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RESEARCH ARTICLE

Culturally sensitive art therapy: The development of an ETC-Based intervention for depression amidst Malaysian stigma.

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ABSTRACT

Depression is a significant mental health challenge in Malaysia, yet limited and often outdated interventions persist. The profound social stigma surrounding depression and conservative cultural norms in many Asian societies frequently hinder open dialogue and help-seeking. Recognizing this urgent need for culturally appropriate alternatives, this paper proposes a novel intervention for individuals with depressive symptoms in Malaysia, centered on expressive art therapy.

Expressive art therapy is considered less confrontational and emotionally provoking, making it a potentially suitable approach for Asian populations. This intervention draws upon the Expressive Therapies Continuum (ETC), a framework positing that different expressive activities engage distinct visual information processing levels. Intriguingly, a theoretical alignment was identified between depressive symptoms measured by the Beck Depression Inventory (BDI) and ETC components: cognitive depressive symptoms with the Cognitive ETC, affective depressive symptoms with the Affective ETC, and somatic depressive symptoms with the Sensory ETC. This compelling replication suggests a powerful potential for integration. Therefore, this paper introduces a new ETC-based intervention designed to be culturally sensitive and accessible, offering a more effective therapeutic pathway for individuals experiencing depression in Asia.

Keywords: Art Therapy; depression, Expressive Therapies Continuum (ETC); cultural Stigma; Asia

1. Introduction

1.1. Background of study

In Malaysia, depression as one of the prevailing mental health issues, affecting approximately 2.3% of the national population, encompassing around half a million individuals[1]. According to Hassan et al.[2], depression is one of the most common mental health issues in Malaysia. Depression is a mood disorder that one experiences persistent sadness and a loss of interest in life. It can distort one's thinking and behaviours, which subsequently lead to various emotional or physical problems and induce feelings of worthlessness[3]. The emotional and mental stresses experienced by depressive individuals can lead to high-risk behaviours, such as smoking, alcohol and drug consumption, and self-injury[3]. Besides, Remes et al.[4] highlighted that

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depression is also associated with adverse effects, including a heightened risk of acute infectious illness, self-destructive ideation, and suicide.

To better understand the depressive symptoms, Beck et al.[5] developed the Beck Depression Inventory (BDI) that assesses depression severity based on three domains, namely somatic, cognitive, and affective. The somatic domain is the physical sensations that an individual with depression may find uncomfortable or concerning. These discomforts are often perceived in specific body parts, organs, or even the entire body. Somatic symptoms such as fatigue, pain, tiredness, and vegetative symptoms cause functioning issues and emotional distress[6]. In a clinical study, Hamilton[7] found that most of the depressed patients experienced certain levels of physical symptoms. Meanwhile, the somatic depressive symptoms in BDI focused on the loss of energy, fatigue, irritability, difficulties to concentrate, changes in weight, sleeping habits, appetites, and loss of sexual interest[5].

Furthermore, the affective dimension of the BDI encompasses the emotional symptoms associated with depression, such as persistent sadness, loss of interest or pleasure (i.e., Anhedonia), irritability, suicidal thoughts, and loss of interest (i.e., Anergia)[5]. Studies have found that individuals who are prone to negative affectivity and emotional distress are more likely to develop depressive symptoms in the future[8].

Moreover, the cognitive aspect of the BDI focuses on the depressive symptoms related to thoughts and beliefs, such as negative and punitive thoughts, pessimism, self-doubt, feelings of worthlessness, indecision, failure, guilt, and conformity of oneself. According to Conradi et al.[9], Cognitive issues are common among individuals with depression, and they occur 85% to 94% during depressive onset. Meanwhile, Beck et al.[5] suggested that individuals with depression hold a set of negative schemas that lead them to perceive their surroundings in systematically negative ways. These negative schemas include a cycle of negative thoughts about the world, themselves, and the future, and these cognitive biases were derived from negative experiences or life events.

As noted by Shamsuddin et al.[10], 27.5% of Malaysian young adult students experienced moderate depression, while 9.7% of them experienced severe depression. While depression seems prevalent, a study found that a 10% one-month prevalence of major depression among young adults, and only a minority of them are willing to seek help from mental health services[11]. It is suggested that the Asian cultural belief and stigma that perceives depression as a shame hinder help-seeking behaviours[12]. In many Asian cultures, the experience of depression is often deeply intertwined with pervasive cultural beliefs and social stigma, presenting significant barriers to help-seeking behaviors. Rooted in collectivist values, family honor, and the concept of "saving face" (mianzi), mental illness can be perceived not merely as an individual struggle, but as a source of profound shame and disgrace that reflects negatively upon the entire family lineage. This societal outlook often discourages open discussions about emotional or psychological distress, pushing individuals to suppress their symptoms and avoid acknowledging mental health challenges to protect their family's reputation and social standing.

Apart from that, the available mental health resources and practitioners in Malaysia have also deteriorated the condition. As stated by Midin et al.[13], there are only 410 practicing psychiatrists across the nation, with an average of 1.27 psychiatrists per 100,000 population, which falls significantly below the World Health Organization's (WHO) recommended ratio of 10 psychiatrists per 100,000 population. In addition, the mental health interventions in Malaysia have remained their focus on Cognitive Behavioural Therapy (CBT), Behavioural Therapy, Hypnosis, and Family Therapy that were introduced around the 1980s to 1990s[14]. This practice underlines the delayed in the implementation of latest psychotherapies as

compared to other countries. Also, the majority of existing mental health interventions focus on verbal expression, often neglecting the involvement of alternative methods of expression.

1.2. Expressive art therapy

Expressive art therapy as a non-verbal psychotherapeutic model serves as an important alternative to improve the existing circumstances. It involves alternative and creative expression of the arts that helps individuals express feelings and thoughts that are difficult to communicate verbally by using art, which subsequently improves psychological, physical, and emotional well-being[15]. There are various types of art therapy such as theatre therapy, dance therapy, sand-tray therapy, music therapy, drawing, and painting therapy[15]. Art therapy has become popular in mental health settings given of its person-centred methods and recovery-oriented that include individuals' emotions and needs[16]. Moreover, Attard and Larkin[17] proposed that art therapy should mainly be used for individuals who face obstacles to express their feelings verbally, such as patients with depression, anxiety, autism, or dementia.

The inclusion of expressive psychotherapy might be relevant for Asian individuals, as previous research has highlighted that there are higher levels of shame among Asian students when it comes to mental health issues[18]. With this, due to the cultural stigma, the traditional verbal intervention might not be suitable for this culture. To address the problem, art therapy provides a non-verbal expression for Asian individuals to express their mental health concerns. This is supported by Perryman[19], who suggests that verbal expression may be too distressing and threatening for some individuals when exploring mental health difficulties. Non-verbal techniques such as art therapy serve as a 'safe place' where it will maintain the client within their window of tolerance, and it gives the clients additional and prolonged processing time before being verbally exposed to their mental health struggles[19].

By recognizing this cultural fact, the current study aims to bridge the gap in the psychotherapeutic intervention for depression in Asian culture, especially Malaysia, by offering a new approach that aligns more closely with the preferences and sensitivities of the target demographic.

1.3. Expressive Therapies Continuum (ETC)

The ETC model is one of the significant theoretical foundations for expressive art therapy[20]. According to the ETC theory, different art mediums and expressive activities might elicit different visual information processing levels in the brain[20]. The ETC theory divides an individual's visual information processing into three major levels, where each level consists of two components: (1) kinesthetic or sensory, (2) perceptual or affective, and (3) cognitive or symbolic. The three levels are portrayed in a hierarchy as information processing progresses from simple to sophisticated.

As proposed by the ETC, an individual would have a more dominant or familiar component at each level. For instance, at the level of 'kinesthetic/sensory', an individual may be familiar with the sensory component, while unfamiliar with the kinesthetic component, thus therapists serve the role of challenging the individual with what the patients are unfamiliar with, guiding the patients to balance between the two components. Once the patients have mastered a particular level of ETC, they can progress to the next level. By mastering all the levels and components of ETC, it is suggested that the clients would have a more flexible and holistic approach towards processing information and resolving their psychological difficulties. By the end of an ETC-based intervention, the participants would be equipped with all six different modes of understanding, expressing and processing their depressive experiences. The purpose of the therapy is to access the 'non-dominant' component, emphasise underused functions, and decrease overused component functions to promote a 'balanced' and holistic therapeutic process. **Table 1** describes each component in ETC.

Table 1. Description of each component in Expressive Therapies Continuum[20].

Levels	Component and Description	
Level 3	**Cognitive**: The cognitive dimension of art can strengthen causal thinking, help in planning action strategies, and encourage reflection on behaviour. Art, in this sense, involves concept formation, analytical and logical thought processes, reality-directed information processing, the creation of cognitive maps, and the use of verbal expression. **Types of Activities/Materials in Cognitive**: Resistant media have a structural quality that can lead to a cognitive experience. With more intricate structures and greater complexity—which require more steps and tools to create—they are more likely to stimulate cognitive engagement. **Questions asked in Cognitive**: "How do you imagine or find inspiration for your creations, and can you explain your final product? If we were to observe from a different perspective, would we discover anything new? If we were to challenge time (by going to the past/future), would the painting be different?"	**Symbolic**: The symbolic dimension in art delves into a deeper, more holistic process that involves meaning-making, intuitive and self-oriented concept formation, metaphorical representation, synthetic thought, and the expression of symbols. This aspect of art engages with intuition, the formation of self-concept, and the powerful use of metaphor to convey meaning. **Types of Activities/Materials in Symbolic**: Symbols are typically multi-dimensional; they contain kinesthetic-sensory, perceptual-affective, and cognitive aspects, which in part determine their formation, expression, and interpretation. - More fluid media and low-structure activities can stimulate the creation and development of symbols. - More organized, structured, and resistant media can stimulate the expression and interpretation of symbols. **Questions asked in Symbolic**: "What does this image mean to you? Does it tell any story? Do you have any personal associations with it? Does this image hold any special significance for you?"
Level 2	**Perceptual**: Perceptual abilities can enhance an individual's capacity to see things clearly and perceive them in different ways. In art, this is often expressed through geometrical forms such as shapes, lines, and boundaries. **Types of Activities/Materials in Perceptual**: Using materials with a high degree of "shape, structure, and outline" or that are more restrictive, such as mosaics, tiles, or wood. Reduce the choices of paints and other liquid-based materials. Activities that require sketching and drawing would enhance perceptual. **Questions asked in Perceptual**："What do you observe in this image? Can you explain this particular object/shape? Describe the lines and shapes you see. What would the image look like if you removed/added shapes/lines?"	**Affective**: Affective expression in art allows colour to become a powerful tool for conveying emotions and moods. Unrestrained by reality, artists can freely express their feelings and states of mind. The art itself amplifies this expression of feelings through the materials used and the artistic process. **Types of Activities/Materials in Affective**: Fluid media are more likely to evoke emotional expression. Using paints and other liquid-based materials, such as watercolours, can significantly enhance this kind of emotional expression. Activities that require painting and colouring would enhance affective. **Questions asked in Affective**："How are you feeling right now? What would it feel like to be inside this painting? Talk about the emotions expressed in this image."
Level 1	**Kinesthetic**: The kinesthetic aspect of art involves the expression of energy through rhythms, movement, and motor experiences. The physical act of creating art provides both stimulation and a release of tension. **Types of Activities/Materials in Kinesthetic**: To enhance kinesthetic awareness, engage in activities that are centered on movement, such as dancing to a rhythm or creating art in sync with music. **Questions asked in Kinesthetic**："What movement is that while you were painting? Can you focus on that beat? Can you repeat that rhythm?"	**Sensory**: The sensory dimension of art allows for emotions and thoughts to be alleviated through a slower, sensory experience, enabling the mind to relax. Through sensory stimulation, individuals can become more aware of their internal sensations. Art is experienced through somatic sensations, encompassing visual, auditory, gustatory, olfactory, and tactile channels. **Types of Activities/Materials in Sensory**: To enhance the sensory quality of an art experience, the use of tools (such as brushes) is often reduced or eliminated. Painting directly with your fingers, for example, offers a more tactile and sensory experience than using a brush. By using only hands, the focus is placed entirely on the tactile and textural qualities of the materials. **Questions asked in Sensory**："What do you smell? What do you see? What do you hear? What are your sensory and tactile experiences within the painting like?"

1.4. ETC and depressive symptoms

Coincidentally, similar concepts could be found in both ETC and the classification of depressive symptoms in BDI. Each of the three domains of depressive symptoms in BDI (i.e., somatic, affective, and cognitive)[5] correlates respectively with at least one of the components at each level in ETC (i.e., sensory, affective, and cognitive). For example, cognitive depressive symptoms align with the cognitive ETC component, affective depressive symptoms with the affective ETC component, and somatic depressive symptoms with the sensory ETC component. Therefore, based on this overlap between the concepts of ETC and Beck's classification of depressive symptoms, the current study hypothesised that an intervention developed based on ETC may alleviate the depressive symptoms from these three aspects.

Thus, the current study would like to develop an intervention manual for individuals with depression in Asia, using ETC as the main theoretical guidance. The intervention would begin with the dominant/familiar component of each ETC level and progress to the less dominant component, aiming to 'balance' the ETC components. The assumption is that by balancing the individuals with the less dominant component, the clients get to process and understand their depressive experiences differently than in their dominant/familiar way.

The study assumes that individuals with depression are dominant in Cognitive, Affective, and Sensory, based on BDI, where depressive symptoms are majorly Cognitive, Affective, and Somatic[5]. As an example, at the level of 'kinesthetic/sensory', the intervention would start with the 'sensory' component and then move to the 'kinesthetic' component. Similarly, the current intervention begins with the affective component and progresses to the perceptual, with affective being assumed as the dominant component; similarly, it begins with cognitive and ends at symbolic, with cognitive being the assumed dominant component.

2. Cultural consideration

Considering the stigmatised mental health environment and the emotionally restrictive nature of the Asian culture, in which the use of traditional verbal expressive techniques may seem unfit given it may provoke overwhelming emotions[21], thus the use of ETC would be more suitable in Malaysia. In Asian culture, people often feel uncomfortable when talking about emotions, afraid to be viewed as 'weak', 'threatening', and 'unhelpful'[21]. Thus, non-verbal techniques, such as art therapy that discusses emotions in a metaphor and indirect way, were suggested to be effective for Asian populations given its less emotionally overwhelming and confrontational approach[22]. Besides, non-verbal techniques also serve as a 'safe place' where they keep the patient within their window of tolerance and provide them additional and prolonged processing time before verbally expressing their mental health struggles[19].

The intervention would consist of a total of 8 sessions, which cover all 6 components and 3 levels in the ETC. The order of the ETC starts from the bottom level to the top level (sensory-kinesthetic to affective-perceptual to cognitive-symbolic) over two cycles. The rationale for such an arrangement is to consider the vulnerability of depressive clients and the limitations of emotional expressions among Asians[21]. The bottom level of the ETC would be a less emotionally challenging and expressive level to start with (such as the sensory-kinesthetic level), and slowly the session could move to a more emotional and advanced level, such as the 'cognitive-symbolic' level[20].

Additionally, despite depression being an individualized experience, the Asian collective environment and culture around the individual should be thoughtfully considered[23]. The object relations theory proposed the concept of 'intersubjectivity' between 'self' and 'object'. Self can be defined as a mental representation of oneself, as experienced in relation to the significant figures in their life[24]. An object is an internalised

mental image of the significant figures in one's life[24]. Based on this, the object-relations theorists claimed that a bi-directional relationship exists between the self and the object, and this concept should be considered in therapeutic work[24], especially in a collectivist culture where intersubjectivity is heavily emphasized[23]. This perspective is particularly pertinent when examining depression, as an individual's experience of the illness is not solely an internal phenomenon but is profoundly shaped by their surrounding environment. For instance, in contexts where cultural beliefs and social stigma dictate that depression is a source of shame, individuals are often subjected to judgment or subtle ostracism from their families and communities. This external shaming can then become internalized, creating a debilitating cycle where the individual not only experiences the symptoms of depression but also adopts and perpetuates the very shame projected onto them, further hindering self-acceptance and the capacity to seek and benefit from support.

With this, the first cycle of the ETC focuses on the individual experience of depression (the clients' cognitive, affective and sensory experience of their depression), while the second cycle of the ETC focuses on the 'world' experience of depression (the clients' cognitive, affective and sensory experience of their environment). The current art therapy intervention is also designed as a group therapy structure to enhance collectivistic support as a community[25].

In contrast to classical trauma-focused psychotherapies such as Trauma-focused Cognitive Behavioural Therapy and Eye-Movement Desensitization and Reprocessing Therapy, the non-verbal techniques employed in the current art therapy, coupled with its consideration of the object relations model, have been proposed as effective for Asian populations. This is attributed to their less emotionally overwhelming and confrontational nature.

3. Summary of the manual

Thus, taking into account of the cultural issues, this study aims to bridge the gap in the psychotherapeutic intervention for depression in Asian culture, especially Malaysia, by offering a new approach that aligns closely with the preferences and sensitivities of Malaysians. This comprehensive art therapy manual is meticulously designed to guide individuals through a structured process of understanding, processing, and navigating their experiences with depression. It is divided into three core themes: "The Self/Individual Experience with Depression," "The Object/World Experience with Depression," and "Summary," each employing a progressive approach from sensory-kinesthetic to affective-perceptual and cognitive-symbolic modalities. The structure of the manual is presented below. A complete version of the manual can be provided upon request.

Theme 1: The Self/Individual Experience with Depression

This theme focuses on helping participants understand and process their unique internal responses to depression.

a) Session 1: Sensory-Kinesthetic initiates the journey by addressing the somatic symptoms of depression. Participants begin with a sensory exploration by coloring a human body outline with watercolours, allowing them to visually represent how depression manifests in their bodies and to incorporate colors of hope and resilience. This fluid medium facilitates a "somatic" and "sensory" experience, amplifying energy expression. Following this, kinesthetic movement is introduced, where participants create bodily movements that represent their depressive somatic sensations. They then translate these movements into repetitive crayon patterns on paper, utilizing a low-complexity material and low-structured task to facilitate relaxing and expressive "kinesthetic"

activity. This session moves from understanding to alleviating somatic symptoms through movement, aiming to balance and reduce their intensity.

b) Session 2: Affective-Perceptual delves into the emotional landscape of depression. The session starts with affective exploration, where participants engage in emotion and affect-based watercolor paintings while listening to self-selected music that resonates with their depressive feelings. This use of music and fluid watercolors effectively facilitates emotional engagement. Transitioning to perceptual representation, participants cut their affective paintings into small squares, share them with others, and then combine different squares to form a personal "landscape" picture. This landscape visually represents various phases, symptoms, and intensities of their depression, guiding them to express inner experiences through shapes, lines, and colors, thus engaging their perceptual function. The shift from affective to perceptual aims to manage and contain intense emotions by providing a structured visual outlet.

c) Session 3: Cognitive-Symbolic addresses the cognitive aspects of depression, including thoughts and beliefs. Participants engage in cognitive exploration by building collages using more "resistive" and "word-based" materials. This structured activity is designed to facilitate the exploration of cognitions and beliefs related to themselves and depression. Subsequently, symbolic representation encourages participants to engage in symbolic play with their collages. They are invited to create a symbol of themselves from their collage, experimenting with various materials, and engage in self-dialogue with their artwork. This movement from cognitive to symbolic helps participants realize they are more than their cognitions, fostering a sense of meaning and reducing the intensity of cognitive symptoms.

Theme 2: The Object/World Experience with Depression

This theme shifts the focus from the individual's internal experience to their interaction with the external world and available supports. The modalities mirror those of Theme 1, but with an external focus.

a) Session 4: Sensory-Kinesthetic extends the sensory and kinesthetic exploration to the external environment. Participants begin with sensory exploration by coloring the "surrounding" of their previously created body outlines with colors representing their "world" and positive external supports they have received or hope to receive. The kinesthetic interaction component involves participants moving around the room to interact with each other's taped body outlines, adding supportive notes or pictures. This fosters a sense of community and shared support.

b) Session 5: Affective-Perceptual re-engages with emotions and perceptions, but in relation to the collective experience. The affective exploration involves participants observing each other's "depression landscape" artworks from Session 2 and sharing keywords related to themes, affects, and emotions that arise. Moving to perceptual representation, the group then collaboratively creates a large group painting in response to the "depression landscape" series, utilizing the identified keywords. This group activity promotes decision-making, planning, and collaboration, engaging perceptual functions and fostering a shared response to external experiences, encouraging participants to see from different perspectives.

c) Session 6: Cognitive-Symbolic concludes the exploration of the external world from a cognitive and symbolic standpoint. Similar to Session 3, cognitive exploration involves building a collage using "solid" and "verbal-based" materials, but this time, the focus is on cognitions and beliefs related to the world around them. The symbolic representation then invites participants to engage in

symbolic play with their "world" collage, creating a symbol that represents their world or engaging in self-dialogue with this artwork, challenging themselves to experiment with materials.

Theme 3: Summary

This theme provides a crucial integrative and reflective phase, consolidating the learning and experiences from previous sessions.

a) Session 7: Review aims to provide a bird's eye view of the participants' lives. In this activity, participants symbolize their life journey as a tree, with their stories, experiences, and growth represented by branches, trunks, leaves, and flowers. This creative exercise integrates all six components—somatic, kinesthetic, affective, perceptual, cognitive, and symbolic—offering a holistic summary and a positive, growth-oriented perspective on their transformative journey.

b) Session 8: Conclusion serves as a final culmination and celebration of the therapeutic journey. Participants review all their artworks from sessions 1 to 7, sharing their individual journeys. The session culminates in an "art gallery" where participants showcase their artworks to each other, fostering a sense of accomplishment and shared experience. They also engage in writing farewell messages or drawing postcards to one another, offering encouragement for their ongoing recovery. With collective consent, the option to invite friends and family to visit the art gallery provides an opportunity for external validation and sharing of their journey.

4. Validity of the manual

To ensure the manual's validity and cultural appropriateness, it underwent a rigorous review process conducted by two highly experienced art therapists, both of whom possess extensive professional experience working within Asian contexts. Their insights were invaluable. Both reviewers offered strong support for the manual, providing positive feedback that specifically highlighted its inherent flexibility, its thoughtful consideration of Asian cultural nuances, and the clarity of its instructions.

Beyond their commendation, these expert art therapists also furnished constructive feedback, which was meticulously integrated into the final version of the manual. Key limitations and recommendations included ensuring greater emotional sensitivities in the design and delivery of the activities, making them even more attuned to the diverse emotional experiences of participants. Furthermore, they suggested developing practical strategies for situations where clients might miss a session. This led to the incorporation of provisions for interim homework or follow-up work to be completed between sessions, as well as the identification of potential support persons within the group who could offer additional assistance to clients as needed. These revisions collectively strengthened the manual's practical application and its responsiveness to real-world therapeutic scenarios.

5. Future directions

The current study team recently conducted an interventional pilot study to evaluate the effectiveness of this manual among young adult university students in Malaysia experiencing significant depressive symptoms. This pilot involved 10 participants per group, each receiving an 8-session intervention. Depressive symptoms were quantitatively measured at pre-test and post-test to assess changes using the Beck Depression Inventory (BDI). BDI is a 21 multiple-choice self-report questionnaire that was developed by Beck et al.[5] to assess the severity of depressive symptoms. BDI is rated on a 4-point Likert scale ranging from 0 to 3, with a higher score indicating greater depressive symptoms.

To gain deeper insights, a semi-structured focus group interview was conducted with participants, exploring both the perceived effectiveness and areas for improvement of the manual. This study adapted the semi-structured in-depth interviewing questions developed by Ghani et al.[26]. Additionally, an unstructured observation was carried out to record participants' behaviours, expressions, or interactions without predetermined categories or guidelines throughout the 8 intervention sessions[27].

The study findings strongly supported the effectiveness of the proposed art therapy manual. Results demonstrated a significant reduction in participants' total, cognitive-affective, and somatic depressive scores after the intervention, based on the BDI scores. The present findings support previous research that suggested the effectiveness of art therapy in treating depression[28, 29].

Furthermore, based on the semi-structured focus group interview and the unstructured observation, the intervention has demonstrated positive impacts on emotional, cognitive, social, and behavioural domains. In conclusion, both the quantitative and qualitative analyses from this pilot study demonstrated the manual's significant effectiveness in reducing depressive symptoms. This promising interventional pilot study is slated for publication soon.

Building on these findings, the study team plans to extend their research beyond a general population (university students) to a clinical population. The team will implement the same intervention at a substance abuse rehabilitation centre in Malaysia, further investigating the manual's applicability and impact in a different clinical context.

6. Conclusion

Overall, the observed theoretical alignment between depressive symptoms as measured by BDI and the components of ETC suggests a promising synergy between these two frameworks. Building on this, the current paper proposes a novel intervention that utilizes the ETC for individuals experiencing depressive symptoms in Asia. Given the often stigmatized and conservative cultural landscape in many Asian societies, the non-verbal nature of the ETC approach may be particularly well-suited to this population, potentially circumventing cultural barriers to verbal expression about mental health. Ultimately, this paper aims to inspire and contribute to the further development and refinement of psychotherapeutic interventions specifically tailored to the Malaysian context.

Ethics approval

This research adhered to established ethical principles within the field of psychology. Furthermore, ethical clearance was obtained from a recognized Malaysian review board at a local university.

Data availability statement

The data of this study are available from the corresponding author upon reasonable request.

Disclosure statement

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Conflict of interest

The authors declare no conflict of interest

References

1. Global Health Data Exchange. (2019). Malaysia National Health and Morbidity Survey 2019. Institute for Public Health, Ministry of Health. https://iptk.moh.gov.my
2. Hassan, M. F., Hassan, N. M., Kassim, E. S., & Hamzah, M. I. (2018). Issues and challenges of mental health in Malaysia. International Journal of Academic Research in Business and Social Sciences, 8(12), 1685-96. doi:10.6007/IJARBSS/v8-i12/5288
3. Serras, A., Saules, K. K., Cranford, J. A., & Eisenberg, D. (2010). Self-injury, substance use, and associated risk factors in a multi-campus probability sample of college students. Psychology of Addictive Behaviors, 24(1), 119. doi:10.1037/a0017210
4. Remes, O., Mendes, J. F., & Templeton, P. (2021). Biological, psychological, and social determinants of depression: A review of recent literature. Brain Sciences, 11(12), 1633. doi:10.3390/brainsci11121633
5. Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry, 4(6), 561-571. doi:10.1001/archpsyc.1961.01710120031004
6. Tylee, A., & Gandhi, P. (2005). The importance of somatic symptoms in depression in primary care. Primary Care Companion to the Journal of Clinical Psychiatry, 7(4), 167. doi:10.4088/pcc.v07n0405
7. Hamilton, M. (1989). Frequency of symptoms in melancholia (depressive illness). The British Journal of Psychiatry, 154(2), 201-206. doi:10.1192/bjp.154.2.201
8. Compas, B. E., Connor-Smith, J., & Jaser, S. S. (2004). Temperament, stress reactivity, and coping: Implications for depression in childhood and adolescence. Journal of Clinical Child and Adolescent Psychology, 33(1), 21-31. doi:10.1207/S15374424JCCP3301_3
9. Conradi, H. J., Ormel, J., & De Jonge, P. (2011). Presence of individual (residual) symptoms during depressive episodes and periods of remission: a 3-year prospective study. Psychological medicine, 41(6), 1165-1174. doi:10.1017/S0033291710001911
10. Shamsuddin, K., Fadzil, F., Ismail, W. S. W., Shah, S. A., Omar, K., Muhammad, N. A., ... & Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian university students. Asian journal of psychiatry, 6(4), 318-323.
11. Aalto-Setälä, T., Marttunen, M., Tuulio-Henriksson, A., Poikolainen, K., & Lönnqvist, J. (2001). One-month prevalence of depression and other DSM-IV disorders among young adults. Psychological Medicine, 31(5), 791-801. doi:10.1017/S0033291701004081
12. Park, N. S., Jang, Y., & Chiriboga, D. A. (2018). Willingness to use mental health counseling and antidepressants in older Korean Americans: The role of beliefs and stigma about depression. Ethnicity & Health, 23(1), 97-110. doi:10.1080/13557858.2016.1246429
13. Midin, M., Zainal, N. Z., Lee, T. C., & Ibrahim, N. (2018). Mental health services in Malaysia. Taiwanese Journal of Psychiatry, 32(4), 281-293.
14. Ward, C. (2019). The historical development and current status of psychology in Malaysia. In Psychology moving east (pp. 201-222). Routledge.
15. Case, C., & Dalley, T. (2014). The handbook of art therapy. Routledge.
16. Nainis, N., Paice, J. A., Ratner, J., Wirth, J. H., Lai, J., & Shott, S. (2006). Relieving symptoms in cancer: Innovative use of art therapy. Journal of Pain and Symptom Management, 31(2), 162-169. doi:10.1016/j.jpainsymman.2005.07.006
17. Attard, A., & Larkin, M. (2016). Art therapy for people with psychosis: A narrative review of the literature. The Lancet Psychiatry, 3(11), 1067-1078. doi:10.1016/S2215-0366(16)30146-8
18. Gilbert, P., Bhundia, R., Mitra, R., McEwan, K., Irons, C., & Sanghera, J. (2007). Cultural differences in shame-focused attitudes towards mental health problems in Asian and non-Asian student women. Mental Health, Religion & Culture, 10(2), 127–141. doi:10.1080/13694670500415124
19. Perryman, K. (2021). Child Centered Play Therapy Impact on Externalized Behaviors of Children who Have Experienced Trauma: A Single Case Research Design (Doctoral dissertation, Northern Illinois University).
20. Hinz, L. D. (2019). Expressive therapies continuum: A framework for using art in therapy. Routledge.
21. Mao, A., Brockman, R., Neo, H. L. M., Siu, S. H. C., Liu, X., & Rhodes, P. (2022). A qualitative inquiry into the acceptability of schema therapy in Hong Kong and Singapore: Implications for cultural responsiveness in the practice of schema therapy. Clinical Psychologist, 26(3), 341-350.
22. Lian, A. E. Z., & Bono, S. A. (2023). Refining the experiential component of schema therapy for traumatised populations: A new continuum of experiential techniques. European Journal of Trauma & Dissociation, 7(4), 100352.
23. Weiss, H., & Lang, H. (2000). Object relations and intersubjectivity in depression. American Journal of Psychotherapy, 54(3), 317-328.

24. Lian, A. E. Z., & Bono, S. A. (2024). Integrating object-relations and schema models to treat complex trauma: A case study of splitting and integrating traumatic experiences. European Journal of Trauma & Dissociation, 8(2), 100411.
25. Chung, R. C. Y., & Bemak, F. (2004). Group counseling with Asians. Handbook of group counseling and psychotherapy, 200-212.
26. Ghani, M. A., Brown, S. E., Khan, F., Wickersham, J. A., Lim, S. H., Dhaliwal, S. K., ... & Altice, F. L. (2015). An exploratory qualitative assessment of self-reported treatment outcomes and satisfaction among patients accessing an innovative voluntary drug treatment centre in Malaysia. International Journal of Drug Policy, 26(2), 175-182.
27. Ciesielska, M., Boström, K. W., & Öhlander, M. (2018). Observation methods. Qualitative methodologies in organization studies: Volume II: Methods and Possibilities, 33-52.
28. Johan, S., Johari, K. S. K., & Amat, S. (2022). Effectiveness of Expressive Art Therapy Module in Group Counseling Sessions for Depression and Anxiety Adolescents. International Journal of Academic Research in Progressive Education and Development, 11(3).
29. Wang, G., Kim, Y., & Oh, Y. (2019). A case study on the collage art therapy for immigrant youths. Education and Information Technologies, 24(2), 1115-1129.