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Arts for the Blues: The development of a new evidence-based creative group psychotherapy for depression.

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Abstract

Introduction:

Depression affects many adults in the UK, often resulting in referral to primary care mental health services (e.g. Improving Access to Psychological Therapies, IAPT). CBT is the main modality for depression within IAPT, with other approaches offered in a limited capacity. Arts psychotherapies are rarely provided despite their attractiveness to clients. However, the recent drop-out rate of 64% within IAPT suggests that clients' needs are not being fully met. Therefore, in order to expand clients' choice we developed a new creative psychological therapy integrating evidence-based approaches with arts psychotherapies.

Method:

A three-level approach was used:

a) thematic synthesis of client-identified helpful factors in evidence-based approaches for depression and in arts psychotherapies;

b) studio practice exploring Cochrane Review findings on arts psychotherapies for depression;

c) pilot workshops for clients with depression and therapists.

Findings and Discussion:

Eight key ingredients for positive therapy outcomes were identified: encouraging active engagement, learning skills, developing relationships, expressing emotions, processing at a deeper level, gaining understanding, experimenting with different ways of being, and integrating useful material. These ingredients were brought together as Arts for the Blues for clients with depression: a 12-session evidence-based pluralistic group psychotherapy integrating creative methods as well as talking therapy.

Conclusion:

The evidence-based foundation, creative content, and pluralistic nature of this new approach aligned with eight client-identified key ingredients for positive therapy outcomes, make it a promising therapy option that can be adapted to individual therapy. Implications include consideration for NICE approval as an additional therapy for depression.

Key words:

Arts for the Blues, creative methods, psychotherapy, depression, group, pluralistic

Introduction

Depression affects over 350 million people worldwide (WHO, 2012), and when combined with anxiety, it is the most common mental health problem in the UK, experienced by 19.7% of the population (Mental Health Foundation, 2020). Such manifestations of emotional distress can be exacerbated in stressful times such as the Covid-19 pandemic where the impact on the mental health and wellbeing of the general public, those needing medical intervention, and those caring for them, has been acknowledged by WHO (2020). Moreover, the pandemic has had a disproportionate impact on individuals from BAME communities (NHS England, 2020).

The significant interference of Covid-19 with aspects of daily life and ability to engage with friends, family and work has been described as 'Covid Stress' (Montano & Acebes, 2020), and has led to increasing rates of depression and anxiety in individuals (Grover at al., 2020; Gualano et al., 2020; Guessoum et al., 2020; Knopf, 2020; Ozamiz-Etxebarria et al., 2020) which highlights the importance of developing effective interventions for a potentially greater number and variety of clients.

In England the main providers of evidence-based psychological therapies for adults within the NHS (IAPT) predominately offer CBT. Other approaches recommended by NICE (2007) such as 'counselling for depression', 'interpersonal therapy', 'couples therapy for depression' and 'short-term psychodynamic psychotherapy' are offered to a much lesser extent (Perfect et al, 2016). The provision of arts psychotherapies i.e. music, drama, art or dance movement psychotherapy, is even less common (Psychological Professions Network 2018). With recent findings (NHS Digital, 2019) identifying that 64% of clients drop out of IAPT and increasing demand on the NHS related to the coronavirus pandemic, it is timely to consider expanding the range of evidence-based therapeutic options.

People seeking support often prefer arts-based approaches to psychotherapy (70% in a survey by MIND, Dudley, 2006) and perceive them as being of great value in meeting their specific emotional and psychological needs which was corroborated by surveys of other UK charities such as Barnado's and the Tizard Mental Health Centre (Williams & Scott, 2009). There is a clear need to provide access to a range of interventions to suit diverse clients' needs. Given the disproportionate impact of Covid-19 on BAME communities (NHS England, 2020), it can also be expected that future provision within IAPT services will more than ever need to be sensitive and responsive to specific cultural and social needs of minority and marginalised groups. A pluralistic

and creative offering may enhance IAPT's capability to provide for diverse groups and individuals.

In the Arts for the Blues model, the terms *arts-based or creative psychotherapy* are used to refer to practices delivered by a range of qualified therapists including arts and expressive psychotherapists. Most arts psychotherapists are regulated by the Health and Care Professions Council (HCPC) (for art, drama and music psychotherapists), while others by UK Council for Psychotherapy (UKCP) (for dance movement psychotherapists). Arts-based methods in psychotherapy involve:

> *"… the creative use of the artistic media as vehicles for non-verbal and/or symbolic communication, within a holding environment, encouraged by a well-defined client-therapist relationship, in order to achieve personal and/or social therapeutic goals appropriate for the individual" (Karkou & Sanderson, 2006 p.46).*

The positive impact of arts-based approaches to working with clients with depression is supported by Cochrane Reviews (Meekums et al., 2015; Maratos et al, 2008), meta-analysis (Karkou et al., 2019) and systematic reviews (Uttley et al., 2015; Dunphy et al., 2018) confirming positive outcomes relevant for all forms of arts psychotherapies across age groups. In addition, recent important quantitative, qualitative and arts-based research studies in arts psychotherapies articulated diverse ways in which mental health and emotional wellbeing can be supported using arts modalities challenging reliance on existing treatment options offered by IAPT (e.g. Karkou et al, 2017; Zubala & Karkou, 2015; Zubala & Karkou, 2018; Zubala et al., 2013, 2014 a & b, 2016).

The research literature in clients' experiences suggest that people attending talking therapy for depression report helpful factors across a range of therapeutic orientations, such as pluralistic therapy (Antoniou et al, 2017), problem-solving and supportive therapy (Dakin and Arean, 2013) and psychodynamic psychotherapy (Lovgren et al,

2019). However, there are no reviews where talking therapy has been combined with creative psychotherapies to identify helpful factors for clients experiencing depression or other mental health problems. Generally speaking, relevant publications have identified helpful factors in talking therapies (Timulak, 2007) separately from creative arts psychotherapies (Colbert & Bent, 2017). Integrating creative and verbal helpful factors as well as associated methods in a client-led interventions would enable therapists to offer the most appropriate and acceptable approach.

The Arts for the Blues intervention attempted to integrate helpful factors as we will see in the description of this approach in this paper. We will also highlight how the Arts for the Blues relates to existing psychotherapeutic literature and discuss practice implications for psychotherapy, particularly during a time of expected increases in depression related to the COVID-19 pandemic.

Research question

How can diverse approaches within talking therapies and arts-based psychotherapies be integrated in an intervention for depression?

Methodology

The methodology consisted of: a) a thematic synthesis of the literature, b) studio practice and c) pilot workshops with clients experiencing depression and professionals working with clients experiencing depression.

a) Thematic synthesis

We reviewed literature using search terms such as ‘helpful factors’, ‘helpful aspects’, ‘client-reported’, client perspectives’, ‘client views’, ‘depression, and specific therapeutic approaches (e.g. CBT and arts psychotherapy) using electronic databases (including PsychINFO, Science Direct, SCOPUS and Google Scholar). Only papers

specific to depression were included. A total of 78 suitable papers were analysed: 14 for CBT, six for cognitive therapy, seven for behavioural activation for depression, nine for counselling for depression, 23 for integrative, pluralistic and psychodynamic therapy, 17 for arts-based psychotherapies, and two for self-management/other. Key findings from these studies were collated and then synthesised into themes using a thematic synthesis approach as defined by Thomas and Harden (2008). Any overlaps were resolved through peer discussions to further refine the analysis, resulting in a full list of client-identified 'helpful factors' in the treatment of depression, across all therapies (see Parsons et al., 2019 for full list of seven themes and thirty subthemes).

b) Studio practice

The second methodological strategy involved a collaborative artistic contribution from a dancer, a poet and a composer who worked with key principles emerging from a Cochrane Review on an arts psychotherapy for depression (Meekums et al, 2015) to produce a twenty-minute performance. During the process of developing this performance, several insights also influenced the development of the intervention as discussed in Thurston et al., (in preparation) including the use of multimodal approaches and the importance of developing relationship.

c) Pilot workshops

Results from the thematic synthesis, insights from studio practice, and our own experience as creative psychotherapists, counsellors, and psychologists came together and informed the development of a 90-minute pilot experiential workshop. To date, the pilot workshop has been trialled within several academic and clinical contexts involving lecturers, students, psychotherapists, counsellors, other health professionals, cult survivors, athletes, IAPT practitioners and IAPT clients (Haslam et

al, 2019, Parsons et al, submitted for publication, Karkou et al, in preparation). Overall, participants reported a positive response to these workshops that incorporated key ingredients of the new integration. They referred to insight building, with some consideration around the challenging yet freeing nature of working creatively. Preliminary quantitative data indicated positive effects on acute mood state and personal goal attainment.

The findings and experience of delivering these pilot studies provided further insights and considerations for devising the full intervention. It also allowed further refinement of the helpful factors identified from both the thematic synthesis, and participant feedback, into the 'key ingredients' of our therapy model. This was then expanded into the development of examples of associated therapeutic processes and activities as part of a dialogic process with practitioners. The sum of these experiences constitutes the main focus of the findings following.

Findings and discussion

The new Arts for the Blues approach that emerged from the above processes retained an overall pluralistic character (McLeod & Cooper, 2010), placing relationships at the heart of the intervention, and adopted a structured yet flexible mode of delivery. As a pluralistic approach to psychotherapy, it also retained a goal-oriented focus. Creative methods in the form of movement, music, art, drama, music and creative writing were employed in all of its phases. The model was developed into a 12-session programme for use with groups but has inbuilt flexibility for use in individual therapy for depression.

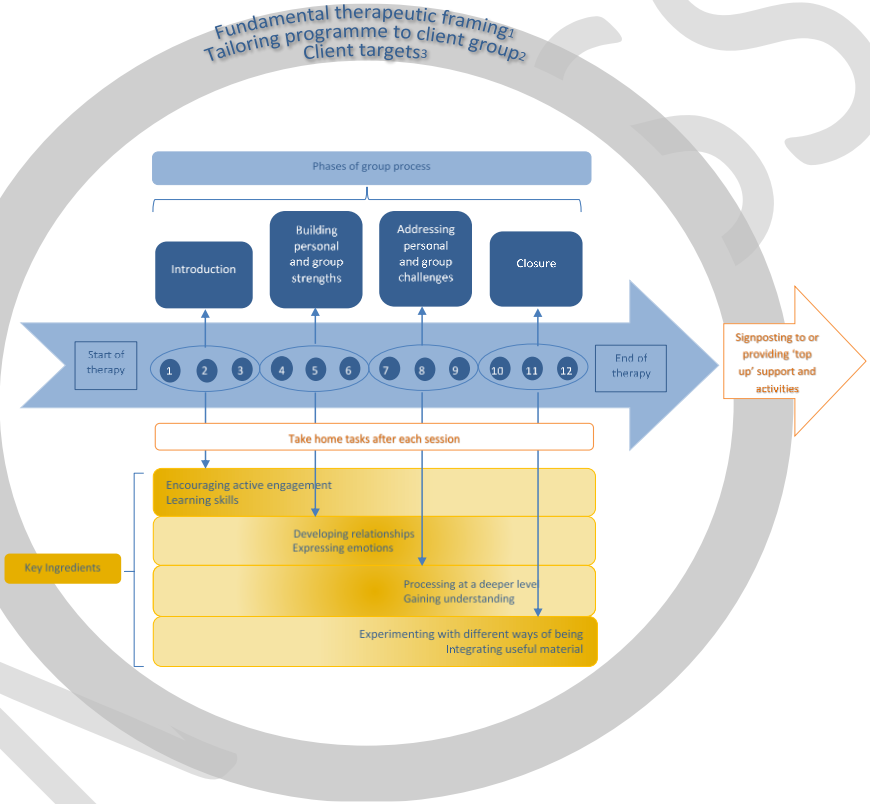
On the whole, it is an integrative model with a pluralistic character which recognises that clients will have different needs and will benefit from different approaches at any specific time (Rescher, 1995). It is rooted clinical research that emphasises the need

for sensitivity and flexibility within therapeutic relationships in response to clients' needs, environments and situations (Cooper & McLeod, 2010).

a) Logic model

The main characteristics of the 12-session 'logic model' (NECS, 2016) are presented in Figure 1.

Figure 1: The Logic Model



As Figure 1 shows, broad sets of ideas are contained on the periphery such as fundamental therapeutic framing, tailoring the programme to the client group and client targets/ goals.

The fundamental therapeutic framing, relates to the skilful building and maintenance of the attuned therapeutic relationship and clear containment of the work, building hope and trust in order that clients can feel safe and confident enough to take risks

and collaborate creatively within safe boundaries. Therapists are encouraged to propose creative activities they are comfortable with (e.g. movement, drawing, drama or creative writing), while they are supported to encourage smooth and appropriately paced transitions between these activities. On the whole, activities and processes build upon and extend on the previous set of tasks. The work is tailored to the client group and the clients involved, by including a structured framework that allows for flexible content, with suggestions for activities made to suit clients' needs, adapting language and the demands of activities accordingly. Client targets/goals are identified by the clients at the beginning of therapy and these may develop further or generate mini-goals through the process of insight and active engagement, linking with solution-focused approach (De Shazer & Dolan, 2012) and the overall pluralistic ethos of this model.

Good practices from CBT are reflected in post-session or post-programme client support including take home tasks and signposting to relevant activities after the completion of the course of therapy.

It is expected that the framing of the work in this way allows for safety and containment and is accompanied by core therapy components such as using appropriate place and time and offering coherent explanations of the type of therapy used.

Group theory informs the overall shape of the group process (Yalom, 1995), highlighting the need to bring the group together (see introduction for sessions 1-3 in Figure 1), build individual and group strength, and thus, resources and resilience (session 4-6), before more challenging issues are addressed at an individual and group level (sessions 7-9). The therapist needs to also consider ways in which they can enable the group to come to an end (see closure for sessions 10-12).

At the heart of the model are ‘key ingredients’, otherwise found in the literature as, for example: key principles of change (Castonguay & Beutler, 2006), helpful events (Elliott et al., 1985; Llewelyn et al., 1988; Timulak, 2007) and common factors (Norcross & Lambert, 2019; Narcross & Wamplold, 2019; Wamplold, 2015). The key ingredients for the Arts for the Blues model are discussed in the following section.

b) Key ingredients

There are eight key ingredients in the Arts for the Blues intervention: encouraging active engagement, learning skills, developing relationships, expressing emotions, processing at a deeper level, gaining understanding, experimenting with different ways of being, integrating useful material (Table 1). Although the key ingredients can be found in several sessions and can be ‘active’, the therapist gives preference to some of them in certain sessions over others within the therapy journey. For example, the therapist may be more aware and offer opportunities for clients to ‘learn skills’ during the first three sessions, but learning how to use materials and processes does not cease after the introductory phase is over; it carries on and is embedded throughout the course of therapy. Similarly, ‘gaining understanding’ may be supported during and after ‘processing at a deeper level’ in sessions seven to nine but reflections on the experience are encouraged throughout the process.

Table 1 – Eight key ingredients

	Key ingredient	Definition	Examples
1.	Encouraging active engagement	It aims at involving participants in creative group activities. It is linked with CBT and behavioural activation. It generates states of psychological flow and vitality often missing in depression.	Scribbling, hand gestures, body postures, creative checking in, simple physical warm up, small creative homework
2.	Learning skills	The facilitated learning process is seen as helping to develop confidence, challenge negative beliefs and improve low mood. It involves learning techniques that help to manage emotions and facilitate wellbeing. It is linked with CBT, DBT and Mindfulness.	Body scans, mindful movement, use of particular material in art-making, playing with words and sounds, working in a group through creative activities, using creativity and playfulness, identifying one's own feelings non-judgementally, counterbalancing emotional states, engaging in creative problem solving, identifying and working towards goals
3.	Developing relationships	Forming and developing relationships is encouraged from the beginning to the end of therapy. The aim is to counter the tendency in depression to withdraw from social contact and to develop positive beliefs. It is linked with humanistic ideas in regards to the centrality of the therapeutic relationship in therapy.	Mirroring, following and leading, group drawing, witnessing/being witnessed, verbal sharing, pair work, group sculpting
4.	Expressing emotions	Participants are actively encouraged to become aware of bodily sensations which could be expressed through spontaneous action precluding or assisting verbal sharing. Expressing emotions is associated with humanistic psychotherapy where depression is linked with distorted or denied feelings and needs.	Spontaneous movement, gesture or posture, spontaneous mark-making, automatic writing, moving in response to the felt (somatic) sense, verbal sharing in pairs or the group.
5.	Processing at a deeper level	Exploring possible roots of emotional distress/ depression linked with past experiences is associated with psychoanalytic/psychodynamic tradition.	Using imagery, symbolism and metaphor; exploring personal material through alternative creative perspectives or mediums.
6.	Gaining understanding	Becoming aware of emotions and gaining understanding how they link with past experiences	Becoming aware of emotions in the present moment, making links with the past, reflecting on own work through

		is associated with a range of traditions and psychoanalytic/ psychodynamic work in particular.	writing or drawing, receiving feedback, elucidating priorities and ways forwards.
7.	Experimenting with different ways of being	Trying different ways of being helps with creating different ways out of depression. This is linked with social constructionism inviting people to consider whether what one tends to do is still useful.	Moving from one arts medium to another, adding new qualities to a movement sequence, adding a new shape or colour to a drawing, exploring polarities, role playing
8.	Integrating useful material	Creating a final piece that enables the participants to summarise and integrate important aspects of therapy. This links with narrative therapy and 're-telling' one's story with greater understanding and compassion.	Having one movement sequence, image or poem that captures the journey of therapy, engaging in regular arts and crafts/dance classes or arts-based journaling, poetry or music making, making a plan for after therapy ends

The eight key ingredients are described here alongside examples and explanations of why these are important for clients experiencing depression as understood in relevant literature.

1. Encouraging active engagement

Description**:** In this intervention, all participants in the group are encouraged, without being pressured, to engage in creative activities such as drawing, creative writing and movement. Typical examples of encouraging active engagement are associated with group activities such as scribbling exercises, hand gestures and postures, creative checking in, simple physical warm ups, and small creative or active homework (such as working with posture, journaling or experimenting with arts to increase vitality and psychological 'flow'). It is expected that the therapist will offer more encouragement for active engagement during the first three sessions than during the later phases of the life of the group when participants are more able to do it themselves.

Discussion: Encouraging active engagement is linked with CBT and specifically behavioural activation (Martell et al., 2001). Behavioural activation was developed to create a structured environment that enables active engagement in physical and social activities, which are typically avoided by people with depression who experience diminished interest and pleasure in most activities (Veale, 2008). CBT and behavioural activation are indicated by NICE (2007) for working with depression. Taking a *positive psychology* lens, active engagement with creative materials within our group pilot workshops has been found to generate strong states of psychological flow – arriving at a newfound sense empowered spontaneity (Parsons et al., submitted for publication). Encouraging active engagement is also indicated in research in dance and music therapy (Carr et al., 2017; Karkou et al., 2019) and is seen as leading to generating vitality, a feeling often missing for clients experiencing depression.

2. Learning skills

Description: In this approach, the facilitated learning process is seen as helping to develop confidence in the process of art-making as well as in terms of acquiring techniques that facilitate wellbeing, e.g. body scan and the use of playfulness. Clients may be encouraged to make marks on paper using pastels/felts, writing words, making sounds and body movements in warm up/check ins, learning to identity one's own feelings non-judgementally and to counterbalance emotional states as well as learning how to engage in creative problem solving that enables personal progression.

Discussion: Feelings of worthlessness and self-criticism are common features of depression (APA, 2015). Clients often feel that that they are not able to do things because they do not have skills and have negative beliefs about themselves leading to low mood, feelings of worthlessness and self-criticism in accordance to cognitive theory of depression (Beck, 1967). By learning skills for emotional expression and

dealing with difficult emotional states, clients begin to regain a level of confidence challenging negative beliefs and improving their mood. This effect is linked with social learning theory (Bandura, 1977). By learning how to manage creative materials in relation to self/wellbeing, it is possible that clients also learn techniques and develop strategies of how to manage self, behaviours and cognitions (Parsons et al., 2019).

Clients may lack the confidence to engage with the inherently unpredictable nature of the creative act and may fear 'putting themselves out there' (Parsons & Dubrow-Marshall, 2018) through creative expression. Therefore, it is necessary to be directive in 'scaffolding' a clear, secure and reliable structure within sessions, and to evolve tasks that are sensitively paced and gradually lead to the development of skills. This sets boundaries containing processes of multiple clients simultaneously within a short term group even though clients may be actively engaged in different creative modalities focused on individual goals as stimuli for creative expressions.

3. Developing relationships

Description: Forming and developing relationships is encouraged from the beginning to the end of the therapeutic process. Sessions are structured and facilitated with relational connections at the heart of the activities. As well as connecting with one's own process we encourage connection with others through mirroring each other's body movements, rhythmical attunement, changing leadership by taking turns in movement or music making, making marks alongside each other in group drawings, witnessing each other's work in a non-judgemental way, verbal sharing in pairs and groups and dialoguing with the work and with each other. Further emphasis on building relationships with other participants is supported at a pair and group level from the fourth session onwards. Non-verbal and verbal connections are encouraged in the form of mirroring, witnessing, verbal sharing, changing leadership and group drawings.

Through these activities, clients can learn to trust the therapist and group and become comfortable with being witnessed and responding to others.

Discussion**:** Within the safety of a strong and attuned therapeutic relationship, we encourage clients to become self-led in regaining their vitality and engagement with life as extensively discussed in Roger's (1951) articulation of the necessary and sufficient conditions for change including empathy, unconditional positive regard and congruence. The centrality of the therapeutic relationship also echoes common factors research (e.g. Wampold & Imel, 2015). In most arts psychotherapy disciplines and approaches this relationship is also regarded as central with the art form becoming an additional third component in a 'triangular' relationship (Karkou & Sanderson, 2006; Karkou et al., 2019).

We aim to develop relationships in the group to counter the tendency in depression to withdraw from social contact and to develop negative beliefs (APA, 2015). We anticipate that this will model the development of positive and satisfying social networks outside the group.

4. Expressing emotions

Description**:** Participants are invited to actively come into an awareness of their bodily experiences. Spontaneous expression and playfulness are encouraged in the form of automatic writing, mark-making and scribbling, gestures, postures and pedestrian movement. Thus, participants have the opportunity to express emotions through their own physicality, visual references, poetic language or sounds, precluding the need for complex verbal articulation. Verbal sharing is also encouraged.

Discussion: Feelings of sadness, hopelessness and guilt are common in depression as well as feeling disconnected from feelings (APA, 2015). Other feelings may include anxiety, irritability and anger as well as somatic complaints such as body aches and pains. Safely accessing, identifying and expressing feelings often leads to cathartic expression and experiential relief which can facilitate self-awareness as well as processing of these experiences. This draws on humanistic psychotherapy and person-centred counselling in particular (Maslow, 1962; May, 1994; Rogers, 1951).

Person-centred approach underline how conditions of worth experienced by clients (where for example, love was offered as conditional on one's good behaviour or not publicly expressing emotions) lead to people learning to deny their own needs in order to be acceptable to others. This distortion of their self-image can lead to a sense of disconnection which can result in self-dissatisfaction and depression. A person-centred approach to therapy supports clients as they confront and explore those conditions of worth, helping them to express often long-denied feelings using empathy, congruence and unconditional positive regard to reverse the process. It can also support people begin a journey of becoming more self-aware of how they have lived in the world in a way that reflects how they think others expect them to. In this model, emotional expression allows them to become aware of parts of themselves that remain unacknowledged and unheard, what later theorists describe as 'configurations of self' (Mearns &Thorne, 2000).

Expressivity is also strongly supported within the arts psychotherapy literature (Karkou & Sanderson, 2006). Engaging in arts-making within an appropriately supported environment can allow for complex, difficult or unacceptable thoughts and feelings to find a voice (Karkou & Sanderson, 2006; Karkou et al., 2019; Meekums et al., 2015).

5. Processing at a deeper level

Description**:** Imagery, symbolism and metaphor are key processes extensively used in arts psychotherapies that can facilitate processing of difficult issues. By staying within a metaphor either offered by the therapist or the client, it becomes possible to explore imaginary situations where finding alternative solutions is possible. Clients may be able to communicate to themselves and others using symbolic material, sounds, gestures and postures. Facilitators create situational conditions for engaging with imagination, allowing time to enable participants to stay with a deeply felt experience including working alone, with others as well as with the group as a whole. The presence of other/s may allow for the processing to be witnessed, which can also be helpful. References may be made to exploring what it was like to stay with the process which could enable a meta view of the issue. Clients may continue working with a prominent symbol/metaphor over several sessions in an evolving process, amplifying or contrasting the same symbol/metaphor using different mediums.

Discussion: Working with clients by exploring possible roots of their emotional distress/ depression linked with past experiences is closely linked with psychoanalytic/psychodynamic traditions (Akhtar, 2011, 2012; Casement, 2017; Driessen et al., 2010; Fonagy & Kaechele, 2009; Freud, 1917; Osimo & Stein, 2012).

Psychoanalytic thinking (Freud, 1917) argues that similar to grief, depression is associated with the loss of another. However, in depression, those feelings may be also triggered by a perceived or actual loss of an important relationship or a situation, i.e. one's job. This loss is then internalised, leading to a prolonged mourning process. The process is seen as triggering a person's early losses with parental and/or other significant others leading to feelings of sadness, helplessness and worthlessness.

Depression could be also associated with feelings of anger which is often repressed to a pre- or unconscious level because it is regarded as unacceptable. ‘Covid Stress’ and loss of ‘life as we know it’ could create a constellation of triggers potentially leading to depression for many individuals. Within the context of arts psychotherapies, imagery, symbolism and metaphors are regarded as important tools through which one can access unconscious material and enable processing these difficult feelings without needing to articulate them (Karkou & Sanderson, 2006; Waller & Dalley, 1992). Within the context of arts psychotherapies, imagery, symbolism and metaphors are regarded as important tools through which one can access unconscious material and enable processing these difficult feelings without needing to articulate them (Karkou & Sanderson, 2006; Waller & Dalley, 1992). Spending time and giving space to this process can also have transformative quality aligned with what Jung (1980) called ‘alchemy’ allowing for something creative and uncensored to emerge which is quite unique to arts psychotherapies. Additionally, ‘aesthetic distance’ is discussed in relevant literature as a way in which talking about one’s drawing, play or music allows for sufficient distance to take place and for material to be processed in an ‘as if’ manner taking away the need to talk about distressing issues/ feelings directly (Jennings et al., 1994).

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6. Gaining understanding

Description: Gaining understanding becomes an important component of this model as it offers insights into one's current situation and opportunities for people to make links with their past and to introduce changes. Formal or informal reflection within given times in the sessions, and while one is engaged in a creative activity, can lead to a more conscious understanding of one's situation. The presence of the art form is important to allow for a deeper understanding of the situation while respectful feedback from others can refine one's understanding further. As an example, in pair work, facilitators may encourage to 'comment on the image/shape/experience but not to interpret'. This might be 'I see a lot of red in your drawing or I notice your moved in this way' allowing the clients to make their own interpretations. Participants may also be encouraged to notice any 'lightbulb moments' of insight that seem most prominent during their deep processing work.

Discussion: Gaining understanding is not unique to this model; versions of this can be found in other schools of psychotherapy. Here we draw connections between this ingredient with psychoanalytic/psychodynamic thinking. Achieving insight is an important aim for psychoanalytic/psychodynamic work and it can lead to therapeutic change (Casement, 2017). In our psychotherapy model, we use creative methods and talking therapy to support insight and to gain understanding (Karkou & Sanderson, 2006). Byrne (2001) also argues that the presence of the artwork offers opportunities to continue discovering new meanings. Unlike psychoanalytic/psychodynamic thinking, insight is not the end of the therapeutic process. Experimenting with different ways of being and integrating this back to one's life are important as suggested in the last two ingredients of the model presented next.

7. Experimenting with different ways of being

Description: This approach supports experimentations with diverse materials, art forms as well as, and more importantly, ways of being. Although these experimentations are encouraged throughout the process of therapy, particular attention to exploring new ways is given after in depth explorations, processing and some degree of understanding has been achieved. Participants can be actively encouraged to play with different arts media or may be encouraged to consider changing from one type of medium to another, i.e. 'if there was a gesture you might make in response to the drawing what might that look like' or 'if you were to write a little about your movement what words would you start with?'. Participants may also be encouraged to approach their work differently e.g. observe it from a different angle, recreate their movement using different qualities, role play taking on different characters, 'amplify' their work using a different modality or try out the opposite polarity of an emotion or creative expression.

Discussion: This ingredient draws upon social constructionism (Gergen, 1992) in particular. Social constructionism invites people to consider whether what one tends to do is still useful. In this model therefore, insights from the work completed up to that moment offer material to consider what is still useful and what is not. Within the context of creative work, artistic media offer unique opportunities for experimentation that could open up endless possibilities for trying out alternative ways of being themselves and with others. Rogers (1993) highlighted that simply shifting from one type of medium to another can have a therapeutic effect. Furthermore, arts psychotherapists argue that embodied creativity allows for shifts to happen in ways which are not as present when one simply talks about their issues (Koch, 2012). Experimenting with opposite emotional or creative polarities may help to broaden the

scope of habitual responses, and what clients can tolerate or manage emotionally, as seen in Dialectical Behavioural Therapy (Linehan, 2014). It is possible that exploring new ways of being within a safe therapeutic environment can turn the experience into a life 'laboratory' that can encourage clients to try out new things, alternative roles, actions or perspectives, transcending their current limitations. The presence of creative media opens up a new horizon of capabilities and choices of how to be themselves.

8. Integrating useful material

Description: Our approach actively supports participants to conclude therapy by integrating meaning through an expressive end-piece. This can take the shape of a movement gesture or posture, a movement sequence, an image or a poem that may or may not be performed in front of others within the group. Participants may also be encouraged to take away a creative anchor (image, wording, movement/posture or sound) from sessions, that they feel may be useful to refer to, embody or keep nearby between sessions. Linking group work back to one's lives allows participants to learn how to apply their therapeutic work to their lives outside of therapy and prepare them for the end of the group. It may also support a transition for group members to engaging with creative activities after the completion of the course of therapy.

Discussion: Arts psychotherapists often argue that the process of therapy is of immense value for the therapeutic outcome (Karkou & Sanderson, 2006). In this model, the process remains of value, but there is also an active emphasis on participants summarising their experience in a 'concrete' final piece that may or may not take the form of a performance. There are few models in arts psychotherapy literature that discuss this potential use of the arts within therapy, e.g. the theatre model in dramatherapy (Jennings et al., 1994) and the community music therapy

approach (Wigram et al., 2003). In both of these models however, performances become public affairs celebrating therapeutic achievements with clients' wider social groups. The model proposed here highlights the importance of a final piece that retains a more private character and enables the participants to summarise and integrate important aspects of their experience of therapy. Narrative therapists (Epston, 1992) refer to this process as an opportunity to 're-story' one's own life-long narratives in a non-pathologizing approach. This helps clients to arrive at increased understanding of and compassion for their story by conceptualising their sense of self through a new and systemically-informed lens (Countryman-Roswurm & DiLollo, 2017). We find that this integration of 're-storing' enables and offers support for people to transition to life after the end of therapy. It is expected that because this will have an embodied and concrete character, it can lead to a meaningful integration of what has been useful and can act as a bridge to one's life outside therapy. This could serve as embodied reminders of sustainable outcomes post therapy.

Conclusions

Our new evidence-based creative psychotherapy model presented and discussed here incorporates and extends beyond other integrative models in a way that encompasses creative work and is specific to the treatment of depression. The key ingredients identified here draw on different schools of psychotherapeutic thought and focus on the needs of people experiencing depression as could be viewed through these different theoretical and practice lenses. They also incorporate different creative media without being limited to one form of arts psychotherapy and one type of arts media. Therapists are invited to translate the eight key ingredients to suggestions for activities that suit their clients and the group they work with, but also suit their own

skillset. Although training in the delivery of the model is required, this is offered to professionals who are already qualified therapists in talking or arts psychotherapies.

The model has emerged from work in IAPT and is undergoing development within and outside NHS environments while building an evidence base. We are currently working on potential adaptations of this work to people recovering from cancer, trauma and eating disorders. The model is further being modified to serve the needs of frontline clinical healthcare staff who have been involved in the Covid-19 pandemic, while adaptations of the work are currently happening to tackle loneliness and isolation for the general public. The Arts for the Blues model, with its unique mobilisation of sensitive and specific arts-based psychotherapy practices has potential to be responsive to specific cultural and social needs of minority and marginalised groups given the disproportionate impact of Covid-19 on BAME communities. The non-verbal components of this model may bypass language barriers, while culturally-sensitive uses of creativity may make it an attractive and less stigmatising form of psychological support. Other future uses of this model involve its adaptation for remote therapy (both synchronous and asynchronous) and for one to one work; in the latter case the ingredients can be used in a much more fluid way, allowing for individual needs and goals to have a stronger impact on the overall shape of the therapeutic process.

In all cases further research is needed before the model is proposed as an effective treatment option that can be added to national guidelines. Well-designed multi-centred randomised controlled trials will be needed before any policies can be changed. For now, its grounding on evidence, its structured but flexible character and its commitment to the generation of further evidence appears to be promising and future adaptations should be possible.

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