

# **Mind–Body–Treatment for Depression: Clay Art Therapy with the Expressive Therapies Continuum**

## **Abstract**

Depression creates enormous socioeconomic problems globally and is projected to become the most serious cause of disability by the year 2030 (WHO, 2003; 2008). Effective psychosocial treatments are urgently needed to help the millions of people worldwide coping with depression

Recent neuroscience research has reexamined how affect mediates responses between mind and body (Nan & Ho, 2014). Clay Art Therapy (CAT) incorporating the Expressive Therapies Continuum (ETC) (Hinz, 2009; Lusebrink, 1990; 2004) involves various neurological processes that elucidate a body-mind, bottom-up approach to clay-work for the treatment of depression (Carr, 2008).

This study used a mixed-methods approach to randomly assign 100 depressed patients to either a CAT treatment group or a nondirective Visual Art (VA) control group, both for six, 2.5-hour weekly sessions. Changes in depression were measured by the Beck Depression Inventory (BDI-II-C) (Beck, Steer, & Brown, 1996), General Health Questionnaires (GHQ-12) (Chong & Wilkinson, 1989), Body–Mind–Spirit–Well-Being Inventory (BMSWBI) (Ng, et al., 2005), and the Toronto Alexithymia Scale 20 (TAS-20) (Zhu, et al., 2007).

Quantitative data were collected at baseline, termination, and 3-week follow-up. A process study was conducted with the CAT group participants to record the ETC movement during

clay-work. Content analysis of data from the focus group provided qualitative information to understand the subjective experiences of the CAT participants.

Results of repeated measures MANCOVA showed significantly greater improvements in depression symptoms in the CAT group compared with the VA control group. Analysis of ETC movement showed a coherent flow in a bottom-up direction. Movement started with predominance of the Kinesthetic–Sensory level, gradually transitioned to the Perceptual–Affective level, and finally to the Cognitive–Symbolic level. Qualitative results demonstrated that the effects of CAT corresponded with the various therapeutic functions of the ETC components. Thus, these results supported the therapeutic effects of CAT in progressively integrating the body and mind with a bottom-up hierarchical approach to the treatment of depression.

## References

- Beck, A. T., Steer, R., & Brown, G. (1996). *Beck Depression Inventory manual* (2nd ed.). San Antonio, TX: The Psychological Association.
- Carr, R. (2008). Sensory processes and responses. In N. Hass-Cohen & R. Carr (Eds.), *Art therapy and clinical neuroscience* (pp. 43-61). London, UK & Philadelphia, PA: Jessica Kingsley.
- Chong, M. Y., & Wilkinson, G. (1989). Validation of 30- and 12-item versions of the Chinese Health Questionnaire (CHQ) in patients admitted for general healthscreening. *Psychological Medicine, 19*(2), 495-505.
- Hinz, L. D. (2009). *Expressive Therapies Continuum: A framework for using art in therapy*. New York, NY: Routledge.
- Lusebrink, V. B. (1990). *Imagery and visual expression in therapy*. New York, NY: Plenum Press.
- Lusebrink, V. B. (2004). Art therapy and the brain: An attempt to understand the underlying processes of art expression in therapy. *Art Therapy: Journal of the American Art Therapy Association, 21*(3), 125-135.
- Nan, J. K. M., & Ho, R. T. H. (2014). Affect regulation and treatment for depression and anxiety through art: Theoretical ground and clinical issues. *Annals of Depression and Anxiety, 1*(2), 1-6.

- Ng, S. M., Yau, J. K. Y., Chan, C. L. W., Chan, C. H. Y., & Ho, D. Y. F. (2005). The measurement of body-mind-spirit well-being: Toward multidimensionality and transcultural applicability. *Social Work in Health Care, 41*(1), 33-52.
- World Health Organization. (2003). *Investing in Mental Health*, Geneva, Switzerland.
- World Health Organization. (2008). *The global burden of disease: 2004 update*, Geneva, Switzerland.
- Zhu, X., Yi, J., Yao, S., Ryder, A. G., Taylor, G. J., & Bagby, R. M. (2007). Cross-cultural validation of a Chinese translation of the 20-item Toronto Alexithymia Scale. *Comprehensive Psychiatry, 48*(5), 489-496.