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# Arts for the Blues – a new creative psychological therapy for depression : a pilot workshop report

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**Abstract:**

Research over the last decade has identified both strengths and limitations in the use of routinely prescribed psychological therapies for depression. More recently, a focus on creative art therapies, and 'art on prescription' are developing a growing recognition of their potential additional therapeutic mechanisms for depression. Therefore, in an attempt to develop a new therapeutic intervention for depression, this research aligned both the evidence base surrounding the arts on prescription movement, collating these with client-reported helpful factors and preferences for therapeutic interventions. We developed a framework for a new pluralistic 'meta-approach' of therapy for depression, based on an interdisciplinary thematic synthesis of active ingredients, considered specific features implemented in therapy and client reported helpful factors considered to be the broad features or experiences in therapy from both talking therapies and creative approaches. This framework contributed to the development of a pilot workshop entitled; Arts for the Blues – A New Creative Psychological Therapy for Depression. An outline of, and evaluation from, this workshop is presented in this paper. Workshop participants were recruited via a voluntary workshop taking place at a North West Higher Education Institution Arts and Health conference (N=15). The workshop was evaluated using quantitative measures, with results indicating around a 70% overall satisfaction, followed up with qualitative commentary around areas of good practice and areas for development. These included the positive reflection on the application of creative arts and the multimodal nature of the approach, whilst others reflected on the potential overwhelming nature of utilising multimodal methods for individuals with depression. Overall feedback from the pilot workshop is discussed in relation to prior research, giving credence to the potential for incorporating arts into therapy.

**Key Words:** Creative, arts, psychological therapies, psychotherapy, counselling, multimodal, pluralistic, depression

## Introduction

Depression, categorised as a broad and heterogeneous diagnosis, is commonly associated to depressed mood and/or loss of pleasure in most activities. The severity with which an individual will experience depression is determined by both the number and severity of symptoms, as well as the degree of functional impairment experienced (1) As the most common mental health problem, affecting 7.8% of the UK population (2), a range of psychological interventions are recommended (1) as first line treatments, most commonly favoured is the combination of Cognitive-Behavioural Therapy (CBT) along with antidepressant medication.

Currently, Improving Access to Psychological Therapies (IAPT) is the main provider of psychological therapies within the NHS, with around 40% of patients recognised as reliably recovered post-treatment (3). As referrals to IAPT are the favoured treatment approach for depression, it is therefore necessary to consider that this intervention has limited efficacy on around 60% of patients, and with this in mind, and taking into account both the ethical and economic implications, alternative approaches to depression require further investigation.

Alternatives to talking theories such as CBT can include a wide range of approaches; a survey of service users conducted by the charity Mind reported a range of psychotherapies (Art, Music, Drama and Dance Movement Psychotherapy) beneficial and reported these to be treatment of choice in 70% of cases (4). This view is supported by Williams and Scott (5) who found service users wanted more access to arts psychotherapies. However, while there is a marked increase in research in this area (6), there remains limited access to these types of interventions within services such as IAPT.

In support for the potential value of these alternative approaches, research around client reported helpful factors explores across the full range of orientations to therapy (7). Which therapeutic techniques, orientations or expressive modalities (for example, dance/movement, writing, or visual art) are most useful depends on the unique client-therapist-context and may change over time (8). Therefore, an essential element in integrating these alternative approaches is to adopt a client-led manner enabling the therapist to offer the most appropriate intervention with timeliness and facilitating a potentially pluralistic approach to the client journey.

The incorporation of multi-modal approaches to therapy is no new phenomenon, with innovators such as Natalie Rogers (9) (1993) whose *Creative Connection* method built upon a client-centred approach and explored client language as suggestive of a preferred expressive modality. Furthermore, Knill, Levine and Levine's *Intermodal Expressive Arts Therapy* (10) followed a similar order, commencing with an exploration and expression in the client's dominant modality, then encouraging the client's internal sensation to determine further art forms. Also implementing the client's 'felt sense', *Focussing- Oriented Art Therapy* (FOAT) (11) uses the six steps of sensing and focussing (12) structuring the therapy and utilising multiple modalities, to return to the client's felt sense, to apprehend new knowledge, evaluate and direct activities.

For clients with depression, given that current IAPT treatments show limited effectiveness, it is necessary to find a way to offer a combination of evidence-based active ingredients from the many different traditions and orientations, reported by clients as helpful in depression recovery. These should be integrated in a way that spans and extends beyond previous attempts to implement multiple approaches or modalities in the various integrative models, by incorporating findings from both mainstream therapies and arts-based approaches. Hence, the creation of a pluralistic, creative arts therapy meta-approach may extend the 'radical eclecticism' of pluralism beyond any current limits, in a way that engages and benefits clients with depression.

Alongside the humanistic value of the arts on prescription movement and the incorporation of multimodal approaches to mental health, there are also Governmental and Public Health drivers towards recognising and developing a reliable evidence base to support these alternative approaches. The All-Party Parliamentary Group on Arts, Health and Wellbeing (APGAHW) (13) makes a number of recommendations, which focus on highlighting the need for more high-quality research, the development of a reliable and robust evidence base and engagement with arts for wider health and wellbeing including, specifically, mental health.

From the public health perspective, Clift (14) argues that the role of the arts as a public health resource is beginning to be more widely understood, a view concurred with by Potter (15) who identified the importance of recognising that Arts-on-prescription programmes can give rise to significant reductions in depression, anxiety and stress. Furthermore, Public Health England (16) report

that arts, inclusive of music, dance, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing.

With support coming from both the Government and specifically, the Public Health sector, there is a clear indication that change is needed, and evidence-based change is essential.

As identified by Clift (14) and Karkou, Oliver and Lycouris (17), research is required to document and evaluate the benefits of arts and health projects. This research paper attempts to summarise a recent pilot workshop in which multimodal creative therapies were used to support small goal exploration, small goals that do not carry significant levels of distress and can be explored in the safety of a group environment.

## **Method**

In creating the framework to underpin the new pluralistic 'meta-approach' of therapy for depression, a thematic synthesis of the current evidence base was undertaken, to enable the alignment between both the evidence base surrounding the arts on prescription movement, collating these with client-reported helpful factors, and preferences for therapeutic interventions. This was combined with the perceived active ingredients from both talking therapies and creative approaches.

A pluralistic research orientation (18-19) was adopted, in accordance to our therapeutic stance, informing the interdisciplinary approach to inductive data acquisition, exploration and synthesis. This process involved a combination of mainstream qualitative analytical methods in social sciences (Thematic Synthesis (20) in tandem with creative explorations of the topic (Artistic Enquiry) (21) and posited against our own ethnographic and experiential knowledge in a deepening and unfolding process of Crystallization (22).

The research design, in its 'pluralistic' nature, was not simply literature-based, an idea influenced by Hervey (21) in *Artistic Inquiry*. It was recognised that valuable information situated within the researchers themselves provided knowledge and experience, grounded within real life and practice. Members of the research team experimented creatively with the themes emerging from data analysis to understand them experientially through movement, creative wording,

and other artistic expressions, working alongside creative practitioners to devise a performance (23). Other researchers harnessed their wealth of experience working with both talking and non-verbal therapies. Appropriately framed personal and professional experiences experiments informed the approach and provided further autoethnographic evidence of key ingredients. This contextualised and embodied knowledge, removed from linguistic representations in the literature, crystallized and enriched the literature findings of what may work *in practice*, and was invaluable in creating a pilot experiential workshop to be delivered within the IAPT context. This approach is supported by Barker & Pistrang (18) who signify the importance of using the best combination of methods to investigate the research question(s), rather than confining methodology to strict conventions. The findings from this combination of approaches including arts, mainstream therapeutic evidence and interdisciplinary collaboration, led to the harnessing of key active ingredients and helpful factors to the treatment of depression.

Based on the findings, the clinical group discussed using movement, writing and art as the interventions offered. As clinicians the group had experience in using these methods for personal development and with clients in clinical work. The order of workshop activities planned naturally reflected the structure of the framework beginning with the foundational and preliminary considerations, moving to recognising the safety of the therapeutic relationship(s), progressing to client centred own target setting, followed by experiential activities and subsequent personally-reflective meaning-making, concluding the experience in a shared expression. The thread of active engagement is embedded through the provision of client choice and autonomy, with frequent invitations for participants to engage the whole self in 'doing' and moving activities.

For the first workshop, at a North West University conference, was a 90-minute workshop which would predominantly invite participants to experience using one or more creative methods whilst considering a small goal they would like to work on.

### **What was included in the workshop:**

The workshop required contracting for safety, data protection and participants' rights, time to outline the project and explain the rationale as described in detail

in Parsons et al., (24). As indicated in Table 1, the intervention part of the workshop began with the consideration of a small change a participant would like to make;

*This could be a change of a feeling state (for example “I want to feel less tense...less heavy... less frustrated”) or being clearer about a problem or dilemma (for example “I want to work out my next step in a work project”) or even something more positive (like “I want to uncover some of my hidden strengths/values”). It is important that the goal for this time-limited session is not too overwhelming, distressing, or just unachievable within the next hour or so.*

Participants were asked to self-rate their sense of how achievable their goal felt on a scale of one to ten. Participants were then encouraged to connect with the body using a short body scan, this included the invitation to connect with where the felt sense of where the goal was registering in the body or noting the absence of a feeling sense.

Following on, participants were invited to ‘try out’ the three creative modalities before applying them to their goal:

*In terms of movement - When you focus on your feet, how do they feel inside? Is there any movement that they want to do to express what’s inside? Try it, for me there is a bit of bending of my feet and pushing to the floor.*

*Now we will look at drawing. As you focus on your shoulders do you see an image? A colour? A shape? For example, for me I see lines like wings so I will draw lines like wings. What do you see? Please allow a moment to tune in and draw what you see. Please use your non-dominant hand to access a different part of the brain associated with creativity and intuition.*

*Writing - what words come in when you focus on your elbows? For me – ‘spikey, be careful don’t go too far’ – write them down, any other words that come up? Please use your non-dominant hand.*

*Please note which mode of expression felt more comfortable/ easiest? Take a moment to check this as you will be working with that modality.*

There was time given (albeit constrained by the time available; see Table 2) to enquire with the group how they had found the experiences. The group was then invited to consider their ‘goal’, reconnecting with the ‘felt sense’ of it in the body and expressing that using one modality or more of their own choosing:

*While focussing in on this, what comes up for you in terms of image, colours, words, movement? Allow this imagery, wording or movement to reveal itself.*

*Please choose one or two or all three ways of working and start to experiment - draw, write or express in a movement what comes up for you in relation to your goal. Use your non-dominant hand if you are writing or drawing. Just let yourself be led by the creative expression and follow whatever comes up without thinking about it too much.*

*(Halfway) We are about halfway through this process. You may want to consider if there is anything you want to add to the expression, anything you want to develop further or process differently, do you want to move onto a different form of expressing, or build on what you have already? Are you satisfied with the process, or is there something missing? Does it fit what has come up for you in relation to your goal?*

The participants then worked in pairs, explaining to each other their experience of using the material (not necessarily the details of their goal). We felt (and informed by our analysis of 'helpful factors') that reflection and witnessing were an important part of the therapeutic process to establish meaning for the orator.

At the conclusion of the workshop participants were invited to add something of themselves and their experience in the group collage (see appendix one), with suggestions to make a mark on a large piece of paper, write something or make a movement.

Participants were then given some time to verbally and in written form provide feedback of their experience of the workshop. They were also asked to note if there had been a change to the rating they had given the achievability of their goal.

The workshop was not intended to be a therapy session or to work at great depth – indeed, it would be unsafe to do so under the circumstances of a single instance of contact. Hence, not all of the active ingredients were explicitly operationalised within this workshop.



**Table 1. Outline and Theoretical Underpinnings of Pilot Workshop**

<b>Task</b>	<b>Description</b>	<b>Purpose of task in relation to identified therapeutic 'ingredients'</b>
<b>Preparation</b>	<p>Prepare room – ‘Do not disturb’ sign on door, chairs set out in a circle, table workspace at side of room, goal setting worksheet and pen on each chair</p> <p>Prepare materials – pens, pastels, paper, handwipes for afterwards</p> <p>Prepare self/facilitators – spend some time in the room to ‘ground’ self, iron out any uncertainties in content/delivery, ‘check-in’ with own state and that of co-facilitators</p> <p>Language – review wording of activities and adjust any unsuitable wording to be appropriate to the population</p>	<p>Comfort and containment in therapy space</p> <p>Well-organised yet flexible variety of content</p> <p>Content and schedule tailored to and appropriate for needs (e.g. psychological needs, SES, BME, LGBTQ status)</p>
<b>Introduction</b>	<p>Facilitators and clients introduce selves and (optional) why interested in this therapy/workshop</p> <p>Introduce time boundaries and what will happen if time runs out (telephone/email follow-up)</p>	<p>Building therapeutic and/or group relationship</p> <p>Enabling autonomy within an invitational boundary.</p>
<b>Safety, ethical contracting and housekeeping</b>	<p>Pre-warn of any potential effects of workshop and what to do in the case of an adverse reaction</p> <p>Outline participant responsibility for own safety in workshop, and the right to withdraw from the activities or workshop.</p>	<p>Creating safe, contained therapeutic environment</p> <p>Nurturing autonomy within therapeutic alliance and group cohesion</p> <p>Promoting group cohesion</p>

	<p>Establish the ground rules of the workshop (i.e. confidentiality, respect, non-judgmental attitude)</p> <p>Housekeeping – switch off mobile phones, establish fire alarm response, be aware of obstacles in room especially if people are moving or have eyes closed, invitation to remove footwear (optional)</p>	<p>Comfort and containment in therapy space or organisation</p>
<b>Explain depression and the intervention</b>	<p>Brief explanation of depression and how the intervention aims to address depressive mechanisms</p>	<p>Building trust, confidence and hope in therapy through a clear explanation of process/mechanism(s)</p>
<b>Goal setting, sharing and rating</b>	<p>Invite participants to listen to their bodies (closing eyes optional) in order to determine a small, manageable goal to work on during the workshop. This could be a change of a feeling state (for example “I want to feel less tense...less heavy... less frustrated”) or being clearer about a problem or dilemma (for example “I want to work out my next step in a work project” .... “I want to work out how I really feel about a particular person/situation/past events”)</p> <p>It is important that the goal for this time-limited session is not too overwhelming, distressing, or just unachievable within the time allowed.</p> <p>Ask participants to write down their goal and rate it on the goal worksheet, according to how much they feel able to achieve this on the scale 0-10 where 0 (I can't do this) and 10 (I am already doing this). Use imagery if it helps (e.g. a path/ladder)</p> <p>Invite participants to share their goal, part of their goal and/or numerical rating with the group (optional)</p>	<p>Problem solving and planning; working holistically with the body-mind; increasing awareness and insight</p> <p>Smooth and appropriately paced transition between different ways of working; negotiating and modulating levels of different challenges and boundaries; increasing awareness and insight</p> <p>Identifying, experiencing and expressing emotions</p>

<b>Body scan and emotional check-in</b>	<p>Guide participants in an experiential body scan, going through body parts and breathing with eyes closed or gaze softened</p> <p>Ask participants to try to sense how the goal sits in the body, where they can sense the goal, any feelings in the body in relation to the goal (highlight that it is normal to not be able to feel anything specific)</p> <p>Invite participants to feedback on their experiences of this</p>	<p>Working in the 'now'; working holistically with the body-mind</p> <p>Building detailed perceptual awareness of emotion and experience in present moment</p> <p>Identifying, experiencing and expressing emotions</p>
<b>Modelling expressive arts modalities</b>	<p>Participants practice using the three different arts modalities<sup>1</sup> to respond to bodily perceptions:</p> <p>Invite the participants to focus on one body part (e.g. feet), become aware of any perceptions (e.g. images, movement impulses, words, sensations) and respond to any experiences through the first modality (e.g. movement).</p> <p>Repeat for the other two modalities (creative writing, image making) using two other body parts. Explain the use of non-dominant hand in these manual modalities e.g. "Please use non-dominant hand to access a different part of the brain associated with creativity and intuition."</p> <p>Ask participants how this activity was for them, and to notice which modality/ies felt most natural and invite them to use this for the next activity</p>	<p>Exploring mind/body connection in the 'now'</p> <p>Building awareness of emotion and experience in present moment</p> <p>Experimenting with and developing ways to connect through structured improvisation based on a theme/idea, with some parameters</p> <p>Nurturing self-regard and enabling future planning in a sensitive, manageable, logical way</p>
<b>Creative expression</b>	<p>Pre-warn participants that they will be sharing their creative expression in pairs.</p> <p>Example wording<sup>2</sup> for inviting creative expression:</p> <p><i>Close your eyes and focus on where your goal is sitting in your body. Or focus on your goal and see if there is a connection with the body. Can you feel a sense of the goal in your body? Tune into that.</i></p>	<p>Comfort and containment; negotiating and modulating levels of different challenges and boundaries</p> <p>Working holistically with the body-mind</p>

*For example – “I would like to reduce tension that is sitting in my belly” or “I want to relieve the dilemma that sits on my shoulders”. Or, there may not be words to describe how the goal relates to your bodily senses, it may just be a more general feeling that you cannot put into words.*

*While focusing in on this, what comes up for you in terms of image, colours, words, texture, rhythm, sound, movement? Allow this imagery, wording or movement to reveal itself.*

*You can choose where you want to work in the room – you can stay seated, stand up, work on the floor, at the tables or against the wall; you can stay in one place or move around.*

*Please choose one or two or all three ways of working and start to experiment – make an image (marks or collage on paper), write words, or express in a movement what comes up for you in relation to your goal. Use your non-dominant hand if you are writing or drawing.*

*Just let yourself be led by the creative expression and follow whatever comes up without thinking about it too much. We have about 5 minutes to work on this.*

*(Halfway) We are about halfway through this process. You may want to consider if there is anything you want to add to the expression, anything you want to develop further or process differently, do you want to move onto a different form of expressing, or build on what you have already? Are you satisfied with the process, or is there something missing? Does it fit what has come up for you in relation to your goal?*

*(At end) We have come to the end of this part so please take a few seconds to draw your activity to a close.*

Identifying, experiencing and expressing emotions; nurturing self-regard

Experimenting with and developing ways to connect through structured improvisation

Nurturing autonomy and agency

Experimenting with thoughts and actions; structured improvisation

Unearthing core values of self

Boundaried autonomy in tasks; Working with experience and emotion in the present.

Smooth and appropriately paced transition between different ways of working

<p><b>Sharing in pairs</b></p>	<p>Participants choose a partner to work with</p> <p>One of the pair shows some or all of their creative expression and its personal meaning to the other participant, and how it links with their goal. Participants can choose how much they want to reveal.</p> <p>The other partner in the pair witnesses unjudgementally, and without any interpretation.</p> <p>The pair then swap roles (expressing and witnessing)</p>	<p>Increasing social support; nurturing autonomy and agency</p> <p>Bringing together past, present and future insights; Integrating a personal narrative; Practising new ways of being; Sharing creative work with others</p> <p>Collaboration towards Interpersonal development</p>
<p><b>Reviewing goals and ratings</b></p>	<p>Participants review their original goals and rate how close to achieving the goal they now feel, again using the 1-10 scale and writing this on the worksheet</p>	<p>Fostering satisfaction; Building trust, confidence and hope in therapy</p>
<p><b>Whole group sharing and creating</b></p>	<p>Participants are invited to share their experiences of any of the workshop activities and anything they have learned from it</p> <p>How was it to express creatively?  How was it to share this with another person?  How was it to witness another person's expression?  What happened to their goal?  What are they unsure or unsettled about?  What will they take (figuratively) from the workshop?  Do they have any questions?</p> <p>All participants are invited to express creatively any final responses to this group experience, by making marks or words on a large piece of paper (group drawing), or creating a collective movement if preferred</p>	<p>Collaboration towards Interpersonal development; whole group therapeutic alliance</p> <p>Contemplating current self/other insights; bringing together past, present and future insights; extending towards the future by capitalising on the lessons learned, and capacities developed for coherent self-understanding</p>

<b>Closure</b>	<p>Participants can take their creative work or leave it behind</p> <p>Provide a list of resources in case of feeling upset after the session</p> <p>Allow extra time in the room in case participants want to stay and connect with each other or talk informally with facilitators after the session</p>	<p>Containing the content; nurturing autonomy</p> <p>Comfort and containment in therapy space or organisation</p> <p>Managing a smooth transition out of therapeutic space.</p>
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1. For the purpose of this pilot workshop, participants are limited to a choice of three modalities – image making using drawing or collage, creative writing, or creative movement. This is so as to provide some choice of widely-familiar modalities, without overwhelming with too many choices in the initial workshop. Longer-term interventions may use any number of arts modalities e.g. sculpture, sound making, others.
2. The wording and other features of the workshop should be adapted to suit the population and context. Wording provided here is for example only and may not be suited to all situations.

**Table 2. Timing of workshop activities**

1.	Introductory & housekeeping	20 min
2.	Goal setting	10 min
3.	Body Scan	10 min
4.	Modelling expressive modalities	5 min
5.	Self-expression	5 min
6.	Expressing in pairs	15 min
7.	Sharing expression with group	5 mins
8.	Re-examine/check in with goals	5 mins
9.	Practitioner feedback	7 mins
10.	Evaluation forms	7-10 mins

The activities taking the most amount of time in the workshop were introductory and housekeeping, which went on for 20minutes at the start of the workshop. The next longest activity was participants sharing their expression in pairs, which went on for 15minutes. The modelling of modalities, and the actual self-expression itself, were each limited to five minutes.

## Results

### **Quantitative findings and feedback**

A total of 15 participants took part in the 90-minute workshop, and 11 (74%) completed the evaluation forms. Descriptive data are displayed in Table 3.

**Table 3. Descriptive data**

<b>Participants profession and relationship to University</b>	<b>N (%)</b>
<b>Staff</b>	0 (0)
<b>Student</b>	2 (13)
<b>Missing data</b>	4 (26)
<b>Other (6 therapists including art, CBT, counselling, IAPT, 1 NHS, 1 'other', 1 no details)</b>	9 (61)
<b>Response rates</b>	
<b>Respondents</b>	11 (73)
<b>Declined to participate</b>	1 (7)
<b>Left early</b>	2 (13)
<b>Left a blank evaluation form</b>	1 (7)

Of the 11 respondents, two were postgraduate students, six were therapists (art, CBT, counselling and IAPT) and one worked within the NHS.

Results from the post-workshop evaluation forms (questions and their mean numerical scores) completed by the 11 respondents are displayed in Table 4.

**Table 4. Numerical feedback**

<b>Question</b>	<b>Mean score</b>
<b><i>On a scale of 1-10 (1 = not useful, 10 = very useful), how useful did you find the experiences offered at the event?</i></b>	7.5
<b><i>On a scale of 1-10 (1 = very little, 10 = very much), how much will your professional life improve from the training at the event?</i></b>	5.4
<b><i>On a scale of 1-10 (1 = very poor, 10 = very good, how much do you score the overall structure of the event?</i></b>	6.7
<b><i>On a scale of 1-10 (1 = very little, 10 = very much), how satisfied were you with the event?</i></b>	6.8



<b>Overall mean score:</b>	6.9

The highest rating was for usefulness of experiences offered, and the lowest was for likelihood of professional life improving as a result of the event. Overall, the workshop was rated moderately highly.

### ***Qualitative findings and feedback***

The evaluation forms included six qualitative questions completed by the 11 respondents. Participants' responses to these questions have been summarised as follows:

1. What were your reasons for attending this event?

Overall, participants seemed to be open to the idea of seeking new and creative approaches, the workshop piqued their interest and curiosity. An example being participant five who wrote: *"interest in physical movement in relation to mental health"*. Several respondents talked about being excited or hopeful about a new intervention and the focus between physical and emotional responsiveness and felt the movement was much needed in the field, for example, participant three described having an *"interest in increasing creative therapy options in IAPT"*,

2. What new thoughts and/or experiences did the event stimulate?

Participants reported their own thoughts and experiences including; feeling creative, reminded of the benefits of movement and how to work in groups. Others also talked about how it benefited them in relation to their practice, about engaging clients. Participant one reported feeling overwhelmed with the level of content and speed of the workshop and described this as *"overwhelmed- too fast"*. In contrast, participant three wrote: *"It helped me to process a dilemma that I have going on. I now know that I need to do to address this"*

3. How do you wish to implement the information and experience from this event to your professional life?

Nearly all participants were able to take from the workshop ways in which they would implement the information and experiences they gained Participant three wrote: *"[I] will look with interest at how implementation in IAPT goes"*. Whilst others included discussion around the potential benefits with colleagues, introducing more creative practices in their work and spreading the work about this in their practice, participant six wrote: *"Introduce more creative ways of expression within my sessions with individuals"*. One participant also felt they would like to do some research of their own in the field.

4. Could you comment on the overall structure and organisation of the event?

The feedback was presented from two core strands; one being focused on the well-developed, well managed and facilitated workshop, participant three described this as *“Excellent welcome, organisation and resources”*. While the second strand of feedback reported the workshop as making the individual feel overwhelmed, rushed and the workshop being too short. One individual seemed to feel the workshop left them feeling vulnerable; however, this was not a view shared by the wider majority of participants. An example from participant five wrote: *“I liked the way each exercise fed into another, I think it needs to slow down more during each exercise”*

5. Did the event meet your expectations?

Most people felt the workshop did meet their expectations, those who did not, associated this to not having expectations in preparation for the workshop. Examples included participant five who wrote: *“I didn’t really know what to expect”*, whilst participant seven wrote: *“I was open to it, did not expect anything”*

6. Any other comments?

In additional comments, some participants touched upon the session being overwhelming in relation to both speed and content. However, other participants stated that the experience had stimulated their creativity and provided ‘headspace’. Some commented on the experience of blurred boundaries between their roles as both a ‘client’ and a professional experiencing the workshop. Some respondents expressed a wish for more diverse art forms (drama, music/sound), whereas another stated that these additional art forms would have been too distracting. Finally, some participants expressed their hope and excitement at the prospect of the intervention developing new territory in the treatment of mental illness.

The views expressed in the above qualitative feedback seemed to fit well with opinions and perspectives expressed verbally during and after the workshop, in discussing activities.

## Discussion

Delivering this workshop was a first opportunity to try out some important principles relating to the new treatment approach we developed for depression, which we have termed Arts for the Blues. By bringing together helpful factors from research in different approaches to psychotherapy such as CBT, Counselling, Psychoanalytic Psychotherapy, Arts Psychotherapies and from the arts, we aimed to take advantage of the strengths from each approach, offering a pluralistic (26) (8) creative and well researched new approach to the treatment of depression.

The particular workshop was limited in terms of scope and length and was clearly presented as a one-off experience which was not intended to act as therapy. It did act however as a stepping stone towards the development of the full intervention in two ways: (i) it created opportunities to try out certain therapeutic ‘ingredients’ and (ii) it provided feedback from the participants.

A long list of therapeutic 'ingredients' were used such as creating 'comfort and containment in therapy space', and 'building trust, confidence and hope in therapy through a clear explanation of process/ mechanism(s)'. Participants were encouraged to 'problem solve and plan' while 'working holistically with the body-mind'. The intention was for participants to 'increase awareness and insight' related to the particular issue/goal they chose to work on. Participants also had opportunities to 'experiment with and develop ways to connect through structured improvisation'. The tasks suggested were allowing them to 'unearth core values of self', while supporting 'boundaried autonomy in tasks'. Attention was placed on 'smooth and appropriately paced transition between different ways of working' and 'bringing together past, present and future insights' that allowed the 'integration of a personal narrative'. During the workshop, this personal narrative took the form of a creative piece in the form of words, images or movement that was 'shared with others'. These ingredients were only a small selection of the full list of therapeutic ingredients presented and discussed in Parsons et al (24) although they held the essence of the proposed intervention.

The workshop was open to the general public who were attending a larger arts and health event. Interestingly, the participants were knowledgeable and skilled; most were therapists either fully qualified or in training in different forms of therapy. Therefore, the feedback they offered became very important since they could be considered as 'key informers', offering feedback as participants with relevant expertise. As both the reviewed literature suggests (11) (27) and the research team felt, participants also valued the creative and body-based components within the context of group work for this client population. The hopefulness of introducing a new treatment option appeared to be shared across participants, supporting our intention to develop further and implement this approach to mental health services within the NHS.

Participants also pointed out the need to offer more time for each task, allowing for the newness of the methods and the depth of creative work to get sufficiently processed as argued in arts psychotherapy literature (28). Safety was also an area of great concern as creative methods can access areas that are neglected and/or less attended to through verbal means and thus can make people feel vulnerable. This is even more relevant to a one-off workshop situation such as the one described here, where there were fewer opportunities to develop a relationship and offer ongoing support. For this reason, a list of counselling helplines were made available to all participants in the beginning of the sessions and a reminder of potential support from the workshop facilitators (all trained psychotherapists) was made during and after the workshop.

As a team the authors are currently processing their own felt sense and cognitive experience as well as the useful feedback from peers, colleagues and therapists who attended the group. Members of the clinical team also attended the last version of the associated performance (23) that supported a multi-sensory reference to the developing research, in a way that using language, movement or sound alone could not present. Personal experiences from facilitating this workshop and from attending the performance will be added to the feedback received from participants and

support the revisions of the workshop. The authors plan to develop separate workshops for IAPT professionals and for service users living with depression, to be delivered within the NHS, and to develop workshops that can be delivered to the public in community settings.

## Conclusion

As identified by the APGAHW (13) the key recommendations moving forward in the health and wellbeing sector focus on a wider engagement with the arts and highlight the need for more research to develop a strong evidence base to demonstrate that the arts have unexplored potential to help overcome mental health problems (13). Within that spirit, the authors developed a theoretical basis for an integrative and innovative creative approach to help people with depression, which led to the development of a pilot programme which was then offered as part of a public event where participants had the opportunity to experience movement, writing and art as a way to address a personal goal which they set. This pilot programme incorporated a pluralistic meta-approach which emphasised participant autonomy and safety and offered an opportunity for people to work individually within a group and to share their experience creatively with each other. Feedback received from the participants was generally positive and will be used to further improve the programme. There is a need for further research and the authors would like to expand the programme to develop a longer-term therapeutic intervention which could be offered to clients with depression while continuing to explore how workshops can be offered to the general public in community settings to work on a variety of personal issues.

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Appendix One: Group Drawing

