

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Depression is a significant mental health challenge in Malaysia, yet limited and often outdated interventions persist.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 is 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 which 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]

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highlighted that 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 in concentrating, 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 worsened 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 delay in the implementation of the 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 is a non-verbal psychotherapeutic model that 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 to its person-centred methods and recovery-oriented approach 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 patient is unfamiliar with, guiding the patient 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 assess 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	<p>Cognitive: The cognitive dimension of art encompasses four major functions: organizing and structuring confused ideas, understanding and strengthening causal thinking, building and planning action strategies and encouraging reflection, and advancing meta-cognitive abilities such as abstract thinking and concept formation (including self and other concepts).</p> <p>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.</p> <p>Questions asked in Cognitive: What was the inspiration or idea behind this artwork/piece? Can you describe the entire process of creating this artwork? What is the connection between a specific part of the artwork and the whole? Suppose we view this painting/drawing from a different angle. Would we discover anything new? Suppose we go to a different point in time (to the past/future), would this piece be different? What would you name this artwork? Why?</p> <p>Symbolic: The symbolic dimension in art moves beyond surface expression, facilitating a holistic process where thoughts and emotions are integrated to construct deeper meaning. This is achieved through the powerful use of metaphorical representations and symbols, allowing the artwork to convey profound, often unspoken, concepts—a picture truly says a thousand words. Ultimately, this reflective process serves a self-actualization function, prompting reflection gained through the art and identifying pathways for personal growth.</p> <p>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.</p> <p>-More fluid media and low-structure activities can stimulate the creation and development of symbols.</p> <p>-More organized, structured, and resistant media can stimulate the expression and interpretation of symbols.</p> <p>Questions asked in Symbolic: Does this artwork contain a story? Please describe it. Does this image or color have any special meaning for you? What symbols do you see in this painting/drawing? Do they remind you of an important experience or story in your life? If you could talk to one of the images/figures in the painting, what would you say? What would it say? If you could change this painting, how would you change it? Has this painting given you any new insights or reflections about yourself?</p>
Level 2	<p>Perceptual: Perceptual abilities can be understood as a lower level of cognitive ability; they include the individual's capacity to perceive things clearly. In art, this is often expressed through geometrical forms such as shapes, lines, and boundaries.</p> <p>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.</p> <p>Questions asked in Perceptual: What lines and shapes do you notice in this painting/drawing? Describe the images you see. Describe the layout of your space within the artwork. How is the composition of this artwork organized? Is there any part that feels particularly prominent or hidden? If a certain image, shape, or line were removed, what would happen to this artwork?</p> <p>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. Generally, high concentration and warm-toned colors symbolized externalized emotions (anger, anxiety), whereas low concentration and cool-toned colors symbolized internalized emotions (sadness, guilt, helplessness).</p> <p>Types of Activities/Materials in Affective: Fluid media are more likely to evoke emotional expression. Using paints and other liquid-based materials, with a wide variety of color choices, such as watercolours, can significantly enhance this kind of emotional expression. Activities that require painting and colouring would enhance affective.</p> <p>Questions asked in Affective: What were your feelings when creating this painting/drawing? Now, looking at this finished piece, what feelings do you have? Talk about the colors you used in this painting. If this painting were a space, what would you feel upon entering it? Which part has the strongest emotion? Which part is the calmest?</p>
Level 1	<p>Kinesthetic: The kinesthetic aspect of art involves the expression of emotional energy through rhythms, movement, and motor experiences. The physical act of</p> <p>Sensory: The sensory dimension of art allows for emotions and thoughts to be alleviated through a slower, sensory experience, enabling the mind to relax.</p>

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: Did you pay attention to your movements and rhythm while creating the artwork? What feelings did these movements and rhythms evoke? Try closing your eyes and repeating those movements. What sensations does that bring up?

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 did your body feel while you were creating the artwork? What sounds did you hear? What smells did you notice/perceive? What did your hands feel like when using these materials? (e.g., smooth, rough, wet, hard). When you close your eyes and touch the artwork with your fingertips, how does it feel to you? Did a specific color or shape trigger a particular sense? (taste, hearing, touch, etc.). Does your body like/dislike this sensation? Why?

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 aims 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 mainly 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 that it may provoke overwhelming emotions^[21], 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

metaphorical and indirect way, were suggested to be effective for Asian populations given their 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 16 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 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.

Although the treatment manual provides a framework with predetermined plans for depressive symptoms, this structure can make it challenging to meet individual needs (Hinz, 2019). Therapists address this by individualizing treatment within structured groups through varying art therapy directives. This adaptation includes granting participants the autonomy to alter tasks based on preference and the freedom to choose their media and materials. Prior to the first session, all participants were briefed on the unique characteristics of the available materials. 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 1-2: 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 the bodily sensation. In the next session, 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 a low-structured task to facilitate expressive "kinesthetic" activity to 'release' emotional tension. These two sessions move from sensing somatic symptoms to alleviating the symptoms through movement, aiming to balance and reduce their intensity.
- b) Session 3-4: Affective-Perceptual delves into the emotional landscape of depression. The first 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. In the next session, 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 express and understand intense emotions, then to manage and contain them by providing a solid structure to the colours.
- c) Session 5-6: 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. In the subsequent session, 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 to recognise their cognitions, yet realizing that 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 7-8: 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" through the lens of depression (eg, how their environment treated them during depression). 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 9-10: 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 Sessions 3-4 and sharing 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. This group activity promotes perceptual functions by engaging their abilities to collaborate and plan within the space using different lines and shapes. It also fosters a shared response to external experiences, encouraging the participants to view the painting from different perspectives.
- c) Session 11-12: Cognitive-Symbolic concludes the exploration of the external world from a cognitive and symbolic standpoint. Similar to Session 5-6, 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, through the lens of depression. 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 13-14: These sessions aim 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. Participants are free to choose any combination of art materials, techniques, symbols, colors, shapes and words. 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. The activity can be complicated; thus, participants can take two sessions to complete.
- b) Session 15-16: These sessions serve as the final conclusion and celebration of the therapeutic journey. Participants review all their artworks from sessions 1 to 14, sharing their individual journeys with each other. In the next session, an "art gallery" is set up where participants can 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 sensitivity 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 a 16-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 16 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

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