on Schizophrenia and other mental illnesses</td>
<td>13-17</td>
</tr>
<tr>
<td></td>
<td>D. Phenomenology: Essential Expressive Arts Therapy Principles</td>
<td>18-28</td>
</tr>
<tr>
<td>Three</td>
<td>E. The Practice of EXA:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Background of the population</td>
<td>29-30</td>
</tr>
<tr>
<td></td>
<td>ii. Schizophrenia Patients in Psychiatric Hospital</td>
<td>31-40</td>
</tr>
<tr>
<td></td>
<td>iii. Psychosis Teenagers in Psychiatric Day Care Centre</td>
<td>41-57</td>
</tr>
<tr>
<td></td>
<td>iv. Children of Parents with Schizophrenia in Psychiatric Day Care Centre</td>
<td>58-69</td>
</tr>
<tr>
<td></td>
<td>v. After-thoughts</td>
<td>70-71</td>
</tr>
<tr>
<td>Four</td>
<td>F. Aesthetic Response</td>
<td>72</td>
</tr>
<tr>
<td>Five</td>
<td>G. Conclusion</td>
<td>73-85</td>
</tr>
<tr>
<td></td>
<td>H. Appendix, References &amp; Bibliography</td>
<td>86-96</td>
</tr>
</tbody>
</table>
**Part A: Abstract**

**Background:** Many forms of artistic expression and single modality used therapy used in psychiatric treatment, but we lack an understanding of how artistic expression may interfere with psychopathology, especially across culture. **Method:** Expressive Arts Therapy (EXA) was offered to three groups of patients. One group consists of patients with schizophrenia living in psychiatric hospital; another group consists of 5 psychotic psychiatric patients with depression and/ or anxiety. The last group consists of children whose parents are current schizophrenia patients, some of the children have Autism and/or ADHD as well. The experience of each patient was examined using interviews and written evaluations throughout the sessions and after the whole therapy. A qualitative analysis was done to determine how EXA affects the psychopathology of the patients based on five essential concepts of phenomenology: decentering, rites of restoration, luminality, intermodal transfer and low skill high sensitivity. **Results:** It is found that the clients in Hong Kong used the EXA in many different ways. Benefit of the decentering art making allows patients to distant with the problem itself. Under the frame of art-oriented play, it enhances client’s play range and finds out alternative ways of possibilities, in other words to make a new meaning of play (Poesis). It gives a secure platform for psychotic patients to participate. As mentioned, EXA is art as disciplined where intermodal
transfer takes place for clients. Through exploration towards different modalities, it helps different aged clients to find out their ways for outward expression when they can see which element or impulse most touches them during the process. Engagement in the artistic process and by aesthetic responses on the images created. The stronger sense of self accomplishment helps diminish the tension arising from interpersonal contact, boosting their self-esteem and thereby improving their social competences. Conclusion: All patients reported a very good outcome, and it showed that the positive effect of EXA is mainly because of strengthening sense of self (stretching up play-range in EXA) from experiencing alternative world experience (in the imaginary reality) and recollecting the effective reality that links to the literal reality (our daily lives) as well as increasing social engagement.
Part B: Introduction

When people come to describe Hong Kong, a living place where I have been living for over twenty years, words like ‘crowed’ and ‘fast’ are always listed at the top of the rank. No matter what age you are, what social roles you are taking, everyone is under the paradox of living in such an environment- Either you have to intentionally change yourself to adopt the external environment to live, or your externally environment has molded you way of living even you are not intentionally to realize. Psychological condition of a well-being has aroused my attention since I was doing my bachelor degree of psychology as the university, especially the aspect of abnormal psychology. Personally thinks ‘abnormal’ this word sounds like labelling a kind of being based on their diagnosis clinically. What concerns me more is to help these kinds of well-being, focusing on the patient’s current issues and corresponding feelings is also a way to help them be more aware and understand themselves, and indirectly it enhances their ability to re-evaluate problems, and in a longer term to change their negative attitude into a positive attitude in facing their future living. All sorts of therapies emphasize that therapists have to be an empathetic listener, attentive to hidden behavioral hints and sensitive to the emotional changes during the therapeutic session. Not only being as genuine and able to address the essence of the issue, able to provide a secure physical and psychological environment is also important to lead a successful therapy.
Despite the fact that verbal approach of therapy has been established a longer history, there are still some limitations which particular situation or types of clients might not be fully benefit from it. Take for example, some clients might not be good at verbalizing their feelings or exhibit difficulty recounting the terrible events they have suffered or witnessed, in which that hinders the clients to put into logic of words experiences that utterly defy human comprehension and capacity for reason amplifies already significant challenges to restoration after the incidents or issues happened. In this way, verbal and conceptual approach of therapy and communication might not be always applicable to every client among all circumstances. Therefore it provokes my curiosity to explore approach other than verbal approach to sideline this dilemma on the pathway to help this kind of clients, bypassing verbalization in favor of nonlinguistic modalities of communication and expression. On my way of exploration, I found the focus of Expressive Arts Therapy has the capacity for the involvement of all senses. As a kind of creative arts, it also offers a platform of experiencing self-exploration and self-expression. Rather than making use of dialogue which involves logical and rational thinking only, artwork making process allows the artist (client) to open up verbal as well as non-verbal communications, and further discover the unexpected resources and surprises along the pathway.

This thesis for my master degree at the European Graduate School (EGS) symbolizes the completion of my three years of study. Along the learning process,
there are many questions, confusions and anxiety. Especially when I have to take a balance between work and study, tight schedule living in a society filled with packed environment has sometimes distracted me to a frustration down period. I can totally understand how the emotional and psychological feeling a Hong Kong citizen might experience everyday living under the same circumstances especially when I have experienced the different living style in other western countries such as Switzerland. It is undoubted to notice the fact of an increasing numbers of people living in Hong Kong suffering from mental health problems, anxiety and depression are commonly seen. As I say, other than focusing on the numbers of people with this clinical diagnosis, it is also an alarm highlights that there is an urgent needs of ‘psychological recovery’ of people living in my hometown.

The phenomenon of using arts as an important role of expression and documentation for the Umbrella Revolution in Hong Kong starting from Day One (28 September, 2014) has inspired me about how the community expressive their anger verbal into a non-verbal expression. From an online competition held to develop a logo for the movement, attracting designers and artists around the world, to origami umbrellas hung on strings or formed into sculptures called Umbrella City, from cinematic films to pen-and-ink drawings by a group of urban sketchers documenting to occurring on the ground, there is no shortage of art to tell the story of this movement.
Other than politics, what attracts my focus is the use of artwork and imagery - including the yellow ribbon, a symbol of universal suffrage helps protesters for self-exploration and expressing personal emotions. People from different fields and various backgrounds can actively and initially grouped together at the art making process to demonstrate how art functions as a buffer for people to express their struggles and undesirable feeling indirectly. Through the making and reviewing process, art creates a non-threatening platform for people step out of chaos to freely explore and express. This phenomenon from the action of the public without mental illnesses has shown that citizens are being suppressed by the authority and institution. In parallel, are patients with mental illnesses also being suppressed by such an environment? If we are living under the umbrella of the same context, what about those patients suffering from mental illnesses, can artistic media be used as in
the service to help these souls to express their struggles and undesirable feelings and emotions?

I particularly picked patients suffering from mental illnesses including schizophrenia, depression and anxiety and their children to be my target groups for study and clinical practice. In hospital setting patients only receive medical treatment or occupational therapy while in mental health centers clients mostly receive Cognitive Behavioral Therapy or Narrative Therapy or Family Therapy. All clients have not received mixed verbal and non-verbal approach like Expressive Arts Therapy before. This time, phenomenological approach in Expressive Arts Therapy was adopted when I was carrying out individual and group sessions with my clients assigned by the nurses and social workers from psychiatric hospital and mental health rehabilitation organizations respectively.

In a micro-setting, I am fascinated by how expressive arts therapy could work as a therapeutic process with mixed non-verbal and verbal approaches. Compare with only verbal approach of therapy, more clients are willing to enter the art exploring process despite of their background. The Expressive Arts Therapy enables clients to get into unconscious level, and act as a way leading to get closer with their underlying problems and tap into the healing power of such approach of therapy. Expressive Arts therapist is not the only thing which is so powerful to change client’s state of unconsciousness. Being a practitioner for three years witnessing and exercising Expressive Arts Therapy on several types of patients, I
would now more agree that clients themselves are the primary and essential element for Expressive Arts Therapy to undergo its exploring, reviewing and transforming process because they are the experts of the situations while we, as the Expressive Arts Therapist, is only the expert of EXA.

To me, in a macro-view, life can be described as art. We cannot control how the next page might happen; instead we can only ‘trust the process’, in a way that just let art (life) itself be in the center and teach or lead the art process (living). We might get confused and frustrated in some situations, like what I have experienced personally as an example, by some situation restrictions like living in an environment with speedy and packed atmosphere and/or individual inability to alter a complete change towards the external environment. However, I can trust in the potential of human beings, who can overcome all kinds of hard times. Listening to one inner self feeling and allowing the difficulty flowing itself, and trust the process, it can direct my way to ‘exit’.

‘Exit’ refers to the act of going out or a way out of an enclosed space. It is particularly important for people whom are suffering from sickness and difficulties like fear or being abandoned, these people detach themselves from their bodies, from others, from the world as a whole. They have lost their capacity to be in the world in a creative way filled with possibilities. Levine (1992) has written ‘To be alive means to be in the world as embodied beings, capable of imagining ourselves more deeply, i.e. seeing our authentic possibilities in the course of our lives. We do
not aim at helping someone adapt to reality; rather we seek to help him or her live more creatively.

Expressive Arts Therapy acts as a bridge for clients to step in and step out from the chaotic issues and re-vitalized their imagination through the art making process for new possibilities when they look back again the problems, for a growth and hopeful future.

I am wholeheartedly thankful for having a lot of angels being put around me, thanks to my family, my friends, my professors at EGS, my supervisor and my clients. Some of them have inspired me with their professional knowledge in EXA, while the others had impressed me with their sharing of their life with me.
Part C: Literature Review

Stress is believed to contribute to the pathogenesis of a variety of psychiatric illnesses (Belujon and Grace, 2011; Roozendaal et al, 2009; Touma, 2011). In particular, evidence suggests that early life stress is an important factor in the etiology of schizophrenia, a developmental disorder that typically manifests in adolescence or early adulthood. Stressful life events can precipitate or exacerbate the psychotic symptoms of schizophrenia (Corcoran et al, 2003; Meyer-Lindenberg and Tost, 2012) and psychosocial stressors increase the risk for developing the disease (Lim and Chong, 2009). It has been suggested that individuals who are at risk for schizophrenia are more susceptible to the effects of stress and that the interaction between a genetic or developmental predisposition and stress in early life could promote symptom onset (Benes, 1997; Tsuang, 2000; Walker et al, 2008). Indeed, in children at risk for schizophrenia, those that show abnormally high responses to stress tend to be those that convert to schizophrenia (Johnstone et al, 2002; Owens et al, 2005).

In fact, Schizophrenia is one of the top ten leading causes of disability worldwide (Murray and Lopez 1996). It constituted over two-thirds of all mental illnesses in China (Feihua Company 2006). In Hong Kong, approximately 80% of the 68,500 persons with mental problems who were in need of community rehabilitation services in 2001 suffered from schizophrenia (Hong Kong
Expressive Arts Therapy: A way for Patients with Mental Illness in Hong Kong?

Government 2001). Previous study has been done to understand the rehabilitation needs of people with schizophrenia (Tsang et al., 2011). It is found that patients desire very much to learn how to control their symptoms in order to lessen the functional impairment and hence step towards closer to the ultimate goal of recovery. However, it is generally not satisfactory among patients towards taking medical treatment only (Nageotte et al. 1997) due to a number of reasons such as disgusting side effects of medications (Roy et al. 2005), and high level of self-stigma (Fung et al. 2008). Self-stigma here refers to the reactions that a person with mental illness turns against himself because of being stigmatized (Watson and Corrigan 2001), or in other words, patients’ subjective experiences of stigma. Since Chinese society has routinely been said to privilege interpersonal bonding over individualism, stigmatization that blocks interpersonal bonding, has put great impact on patients’ emotional reactions. The perception of stigmatization and anxiety over disclosure caused emotional distress in a considerable proportion of patients with schizophrenia- over half felt that they were of a lower class or worthless because of their illness; 40.6% deliberately avoided most social contacts and 43.8% had thought of ending their lives (Lee et al. 2005). Therefore, a contemporary trend on trans-disciplinary practice approach is considered with more various interventions in order to promote holistic care under in mental health services to support the person secure a stable lifestyle.
According to Tarrier and Bobes (2000), there is now growing evidence to support the benefits of non-pharmacological interventions, when used in combination with antipsychotic treatment, in relieving symptoms, improving occupational and social functioning and reducing the risk of relapse. In particular, these interventions appear to provide benefits in coping skills and social and vocational functioning, as reflected in a greater ability to function independently and an improvement in quality of life. A number of studies have been done on systematic assessment of non-pharmacological therapies in schizophrenia, but researchers commonly focus on interventions with verbal approach of psychosocial therapies, such as family intervention therapy, cognitive behavior therapy and compliance therapy (Tarrier, 1990; Ewhrudjakpor, 2009).

There are still a limited research done on adjunctive treatment encompasses non-verbal techniques. Honig (1977) has found that schizophrenic patient finds the art medium and creativity itself less frightening and a more comfortable means of expressing himself/ herself. However, the general problem in creative art therapy researches in recent situation is that they are based on different theoretical foundations and single modality is used for intervention. For instance, therapies are built on the tradition of psychoanalysis, an analytical art therapy which builds on psychodynamic theory, and aims at obtaining insight into unconscious material through at art work. Yet, due to the nature of psychotic schizophrenia might lay a problem of limitations using psychoanalytical approach. Thus, another direction,
formative art therapeutic approach which sees the art work as a new shaping which is related to the world and brings forth an aesthetic meaning is rather adopted to study in this paper. It is inspired by an interdisciplinary formative approach called Expressive Arts Therapy which inter modalities are used throughout the intervention such as art, song, drama and dance.

To explain the qualitative mechanisms of action in formative art therapy for psychiatric patients has been the aim of only a few published studies. Cohn (1984) found that the art work activated and changed the emotions related to trauma with a minimal therapeutic intervention in 3 patients with separation trauma. Lund et al. (1986) concluded that addition of an art therapy component in a psychiatric daycare unit gave the patients insight into the personality styles of the group members, reinforced a sense of identity, encouraged group cohesion, and, for some patients, enabled a communication that would not have been possible in an entirely verbal group. Potocky (1993) describes an art therapy intervention for patients in a chronic state of schizophrenia. The art group intervention was enjoyable for the patients and helped to enhance their social functioning. Shechtman and Perl-Dekel (2000) examined the experience of 27 patients in combined verbal and art group therapy. The art group provided the same pattern of effect compared to the verbal group, with group cohesiveness as the most important single factor, but the art group also had ten mechanisms of action that did not take place in the verbal group. The three most
Important of these were creativity, spontaneity and play; alternative communicative possibilities, and art as an integrating experience.

Majority of the studies only point to the positive effects of working with art but whether and how art may enhance the ‘psyche-energy’ of patients with schizophrenia still remains unclear. Also, most of the studies are carried out in Western countries while there is no previous research done on studying how expressive arts therapy might affect patients suffering from schizophrenia and other mental illnesses such as anxiety and depression. Concerning the cultural difference and living environment in Hong Kong compared with other larger Western countries, this paper is focused on illustrating whether Expressive Arts Therapy can bring impact on patients suffering mental illnesses such as schizophrenia, anxiety and depression, and if yes, the study will further explain how the impact will be.
**Part D: Phenomenology:**

**Essential Principles and Concept in Expressive arts therapy**

According to the International Expressive Arts Therapy Association (IEATA), the Expressive Arts Therapy (EXA) combines different modalities of arts form including the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development. By integrating the arts processes and allowing one to flow into another, we gain access to our inner resources for creativity, illumination, clarity and healing. It encourages an evolving multisensory approach within psychology, organizational development, community arts and education.

EXA is a mindful use of different art modalities and creative processes in an integrated way to foster personal growth and advocate for social change. In the creative healing process, our body, mind and spirit are connected.

The phenomenological foundation of Expressive Arts and the philosophical and theoretical base stresses that the moment of art is the central focus. Instead of giving intrusive interpretations and overarching meaning-making, therapists maintain phenomenological attitude toward the subject matter by presenting the art-making being as descriptive as possible (Levine, 2015).
Poesis traditionally means an activity of formation, in which the artist gives shape to matter in accordance with his or her idea (Levine, 2005). In other words, it refers to particular mode of making to something is made so that it can appear as made (Levine, 2012). It allows the thing made is to be manifested in front of people, regardless the form of art it belongs to. The role of artist is not to impose a pre-existing form upon senseless matter but to allow the material to find its own sense. In other words, it requires a ‘letting-be’ in order to take place. To do this, the artist must abandon any critical intention and become open or receptive to what is coming. Willingness to let go of the initial idea but open to what will arrive can often help the work to come as a surprise. The artist must willingly undergo the experience of chaotic fragmentation in order to find a new form.

Paolo Knill (2005) has emphasized the idea of art as decentering. ‘…centering on the problematic situation has a tendency to produce “more of the same” and tends to worsen the situation.’ The decentering attitude has a chance of opening to new perspectives, and look at “the same” differently. This is what Paolo Knill names ‘ an alternative world experience’. Knill has constructed a particular ‘architecture’ of a session including a phase of decentering, in which is divided into two parts: first an art making or play-oriented part, after which follows the aesthetic analysis (Jacoby, 2004). Questions of bridging back and forth between what Knill calls different kinds of reality – everyday life experiences and the specific understanding of the ‘problem’ as well as the art-oriented ‘alternative’ experience –
belong to the architecture. The fact that the client is ‘…coming, staying for a while and leaving again…’ lies as a precondition of the ‘architecture’ of a session. There is an entrance and an exit, a beginning and an end.

Paolo Knill has also brought out the concept of ‘low-skill high sensitivity’ in which low technical requirements of a creative activity at a highly sensual level of awareness. To come into contact with art and the process of shaping is initiated by the sensory experience. The repertoire of different media is thereby used to enable individuals to access their own expressive world and their own feelings. Sound, movement, color, material and language – the artistic challenge takes what is available.

In a decentering process, play and ritual may be the preferred shaping focus and in such processes it may not be adequate to speak about a ‘work’. The focus is the process of play or the ritual. This is called ‘play- and ritual-oriented decentering’.

In our culture of art making it is difficult to consider an artistic process without any idea of an art work. Whereas play has no direction outside the play-process, the artistic process usually has. It has a direction towards a ‘result’, an intention of making a work. The visual arts, poetry and storytelling and writing naturally strive for ‘things’, works that are separate from their maker. They often need ‘the studio’ and the longer time of concentration. However, the process still
may be considered as the more interesting part and therefore compares to more play- or ritual- oriented ways of working.

To work art-oriented, it means to work directly with artistic activities in the session. The basic thought concerns that the practice of the arts (artistic experience) has certain characteristics that may help to open for the unexpected and that these characteristics may be referred to any encounter with the world and other person without using the arts, and as such again it may open for the unexpected. For example, the artist approaches limitations and conflicting matters not as the things to be removed, but rather as possibilities to be used as resources. The challenge is to innovatively use limited resources as ‘artistic tools’, which related to the attitude of ‘the change agent’ who works with what there ‘is existed’. Like the artist the ‘change agent’ has openness to the possible arrival of the unexpected. He embodies an attitude that ideally enters a situation without ulterior motives beyond the needs of what presents itself.

Therefore the role of an expressive arts therapist is to facilitate clients to shape this world of the imagination in a way that affects and touches clients. We call this as their ‘effective reality’.
Before illustrating how expressive arts therapy helps the therapeutic process of patients suffering from mental illness, here I’d like to further introduce five fundamental concepts in EXA.

1) Decentering

Watzlawick (1983) showed that centering on the problematic situation has a tendency to produce ‘more of the same’ and tends to worsen the situation. Whereas decentering activities can open the door to unexpected surprises and often emerge with spontaneity or intuition that point in the direction of an alternative world experience through a distancing effect. It helps to increase the range of play which emphasizes in ‘doing as if,’ the open-endedness, and in the circularity of the here-and-now that connected to all alternative world experience, that results in a freeing up from the pressure to achieve immediate solution under impossible circumstances. When a client with a decentering attitude induced, he/she can have the ability of creativity to discover a new solution to an old problem or an appropriate response to a new solution, the exit out of the narrow situational and personal restrictions of the help-seeker allows a distancing from personal fate.

Knill (2005) further explained in the book, Principles and Practice of Expressive Arts Therapy that ‘By decentering we name the move away from the narrow logic of thinking and acting that marks the helplessness around the “dead-end” situation in question. This is a move into the opening of surprising
unpredictable unexpectedness, the experience within the logic of imagination. A centering follows the decentering, guided by the facilitator, who relates the two in an effort to find ease. It is helpful to validate first the artistic work resulting from the decentering phase, and the achievement of that work, before experiences are compared and/or consequences discussed.’

Clients suffering from mental illnesses in psychiatric hospitals or daily centers at non-governmental organizations often show emotional distress because of they focus on their perception of being stigmatizing or in return stigmatizing themselves in a sub-level in the society after diagnosed with the illness. The discipline of the arts can describe as an anchor of hope that can be used to distance oneself from the narrow ties of a singular narrative about oneself or one’s destiny.

(2) Rites of restoration

One category of rituals of change concerns the suffering that results from disconnection from fellow humans and the consequent loss of binding within the community, usually accompanied by conflict and crises. The rites of restoration refers to the fact that we can look for a restored cultural binding without necessarily presupposing a complete ‘healing’ of the individual’s distress or condition. When someone who asks for help in unbearable suffering has reached the ‘limits’ or is on the ‘edge’ of dis-ease, life lacks sense, to a certain extent that it seems something or even everything is missing or problems are closing so much that no relief or
solutions are in sight any more, it turns out that the individual is being stuck, Knill (2005) describes such situation like ‘treading on the same spot, having reached a dead-end, being at the limit or being in dire straits’. It seems there is not enough room to get around the obstacle or lacking resources to make more room to go on. Therefore, the structure of session which include art-making as an alternative world experience will always need a substantial amount of time. Effective guidance in the art-making, with a keen sense of the architecture of a session must continuously consider time and space (Levine, 2005).

<table>
<thead>
<tr>
<th>Life of client</th>
<th>Habitual world experience before the session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening of session</td>
<td>Connecting to the daily reality</td>
</tr>
<tr>
<td>Bridge</td>
<td>Guidance toward art-making or play</td>
</tr>
<tr>
<td>Art-making or play</td>
<td>Alternative world experience</td>
</tr>
<tr>
<td></td>
<td>Decentering techniques</td>
</tr>
<tr>
<td></td>
<td>Work-oriented, play- or ritual-oriented</td>
</tr>
<tr>
<td></td>
<td>Far from or close to the theme</td>
</tr>
<tr>
<td>Aesthetic analyses</td>
<td>Recognizing the imaginary reality</td>
</tr>
<tr>
<td>Bridge or ‘harvesting’</td>
<td>Recollecting the effective reality</td>
</tr>
<tr>
<td>Closing of session</td>
<td>Collecting back to the opening of the session</td>
</tr>
<tr>
<td></td>
<td>Homework</td>
</tr>
<tr>
<td>Life of event</td>
<td>Habitual world experience is challenged</td>
</tr>
</tbody>
</table>

*Figure 1 shows the ‘architecture’ of an art-oriented session (Knill, 2005)

The limits and boundaries that define the frame of an art discipline with respect to space, time, material and method of shaping belong to the particular
tradition of art-making. These artistic interventions can make the playing less threatening and help to distinguish between levels of reality especially to psychotic clients whom usually disturbed by their schizophrenic symptoms like hallucinations and delusions which make them having a problem of role confusion.

3) *Liminality*

It refers to the ritual process in which the condition of being in a time of confusion and powerlessness, an old identities and roles are abandoned and nothing has yet taken their place. However, this period of time can also be seen for a great creativity, in which a person can be free to invent new forms of meaning for oneself and or for the new group to which one belongs. Thus, it is a time of de-structuring, a chaotic experience before the new stable structure arrives. It can also be seen as a constructing period as a new structure, a new meaning is created.

It is important for clients with mental illnesses whom found their lives disorganized or chaotic a new way to see as a potential of positive change will be arrived.

4) *Intermodal Transfer*

Different from other creative arts therapy, we emphasize intermodal transfer, the shifting from one art form to another, in EXA. Each of the art disciplines serves as vehicles for imagination, and provides specific containers with respect to the imagination modalities. With the help of intermodal transfer, various art forms layer
upon each other to expand and deepen the work and to further elaborate the themes as a way to offer more opportunities for surprise and finding to come in. Through the intermodal transfer, it helps clients to seek for a suitable container for the daily experience. Clients can make use of exploration towards different modalities to find out their ways for outward expression when they can see which element or impulse most touches them during the process. ‘The process discloses the “felt-sense” (Gendlin, 1981) and can allow for a shift in awareness (Knill et al., 2005).

It can be an experiential field of discovery that motivates curiosity, especially for clients with mental illness. Discovery of this kind is one of the fundamental sensorimotor and cognitive learning experiences. The challenge will be to bridge the discoveries which the experience in this field of play brings with the issue stemming from the client’s everyday reality. The openness through exploration towards different modalities help the hidden a chance to be seen and to be utilized as a possible resource. These give a chance for clients emotionally distressed from the mental illness a new way, new perspectives, fantasies, ideas and images of alternative ways to act or respond.

5) Low skill/high sensitivity

Many of us have been taught that the quality of art lies in the perfection of manual skills enabling us to expertly shape (form, modulate, change, handle, etc.) art material, time and space. However, instead of focusing on the perfection of
performance in any art form, that is, manual and material skills, Paolo Knill (2004) gives a thorough overview of this important concept in EXA. He describes that art which can touch and move us is not always the product of excellent skill, but rather something we might call sensitivity toward the base material and its qualities as manifested in space and time. It could be called as a primary aesthetic or competency of expression (Knill et al. 1995). Often what is most understanding is a keen sensitivity to the material, time, and space of the art modality. In other words, the activities do not require a high level of technical skill and ability, but at the same time, they give the freedom of expression that allow for individual experience and reflection to emerge. That art is not restricted to any time period or culture, and we might postulate that the quality of beauty results from aesthetic competencies that are not bound to one particular kind of skill only. However, it is not a chaotic play, instead it exercises in a frame which the focus is directed by sensitivity toward the possibilities of the specific situation in terms of materials and the person(s) involved. The emergence of beauty, the fact that we are touched is rarely connected to virtuosity, but rather to the artistic work as an adequate ‘solution’, not to a ‘problem’ but to the possibilities of skills and materials at hand. Being touched is context-specific. Therefore, it is important for therapist to distinguish the elements of the artistic process (material, resources, tools, structure, frame, etc.) and make a balance between too demanding or not too demanding when choosing the art discipline and materials because the more sensitized clients are to the steps leading to an artistic process, and the more their involvement can counter any indifference that is present,
the more the motivation will increase. This takes experience and knowledge of the arts and arts making.

For clients suffering from mental illness such as schizophrenia, their self-stigma has been a hindrance to build up self-esteem. With repetitive experience of coping, beliefs in one’s lack of competence and ability are challenged. In addition, the act of having created a work which gives them satisfactory and pleasure to the eye of the beholder is a kind of confrontation to these convictions. There is a kind of contribution that adds beauty to the community – this is rewarding to the maker and the audience. Within the scope of learning theory, one could see this experience as an aesthetic reward or a rewarding ‘soul food’.
Part E: Clinical Application of Expressive Arts Therapy

(i) Background of the information

According to studies, schizophrenia affects 1% of Hong Kong’s population, with the majority of patients aged 20 to 30 years old. Client who is rehabilitating gradually recover and reintegrate into society. However, the relapse rate is high. Patients also suffer from social stigma. It requires a great deal of praise and encouragement to help build their confidence, and family members and friends are encouraged to communicate well with the patient and express themselves in a positive manner.

Recovery from mental illness is considered successful if symptoms are eliminated and patients are able to regain control of their life. Moreover, if patients are given the relational, vocational and educational opportunities that others have in society, they can develop strengths and grow in confidence. Recovery from schizophrenia is like running a marathon: the patient needs hope, courage and perseverance in order to cross the finish line of their own recovery.

Symptoms

Patients show abnormal social behavior like social withdrawal, as well as flat or emotion-less facial expressions. Their illness affects their work, interpersonal relationships and/or studies. Some fail to distinguish reality, experiencing hallucinations and delusions. Their thinking and movements are unclear,
disorganized or blunted. About 10-15% of patients suffer from suicidal tendencies. Motivation to participate in activities is minimal, and as they withdraw, they also reduce social engagement.

These are the ‘symptoms’ phenomenon that I need to be aware and embrace in the sessions and to explore how EXA may help these groups. I have kept in mind in designing the activities for the expressive arts sessions. For instance, activities will include increasing clients’ participation to fit the problem of social withdrawal.

I will examine how expressive arts can work in the therapeutic process in this part, as examined over the course of my clinical practice with different target groups in the past three years.
(ii) Finding A Piece of Greenland In Your Soul –

Adult patients with schizophrenia in psychiatric hospitals

Background

‘Finding A Piece of Greenland In Your Soul’ is a two-month expressive art therapy programme for a group of fourteen adults who have had schizophrenia for over two years. The participants recruited were aged 22 to 44, with a median age of 29. All patients were either constantly or periodically psychotic despite medical treatment. All have undertaken or were undergoing other counselling sessions, although none of them had experienced expressive arts therapy before.

The patients were recruited from the ‘Patient Resources and Social Centre’ of a psychiatric hospital in Hong Kong. The center, according to the staff, provides patients with services such as counselling and educational and recreational activities. Thus they welcome different forms of creative therapeutic activities that can facilitate opportunities for patients to build interpersonal and social skills, learn to care for themselves daily, and to foster work habits, interests and hobbies in order to reintegrate into society.

In light of this, the hospital staff suggested an open group arrangement for this programme that can welcome different patients, including in-ward patients and those undertaking rehabilitation, aiming to enhance their self-care (Figure 2.1). The
group met together for eight sessions in total, each session lasting for 90 minutes per week.

Objectives for intervention

<table>
<thead>
<tr>
<th>Symptoms of schizophrenia</th>
<th>Programme objectives for the patient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Failure to recognize what is real</td>
<td>❖ To clarify their personal direction</td>
</tr>
<tr>
<td>❖ Low motivation to participate in activities</td>
<td>❖ To restore their motivation</td>
</tr>
<tr>
<td>❖ Suffering from hallucinations and delusions</td>
<td>❖ To identify their own likes and dislikes</td>
</tr>
<tr>
<td>❖ Disorganized and blunted thinking and movement</td>
<td>❖ To become more organized in thought and movement</td>
</tr>
<tr>
<td>❖ Tendency for self-injury</td>
<td>❖ To grow in self-confidence</td>
</tr>
<tr>
<td>❖ Minimal social engagement</td>
<td>❖ To increase social engagement</td>
</tr>
<tr>
<td>❖ Social withdrawal</td>
<td>❖ To increase participation</td>
</tr>
</tbody>
</table>

Figure 2.1
Intervention

In Roman literature, the word ‘organic’ is used as a metaphor to describe structures with plant-like growth - growth that is innate and holistic, as opposed to mechanic and artificial. Inspired by this idea, I decided to apply the concept of ‘organic life’ as a form of intervention in the programme, keeping in mind that schizophrenia has many adverse effects on a person’s ability to lead a meaningful life.

When I met the participants at the beginning of the first session, I was struck by their blunt facial expressions and lack of energy. The first activity we did was to gather in a circle. I asked them to share how they were doing by comparing their moods to the weather. However, most of them found it difficult to relate their emotional status to the weather.

So instead, I asked each of the participants to choose a human figure to identify with. Then I asked a few questions for them to think about, and to connect with their emotional status at that moment: (1) ‘What can you see?’ (2) ‘How are you feeling?’ (3) ‘What do you want to do now?’ in order to check their ‘current emotional readiness.'
We spent some time sharing our answers within the circle and listening to one another. It was a time of self-disclosure. Holding the figures, the patients found it easier to share their thoughts and answers to the questions.

Afterward, we proceeded to make terrariums using sealable containers. None of the participants had ever made a terrarium before. I included this terrarium activity as part of the creation process precisely to give the participants a new task. More importantly, however, the plants used were real and organic, to get the patients to think about treating a life. Every patient was given a sphere-shaped container, different types of plants, soil, rocks and figures to decorate with.

Over time, the participants gradually improved their organizing skills through decorating the different layers of the terrarium. While holding the plants in hands, they all treated it with care and joy, as though the terrarium were a miniature piece of nature.

Patients were then asked to put figurines that represented themselves into the terrarium, wherever they preferred. At the end, I asked them the same questions I posed at the beginning of the session, to get the participants to get in touch with their emotional state after art making: (1) ‘What can you see?’ (2) ‘How are you feeling?’
(3) ‘What do you want to do now?’

The patients spent some time sharing their creations in front of one another, as though from a stage, to foster the experience of listening to one another and valuing others’ work. It was also a platform for each participant to open up a little bit more about themselves, to see and to be seen. It was surprising to see the level of openness in their responses to the same questions, as revealed in their answers recorded below:

<table>
<thead>
<tr>
<th></th>
<th>Loretta</th>
<th>Participant A (Before the art making)</th>
<th>Participant A (After the art making)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ‘What can you see?’</td>
<td>A lady</td>
<td>An elegant lady</td>
<td></td>
</tr>
<tr>
<td>(2) ‘How are you feeling?’</td>
<td>Tired</td>
<td>Fun, relaxed, restored</td>
<td></td>
</tr>
<tr>
<td>(3) ‘What do you want to do now?’</td>
<td>Wait for something</td>
<td>Rest and read on the rock</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2.2

As we can see in Figure 2.2, the answers offered by Participant A have changed from broad descriptions before the activity, to specific ones after the activity. I was also impressed to see the shift of feelings from ‘tired’ (negative) to ‘fun, relaxed and rested’ (positive).
The product on the left was made by Participant A. According to Figure 2.2, Participant A responded differently before and after the art making. At the beginning of the session, she was leaning on the table with a lack of motivation to work. After the sharing, she then revealed that her tiredness was due to work and medicine. During the art making process, she became more engaged with other participants, decorating and sharing with them her interest in planting. When I offered some rope and wooden sticks, suggesting that they might be useful in decorating the container, she went ahead to decorate her ‘garden’ very patiently.

The product on the right was made by Participant B. At the beginning of the session, Participant B seldom spoke and kept silent. During the activity, he showed more initiative to share what was on his mind. For instance, while describing his terrarium (right), which he patiently decorated, he said that the man inside is standing on something cold like snow, but...
that he is nonetheless protected by a shelter with a fence, like the hospital he is staying in. Meanwhile, the nurse on staff was surprised by his willingness to share his thoughts throughout the session.

Another part of the programme demonstrated the power of creating art to help patients express themselves freely and confidently.

The paintings on left illustrate another highlight from one of our sessions, which took place on the last day of the year. The patient behind the painting on top described his painting as the representation of his wish to be in a close relationship with his loved ones.

The painter of the artwork below, on the other hand, related his painting of a pair of wings to his health, that it might be protected while letting him flying into the sky - a symbol of recovery and return to freedom.
Another new challenging activity was introduced to the participants: photo frame-making with mosaic. From the beginning, all participants were focused on filling up the gap between their mosaic tiles with clay. It was clearly a challenging activity, but when they were done they all appreciated their work with a smile. Here, the photo frame served as a vessel to contain their effort, feelings and hope.
Another Participant B shared his insights after making the terrarium. He said, ‘The external environment (outside the hospital) can be dangerous and one will no longer be protected. But the internal self (attitude) can be changed to stay positive regardless of what happens.’

I took a photo of his work to show him how valuable his product is. I also added a quote as a feedback to his sharing: ‘And keep watch over your heart with all care; so you will have life (Proverbs 4:23)’. I placed the postcard into his handmade photo frame at the end of all the sessions, and he was surprised and joyful. He then took out his phone to take a photo of ‘our’ co-work.
Reflection

These participants have never tried any form of expressive arts therapy before. Based on the overall feedback from the last session of the programme, however, I am amazed at the way the arts can guide participants to be attuned to their own personal experiences of artistic expression. For instance, when the terrariums were completed, the participants were able to identify themselves as the creators of the art piece. It seemed to be a strong marker of identity for them, to be a creator of something. One patient said: ‘I created something, not just negative thoughts; I really created something positive. It makes me happy. I can get rid of illusion and delusion. It gives a good, warm feeling.’ Another patient said in direct reference to expressive arts therapy: ‘I have found my interest’. Often the finished products engendered feelings of pride among the patients. Furthermore, it was obvious to all participants that each of them had his or her own style. Seeing their differences in styles brought them an understanding of their different identities. The patients were relieved to find that the arts is not about being right or wrong, but about finding one’s own style.

I also gained a deeper appreciation for skillful, experiential listening as an integral part of the process, especially during one of the sessions that fell on a public holiday, as I remember one of the patients expressing their gratitude that I had showed up to celebrate the day with them - it gave them the sense of a safe, warm and supportive environment to share, be recognized, and receive support.
(iii) ‘Add Paint To Your Life’ –

Teenagers afflicted with different mental illnesses in a non-government organisation

Background

The group service was initiated by a non-governmental service center known to serve patients of different ages, suffering from various mental illnesses. In this programme, the chosen participants were out-of-school youth of both genders, either awaiting vocational training or job vacancies. One-third of them are diagnosed with psychosis, another one-third of them are diagnosed with depression, and the remaining clients are diagnosed with anxiety.

The programme had an open-group setup, as some of the participants occasionally attended trainings or job interviews. On average, groups included six participants, four of whom were core members. A total of seven sessions were held, each lasting 90 minutes. With reference from the advice given by the social worker in charged, I have set some objectives listed below (Figure 3.1). Content of activity is illustrated in details in following pages (Figure 3.2).
Objectives for intervention

<table>
<thead>
<tr>
<th>Symptoms observed by the social worker in-charge</th>
<th>Symptoms considered, objectives for the patients included:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Lack of energy</td>
<td>❖ To clarify their own direction</td>
</tr>
<tr>
<td>❖ Reduced enthusiasm and motivation</td>
<td>❖ To restore their motivation</td>
</tr>
<tr>
<td>❖ Irregular eating and sleeping habits</td>
<td>❖ To reestablish daily routines</td>
</tr>
<tr>
<td>❖ Loss of interest</td>
<td>❖ To identify their personal likes and dislikes</td>
</tr>
<tr>
<td>❖ Prolonged feelings of hopelessness</td>
<td>❖ To build their self-confidence</td>
</tr>
<tr>
<td>❖ Withdrawal from friends and family</td>
<td>❖ To help them strengthen their interpersonal relations</td>
</tr>
</tbody>
</table>

Figure 3.1
### Content

<table>
<thead>
<tr>
<th>Session</th>
<th>Objectives for patients</th>
<th>Goals</th>
<th>Theme</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>❖ To clarify their own direction</td>
<td>To explore different modalities To identify their personal goals and resistance</td>
<td>Finding a suitable pace and changing perspectives (I)</td>
<td>Body movement: Identifying obstacles in life, walking with different speeds, choosing their own pace</td>
</tr>
<tr>
<td>2</td>
<td>❖ To restore their motivation</td>
<td>To identify their personal goals and resistance</td>
<td>Finding a suitable pace and changing perspectives (II)</td>
<td>Body movement: Identifying their own pace; making changes when faced with obstacles Visual arts: Painting for new scenarios Music and rhythm: Creation in response to others’ work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reestablish daily routines</td>
<td>Self media (I)</td>
<td>Visual art: Use of collage to explore their self-image, see positive and negative sides of self, accept individual differences</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3</td>
<td>❖</td>
<td>To identify their personal likes and dislikes</td>
<td>Self media (II)</td>
<td>Visual art: Use of collage for self-encouragement through book-making</td>
</tr>
<tr>
<td>4</td>
<td>❖</td>
<td>To build their self-confidence</td>
<td>To identify self-impulse</td>
<td>Body movement: Small body movements followed by body impulses; use of rhythm to expand movement of the body (stillness to motion) Sculpture building: Clay</td>
</tr>
<tr>
<td></td>
<td>To help them strengthen their interpersonal relations</td>
<td>To see and be seen</td>
<td>Role play: Act out instant responses to made-up characters Through observation and team building, learn to appreciate and value others' work, as well accept validation and affirmation</td>
<td>Costume/props for each member</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>✷</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3.2

<table>
<thead>
<tr>
<th></th>
<th>To help them strengthen their interpersonal relations</th>
<th>To recognise strength</th>
<th>Body movement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>To accept the present</td>
<td>Use of music to listen to the inner voice, and music’s rhythm to pace one’s walk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To embrace and adapt a positive attitude</td>
<td>Walking with an umbrella</td>
</tr>
</tbody>
</table>

**Visual art/sculpture making:**
- Collectively paint/build a large art piece together as a group
- Share a favourite piece of work created throughout the programme

**Umbrellas,**
- Cardboard box,
- Acrylic/poster paint,
- Plastic wrap

*Figure 3.2*
According to the social worker in charge, these participants lack motivation and energy to start the day - so we began the sessions in the morning.

On the first session, we started out by sitting in a circle and warming up. We did some mild body stretching; the action of stretching our arms gave us the sense of waking up and getting ready for the day’s work. We took turns leading the group with stretches. At the beginning, some of the participants started with small movements, and then gradually larger ones; taking turns to lead would give them a sense of control and inspiration by observing others.

When they were ready, I asked them to use body movement to come up with a story as a group. For instance, when Participant C did a jumping action, Participant D did the action of catching an apple from a tree and eating it. I was glad to see the participants smile in surprise by their own unexpected actions (bodily movements with stories of their imagination).

Afterwards I invited them to write down up to ten happy events from the past and for the future, which they spent a period of time on. One participant, Participant C. spent a lot of time thinking about happiness, and eventually gave up because she couldn’t think of any. My intuition told me that she could, but did not want to reveal them. So instead, I invited her to choose a few oil pastel colour to draw happiness in her own way.

For the next activity, I asked the participants to stand in front of a large white paper so I could make an outline of the shape of their body. Then I invited them to
focus on the heart area of their body outline, and invited them to colour it and paint
different patterns using the paints.

I was surprised by their spontaneity and attitude during the art making. The
participants saw their body outlines as their ‘shadow’. They became more relaxed,
and easily added colours and patterns to the outline - including Participant C.
Everyone was eager to share what the patterns symbolized in their drawings.
Surprisingly, Participant C used more colours than she did at the beginning.

After painting, we took turns sharing, giving everyone the chance to express.
The participants were quite eager and excited to share what their drawing
symbolized and how they felt about this kind of painting – to them, it was a unique
and special way to draw. A male participant took photos with his work, deeply
appreciating it. At the end, I invited participants to write down how the painting
speaks to them individually and how they can respond to their painting.

The left figure shows the painted body outlines. Participants used
different colours to represent happiness. It was surprising to see
their creativity, openness and self-disclosure through the art making.
The flow of the wet paints also helped participants to explore more
possibilities for their painting, and let them feel more relaxed during the
The images depict the uniqueness of each individual. Throughout the process, the participants became more eager to share, especially Participant C, who earlier said she couldn’t think of any happy events and by contrast, started sharing the happiness she experienced from her childhood. She also revealed the happiness she felt from receiving support from family in overseas. Another participant also shared how he felt happy when he engaged in his interests and hobbies.

At another session, we began once again by sitting in a circle. I invited my participants to search their own pace and their own rhythm to channel into an energy force. I asked them to feel for their breathing speed. By allowing them to be conscious of the pace of their body, and recognizing their breathing speed and their impulses, I tried to get the participants to decenter. And then, I asked them each to take turns creating a rhythm without using any instruments. They at first, and
modified their actions based on the rhythm by a previous group mate. But after a few rounds, the participants grew more familiar with the mechanics of the activity, and added a few more varieties of rhythm.

The participants showed enjoyment in searching different parts of their body to produce sound. A work is considered ‘community arts’ when the creators start with individual movements and then modify accordingly based on external factors, eventually reaching a balance where every individual can cooperate with others to produce a rhythm.

Then participants were invited to bring their own rhythms to the paintings. Out of their expectations, this time I introduced a painting tool they haven’t used before: a rolling brush. I picked this because I found that the participants were more vulnerable when using wet paints. The rolling brush could give them a sense of control, while at the same time offer a sense of surprise as the volume of paint held by the brush was also a factor that affected the paintings.

On a long table, two participants shared one large paper. I invited them to paint on the same paper, to symbolize the way we make footprints in the lives of other people and vice versa. Most of the participants painted freely on the whole drawing paper, and later found an area to explore and focus on to create individual paintings. It surprised me when one participant discovered a funnel-shaped paper cup and asked what it was used for. I said the paper cup could be used for drawings as well. Then he asked me to show him, and so I poured some of the paints he chose into the funnel and made a small cut at the bottom. At that moment, he figured out
what to do with it. He carefully dropped the paints on his work, and by his smile I could tell that he was having fun with it. When another participant observed this scene, she did the same as well, although she took a more experimental approach by exploring new ways for the paint to move and form a new painting.

Participants were invited to paint on the same drawing paper with their partner. The drawing paper served as a ‘blank page’ of their lives, which they - and others in their lives - can paint to make more colourful. Never-before used tools like rolling sponges were offered so they could paint in a new way.

Throughout the process, participants found new ways for them to paint and explored new ways to draw. I was impressed to find them take more initiative and figure out how they preferred to paint, and how to do it.
This participant said she found it fun to explore new possibilities and changes. At first she only used crayons in two different colours to draw. After exploring, she expanded her options and sought other parts of the paper.

Each participant was invited to write down the message they received from the artwork - featured below - along with a response to their own art piece.

**Message received from the painting:**
Innovation.

**Response given to the painting:**
I need to try out more and more new things.
<table>
<thead>
<tr>
<th>Message received from the painting:</th>
<th>Unexpected flow of paints.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response given to the painting:</td>
<td>Enjoy the moments I spent with arts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Message received from the painting:</th>
<th>You have good creativity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response given to the painting:</td>
<td>Being able to think in different angles is important.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Message received from the painting:</th>
<th>Happiness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response given to the painting:</td>
<td>I need to change in order to be happier.</td>
</tr>
<tr>
<td>Message received from the painting:</td>
<td>New combinations give me a brand new feeling.</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Response given to the painting:</td>
<td>I will continue to try out more new combinations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Message received from the painting:</th>
<th>You have good creativity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response given to the painting:</td>
<td>Being able to think in different angles is important.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Message received from the painting:</th>
<th>This is a special and fun art piece.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response given to the painting:</td>
<td>I need to try different methods in order to find the best one.</td>
</tr>
</tbody>
</table>
At the end of the programme, participants were tasked to use their paintings to create a book that could represent them. Magazines were provided for participants to cut out texts and pictures that represented their likes and dislikes, to place in their handmade booklets.

**Difficulties encountered**

At first, when I invited some of the Chinese participants to do body movements, some were unwilling to make big movements within the circle. Some also found it difficult to write down their inner emotions during the journaling activity; they even found it difficult to recall good memories. In this situation, I would normally tell them that they do not need to share if they do not want to. Upon hearing this, they would feel more secure, and only then would they find it less difficult to express themselves. Some of the participants also preferred paint and colour over text.
Reflection

Although this group is an open group, some participants are regularly shown up in every session. At the beginning, not everyone is ready to adapt this kind of therapeutic process. Some participants showed hesitation and predict the reason behind of each task. Especially when they were asked to freely create a story, most of them asked several times ‘can I write…?’ This reveals the boundary about one’s limitation. When we were young, we were taught to behave disciplinary. Therefore, we were afraid of acting wrong and not dare to try new changes. The chance of asking them to freely create whatever they can with their partners, I am glad to see their faces changed to be delightful when they stepped outside the comfort zone and tried out new unexpected possibility. With the help of intermodality changes, it helps layering out their expression with the help of different modalities, I found it difficult to start with writing at the beginning. Most of them can focus easily on vocal beats and followed by paintings with wet paints. Thus, I usually started with a ritual in circle and go around each participant with their own beat. The sensitization and beats allow participants to ‘switch on’ their pace and get motivated. Followed that will be their favorites – wet paintings. Comparatively, the mobility is big and participants found it fun especially when they found surprise in the paintings. Drama is also found to be enjoyed by participants especially suffering depression. Participants can stand in other’s perspectives once they were wearing costumes and they can put down their own identity at that time. Laughter filled up the room when individual characters grouped together and storyline was made up itself when two or
more characters met together. It is glad to see their positive change in turns of openness to share, to explore new possibility of making changes, to enhance self-reassurance throughout the arts making process.
(iv) ‘Where Is Your Christmas?’ –

*Children of parents with schizophrenia from a non-government organisation*

**Background**

Ten children with schizophrenic parents were recruited for a two-day workshop during the Christmas holidays. According to the social worker in charge, the children, having schizophrenic parents, did not often go out or experience other places as other children do, and therefore encountered difficulties in social contexts. Thus the goals of this workshop were to allow participants to express their feelings about their social lives, and to find an appropriate and comfortable way to stay connected with others through making art.

The programme had its own challenges as the group of participants included children, aged six to 11, with special needs, such as autism and ADHD (Figure 4.1). Each session lasted for 2.5 hours. And objectives are designed with reference to social worker’s observation and suggestions (Figure 4.2).
### Participants

<table>
<thead>
<tr>
<th>Name (Assigned)</th>
<th>Gender</th>
<th>Age</th>
<th>Position at home</th>
<th>Child’s emotional and behavioural performance</th>
</tr>
</thead>
</table>
| **1. Amy**      | F      | 11  | Only child      | • Shy  
|                 |        |     |                  | • Less likely to share her thoughts actively |
| **2. Sally**    | F      | 10  | Younger of two sisters | • Diagnosed with dyslexia  
|                 |        |     |                  | • Lack of self-esteem  
|                 |        |     |                  | • Lack of social skills (e.g. selfish, self-centered)  
|                 |        |     |                  | • Has difficulty meeting new people |
| **3. Kenny**    | M      | 9   | Older of two siblings (has baby sister) | • Bullied in school  
|                 |        |     |                  | • Very inactive  
|                 |        |     |                  | • Has difficulty expressing his feelings and explaining  
|                 |        |     |                  | • Humiliated by parents in front of his peers |
| **4. Sissy**    | F      | 8   | Elder sister to Danny | • Irritates her brother by reporting his faults  
|                 |        |     |                  | • Worried about others’ opinions of her  
|                 |        |     |                  | • Tends to say ‘yes’ to please strangers and authority figures  
|                 |        |     |                  | • Has high expectations of self |
| **5. Danny**    | M      | 6   | Younger brother to Sissy | • Has a high level of anxiety  
|                 |        |     |                  | • Gets grumpy easily  
|                 |        |     |                  | • Is unable to find appropriate ways to express his frustration  
|                 |        |     |                  | • Shows disruptive behaviours (e.g. hitting, biting, kicking others) |
| 6. Benny | M  | 6  | Only child | - Diagnosed with ASD  
|          |    |    |            | - Memories and experiences from his childhood make him feel nervous and uncomfortable when it comes to adapting to new environments and social contexts  
|          |    |    |            | - Finds difficulty communicating with others and making friends at school  
|          |    |    |            | - Has a short attention span |
| 7. Andy  | M  | 7  | Only child | - Playful, willing to learn new things  
|          |    |    |            | - Lack of self-esteem, needs more encouragement and appreciation |
| 8. Phoebe| F  | 8  | Younger of two siblings, has an older brother | - Cheerful, curious  
|          |    |    |            | - Lacks a sense of achievement in academics  
|          |    |    |            | - Has a low self-esteem  
|          |    |    |            | - Has difficulty expressing her inner thoughts |
| 9. Chloe | F  | 6  | Younger of two siblings, has an older brother | - Feels fear and nervousness about talking to others at the beginning  
|          |    |    |            | - Takes a long while to be encouraged to talk and express her interests |
| 10. Eddie| M  | 7  | Youngest of three, has two elder sisters | - Diagnosed with ADHD; is active, full of curiosity  
|          |    |    |            | - Sometimes unable to follow instructions  
|          |    |    |            | - Tends to be self-centered in social relationships (e.g. less interaction with others and more focus on his own business)  
|          |    |    |            | - Loves art and asking questions |
## Objectives for intervention
Let clients understand the need to:

<table>
<thead>
<tr>
<th>General problems observed by social worker in-charge</th>
<th>Objectives for intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tends to be self-centered in social relationships</td>
<td>listen to others</td>
</tr>
<tr>
<td>Difficulty in communicating with others</td>
<td>respond to others</td>
</tr>
<tr>
<td>Fear and anxious</td>
<td>build understanding and trust amongst one another</td>
</tr>
<tr>
<td>Inactive, inappropriate way to show frustration</td>
<td>be able to seek others for help</td>
</tr>
<tr>
<td>Easily judging others</td>
<td>understand that everybody is special</td>
</tr>
<tr>
<td>Lack of self esteem</td>
<td>identify one’s own strengths and weaknesses</td>
</tr>
<tr>
<td>Lack of social skills</td>
<td>appreciate one’s own work and that of others</td>
</tr>
</tbody>
</table>

Figure 4.2
Expressive Arts Therapy: A way for Patients with Mental Illness in Hong Kong?

**Intervention**

Day 1

Since the group was composed of children and teenagers, the setting purposely included a paper mat to give a relaxed, open space for the children to form a circle. The participants were new to each other, except for two of them, who were siblings.

The first activity was to pair up as a team for an ice-breaker game, where one of them had to wear a mask covering their eyes and be directed by their partner to find ‘treasures’, which would later be used in the art-related activities. By pairing up, the participants got to communicate with their new peers better.

Afterward, they were given some time to paint using the tools (‘treasures’) they found. During the activity, they were asked to draw together. I observed that the participants first drew on their own at the beginning, but sooner or later started to form a drawing ‘relationship’ with their partner, where one dominated in drawing while the other followed. Some pairs had each partner taking turns at the dominating position, while others stuck with this pattern for a long time, especially where the dominating partner was an elder sister or elder brother.

So I asked all participants to trace the outline of their partner’s hands, as every hand is unique and symbolic. I was surprised to see the positive impact this brought to the participants. It served as an equal opportunity for all participants,
especially the younger and shy ones, to ‘dominate’ in creating the artwork. ‘Look at my hand!’ and ‘Your hand is bigger than mine!’ were heard throughout the process. All participants were joyful to see and be seen in all their differences from one another. It enabled them to interact with each other and explore their creativity through painting. Some participants further experimented with their hands, hand painting and printing or drawing creatively along the outlines of their hands. The activity was full of laughter and joy through exploration and self-recognition. Throughout the painting session, which lasted for 45 minutes, the participants were able to demonstrate active cooperation skills with each other. For the next activity, they were tasked to make a Christmas tree as a pair, using cardboard and magazine papers. The session was designed to last another 45 minutes. Because of their earlier experience painting together and cooperating with one another, the pairs managed to form a distribution of their work easily and quickly. Together, they discussed what needed to be done, and verbally sought one another for help during the process - except for Participant C, a five-year-old diagnosed with autism, who withdrew from the group when he thought that the idea given by his partner was not sensible at all.

From the overall process, I saw different styles of Christmas tree-making. Participant D, who had ADHA, spent a lot of time focused on making the tree instead of noisily running around. At the end of the session, the pairs took turns
presenting their unique products on stage. This part was important for every child, that their work may be seen and appreciated.

However, their attention span dwindled toward the end of the process. It might have been due to sitting on the mat, or the limitation of materials they could use. The setting was also difficult to control the children behaviorally, such as preventing them from running around.

Following attached are the Christmas trees co-created by the participants.
Expressive Arts Therapy: A way for Patients with Mental Illness in Hong Kong?

Day 2

With reference to the challenges and limitations encountered on the first day, I modified the setting for the second day of the session, and this time had participants sit around long tables. New pairs were formed, while Participant C (who had autism) was paired with a social worker for assistance.

At the beginning of the session, the participants were asked to name and draw their favourite animal using the pencils. Then they were invited to share their animal with the group, using gestures to guide the audience to the right answer.

This held their attention. It was interesting to see them get excited when their answers were guessed correctly, or when they found that they share a common favourite animal with others. Afterward, they were tasked with pairing up and creating a story together, featuring the animals they chose as the main characters. Words from magazines were cut out and distributed to serve as inspiration. For example, the words ‘feast’ and ‘surprise,’ or the phrase, ‘the last six things to be done,’ etc. They were also told to form the story’s ending using these words.

The children were surprised to discover the words because these were distributed after they had finished writing their stories. Unexpected events can be seen as a burden if an individual has to deal with it on their own, or it can be seen as a surprise if the individual can deal with it with a companion. The pairs found it entertaining to make their stories logical under illogical settings.
Later on, the pairs presented their stories in front of an audience - the rest of the group - and their sense of success grew when they realised their stories were entertaining to the others.

The activity for the second half of the session was to make a Christmas snowman using recycled water bottles, fabric, coloured strings and shapes. The Christmas snowman served symbolically as a container for the things they had experienced in the past two days. Each participant showcased their style in designing the snowman’s facial expressions and attire. I remember Participant C, who had autism, spending a lot of time determinedly cutting out the letters to ‘Jingle Bells’ to put on his Snowman jacket. One of the characteristics of autism is a sensitivity to words; according to his social worker, the child was quick to throw a tantrum whenever he failed to reach his high expectations of himself. Surprisingly, I saw him learning to ask for help when he encountered difficulties during the cutting process, and noticed the smile he had on his face that revealed the sense of accomplishment he felt after his work. Seeking for help is a way to respond to difficulties with a solution, rather than frustration. At the end, each participant was given some paper to write down their emotions and store them into the containers.
During the second session, participants interacted more with their peers. They were more sensitive to the needs of others, more willing to help others, and also more willing to seek help for themselves.

Also, although every participant used the same materials, their artworks were all unique. All participants were appreciative of others’ work and received recognition for their own work as well. It was interesting to see their openness, chatting with one another in front of the big group while creating art, and willing to share more about their daily lives once they’ve had similar situations with one another.
The participants demonstrated the ability to seek help and offer help to one another.

This participant understood her strengths and weaknesses in modifying her work.

The participants paid better (and longer) attention while making art.

The participants listened to the suggestions of others and showed appreciation.

The participants learned to ask and receive help from others when encountering difficulties.
It is a challenging combination of grouping as it included a wide range difference of children aged from 6-year-old for the youngest to 11-year-old for the eldest. According to Erikson, the stage of development of different aged children might be varied. However, in terms of learning social interaction, it is a good chance for children with different ages to group together, because individuals can find their own ‘position’ among the group. For instance, the elder ones initiative offer help to the younger ones. Through this interaction, the elder ones gain confident from offering help, while the younger ones learn to request help from peers. This two-day workshop offers a platform for children to interact with peers at different aged and different characters. At least, the participants can show their improvement in listening to others and responding to others when cooperatively made the Christmas tree, build understanding and trust amongst one another when listening to others’ sharing, knowing that he/ she can seek others for help when necessary, understand that everybody is special by appreciating unique arts work made by different participants, identify one’s own strengths and weaknesses through the creating process, appreciating one’s own work and that of others when the product is made.
(v) After-thoughts

The experience of carrying out my expressive arts therapy allows me to serve different age groups of people ranging from children to adults. I found that this is one of the major factors when designing the program and content. Compare with adults, children are more carefree and be able to creative a story themselves with a single textual hint. Take an example, when I gave a few words or pictures for children and asked them to create a story on their own, they can make it in an imaginary story, while for adults they tend to stay on concrete things and make up descriptive story. Also, children are comparatively more active. In any open area they are run around easily. Even they were not the ones who initiate running, they can easily be conformed and follow what others do and it is difficult to get them back for a smooth session’s flow. Most important, more variety of content has to include as the attention span of children is not high. Therefore, the duration of each part within the session has to be shortened, and it will be better to include more variety of games or activities to play before the children become bored, while I found that the adults like a few sessions doing the same thing because they will be able to get more familiar with it and each time they have new inspiration.

Apart from age difference, the mental health issues clients diagnosed remind me how to design a program. For example, some patients are under the effect of prolonged drugs taking in which their functionality of their brain has been damaged,
and less likely they can respond faster. For some clients they have Autistic Spectrum Disorder, thus therapist has to deliver the instruction or speak slowly and directly. Some clients are under the suffering of schizophrenia, in which they might not be able to express themselves in an organized structure verbally. More time has to be given for them to express and more questions have to use as a guide for them to speak clearly.
**Part F: Aesthetics Response**

The aesthetics response mean the responding through interventions that spring from the ‘nature’ of the artistic process itself. Here I would like to attach two of my personal artistic pieces as a responding to the clients I worked with in the practical sessions and towards these years of pursuing expressive arts therapy.

In one of the sessions ‘Finding a piece of Greenland in Your Soul’, I made a shelter and put two of my clients’ art work into my shelter. At that moment I want to show that not only therapist is the person whom is containment for clients, art can be the containment for their story as well.

This art work is named ‘rites of passage’. Along the way I practiced out EXA, I realized not only my aesthetic response focus on the core issue of clients, at the same moment, it is responding to my personal growth as well.
Part G: Conclusion

After three years of practicing expressive arts therapy in my community, I have been experiencing the power of making arts brought to clients throughout the process. In the following paragraphs, I will further elaborate what is the phenomenological happen and where the healing happened with response to the essential expressive arts theories mentioned in Part C.

Below is a graph showing the correlation among these five essential concepts which each of them ranged from decentering to low-skill high sensitivity is linked together as to bring effective Expressive Arts Therapy sessions. The graph is used to illustrate the five concepts which are interrelated.
Having a decentering attitude is an important and vital stage for clients who had been suffering from mental illnesses. The symptoms suffering can easily draws clients on the problematic situation in which restrict their openness to new possibility. Through the decentering activities, the distancing effect allows clients to focus on the here-and-now moment in which allows them to connect to alternative world experience. In this way, clients can enhance their creativity and discover new possibilities towards their old problems. Take for an example, during the sessions with adults having schizophrenia, at the beginning when we first met, a male clients usually talked about his loss of money and being diagnosed with this clinical sickness. On the first session, he finished the making of glass plant decoration (terrarium) by putting all ingredients into the spherical glass. However, time by time he has changed. He started paying longer attention and higher concentration in decorating the layers of terrarium. He turned to appreciate his work. In his sharing, he talked less about the negative experience on him. Especially when we use human figure as a metaphor, he can relate the metaphor as him and the plants ‘surrounded him’ are the metaphor of hospital. It was amazed to hear his sharing ‘things will get changed depends on how we see’. This change reveals that this client has moved from a centering attitude on the problem to decentering attitude, in other words, this client has moved away from the narrow logical thinking of the helplessness around diagnosis but step closer to open up himself/ herself to a surprising experience with a logic of imagination.
Another important element for a successful therapy concerns about the rites of restoration, which refers to the rituals and framework. It is emphasized that the creative play is not a chaotic art and play instead it is a structured art-oriented play, which general goal of interventions in rites of restoration is the increase of the range of play. What is being ‘restored’ here is the space to play with art, or as an artist; this is a form of restoration that restores ‘broken or separated cultural bindings, reconnecting with a sense of cultural identity and most importantly, the possibility of becoming (Wilson 2014).’ As noted by Levine (2005), ‘two of the ingredients that are pertinent to the activity of change agents, with respect to imagination, are a “decentering in an alternative world experience” and the necessity of increasing the “range of play” (Spielraum).’ In my observation, play takes a role of subjective capacity of the human being to clients in ‘imagining what is not present’ in their art making process. Take for example, psychotic teenagers showed their ability in searching and exploring new way of ‘playing with paints’ on their paper, unexpected surprise formed when they decenter in an alternative world experience during art making and explore new possibilities, this shows the expansion of the play range.

Liminality, where a space for deconstruction and construction happens, it allows the artists themselves destructing make new meanings from the art making (Poiese). As mentioned before, patients suffering from mental illnesses usually suffer from social and self-stigma, for example some of my adult clients with schizophrenia expressed negative feedbacks on themselves at the beginning of the
sessions, they thought ‘schizophrenia’ blocks their lives and they felt helpless. In our art making, we re-arrange existing materials so as to clarify or make a new change to build up a final artistic piece of art work. When the clients looked at their art work with appreciation and when they took photos of their own work, it is believed that the destruction has turned a thing ‘alive’.

Intermodal transfer is another important stage for clients to make use of exploration towards different modalities to find out their ways for outward expression when they can see which element or impulse most touches them during the process. Take an example from one of the teenagers with psychotic and depressions, during the session she frowned and found it difficult to write down her ‘ten happinesses in her life’ at the beginning, she even claimed that there is no happiness in her life at all. However, through paintings on body images, the incidents flowed out along the way the paint brushes moved. The modality of creating a collage which required client to cut and paste pictures from the magazines helped the teenage girl further eased herself to express into deeper thoughts. After her art work made, she was so eager to share what her images represent to others and therapist. And in her sharing, she found back the happiness from family and friends.

The endeavor of art-oriented decentering has a general application only if we are able to motivate the artistically untrained person to engage in an artistic process which moves toward the creation of a work of art or a ritual play. To achieve this,
therapists must consider the skill level of the client and find culturally relevant manifestations of art which are best suited to the client and to the facilitator in terms of the situation at hand. In observation, it is also affected by the factor of age, which the younger the clients, they need more assistance and guidance from therapists. Crafts and story-writing can easily motivate children because these art activities allow a larger space and possibilities for creation and imagination for children. In contrast, adults clients showed more motivated and engagement when creating systematic art making, like paintings and terrarium making which offers visual progress for artists to see the ‘change’. This might due to the psychotic symptoms of adults clients of hallucination and delusion, visual sensation facilitate their concentration during the art making. And when a framework is provided for them to do art, it somehow helps them solve the problem of disorganized thinking because they have to work under a certain restrictions.

In this current study, there are several combinations of populations involved. In terms of age groups, there are adults, teenagers and children clients. In terms of clinical diagnosis, the pathological diagnosis involves schizophrenia, psychosis, depression and anxiety, ADHD and autism spectrum disorder. Some are normal developed whom parents are having pathological background. Records have been done to illustrate the difference of performance shown in the five aspects among three groups.
### Decentering

**Adults with schizophrenia**
- Clients need longer time in this session to collect the ‘sense of self’ and distancing from the problematic situation to enter to alternative world experience.

**Teenagers with mental illnesses (psychosis, depression and anxiety)**
- Clients need more body movement for ‘awaking’ the motivation for work and move.

**Children of parents with schizophrenia**
- Clients can easily get into the readiness for artistic creation.

### Rites of Restoration

**Every session began and ended with the clients sitting in a circle, where they had the possibility to express their needs. It gives a sense of ‘see and be seen’ to individual clients.**

**Similar to adults, rituals at the beginning and at the end after art making process give a sense of self to clients. Sharing among the circle give a sense of ‘see and be seen’ to individual clients.**

**Clients easily falls onto a chaotic play themselves, so clear guidelines and framework has to be given to them the beginning and throughout the sessions.**

### Liminality

**Some clients showed hesitation in deconstruction. But once they do, they can construct a new meaning to their art product in a more abstract way.**

**In general, participants can construct a new meaning to their art product in a more abstract way shown in their feedbacks.**

**Clients can deconstruct easily and construct a new meaning to the product he/ she made in a concrete meaning.**

### Intermodal Transfer

**Some clients shown difficulties in making creative story, shorter textual writings are preferred.**

**Clients with depression can easily engage themselves in doing drama especially with the help of props. Modality includes a bigger movement (paintings on large drawing paper, body movement) can help clients to get into**

**More layers of intermodal transfer have to be given to clients as their attention span is the shortest among three populations. Easily engaged in story writings or textual expressions.**
Expressive Arts Therapy: A way for Patients with Mental Illness in Hong Kong?

**Figure 5: Table of compare and contrast on how three groups of population performed under EXA described in five important aspects**

| modality involve writing. | Low Skill High Sensitivity | Some clients showed lack of self-confidence at first and easily judge by their art skills themselves. Need more encouragement from therapist and peers. Art making with repetitive use of similar materials can help clients easily control the skill and turned into ‘low skill’ art making, similar structure can allow clients for more exploration as well. | Clients are able to explore different ways to play with arts themselves. Materials and tools like acrylic and rollers are used for free shaping and greater new possibilities formed. | Due to the age, the modality used is framed in larger size and simple painting materials such as pastels. Tools are chosen with easily accessible such as fingers, pencils, crayons, etc. |

Our aim was to understand and conceptualize the effect of expressive arts therapy in mental illness on the basis of qualitative research.

Despite of their differences shown in different group therapeutic session, all patients were able to engage actively in the expressive arts therapy, and all patients in the three groups experienced it as very helpful at the end of the therapy. A variety of different positive actions of the art therapy were reported in the interviews and written evaluations. Most consistent was a change in the patients’ experience of themselves. This was formulated in different ways by all patients in three groups: ‘The patients felt that they know themselves better’. ‘I enjoy making arts’. These effects were all closely connected to change of ‘self’ (see appendix).
The impact on their self-experience originated in different aspects of the art experience can also be conceptualized into four categories:

*Increased ‘Presence Being’*

The process of painting demanded full presence and awareness of colors, strokes and shapes. The conscious focus therefore shifted from hyper-reflective absorption in self (Kircher, 2003) to external reality, the patients in this way constituted themselves by interacting with the art materials (e.g. mixing the right color) that they forgot themselves. Presence is connected to ‘here and now’ and being more to the person and the context. The increased presence-being was characterized by diminishing anxiety and paranoid thinking while being absorbed in painting. Although a wordless experience, the patient commented the questions of why the art therapy had reduced paranoid thoughts by statements such as: ‘It is just because it is so good to paint’.

*Formation of New Structures of Meaning*

The patients’ dialogues with the art work comprised an aesthetic reflection of the patients’ thoughts, feelings and experiences. The paintings were able to express contradictions and paradoxes, which the patients were not able to express verbally. The concrete form of the representations enabled patients to distance themselves from expressed thoughts or feelings and to deal with them, which produced a change in the original experience. This process made it possible for a patient to get rid of
painful memories and feelings. This is expressed by a patient in this way: ‘Something magical happens when you take a brush in your hand and get all that stuff that is sitting in here out through the hand. Then you can let go of it and try something new’. Another patient also expressed his new inspiration towards his stay at hospital when doing his terrarium, ‘hospital is a shelter to protect us for healing before we step back to society, instead of trapping us.’

*Increased Direct Experience of Self*

When an art work was completed, patients experienced themselves as the persons who had created that particular art piece. It marks a strong sense of identity to be a creator of something. Thus, a client said: ‘I had created something, something that is positive. I enjoy it’. Often the finished product directly engendered feelings of pride among the patients. Furthermore, it became obvious for all participants that each patient had his or her own style. Experiencing the different styles brought an understanding of their different identities. The patients were relieved to realize that painting is not about being right or wrong, but about finding one’s own style.

*Stimulating Creativity and Play*

The patients experienced art making and painting as a joyful activity in which they were allowed to try out any new possibilities in a playful way. It stimulated a curiosity which they felt could also be used in their everyday lives to
handle new situations. Thus, most the patients found that their ability to solve problems in their daily lives improved. One patient shared that she had attained the singing contest because of the experience with the doing arts. She had learned that it was fine to do something without knowing if it would be a success, and that it was worth trying, even though it seems to be impossible.

*Build up social interaction through art*

The group became very important for the patients with mental illnesses. Especially in adults group with schizophrenia, 6 out of 10 patients had marked problems in being close to others and attending a group regularly, this happened to women more often. This structure made it easier for the patients to be in the group. At the same time the process of doing art made it possible for the patients to be on their own with their paintings and still have a sense of connectedness. They did not feel any tension as a consequence of exposing themselves, but still they became very visible to each other through their paintings. These elements combined with a stronger sense of self made it possible for these very ill patients to experience a strong sense of belonging that contributed further to the sense of self. One patient reported that the solidarity in the group had helped her accept her own feelings: ‘The group gives safety that it is fine to have the feelings that I have, because we are walking together’.
The complexity of using intermodal transfer and materials required a theoretical framework that potentially combined an understanding of both psychopathology and the experience of art. Because of this connection, phenomenology is seen as a useful fundamental theory to understand how both art and psychopathology in relation to an understanding of human aesthetic response and being.

It can be explained with correlation to previous studies about ‘phenomenological psychopathology’, the symptoms of schizophrenia are said to be the result of a weakness in the very primary preverbal self, in other name is called the ‘minimal self’ (Fuchs, 2005; Parnas & Handest, 2003; Rulf, 2003 and Wiggins, 1990). When the minimal self is impaired, the whole perceptional field about self becomes demarcate, in which the ownership of experiences and the spontaneous experience of meaning become uncertain, which leads to the development of delusions and other symptoms. For the patients with schizophrenia or other psychotic problems, the Expressive Arts Therapy serves as a strengthening of the minimal self. While working with art, the clients shape images and are shaped by the aesthetic interaction with the art materials. The experience of self gives rise to a better demarcation and an improved emotional capacity, which seemed to make it easier for the patients to get involved with others.

In conclusion, this study provides new understanding of expressive arts therapy and its impact on patients with mental illnesses including schizophrenia and
psychosis in Hong Kong, an international city with combined Chinese and Western culture under a stressful community living. Our finding also suggests that expressive arts therapy provides patients with a less threatening non-verbal approach to strengthen the sense of self. However, these findings should be interpreted with cautions since the subjects we studied are suffering from different mental disorders, which is a major limitation of this study. Also, one of the groups is open group session arranged by the social workers, thus some participants cannot complete all sessions and experience of changes might be affected. Also, the group consists of children with schizophrenic parents holds only two sessions, thus it is suggested to arrange longer and identical time duration for study among the three groups in the future.

After all, the whole clinical practice and academic study inspired me to ponder what a therapist requires to be when using Expressive Arts Therapy to help our clients whom might suffer from mental illnesses. I believe therapists have to be very sensitive. Sometimes, therapists have to grasp the moment precisely in order to facilitate the clients sharing deeper thoughts. And the rapport between therapist and client is important for bringing a successful session in a trustful base. And these suggest somehow phenomenology approach in EXA helps because clients are the experts, and it requires therapist to have low skill high sensitivity to respond to clients’ immediate reaction during sessions to make the whole therapy success.
The qualitative design was necessary to turn the enormous complexity of the material into new conceptual entities. It is our hope that this can support and stimulate coming research in expressive arts therapy especially within the same setting. Potentially, this can lead to a new alternative way to help integrated as a co-treatment for clients suffering from mental illnesses such as schizophrenia, depression and anxiety.
## Part H

### Appendix (Expressive Arts Therapy Group Evaluation)

**Part One: Personal Information**

為了搜集統計資料方便分析學員在課堂後的情緒幫助，希望學員能填寫以下問卷，請從下列問題中“✓”出最適合的答案。

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### 16. 你認為這個計劃有沒有需要改善的地方？
Any improvement you would like to suggest for the sessions?

- [ ] 沒有 No
- [ ] 有 Yes (如有，請說明 If yes, please specify: ________________________)

### 17. 如將來再有同類型的活動，你會否參加？
Will you join again for similar sessions in the future?

- [ ] 會 Yes
- [ ] 不會 No (如不會，請解釋 If not, please explain: ________________________)

### 18. 其他意見：Any other comments?
### Part Three: Evaluation to client’s emotional status (After the sessions)

#### 情緒問卷

在回答問卷時，所有問題沒有對或錯的答案，所有問題內容以英文為準，中文是翻譯的。只要你誠實填寫，你的答案將會保密。請細讀每條題目，在 0-3 各項答案中，圈選一項最適合形容你現時感覺的答案。然後在左邊的方格上，最合適的答案。

<table>
<thead>
<tr>
<th></th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>Option D</th>
<th>Option E</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I do not feel sad.</td>
<td>I am not particularly discouraged about the future.</td>
<td>I do not feel like a failure.</td>
<td>I get as much satisfaction out of things as I used to.</td>
<td>I don't feel particularly guilty</td>
</tr>
<tr>
<td></td>
<td>我沒有感到鬱悶。</td>
<td>我並不特別悲觀或氣餒。</td>
<td>我並不覺得自己是個失敗者。</td>
<td>我對事物如往常般感到滿意。</td>
<td>我沒有感到內疚。</td>
</tr>
<tr>
<td>1</td>
<td>I feel sad</td>
<td>I feel discouraged about the future.</td>
<td>I feel I have failed more than the average person.</td>
<td>I don't enjoy things the way I used to.</td>
<td>I feel guilty a good part of the time.</td>
</tr>
<tr>
<td></td>
<td>我感到沮喪或鬱悶。</td>
<td>我對於將來感到氣餒。</td>
<td>我比其他人更多失敗。</td>
<td>我不能像以前般享受事物。</td>
<td>我沒有感到內疚。</td>
</tr>
<tr>
<td>2</td>
<td>I am sad all the time and I can't snap out of it.</td>
<td>I feel I have nothing to look forward to.</td>
<td>As I look back on my life, all I can see is a lot of failures.</td>
<td>I don't get real satisfaction out of anything anymore.</td>
<td>I feel guilty a good part of the time.</td>
</tr>
<tr>
<td></td>
<td>我時時刻刻都感到沮喪和鬱悶，而且不能擺脫這種感覺。</td>
<td>我感到我沒有什麼是可以盼望的。</td>
<td>回想一生，我只能看到自己失敗屢屢。</td>
<td>我不能從任何東西得到滿足。</td>
<td>我沒有感到內疚。</td>
</tr>
<tr>
<td>3</td>
<td>I am so sad and unhappy that I can't stand it.</td>
<td>I feel the future is hopeless and that things cannot improve.</td>
<td>I feel I am a complete failure as a person.</td>
<td>I am dissatisfied or bored with everything.</td>
<td>I feel guilty a good part of the time.</td>
</tr>
<tr>
<td></td>
<td>我覺得鬱悶和不快樂，這令我忍受不了。</td>
<td>我覺得將來是沒有希望的，並且事情不可能改善。</td>
<td>作為一個人，我感到自己是一個完全的失敗者。</td>
<td>我對任何事物都不滿意。</td>
<td>我沒有感到內疚。</td>
</tr>
</tbody>
</table>
### F

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Chinese</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I don't feel I am being punished.</td>
<td>我不覺得自己是被懲罰中。</td>
</tr>
<tr>
<td>1</td>
<td>I feel I may be punished.</td>
<td>我感覺自己或許會受到懲罰。</td>
</tr>
<tr>
<td>2</td>
<td>I expect to be punished.</td>
<td>我預計自己將會受罰。</td>
</tr>
<tr>
<td>3</td>
<td>I feel I am being punished.</td>
<td>我感到自己正在受罰。</td>
</tr>
</tbody>
</table>

### G

<table>
<thead>
<tr>
<th>Score</th>
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<th>Chinese</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I don't feel disappointed in myself.</td>
<td>我沒有對自己感到失望。</td>
</tr>
<tr>
<td>1</td>
<td>I am disappointed in myself.</td>
<td>我對自己失望。</td>
</tr>
<tr>
<td>2</td>
<td>I am disgusted with myself.</td>
<td>我討厭自己。</td>
</tr>
<tr>
<td>3</td>
<td>I hate myself.</td>
<td>我憎恨自己。</td>
</tr>
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</table>

### H

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<thead>
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<tbody>
<tr>
<td>0</td>
<td>I don't feel I am any worse than anybody else.</td>
<td>我不感到自己比別人差。</td>
</tr>
<tr>
<td>1</td>
<td>I am critical of myself for my weaknesses or mistakes.</td>
<td>我對自己的弱點或錯誤很挑剔。</td>
</tr>
<tr>
<td>2</td>
<td>I blame myself all the time for my faults.</td>
<td>我因自己的過失而埋怨自己。</td>
</tr>
<tr>
<td>3</td>
<td>I blame myself for everything bad that happens.</td>
<td>發生了任何不好的事情，我都會歸咎自己。</td>
</tr>
</tbody>
</table>

### I

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<tr>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>I don't have any thoughts of killing myself.</td>
<td>我沒有想過要結束自己的生命。</td>
</tr>
<tr>
<td>1</td>
<td>I have thoughts of killing myself, but I would not carry them out.</td>
<td>我有想過要結束自己的生命，但我是不會實行的。</td>
</tr>
<tr>
<td>2</td>
<td>I would like to kill myself.</td>
<td>我希望結束自己的生命。</td>
</tr>
<tr>
<td>3</td>
<td>I would kill myself if I had the chance.</td>
<td>若可以，我會結束自己的生命。</td>
</tr>
</tbody>
</table>

### J

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<tbody>
<tr>
<td>0</td>
<td>I don't cry any more than usual.</td>
<td>我沒有比平常哭多了。</td>
</tr>
<tr>
<td>1</td>
<td>I cry more now than I used to.</td>
<td>我比以前哭多了。</td>
</tr>
<tr>
<td>2</td>
<td>I cry all the time now.</td>
<td>我現在時常在哭，不能停止。</td>
</tr>
<tr>
<td>3</td>
<td>I used to be able to cry, but now I can't cry even though I want to.</td>
<td>我以前能哭，現在即使我想哭也哭不出來。</td>
</tr>
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<td><strong>K</strong></td>
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</tbody>
</table>
| 0 | I am no more irritated by things than I ever was.  
我以前完全沒有特別易被激怒。
| 1 | I am slightly more irritated now than usual.  
我較以前更易被激怒。
| 2 | I am quite annoyed or irritated a good deal of the time.  
很多時都感興趣。
| 3 | I feel irritated all the time.  
我時刻都感到被激怒。

| **L** |   |
| 0 | I have not lost interest in other people.  
我對別人並沒有失去興趣。
| 1 | I am less interested in other people than I used to be.  
跟以前比較，我對別人的興趣減少了。
| 2 | I have lost most of my interest in other people.  
我對別人差不多完全失去了興趣，而且對他們幾乎毫無感覺。
| 3 | I have lost all of my interest in other people.  
我對別人完全失去興趣，而且完全不在乎他們。

| **M** |   |
| 0 | I make decisions about as well as I ever could.  
我像以前一樣能對事情作出決定。
| 1 | I put off making decisions more than I used to.  
我較以前更常逃避去作出決定。
| 2 | I have greater difficulty in making decisions more than I used to.  
我較以前更難去做決定。
| 3 | I can't make decisions at all anymore.  
我沒有能力再作出任何決定了。

| **N** |   |
| 0 | I don't feel that I look any worse than I used to.  
我覺得我的外表沒有比往時差。
| 1 | I am worried that I am looking old or unattractive.  
我擔心我看起來老了或沒有吸引力。
| 2 | I feel that there are permanent changes in my appearance that make me look unattractive.  
我感到我外表上有永久性的改變，令我變得沒有吸引力。
| 3 | I believe that I look ugly.  
我感到自己樣子醜陋或令人厭惡。

| **O** |   |
| 0 | I can work about as well as before.  
我工作的幹勁和以前一樣。
| 1 | It takes an extra effort to get started at doing something.  
在開始做一件事情的時候，我需要額外的努力。
| 2 | I have to push myself very hard to do anything.  
做任何事情，我都需要催迫得自己十分厲害。
| 3 | I can't do any work at all.  
我不能做任何事情。

| **P** |   |
| 0 | I can sleep as well as usual.  
我睡眠的情況跟以往沒有什麼分別。
| 1 | I don't sleep as well as I used to.  
我現在就算我想哭，也完全哭不出來。
<p>| | |</p>
<table>
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<tr>
<td><strong>Q</strong></td>
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</tbody>
</table>
| 0 | I don’t get more tired than usual.  
我沒有比以前容易疲倦。 |
| 1 | I get tired more easily than I used to.  
我比往常容易疲倦。 |
| 2 | I get tired from doing almost anything.  
無論做什麼事情，我總覺得疲倦。 |
| 3 | I am too tired to do anything.  
我疲倦到甚麼東西都不做。 |
| **R** |   |
| 0 | My appetite is no worse than usual.  
我的胃口跟以前沒有什麼分別。 |
| 1 | My appetite is not as good as it used to be.  
我的胃口比以前差。 |
| 2 | My appetite is much worse now.  
我的胃口比以前差了許多。 |
| 3 | I have no appetite at all anymore.  
我对任何食物都没有胃口。 |
| **S** |   |
| 0 | I haven’t lost much weight, if any, lately.  
最近我的體重跟以前差不多。 |
| 1 | I have lost more than five pounds.  
我比以前輕了多過 5 磅。 |
| 2 | I have lost more than ten pounds.  
我比以前輕了多過 10 磅。 |
| 3 | I have lost more than fifteen pounds.  
我比以前輕了多過 15 磅。 |
| **T** |   |
| 0 | I am no more worried about my health than usual.  
我關心自己健康的程度和以前差不多。 |
| 1 | I am worried about physical problems such as aches and pains, or upset stomach, or constipation.  
我掛心自己身體的狀況如疼痛、胃部不適或便秘。 |
| 2 | I am very worried about physical problems and it’s hard to think of much else.  
我因很掛慮自己身體不適，甚至不大可以思想其他事情。 |
| 3 | I am so worried about my physical problems that I cannot think about anything else.  
我的思想完全被掛慮身體所佔據。 |
References


Expressive Arts Therapy: A way for Patients with Mental Illness in Hong Kong?


Bibliography


