Art therapy as a therapeutic resource integrated into mental health programmes: Components, effects and integration pathways

María del Río Diéguez [a],[*], Carolina Peral Jiménez [b],[1], Belén Sanz-Aránguez Ávila [c], y Carmen Bayón Pérez [d]

[a] Lecturer in Art Therapy and Artistic Education, Faculty of Teacher Training and Education, Autonomous University of Madrid, 28049 Madrid, Spain
[b] Postdoctoral Fellow "Margarita Salas" in Art Therapy and Artistic Education, Faculty of Teacher Training and Education, Autonomous University of Madrid, 28049 Madrid, Spain
[c] Psychiatrist. Puerta de Hierro Majadahonda University Hospital, Madrid, Spain
[d] Psychiatrist. La Paz University Hospital, Madrid, Spain

ARTICLE INFO

ABSTRACT

To understand the effectiveness of art therapy within the framework of multidisciplinary therapeutic programs, it is essential to adopt a holistic perspective that allows for the description of effect relationships. Under this premise, and in the context of the work carried out in two Mental Health Day Hospitals in the Community of Madrid, a study has been conducted with the primary objective of identifying and analysing which conditions and/or therapeutic factors make art therapy an effective therapeutic resource. Semi-structured interviews including questions about key factors, therapeutic contributions and suggested improvements were administered to a total of 10 professionals, 5 from each hospital. The responses were recorded, transcribed, and thematically analysed. From the analysis of the interviews, 5 categories were identified: Common Factors, Specific Factors, Benefits to Patients, Contributions to Therapists and Improvements. The study concludes that art therapy is a practical and helpful treatment, particularly for narrative regulation and elaboration. It requires an interdisciplinary approach to fit into each patient's treatment plan. Clinical debriefings with multidisciplinary clinicians have been effective and essential.

Introduction

Mental health has recently been identified as a serious public health concern. According to the WHO, mental disorders are characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour, typically associated with distress or impairment in important areas of functioning. This manifests differently regardless of the diagnostic label (World Health Organization, 2022). In Spain, it is estimated that 22.8 % of the adult population has been diagnosed with mental health problems at some point (17.4 %) or considers their mental health to be poor or very poor (10 %), and that 26.2 % are currently seeing a specialist (Confederación Salud Mental España, 2023). Considering that usual psychotherapeutic techniques and psychotropic drugs often do not provide the expected results (Ruiz,

Aceituno, & Rada, 2017), in Spain, public care plans have begun to use models with a health-oriented approach as a reference (Dirección General de Salud Pública. Ministerio de Sanidad, 2022). These models advocate for a comprehensive approach to the person, addressing their human dimension rather than their diagnostic label (Fraguas et al., 2021) and considering that conventional psychotherapeutic techniques and psychotropic drugs often do not provide the expected results (Ruiz et al., 2017).

In accordance with this approach, the WHO's Comprehensive Mental Health Action Plan 2013–2030 proposes to "Encourage the use of evidence-based traditional and cultural practices for promotion and prevention in mental health (such as yoga and meditation)" (World Health Organization, 2021, Annex 2, p.27). Currently, there is an emerging value of the arts in complementary medicine (Van Lith &

Ettenberger, 2023), which has been explored for years in two Mental Health Day Hospitals (MHDH) in the Community of Madrid through an art therapy program integrated into the treatment.

This study is framed within this context and its objective is to identify and analyse which conditions and/or therapeutic factors make art therapy an effective therapeutic resource for patients with severe mental health disorders, through the perspectives of the clinical professionals involved in these two MHDHs.

Background

Population

The National Institute of Mental Health defines Serious Mental Illness (SMI) as "a mental, behavioural, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (Mental Illness-National Institute of Mental Health NIMH, n.d.). Adopting an integrative model, Severe Mental Disorder (SMD) is defined through clinical, temporality and disability criteria. In terms of diagnoses, the main groups associated with SMD are: psychotic disorders, major affective disorders and personality disorders (Espinosa-López & Valiente-Ots, 2019). People suffering from SMD exhibit common characteristics, such as a greater vulnerability to stress, deficits in skills and abilities, and difficulties in using these skills to manage autonomously (Centro de Referencia Estatal de Atención Psicosocial, 2022).

Mental health day hospitals (MHDHs) are "partial hospitalisation units which provide treatment over limited periods of time, offering structured, coordinated, therapeutically intensive clinical services in a stable therapeutic environment by means of integrated, global schemes that complement recognized approaches to psychological and psychiatric treatment" (Sánchez-Guarnido et al., 2023, p.1). The recovery model is progressively being used by MHDHs. This model focuses on holistic health instead of symptom remission (Boardman & Shepherd, 2012). Recovery is a unique process oriented towards the reconstruction of the self, which involves utilising resources for interaction and connection with others and developing a sense of identity recognition (Sampietro et al., 2022). It is a unique and personal development process that depends on support and meaningful activities (Mancini, Hardiman, & Lawson, 2005). This approach aligns with the assumptions of the CHIME model, which is part of the international framework of public policies oriented towards recovery. It considers recovery as the interrelation of five processes: Connectedness, Hope and optimism about the future, Identity, Meaning in life and Empowerment (CHIME) (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Bird et al., 2014).

Art therapy for people with Severe Mental Disorder

Van Lith and Ettenberger (2023) highlight the emerging value of the arts in complementary medicine. For many people, engaging in artistic work itself is rewarding and can improve their health both individually and within the community (Davies, Pescud, Anwar-McHenry, & Wright, 2016; Fenner et al., 2017; Vickhoff, 2023). Our experience of over 20 years developing art therapy programs as part of the treatment for individuals with severe mental illness (del Río Diéguez & Sanz-Aránguez Ávila, 2019; Sanz-Aránguez & del Rio, 2012; , 2015; Sanz-Aránguez et al., 2020) aligns with the literature in suggesting that art therapy is a potentially low-risk, high-benefit intervention for minimising symptoms and maximising functioning in individuals living with severe mental illness (SMI) (Chiang, Reid-Varley, & Fan, 2019). It contributes to enhancing patients' emotional expression, self-esteem, and self-awareness (Hu et al., 2021; Smriti et al., 2022), as well as their self-concept and mood stability (Oliveira et al., 2022).

Recent literature is promising: Mitchell and Meehan (2022) argue that artistic creation broadens the possibilities for renewed and more reflective meaning-making. Sonker, Sharma, and Mishra (2024) assert that incorporating creativity into therapeutic practices improves treatment outcomes, enriches patients' lives, promotes their emotional well-being, and facilitates personal development. Shukla, Choudhari, Gaidhane, and Quazi (2022) (2022) believe that art therapy can help individuals express themselves more freely, improve their mental health, and enhance interpersonal relationships.

Integration of art therapy within interdisciplinary health teams

In health therapeutic teams, the inclusion of professionals from diverse fields—such as psychology, occupational therapy, and art therapy (Cotter et al., 2022)—is increasingly valued. As a result, more centres are considering incorporating art therapy into their treatment programs. In this multidisciplinary context, it is important to analyse the perceptions of the medical team members. The study conducted by Park and Hong (2010) in Korea concluded that, although there were those who recognized its benefits, psychiatrists undervalued both its usefulness and effectiveness, as well as the qualifications of art therapists, limiting its implementation possibilities. Another similar study conducted in two medical settings in Singapore concluded that art therapy is generally considered useful as psychotherapy, and that to consolidate it within the resource system at the management level, it is necessary to increase information and visibility of the service through psychoeducation, as well as establish clear referral or treatment indication pathways (Handayani, Lee, Lin, Seah, & Doshi, 2023). In other words, assessing the effectiveness of art therapy in a multidisciplinary context requires considering not only the implemented model but also its integration into the overall treatment approach and its perceived contribution by other professionals. In this regard, the study by Hu, Zhang, Hu, Yu, & Xu (2021) is particularly significant, as it concludes that art therapy can not only serve as a useful therapeutic method to help patients open up and share their feelings, viewpoints, and experiences but also as an adjunctive treatment to diagnose diseases and assist medical specialists in obtaining complementary information beyond conventional tests.

Nevertheless, one of the conditions for art therapy to be included as a standard practice in psychiatric inpatient units is to increase the quality of evidence regarding its effectiveness (Crone et al., 2013), but this is a complicated task. The art therapy process, by its relational and subjective nature, does not fit well with the experimental designs typical of clinical research, making it difficult to carry out studies that the literature demands (Abbing et al., 2018; Chiang et al., 2019; Hu et al., 2021), which require robust designs, rigorous trials, adequate samples, and strict quality criteria (Chiang et al., 2019; Hu et al., 2021). Theorell (2021) identifies the main obstacles as poorly objectifiable and therefore controllable variables, standardised tests that are insensitive to the effects of the intervention, and a heterogeneous and difficult-to-standardise practice. In this regard, the literature (Abbing, Haeyen, Nyapati, Verboon, & van Hooren, 2023; de Witte et al., 2021) recommends establishing solid theoretical foundations through a unified description of the common factors, specific elements, and mechanisms of change that operate in creative therapies.

Setting

This study was conducted in Spain, within the context of two Mental Health Day Hospitals (MHDHs) for adults, which serve patients with severe mental disorders (SMD): psychotic disorders and personality and affective disorders when there is severe deterioration in relational and personal functioning. Both belong to a University Hospital (UH) in the public health system, and their patients come directly from the acute unit (after discharge) or are referred by professionals from Health Centers affiliated with the hospital area or from the hospital's Outpatient Clinics.

Type of treatment

Both MHDHs follow an integrative model with a recovery-oriented approach that incorporates psychosocial factors into clinical conceptualization. They offer intensive and time-limited treatment through a structured program with various approaches (psychopharmacological, psychotherapeutic, institutional, and familial) and include techniques and procedures proven effective by research and clinical experience, such as mindfulness techniques, cinema activities, and art therapy. They operate autonomously from the University Hospital (UH) thanks to the coordinated action of a multidisciplinary team (psychiatry, clinical psychology, specialised mental health nursing, occupational therapy, social work, art therapy, and administration) and include residents in Psychiatry, Clinical Psychology, and Mental Health Nursing, as well as students in internships in Medicine, Psychology, Nursing, and Art Therapy. Assistance is voluntary and requires a certain level of symptom stabilisation, as it involves accepting admission, adhering to the therapeutic contract, actively participating in one's own treatment process, and the ability to integrate assistance with other resources as improvement occurs.

Theoretical framework of art therapy

In the context of this study, Art Therapy is a specific therapeutic approach used, which is part of the care structure of the two hospitals (implemented since 2002 and 2018). The art therapist, methodology, and session framework are common. The art therapist is an external member of the inpatient treatment team, providing services in collaboration with the university. This therapy is offered to all patients during their stay, once a week, for one hour, and in a group setting. Attendance is not mandatory but is generally widespread and continuous.

The art Therapy intervention is structured around three main areas of work: one that is expressive-communicative, which uses artistic language to connect with subjectivity (Bosgraaf, Spreen, Pattiselanno, & van Hooren, 2020; Haeyenvan, Hooren, & Hutschemaekers, 2015; Hilbuch, Snir, Regev, & Orkibi, 2016); another that is metacognitive-mentalizing (Abbing et al., 2023; Bosgraaf et al., 2020), which uses the creative process to make sense of subjective experience; and another that is transferential (Kaimal, 2019), which uses the therapeutic relationship as an intersubjective framework, in line with so-called attachment-based therapies (Crone et al., 2013). According to Wallin (2007) "The narrative process of attachment theory has focused on intimate bonds, the non-verbal realm, and the relationship between the self and experience." (p. 25). In line with this, the intervention aligns with models such as: the Relational Approach to Art Therapy (Gerlitz, Regev, & Snir, 2020), the *Body Mind Model* (Czamanski-Cohen & Weihs, 2016; Lusebrink, Martinsone, & Dzilna-Šilova, 2013), and the Ostensive Communication Model (Springham & Huet, 2018).

Considering the intervention model, the art therapy practice aligns with the principles of common factors theories (Frank, 1977, 1988; Wampold, 2015; Wampold & Imel, 2021) and the specific factors theories in art therapy (de Witte et al., 2021). Regarding intervention strategies, they focus on activating emotional regulation systems associated with connection, safety, and well-being (Gilbert, 2007; Ogden, Minton, & Pain, 2009; Siegel, 2012; van der Kolk, 2015) and mentalization (Fonagy et al., 2011).

We propose that patients use visual and tactile materials as a resource to attune, externalise, integrate, or support experiential content (somatosensory, emotional, cognitive, spiritual, etc.), especially when these are difficult to verbalise. The initial sessions are aimed at establishing the framework, reinforcing the relational structure, and setting objectives. A framework characterised by high predictability and low demand is proposed, allowing each patient to organise their own creative process (theme, materials, duration, etc.). Patients are invited to focus their mental activity on an artistic register for approximately 30 min, after which they share their work with the group. For the first part,

three areas of action are proposed: expressive, regulatory, and/or exploratory.

A possible sequence of work for each patient would be: 1) Identify which area of action they consider most accessible or beneficial at that moment 2) Focus on that area intentionally, aiming to place verbal aspects in the background 3) Connect that intention with the sensory, symbolic, and/or transformative qualities inherent in artistic language and materials, 4) Document the process, put it into words if possible, and share it with the group. After the session, the therapists who participated in the activity meet with the rest of the medical team to discuss and understand each patient's individual progress within their treatment and in the group context. Patients are aware of these meetings.

Study objectives

The objective of this study is to identify and analyse which conditions and factors are involved in how the medical teams from the two mental health day hospitals perceive the effectiveness of the art therapy programme integrated into the comprehensive treatment offered to patients.

Method

A qualitative study with an interpretive or constructivist nature (Creswell, 2013; Denzin & Lincoln, 2011;) and a phenomenological approach (Giorgi, 2009; Moustakas, 1994; Van Manen, 1990) was proposed. This type of design is useful when addressing a topic from a subjective or experiential perspective (Hesse-Biber & Leavy, 2011; Savin-Baden & Major, 2013), as it allows for the exploration of different viewpoints on the same situation by various groups or individuals (Flick, 2004).

Participants

The participants were 10 professionals from the medical teams of the two hospitals (5 from each). The criteria for participation were that they had been in continuous contact with the Art Therapy program and agreed to participate in the research. Each participant was contacted by email and in person.

Data collection and analysis

The interview was chosen as the primary technique because it allowed for obtaining information about each participant's subjective perception (Creswell, 2013; Elliott, 2005; Rubin & Rubin, 2012) of art therapy, whether through their observations of patients or the ideas they had formed from attending informational sessions held after the activity. Additionally, the interview enabled us to contextualise and delve deeper into the topics each participant presented intersubjectively, based on interpersonal communication (Lanuez & Fernández, 2014).

Ten semi-structured individual interviews were conducted with professionals from the service at each of the hospitals. To standardise the procedure while preserving individual narratives, a guiding script was designed consisting of open and exploratory questions with three main questions: 1) What do you think are the key factors of the intervention? 2) What contributions do you think it makes? 3) What aspects do you consider could be improved? The interviews were conducted between April and June 2022, with one taking place in person and nine conducted via the Teams platform. The duration of each interview ranged from approximately 25 to 40 min. In all cases, informed consent was signed, and real names were coded to preserve anonymity. All interviews were conducted by the same person, providing consistency throughout the study, and were recorded and transcribed. The script provided a basic structure, although, as the questions were open-ended, the development of the interviews was often more organic than linear.

After a thorough reading of the transcribed interviews, an open and

inductive coding process was conducted, assigning concepts in the form of codes to each brief sequence of words or phrases (Flick, 2004). Thematic analysis was chosen as the method of analysis because it is suitable when the groups being studied are defined a priori and data collection is carried out using a method that seeks "comparability by defining themes" (Flick, 2004, p. 201). Once the open coding was completed, the codes were then merged and grouped thematically until achieving a level of generality aligned with the interview questions. Next, concept-driven coding (Gibbs, 2012) was performed on the responses related to the key factors of the intervention. This coding was based on the literature review and focused on identifying both common and specific factors in art therapy. Using the new subcategories, concept-driven coding was performed again to identify new quotes from this fresh perspective across the 10 interviews. (Fig. 1). During the analysis, codes were modified and grouped as new ideas emerged in the text (Gibbs, 2012). Table 2 presents an example of the coding process.

Results

Five thematic areas or categories were identified: Common Factors, Specific Factors, Benefits to Patients, Contributions to Therapists and Improvements. These, in turn, contained a total of 20 subcategories.

Question about key factors: two categories were found associated with this topic.

Common Factors (CF), referring to therapeutic factors present in various forms of psychotherapy, with 6 subcategories or groups of codes: Therapeutic Space, Therapeutic Relationship, Therapeutic Framing, Methodology, Agency, and Narrativity.

Specific Factors (SF), referring to factors unique to art therapy, with 4 subcategories: Activating Thought, Processing, Artistic Language, and Art Therapist.

The inclusion of the codes in the categories of CF or SF was determined by the contexts of the interview. For example, "expression of singularity" could belong to CF but is categorised as SF because it is associated with artistic language. Conversely, "connection with the playful," which could be considered SF, is categorised as CF because, in the context of the interview, it refers to the Methodology, one of the most important CF. Both categories were represented in all the interviews, although the distribution among subcategories allowed for a more detailed level of analysis. Table 3 summarises the Categories, Subcategories, and codes of the Key factors question.

Common Factors contained 6 subcategories: Therapeutic Space, Therapeutic Relationship, Setting, Methodology, Agency, and Narrativity. The professionals agreed on highlighting therapeutic factors that are present in different forms of psychotherapy, such as the creation of a therapeutic relationship and a space of safety and trust.

… the key aspects, well the professionals, (…) I think that the people who come here now have a lot of confidence (with the art therapist) (….). But I think that this confidence they have in the person, well, helps. (Professional 5)

… few patients have not wanted to go to art therapy; for many, it was a preferred or indispensable activity. And I think it has a lot to do with… with this attitude of the art therapist, you know? kind of respectful and… facilitative. You know? It has been very good, I think very well guided with a very kind connection, helping, pushing a little, but never forcing. But with a very, very careful attitude. I think that has also helped them a lot, and that is also therapeutic in itself, you know? the way in which… in which one is present. (Prof 4)

Regarding Setting, aspects closely related to the type of experience being invited appear, such as: absence of judgement, no demands, respect, and validation. A framework is perceived that generates intimacy and opportunity, where it is always possible to create something.

They are not questioning how well they do it or not, and this importance is emphasised, so they can connect with things that are difficult to put into words. (Prof. 9).

Within Agency: the codes related to Sense of identity, valuing one's own, feeling capable, self-confidence, satisfaction, and achievement were grouped.

The anxiety of a blank page, right? I think that's… terrible and, nevertheless, they have always been able to, I mean, they have always been facilitated in one way or another, you know? to be able to put something there. I mean, the feeling of… of capability that it transmits to the patients. (Prof.4).

While Narrativity and Methodology are two subcategories within CF that pertain to aspects of the experience being invited, they present certain differences. Within Narrativity, the codes that stand out refer to the possibility of constructing narratives, the ability to project oneself, and giving new meanings.

This construction of narratives, which is what we are always trying to do, to build a story, a meaningful story, and a story in which that role of madness, confusion, strangeness, inadequacy, inefficacy (Prof. 8).

(The patients) *generally have the idea that 'here I come to tell everything bad,' and it's true that maybe at some points they get it off their chest by expressing it, but (in art therapy) it is done in a different way, not only focusing on the bad.* (Prof. 6).

Within Methodology, there are factors that are specific to the intervention, such as: mediated intervention, action, connection with the playful, and place to produce material; and others that refer to the group aspect, such as "shared experience" and " Verbal processing sharing.

*It is a shared experience where, although everyone creates their own creative work, there is also a sharing session, and I think this is very important, this seems to me to be a key aspect. (*Prof. 2).

Regarding Specific Factors, referring to factors inherent to art therapy, the codes were organised into 4 subcategories: Processing, Thinking, Artistic Language and Art Therapist.
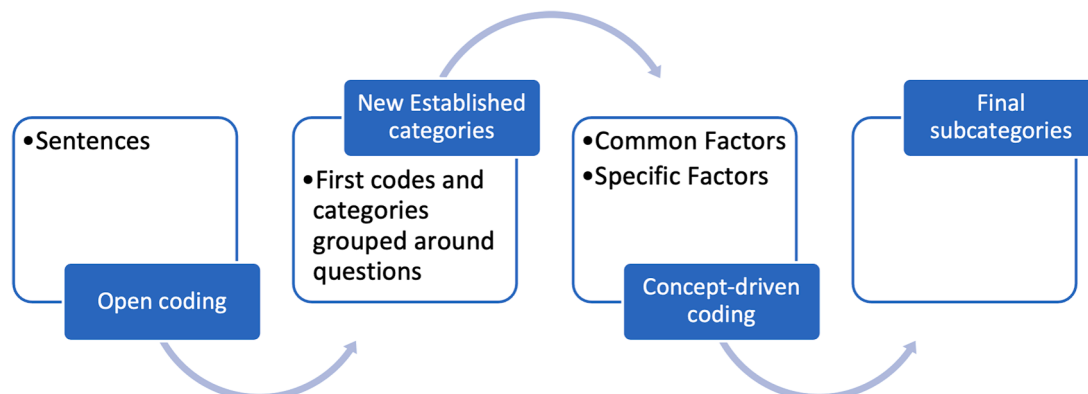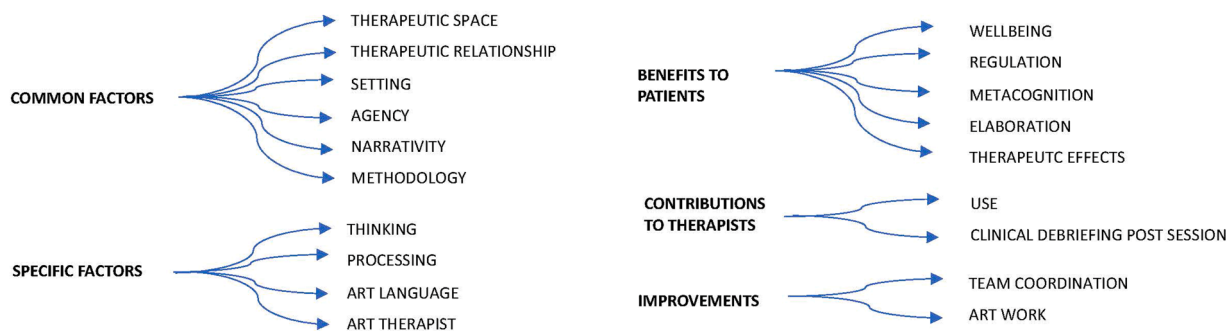

Fig. 1. Analysis Process.

Fig. 2. Category Scheme.

Table 1
Participant characteristics.

Code	Gender	Hospital	Occupation and experience	Year member joined the art therapy team
1	F	A	Psychiatrist > 15 years	2013
2	M	A	Psychiatrist > 15 years	2018
3	F	A	Psychiatrist < 15 years	2018
4	F	A	Psychologist > 15 years	2018
5	F	A	Social workers < 15 years	2018
6	F	B	Psychiatrist > 15 years	2015
7	M	B	Psychiatrist > 15 years	2010
8	F	B	Psychiatrist > 15 years	2002
9	F	B	Occupational therapist > 15 years	2019
10	F	B	Nurse > 15 years	2019

Legend: F: female; M: male.

Table 2
Coding process.

Meaning units	Codes	Subcategorie	Categories
…it becomes a space where one is not judged…	No judgement	Setting	Common Factor
…it seems to me that it is also a different channel through which people can communicate their thoughts…	nonverbal channels	Processing	Specific Factor

In the Thinking subcategory, the codes related to openness, creativity, and flexibility. *Processing* contains codes directly related to the focus of the intervention: working with the here and now, the difference from the verbal channel, the connection with both hemispheres, and corporeality and sensoriality.

It's another channel, it's a different channel, it's working with other areas of the brain that are also usually involved in a more mysterious way for us. (Prof.7).

You work with the body, you work with sensations because the plastic is not only about doing, it's about feeling, it's about touching… so it activates the whole body. (Prof. 8).

Artistic Language and Thinking are related to each other and are consistent with Processing. The latter refers to creativity, openness, a different way of thinking, etc. *The former refers* to what the artistic medium offers as a language: expression of singularity, no logic. non-linearity, plastic language, aesthetic dimension, characteristics of the plastic and aesthetic dimension.

Table 3
Categories, Subcategories, and codes of the Key factors question.

Categorie	Subcategory	Codes
Common factors	Therapeutic space	safe, careful, facilitator, trainer, non-limiting.
	Therapeutic relationship	mentally prepare the patient, connect, convey trust and security.
	Setting	no judgement, no demands, respectful, non-threatening, validation of what is there, opportunity generator, everyone can, intimacy generator.
	Agency	sense of identity, valuing one's own, feeling capable, self-confidence, satisfaction, and achievement.
	Narrativity	build narrative, project oneself, give meaning.
	Methodology	mediated intervention. action. connection with the playful. place to produce material. work with the person. individual. shared experience. Verbal processing sharing
Specific factors	Thinking	openness, creativity, flexibility.
	Processing	situated here and now; non-verbal channel; starting from a different path; working with the right hemisphere; brain hemispheres connection. Embodiment; sensoriality.
	Art language	expression of singularity; no logic; non-linearity. plastic language; aesthetic dimension.
	Art therapist	someone from outside with a different point of view; importance of the continuity of the training experience.

From the plastic language, you can access things in a much more effective way than from the verbal… many things that are lost in verbal discourse are facilitated by plastic expression. Therefore, you have a means to reach patients who are otherwise very inaccessible and unable to connect with the world. […] And the aspect of time is very important, meaning that you can have everything at once and it works, and it doesn't have to be one thing or the other. This is another crucial part with these patients: they have lost the structure of language. (Prof. 8).

Another key aspect of using plastic language is the presence of the plastic work, which allows for intervention through the artwork. This is perceived as less threatening by patients:

Most of these patients have a very high level of defences, with a lot of paranoid delusion, so the artwork allows you to mediate… and carry out the intervention through the artwork. […] And the relational part is also simpler through the artwork because it is less charged, […] it's about being able to work from a much safer place for them. (Prof. 8).

The subcategory *Art Therapist* groups codes related to the contributions made by the art therapist, because she is only with the patients during the activity and can offer a perspective different from the rest of the therapeutic team. It also mentions the importance of continuity of experience and training.

I believe that we are all here every day with the people who come to the hospital, attending to them, having team meetings, and I think that together we generate a narrative, you know, about what happens to each person, with

their conflicts, their problems, about and the fact that outsiders come who are unaware of this narrative, who have a perspective an external, different, fresh one, right? and who also uses a channel that is different, not the word (Prof2).

… I see a different relationship with someone who comes from outside (…) in that they are not part of the team they are working with regularly. So, I think that is enriching. (Prof.3)

Question about contributions: the interview aimed to explore therapists' perceptions of how art therapy benefited patient treatment. However, they spontaneously explained the impact on their own work. Consequently, two categories were included (Table 4).

Benefits to Patients (BP), which refers to the positive effects or improvements produced by the intervention and grouped 5 subcategories: Wellbeing, Therapeutic Effects, Regulation, Metacognition and Elaboration.

Contributions to Therapists (CT), which refers to how the art therapy program has helped, improved, or influenced the treatment of patients, and contained 2 subcategories:

In all the interviews, professionals highlighted aspects related to well-being, with codes related to pleasant states, sensations of relaxation, concentration, pleasure, or calm being grouped.

…what they (the patients) mainly talk about is the feeling of relaxation, which they find pleasant and calming. And it's true that it seems easy, but for patients who are in a semi-acute period with a mental illness that, above all, generates a lot of anguish, anxiety, and discomfort, to be engaged in an activity for that hour that is relaxing and pleasant is not so easy. (Prof. 9)

The subcategory Metacognition refers to codes related to self-knowledge, self-observation, and connecting with oneself.

… (art therapy) … helps them relax, helps them concentrate. And it connects them with… with themselves. (…) they can connect from there with something in which they do not feel questioned, where they feel free… (Prof.9)

Elaboration refers to the ability to express mental states and communicate by: expressing oneself, connecting with the ineffable,

communicating, engaging in transformation processes, facilitating change, reflecting on mental states, and putting oneself into play.

It's a way of expressing their way of thinking, which sometimes even they themselves don't know how to express their feelings, and it's true that… in art therapy, many things related to this often come up. (Prof. 10).

Regarding Regulation: entries related to emotional regulation, fewer defences, spontaneity/less control, unlocking, disconnecting from negative aspects, or feeling free have been grouped.

It's an activity that many people use to calm their often difficult and painful emotional world. (Prof. 2).

Therapeutic Effects refers to aspects typically formulated as therapeutic goals, such as the reduction of difficult emotions (fear, shame, etc.), mentalizing ability, or connection with the healthy part. Thus, it includes mentalization, reduction of self-criticism, anxiety, fear, shame, stigma, connection with the healthy part, and normalising mental content.

I think they have felt very free and very capable, with a reduction in critical sense and… a feeling of freedom, possibilities… like sometimes being ignored, you know? (Prof.4).

They see that despite being able to express… things that even they know scare them, they see that they are not judged, that they can express it without anything happening, right? (Prof. 5).

Professionals also point out as therapeutic effects the development of cognitive skills through a more playful and less direct activity than pure cognitive rehabilitation.

(You can) … work from a more indirect place, from a more playful place as well. I mean, it's not like diving into a cognitive rehabilitation activity, (…) but you can be working on the same areas: memory, learning, attention, structuring, integration. (Prof. 8).

On the other hand, several therapists emphasise art therapy's ability to develop patients' concentration skills.

…the fact of being focused, with attention maintained on something you have in your hands… I think it recovers a lot …, you know? The mind is often so lost, and just that work of being connected with something you have in your hands seems to be a benefit. (Prof. 4)

Regarding the category Contributions to Therapist, it referred to the contributions that the therapists themselves considered the activity made to their work with patients. Two subcategories emerged: Use and Clinical Debriefing. The "Use" code group refers to the utilisation of information obtained through the artistic productions or observations made during the session when attending it.

I find their production very useful because I use it when working with them, you know? I use it… a lot to assess their evolution, how their expression of things has changed, you know? Their internal world, you know? And how this has evolved over the months, you know? And how that is represented through their drawings, paintings, or whatever. (Prof. 2).

Professionals primarily indicated that it provides them with information, although some go further and consider that the intervention through art therapy has truly become a therapeutic tool with certain patients.

…I find it very useful as a professional. For instance, there are patients where the verbal communication is very… poor or very interrupted, and through this activity, this intervention, we have found a way to work with them, you know? (…) There have been patients for whom it has truly been a therapeutic tool. (Prof.6)

Clinical Debriefing referred to the information, new perspective, and/or possibilities for intervention that the meeting space with the therapeutic team offered for reporting the session, contextualising it, and integrating and understanding individual processes.

Sometimes it has provided us with a lot of information about very traumatic elements or significant blockages. It has helped us understand the patients' silences or to understand their dysregulation at other times, we only saw the 'I can't' or 'no, I'm not able' or 'this makes me sick,' you know? And so, well, it has facilitated seeing what we couldn't see. (Prof. 4).

Table 4
Codes, subcategories, and categories related to the question on Contributions.

Categorie	Subcategory	Codes
Benefits to Patients	Wellbeing	State of well-being. Pleasant states. Relax. Focus. Calm.
	Regulation	Less defences. Spontaneity/less control. Unblock. Disconnect. Disconnect from the bad. Feel free.
	Metacognition	Self-knowledge. Self-observation. Connect with oneself.
	Elaboration	Express. Connect with the ineffable. Communicate. Connect transformation processes, change. Reflect mental states. Put oneself into play.
	Therapeutic Effects	Mentalization. Decrease in self-criticism. Decrease in anxiety, fear. Decrease in shame. Connection to the healthy part. Decrease in stigma. Normalise the contents of the mind.
Contributions to Therapist	Use	Observation space (therapist/medical team). Use of production in therapy. Adjunct therapy. Differential contributions.
	Clinical debriefing	Valuation of the space in general. Enrichment of perspective. Valuation of changes. Revealer of the internal world. Valuation of evolution. Indicator of form of representation. Means of information. See nuances. See relationships between them.

This subcategory is considered very significant. It received entries in 9 out of the 10 interviews and points to the recognition of this space as an important avenue for the effective integration of art therapy within the overall therapeutic program.

Question about Improvement Proposals: it was one of the explicit questions in the interview, however, it only appeared in four of them. The question was considered as a category in itself and was organised into two subcategories: "Coordination with the Team" and "Artistic Work." In the first, professionals suggested coordinating objectives and systematising evaluation; the entries in the second referred to the possibility of introducing new materials or making group proposals.

Discussion

In line with the literature (Attard & Larkin, 2016; Snyder, Malhotra, & Kaimal, 2021; Hu et al., 2021), the interviews conducted reveal that medical teams view art therapy as a beneficial, meaningful, and evidenced intervention.

In general, the analysis of the interviews indicates that medical teams perceive art therapy as a structured therapeutic practice, whose methodology positively impacts the processes involved in processing, elaborating, and narratively organising psychic content. The interviews identify key aspects of the intervention that align with common factors across different forms of therapy (Frank, 1977, 1988; Wampold, 2015; Wampold & Imel, 2021). Art Therapy is based on an explicit therapeutic relationship, proposes a theory about its functioning, and is implemented through a clear methodology.

According to Wallin (2007) the results indicate that art therapy is an effective therapeutic pathway developing resources related to the activation of the attachment system: a) Activation of the calm and well-being system, along with the development of a form of processing based on the here and now; non-verbal channel; brain hemispheres connection, embodiment and sensoriality, which allows the person to open up to exploration processes that, in turn, involve open, creative, and flexible thinking; b) Activation of regulation mechanisms consistent with this, based on metacognitive connection and on the capacity for elaboration; and c) Emergence of therapeutic effects related to this.

Consistent with this and in line with Malchiodi's (2016) propositions, a 'bottom-up' approach is observed, involving both hemispheres of the brain due to its active and bodily dimension. In this regard, regulatory effects are identified: reducing defences, increasing spontaneity, decreasing the need for control, unlocking, disconnecting from negative experiences, and feeling freer. In a more focused context, de Witte et al. (2021) proposes 19 domains encompassing the various specific factors pertinent to creative therapies. This analysis has been utilised as a principal framework for this discussion. Some of them are more general and they are clear evidence from our study: Environment, Therapeutic Alliance and Bond, and Concretization/Building Narrative.

Others appear to be more complex. According to Koch (2017), Artistic Pleasure is supported by the authentic expression enabled by the aesthetic dimension. It refers to a condition in the artistic creation process that invites the individual to build an experience characterised by enjoyment, spontaneity, a sense of self-control, or disconnection from negative experiences. Smriti et al. (2022) assert that it has significant effects on improving emotional expression, self-awareness, self-esteem, resilience, and anxiety, while Oliveira et al. (2022) report positive outcomes in self-concept and mood balance. Through the interviews, it has been observed that professionals refer to guided creation within the art therapy space as an emotional regulator that produces effects such as: relaxing, concentrating, feeling free, unlocking, calming, facilitating pleasant states, or generating well-being. Thus, it is related to areas of well-being and regulation.

One of most relevant specific factors for the interviewees is "Non-Verbal Expression," which is linked to metacognitive processing (Czamanski-Cohen & Weihs, 2016) that facilitates the development of explicit forms involving reflective thinking. In our study, this SF has been related to the subcategories plastic language, thought, and processing. It appears when a person can connect with and address mental content through implicit representations, which are experienced as physical sensations, unconscious, and automatically inform the self without reflection or metacognition. This factor is also very relevant in the clinical debriefing subcategory because it refers to a specific way of mentalizing the patient.

Active engagement is another of the domains described by de Witte et al. (2021) and it refers to a motivating condition in the art therapy process, which results from the synthesis between the calming and nurturing quality of artistic materials and the safety and support inherent in the therapeutic relationship. This enables the person to balance their levels of arousal and attention and maintain their commitment to the activity. It facilitates the externalisation of ineffable somatic-emotional knowledge that is not easily translatable into words, invites the execution of processes of transformation and change, helps convert some mental states into explicit (visual) conscious representations that can be communicated, and allows for engagement with a reduced sense of threat.

In general, in line with the study by Hu et al. (2021), the therapists interviewed consider that the intervention creates a working space integrated into the overall treatment, which is simultaneously: revealing of each patient's state and progress; meaning-generating and facilitating new regulatory and narrative resources; and supportive of working with sensitive and/or difficult-to-access intervention areas through verbal means.

Finally, the most significant finding of this research is the role of Clinical Debriefing, as it provides a comprehensive framework necessary for integrating the intervention into the overall treatment.

The World Health Organisation (WHO, 2009) defines debriefing as the process of an individual or team formally reflecting on their performance after a particular task, shift, or critical event. The interviews reveal that it enriches the perspective on patients and their processes, as the content worked on or the way it appears provides information that remains hidden in other interventions. But above all, it ensures that the art therapy process is integrated into the treatment, making it a determining factor in its effectiveness and in the real transformation of the overall process.

In summary, it offers medical teams a new perspective, richer in nuances, revealing individual forms of representation, carrying new information from which to assess potential changes and evolution, better understand the internal world, and even see relationships among them. This result is consistent with the testimonies about their perception of the intervention: therapeutic factors, mechanisms, and contributions to the overall treatment.

Limitations

This study is part of a larger research project that will gather testimonies from patients, so its results are still limited. The number of interviews conducted corresponds to the number of professionals in contact with the art therapy program, which confines the results to a context that, while we consider it representative, is also limited. The study's results can only be understood in relation to the art therapy approach and methodology that has been presented, so other approaches might yield different results.

Conclusions

The analysis of the interviews reveals that the medical teams consider art therapy to incorporate a specific working approach, as it not only includes general therapeutic factors but also involves others that are clearly differentiated and unique to the intervention. It is shown to be particularly effective in developing resources related to the activation of the attachment system, such as well-being, emotional regulation, metacognition, and elaboration. In this regard, some key conditions are

identified:

- Tuning into areas that generate safety: connecting with pleasant states, relaxing, concentrating, or calming down.
- Focusing on the development of new ways of thinking and processing through plastic language: creativity, self-expression, connection with the ineffable.
- Facilitating mentalization dynamics: sharing, communicating, connecting with processes of transformation and change, reflecting mental states, or engaging.

But undoubtedly, the most significant finding is the role of clinical debriefing, as it appears to provide a comprehensive framework necessary for the intervention to be integrated into the overall treatment. It adds greater depth and richness to the understanding of each patient and their processes; provides information often hidden in other interventions, whether due to the content or the way it is presented; and ensures that the art therapy process permeates the entire treatment, becoming a determining factor in its effectiveness and truly transforming the overall process.

Data Availability

The data that has been used is confidential.

References

Abbing, A., Haeyen, S., Nyapati, S., Verboon, P., & Hooren, S. van (2023). Effectiveness and mechanisms of the arts therapies in forensic care. A systematic review, narrative synthesis, and meta analysis. May 19 *In Frontiers in Psychiatry, 14*, Article 1128252. https://doi.org/10.3389/fpsyt.2023.1128252.

Abbing, A., Ponstein, A., van Hooren, S., de Sonneville, L., Swaab, H., & Baars, E. (2018). The effectiveness of art therapy for anxiety in adults: A systematic review of randomised and non-randomised controlled trials. Dec 17 *PLoS One, 13*(12). https://doi.org/10.1371/journal.pone.0208716.

Attard, A., & Larkin, M. (2016). Art therapy for people with psychosis: a narrative review of the literature. *The Lancet Psychiatry, 3*(11), 1067–1078. https://doi.org/10.1016/S2215-0366(16)30146-8

Bird, V., Leamy, M., Tew, J., Le Boutillier, C., Williams, J., & Slade, M. (2014). Fit for purpose? Validation of a conceptual framework for personal recovery with current mental health consumers. *Aust NZ J Psychiat, 48*(7), 644–653.

Boardman, J., & Shepherd, G. (2012). RECOVERY: Implementing recovery in mental health services. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists, 9*(1), 6–8.

Bosgraaf, L., Spreen, M., Pattiselanno, K., & Hooren, S. van (2020). Art Therapy for Psychosocial Problems in Children and Adolescents: A Systematic Narrative Review on Art Therapeutic Means and Forms of Expression, Therapist Behavior, and Supposed Mechanisms of Change, 2020 Oct 8 *Frontiers in Psychology, 11*, Article 584685. https://doi.org/10.3389/fpsyg.2020.584685. PMID: 33132993; PMCID: PMC7578380..

Centro de Referencia Estatal de Atención Psicosocial, 2022, Retrieved July 7, 2024, from https://creap.imserso.es/trastorno-mental-grave.

Chiang, M., Reid-Varley, W. B., & Fan, X. (2019). Creative art therapy for mental illness. *Psychiatry Research, 275*, 129–136. https://doi.org/10.1016/J.PSYCHRES.2019.03.025

Confederación Salud Mental España. (2023). La situación de la Salud Mental en España. https://www.consaludmental.org/publicaciones/Estudio-situacion-salud-mental-2023.pdf.

Cotter, P., Papasileka, E., Eugster, M., Chauhan, V., Garcha, E., Kunkler, M., Brooks, M., Otvos, I., Srithar, A., Pujol, I., Sarafi, C., & Hughes, T. (2022). Working with the chaos in an adult inpatient mental health setting: the role of an integrated therapies team. *Mental Health and Social Inclusion, 26*(3), 230–241. https://doi.org/10.1108/MHSI-02-2022-0012

Creswell, J. W. (2013). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (3rd ed..). SAGE Publications.

Crone, D. M., O'Connell, E. E., Tyson, P. J., Clark-Stone, F., Opher, S., & James, D. V. B. (2013). "Art Lift" intervention to improve mental well-being: an observational study from U.K. general practice. *International Journal of Mental Health Nursing, 22*(3), 279–286. https://doi.org/10.1111/J.1447-0349.2012.00862.X

Czamanski-Cohen, J., & Weihs, K. L. (2016). The bodymind model: A platform for studying the mechanisms of change induced by art therapy. *Arts in Psychotherapy, 51*, 63–71. https://doi.org/10.1016/j.aip.2016.08.006

Davies, C., Pescud, M., Anwar-McHenry, J., & Wright, P. (2016). Arts, public health and the National Arts and Health Framework: a lexicon for health professionals. *Australian and New Zealand Journal of Public Health, 40*(4), 304–306. https://doi.org/10.1111/1753-6405.12545

de Witte, M., Orkibi, H., Zarate, R., Karkou, V., Sajnani, N., Malhotra, B., Ho, R. T. H., Kaimal, G., Baker, F. A., & Koch, S. C. (2021). From therapeutic factors to

mechanisms of change in the creative arts therapies: a scoping review. In *Frontiers in Psychology* (Vol. 12). Frontiers Media S.A. https://doi.org/10.3389/fpsyg.2021.678397

del Río Diéguez, M., & Sanz-Aránguez Ávila, B. (2019). Arteterapia y salud mental. *Metas Dëlel̃ott Enfermería,* 50–55.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The SAGE Handbook of Qualitative Research* (4th ed..,). SAGE Publications.

Dirección General de Salud Pública. Ministerio de Sanidad. (2022). Plan de Acción de Salud Mental (2022–2024). Estrategia Salud Mental del Sistema Nacional de Salud. España. https://www.mscbs.gob.es/organizacion/consejoInterterri/docs/1176.pdf.

Elliott, J. (2005). *Using Narrative in Social Research: Qualitative and Quantitative Approaches.* SAGE Publications.

Espinosa-López, R., & Valiente-Ots, C. (2019). Qué es el Trastorno Mental Grave y Duradero? *Edupsykhé Revista Dëlel̃ott Psicología York Educación, 16*(1), 4–14. https://doi.org/10.57087/edupsykhe.v16i1.4079

Fenner, P., Abdelazim, R. S., Bräuninger, I., Strehlow, G., & Seifert, K. (2017). Provision of arts therapies for people with severe mental illness. *Current Opinion in Psychiatry, 30*(4), 306–311. https://doi.org/10.1097/YCO.0000000000000338

Flick, U. (2004). *Introducción a la investigación cualitativa* ((1ª ed.).,). Morata.

Fonagy, P., Bateman, A., & Bateman, A. (2011). The widening scope of mentalizing: A discussion. *Psychology and Psychotherapy: Theory, Research and Practice, 84*(1), 98–110. https://doi.org/10.1111/J.2044-8341.2010.02005.X

Fraguas, D., Zarco, J., Balanzá-Martínez, V., Blázquez García, J. F., Borràs Murcia, C., Cabrera, A., Carretero, J., Crespo, A., Díaz-Marsá, M., Gasul, V., González, M. A., Grande, I., Muela, C., de las Heras Liñero, E., Mayoral, F., Morales Cano, G., Pagés-Lluyot, J. R., Romo, J., Serrano Marín, B., … Arango, C. (2021). Humanization in mental health plans in Spain. *Revista Dëlel̃ott Psiquiatria York Salud Mental.* https://doi.org/10.1016/j.rpsm.2021.08.003

Frank, J.D. (1977). *Salud y persuasión: un estudio comparativo de la psicoterapia.* Troquel.

Frank, J. D. (1988). Elementos compartidos por todas las psicoterapias. In M. J. Mahoney, A. Freeman, & Ibáñez Elena (Eds.), *Cognición y Psicoterapia* (pp. 73–102). Paidós.

Gerlitz, Y., Regev, D., & Snir, S. (2020). A Relational approach to art therapy. *Arts in Psychotherapy, 68.* https://doi.org/10.1016/j.aip.2020.101644

Gibbs, G. (2012). El análisis de datos cualitativos en investigación cualitativa. Morata.

Gilbert, P. (2007). In P. Gilbert (Ed.), *Psychotherapy for counselling and depression* (3rd ed..,). Sage.

Giorgi, A. (2009). *The Descriptive Phenomenological Psychological Method. In Qualitative Psychological Research: A Practical Guide* (pp. 122–137). Routledge.

Haeyen, S., van Hooren, S., & Hutschemaekers, G. (2015). Perceived effects of art therapy in the treatment of personality disorders, cluster B/C: A qualitative study. *Arts in Psychotherapy, 45*, 1–10. https://doi.org/10.1016/j.aip.2015.04.005

Handayani, D., Lee, P. P., Lin, X. B., Seah, J. L. D., & Doshi, K. (2023). Perceptions of Art Therapy by Healthcare Professionals in Medical Settings. *Artelor Therapy.* https://doi.org/10.1080/07421656.2022.2163842

Hesse-Biber, S. N., & Leavy, P. (2011). *The Practice of Qualitative Research* (2nd ed..,). SAGE Publications.

Hilbuch, A., Snir, S., Regev, D., & Orkibi, H. (2016). The role of art materials in the transferential relationship: Art psychotherapists' perspective. *Arts in Psychotherapy, 49*, 19–26. https://doi.org/10.1016/j.aip.2016.05.011

Hu, J., Zhang, J., Hu, L., Yu, H., & Xu, J. (2021). Art therapy: A complementary treatment for mental disorders. In *Frontiers in Psychology* (Vol. 12). Frontiers Media S. A. https://doi.org/10.3389/fpsyg.2021.686005

Kaimal, G. (2019). Adaptive response theory: An evolutionary framework for clinical research in art therapy. *Artelor Therapy, 36*(4), 215–219. https://doi.org/10.1080/07421656.2019.1667670

Koch, S. C. (2017). Arts and health: Active factors and a theory framework of embodied aesthetics. *Arts in Psychotherapy, 54*, 85–91.

Lanuez, M. y Fernández, E. (2014). Metodología de la Investigación Educativa. IPLAC, La Habana, Cuba.

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *The British Journal of Psychiatry: The Journal of Mental Science, 199*(6), 445–452.

Lusebrink, V. B., Martinsone, K., & Dzilna-Šilova, I. (2013). The Expressive Therapies Continuum (ETC): Interdisciplinary bases of the ETC. *International Journal of Artelor Therapy: Inscape, 18*(2), 75–85. https://doi.org/10.1080/17454832.2012.713370

Malchiodi, C. (2016). Expressive arts therapy and self-regulation. Retrieved at Psychology Today at https://www.psychologytoday.com/blog/arts-and-health/201603/expressive-arts-therapy-and-self-regulation.

Mancini, M. A., Hardiman, E. R., & Lawson, H. A. (2005). Making sense of it all: Costumers providerś theories about factors facilitating and impeding recovery from psychiatric disabilities. *Psychiatric Rehabilitation Journal, 29*(1), 48–55.

Mental Illness-National Institute of Mental Health (NIMH). (n.d.). Retrieved July 7, 2024, from https://www.nimh.nih.gov/health/statistics/mental-illness.

Mitchell, J., & Meehan, T. (2022). How art-as-therapy supports participants with a diagnosis of schizophrenia: A phenomenological lifeworld investigation. *The Arts in Psychotherapy* (Volume 80), Article 101917. https://doi.org/10.1016/j.aip.2022.101917

Moustakas, C. (1994). *Phenomenological Research Methods.* SAGE Publications.

Ogden, P., Minton, K., & Pain, C. (2009). *El trauma y el cuerpo. Un modelo sensoriomotriz de psicoterapia.* Desclée de Brouwer.

Oliveira, P., Porfírio, C., Ribeiro, I., Carvalho, J. C., Sequeira, C., & Pires, R. (2022). Art Therapy in Mental Health Promotion. *Medical Sciences Forum, 16*(1), 6. https://doi.org/10.3390/msf2022016006

Park, K., & Hong, E. (2010). A study on the perception of art therapy among mental health professionals in Korea. *Arts in Psychotherapy, 37*(4), 335–339. https://doi.org/10.1016/j.aip.2010.07.004

Rubin, J. A., & Rubin, I. S. (2012). *Qualitative Interviewing: The Art of Hearing Data* (3rd ed.,). SAGE Publications.

Ruiz, M. I., Aceituno, D., & Rada, G. (2017). Art therapy for schizophrenia? *Medwave, 17*. https://doi.org/10.5867/MEDWAVE.2017.6845

Sampietro, H. M., Carmona, V. R., Sicilia, L., Gavaldà-Castet, C., Rojo, J. E., & Gómez-Benito, J. (2022). Qué significa la recuperación para las personas usuarias de servicios de salud mental en Cataluña. *Quaderns Déleĺőtt Psicologia, 24*(2), Article e1880. https://doi.org/10.5565/rev/qpsicologia.1880

Sánchez-Guarnido, A. J., Ruiz-Granados, M. I., Herruzo-Cabrera, J., & Herruzo-Pino, C. (2023). The effectiveness of dayhospitals in the personal recoveryof mental disorder patients duringthe COVID-19 pandemic. *Healthcare, 11*, 413. https://doi.org/10.3390/healthcare11030413

Sanz-Aránguez, B., & del Rio, M. (2012). Enfermedad, silencio y creación artística. In M. Saenz, C. Valiente, & F. Fuentenebro (Eds.), *Los Umbrales de la locura: una aproximación Fenomenologica* (pp. 211–226). UCM ediciones.

Sanz-Aránguez Avila, B., Del Rio, M., Pérez-Balaguer, A., & Boi, S. (2020). The role of artistic language as a mean of expression/communication for schizophrenic patients. *European Psychiatry* (Vol. 63)(Special issue S1). pS538-S539. 2p.

Sanz-Aránguez Ávila, B., & del Río Diéguez, M. (2015). Psychopathology, Art and Gender. In M. Saenz Herrero (Ed.), *Incorporating gender perspective into descriptive psychopathology* (pp. 389–405). Springer.

Savin-Baden, M., & Major, C. H. (2013). *Qualitative Research: The Essential Guide to Theory and Practice*. Routledge.

Shukla, A., Choudhari, S. G., Gaidhane, A. M., & Quazi Syed, Z. (2022). Role of art therapy in the promotion of mental health: A critical review. *Cureus, 14*(8), Article e28026. https://doi.org/10.7759/cureus.28026

Siegel, D. J. (2012). *The developing mind: how relationships and the brain interact to shape who we are* (2nd ed.,). Guilford Press.

Smriti, D., Ambulkar, S., Meng, Q., Kaimal, G., Ramotar, K., Park, S. Y., & Huh-Yoo, J. (2022). Creative arts therapies for the mental health of emerging adults: A systematic review. *The Arts in Psychotherapy, 77*, Article 101861.

Snyder, K., Malhotra, B., & Kaimal, G. (2021). Team value and visual voice: Healthcare providers' perspectives on the contributions and impact of Art Therapy in pediatric hematology/oncology clinics. *Arts in Psychotherapy, 75*, 2–8. https://doi.org/10.1016/j.aip.2021.101808

Sonker, S., Sharma, V., & Mishra, S. (2024). *Impact of art-based therapies on mental health and wellbeing*. Integrated Publications.

Springham, N., & Huet, V. (2018). Art as relational encounter: An ostensive communication theory of art therapy. *Artelor Therapy, 35*(1), 4–10. https://doi.org/10.1080/07421656.2018.1460103

Theorell, T. (2021). Links Between Arts and Health, Examples From Quantitative Intervention Evaluations. In *Frontiers in Psychology* (Vol. 12). Frontiers Media S.A. https://doi.org/10.3389/fpsyg.2021.742032

van der Kolk, B. (2015). *El cuerpo lleva la cuenta. Cerebro, mente y cuerpo en la superación del trauma*. Eleftheria.

Van Lith, T., & Ettenberger, M. (2023). Arts-based therapies, practices, and interventions in health. *BMC Complementary Medicine and Therapies, 23*, 351. https://doi.org/10.1186/s12906-023-04177-4

Van Manen, M. (1990). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. State University of New York Press.

Vickhoff, B. (2023). Why art? The role of arts in arts and health. *Frontiers in Psychology, 14*, Article 765019. https://doi.org/10.3389/fpsyg.2023.765019

Wallin, D. J. (2007). *Attachment in Psychotherapy*. New York: Guilford Press.

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry, 14*(3), 270–277. https://doi.org/10.1002/wps.20238

Wampold, B. E., & Imel, Z. E. (2021). *El gran debate de la psicoterapia. La evidencia de qué hace que la terapia funcione*. Eleftheria,.

World Health Organization. (2021). Comprehensive Mental Health Action Plan 2013–2030. https://www.who.int/publications/i/item/9789240031029.

World Health Organization. (2022, June 8). Mental Disorders. Mental Disorders. https://www.who.int/es/news-room/fact-sheets/detail/mental-disorders.