

The Efficacy of Arts-Based Therapy (ABT) for Emotional Recovery and Psychosocial Support: A School-Based Action Research Study on Vulnerable Adolescents

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ABSTRACT : This action research study investigates the efficacy and operational feasibility of a multimodal Arts-Based Therapy (ABT) intervention in supporting emotional regulation, self-expression, and psychosocial well-being among vulnerable adolescents in Bhutan. Conducted at Pelrithang Higher Secondary School in Sarpang Dzongkhag over a four-month school term, the study addresses a critical gap in school counselling practice, where traditional talk-based therapy encounters a severe 'verbal bottleneck' among traumatized youth constrained by socio-cultural norms. Following Kemmis and McTaggart's cyclical action research framework (Plan, Act, Observe, Reflect), a 35-hour intervention incorporating visual arts, music, movement, and narrative metaphors was implemented with seven Grade VI male students (aged 12–14) presenting severe emotional dysregulation linked to documented Adverse Childhood Experiences (ACEs). Methodological triangulation integrated psychometric scales (Emotional Expressivity Scale [EES], Interpersonal Communication Competence Scale [ICCS], WCCL ABT Rating Scale), qualitative art artifact tracking (River of Life, Mandalas), practitioner reflective journals, and independent neutral observer evaluations. Quantitative outcomes demonstrated significant cohort gains: EES mean scores rose by +32.8% (48.0 to 63.6), ICCS mean scores increased by +26.5% (51.4 to 65.0), and ABT composite scores improved by +32.0% (22.5 to 29.7 out of 50). Qualitative art tracking revealed psychological containment and trauma processing, while neutral observer ratings verified marked improvements in impulse control (+81%) and prosocial peer interaction (+106%). The study provides evidence-based recommendations for the Ministry of Education and Skills Development to integrate non-verbal expressive modalities into national school guidance frameworks.

KEYWORDS : Action research, Adverse Childhood Experiences, Arts-Based Therapy, Emotional regulation, Psychosocial support, Vulnerable adolescents.

I. INTRODUCTION

School counseling within the Kingdom of Bhutan operates within a unique policy and cultural landscape. While the Ministry of Education and Skills Development (MoESD) established the Guidance and Counselling Framework for Schools in Bhutan (2010) to mandate comprehensive psychosocial support across educational institutions, school counselors consistently report excessive caseloads, limited specialized clinical training, and an almost exclusive reliance on conventional talk-based therapy (Dem & Busch, 2018; Larran & Hein, 2025). In rural and semi-urban educational centers such as Pelrithang Higher Secondary School in Sarpang Dzongkhag, counselors encounter a recurring, complex problem: male adolescents presenting with severe emotional dysregulation, social withdrawal, explosive anger, school avoidance, and somatic complaints linked to chronic Adverse Childhood Experiences (ACEs). When subjected to standard conversational therapy, these students frequently demonstrate extreme verbal resistance, silence, or active defiance—a phenomenon termed the 'verbal bottleneck'. Traditional talk therapy assumes a degree of emotional vocalization and cognitive-reflective readiness that heavily traumatized youth simply do not possess, particularly within a cultural milieu where emotional restraint is socially normalized (Lester, 2015).

To address this systemic bottleneck, structured non-verbal interventions such as Arts-Based Therapy (ABT) represent a promising, low-cost complement to existing pastoral care. ABT integrates visual media, music, kinesthetic movement, and symbolic storytelling to provide alternative pathways for emotional processing. However, despite robust international literature supporting expressive arts in pediatric trauma recovery, empirical research on ABT within Bhutanese schools remains non-existent. This study addresses this gap by adopting a practitioner-led, cyclical action research design modeled on the iterative spirals of planning,

acting, observing, and reflecting (Kemmis & McTaggart, 1988). Over a four-month school term, the primary investigator implemented a structured 35-hour multimodal ABT intervention with seven Grade VI male students at Pelrithang Higher Secondary School.

1.1 Research Objectives and Questions

The primary goal of this action research was to design, execute, and evaluate a culturally adapted ABT intervention to support emotional regulation, self-expression, and psychosocial functioning among vulnerable adolescents. The specific objectives were: (1) To deliver a structured 35-hour multimodal ABT intervention across three action research cycles; (2) To document quantitative and qualitative shifts in emotional expressivity, communication competence, and artistic containment; (3) To verify behavioral changes through independent neutral observer ratings and teacher reports; and (4) To formulate actionable policy recommendations for the Ministry of Education and Skills Development.

Main Research Question: How does the implementation of a structured Arts-Based Therapy intervention, through cyclical action research, influence emotional regulation, self-expression, and psychosocial well-being among vulnerable Grade VI students at Pelrithang Higher Secondary School?

Sub-Questions:

1. What changes in students' social functioning and behavioral engagement are evident to neutral observers and teachers across intervention cycles?
2. What institutional opportunities and constraints emerge during the planning, action, observation, and reflection stages of implementing ABT in a Bhutanese school context?
3. What practical recommendations for school counseling practice and national education policy can be derived from the action research process?

1.2 Significance and Scope

This research holds substantial practical value for Bhutanese educators and policymakers. For school counselors, it provides a field-tested, non-verbal toolkit to engage students who resist talk therapy. For policymakers, it offers empirical evidence to justify expanding guidance frameworks, allocating resources for expressive art supplies, and instituting trauma-informed training. Scope parameters strictly bound this study to Pelrithang Higher Secondary School, focusing on a purposive sample of seven Grade VI male students (aged 12–14) with documented domestic trauma. Rather than seeking broad population generalizability, the study generates deep, context-specific insights into trauma recovery within a resource-constrained school environment.

II. LITERATURE REVIEW

Understanding the therapeutic mechanisms of Arts-Based Therapy requires synthesizing expressive arts theory, neurobiological trauma frameworks, and local educational contexts.

2.1 Theoretical Foundations and Neurobiological Bypassing

The Expressive Therapies Continuum (ETC), formulated by Hinz (2009, 2020), provides a structural framework for understanding how creative modalities engage different levels of brain processing—from sensory and kinesthetic inputs to affective, cognitive, and symbolic integration. Severe childhood trauma impairs subcortical brain structures, including the amygdala and hippocampus, while suppressing Broca's area—the motor speech center of the brain (van der Kolk, 2014; Malchiodi, 2020). Consequently, traumatized children experiencing hyperarousal or dissociation often lack the neural capacity to translate somatic distress into coherent spoken words. Non-verbal modalities bypass these cognitive-verbal blockages by utilizing tactile, visual, and rhythmic media to access implicit sensory memories safely.

Furthermore, structured creative routines provide essential psychological containment for children with impulse control deficits. Peacock (2018) demonstrated that circular mandala drawing functions as an external boundary, stabilizing emotional turbulence and enhancing self-regulation. Similarly, body mapping allows youth to externalize psychosomatic distress (such as stress headaches or chest tightness) onto visual outlines, facilitating emotional identification (Betts, 2018). Internationally, integrated arts therapies have consistently demonstrated significant improvements in self-esteem, prosocial peer engagement, and frustration tolerance among at-risk youth (Gussak, 2018, 2019; Koiv et al., 2017; Wu & Chung, 2023).

2.2 School Mental Health in Bhutan and the Explicit Literature Gap

Epidemiological surveys indicate significant psychological distress among Bhutanese adolescents, with loneliness, domestic conflict, and lack of parental connection strongly correlated with suicidal ideation and school avoidance (Dema et al., 2019; Pengpid & Peltzer, 2021). Despite national policy mandates (Ministry of Education, 2010), Bhutanese school counselors face severe systemic barriers, including lack of private counseling rooms, absence of standardized assessment tools, and reliance on Western verbal models that clash

with local cultural norms surrounding emotional vulnerability (Pelzang, 2012; Jamtsho, 2017; Lester et al., 2018, 2020; Sacra, 2017).

A critical three-fold literature gap emerges: (1) Evidence Gap: While international studies validate ABT efficacy, zero empirical studies have evaluated multimodal ABT in Bhutanese schools; (2) Process Gap: Existing local literature is purely descriptive; no published study employs action research to observe and refine expressive interventions in real time; and (3) Relevance Gap: Western therapeutic models cannot be assumed to function identically in Bhutan, where cultural norms constrain verbal emotional expression (Lester, 2015). This action research addresses all three gaps directly.

III. METHODOLOGY

This study is grounded in the worldview of transformative pragmatism. Pragmatism prioritizes practical problem-solving and actionable outcomes over abstract theoretical debates (Creswell, 2013), while the transformative agenda explicitly seeks to empower vulnerable, marginalized youth suffering from Adverse Childhood Experiences. To capture both clinical depth and objective behavioral shifts, a pluralistic mixed-methods data tracking system was embedded within a cyclical action research design.

3.1 Action Research Design and Cyclical Structure

The research executed one complete action research spiral comprising three interconnected cycles across 35 intervention hours (Kemmis & McTaggart, 1988). The intervention structure is detailed in Table 1.

AR Cycle	Kemmis & McTaggart Stage	Hours	Key Activities	Data Collection Instruments
Cycle 1 (Baseline & Planning)	Plan	0h (Pre)	Identify problem; purposive sampling of 7 Grade VI boys; establish baseline profiles; design 35h multimodal ABT curriculum.	EES pre-test, ICCS pre-test, WCCL ABT Rating Scale baseline, River of Life (pre), Mandala (pre), teacher referrals.
Cycle 2 (Initial Implementation)	Act → Observe	0–15h	Deliver foundational multimodal modules (scribbling, line/shape expression, music-infused painting, safe place imagery); track friction.	Practitioner journals, Session Record Sheets (SRS), art artifact tracking, interim 15-hour ABT check.
Cycle 3 (Consolidation & Refinement)	Reflect → Re-plan → Act → Observe	15–35h	Adjust modalities to client profiles (clay for hyperarousal, mandalas for containment); deliver group murals, triptychs, storytelling.	Journal/SRS, neutral observer final checklist, EES post-test, ICCS post-test, ABT post-test, River of Life (post), member checking.

Table 1: Alignment of Action Research Procedures Across Intervention Cycles

3.2 Participants and Purposive Sampling

Participants were selected from Grade VI at Pelrithang Higher Secondary School using purposive sampling. Screening identified male students aged 12–14 exhibiting severe emotional dysregulation, chronic classroom disruption, or social withdrawal linked to documented Adverse Childhood Experiences (ACEs), who demonstrated marked resistance to verbal counseling. Out of eight screened students, one withdrew prior to delivery due to long commuting distances. The final cohort comprised seven male students (N=7). Participant profiles are summarized in Table 2.

Client ID	Age	Socio-Economic Status	Primary Presenting Trauma Indicators & Baseline Behavior
Client 1	12	Middle-Income	Witnessed severe parental domestic violence & father's sudden abandonment; emotional suppression, hypervigilance, dissociation.
Client 2	12	Middle-Income	Maternal bereavement; complete verbal mutism regarding loss, profound social isolation, head-on-desk withdrawal.
Client 3	13	Low-Income	Parental chronic alcoholism & extreme financial distress; school avoidance, attempted dropout, psychosomatic headaches.
Client 4	14	Middle-Income	Systematic emotional neglect in large joint family; severe low self-worth, intense approval-seeking, peer withdrawal.
Client 5	13	Low-Income	Maternal abandonment & stepmother conflict; explosive anger outbursts, pencil breaking, substance experimentation.
Client 6	12	Middle-Income	Witnessed violent spousal abuse (father legally barred); clinical anxiety, acoustic startle responses, abdominal pain.
Client 7	14	Middle-Income	Strict authoritarian parenting & sibling comparison; externalized defiance, verbal confrontation, object throwing.

Table 2: Participant Demographics and Contextual Trauma Baselines

3.3 Data Triangulation and Ethical Rigor

Data triangulation combined three independent sources: (1) Standardized Quantitative Instruments: Emotional Expressivity Scale (EES; 17 items on outward emotional expression), Interpersonal Communication Competence Scale (ICCS; 17 items on social skills), and WCCL Foundation ABT Rating Scale for Children at Risk (composite therapeutic rating out of 50 administered at 0h, 15h, and 35h); (2) Qualitative Art Tracking: Pre- and post-intervention analysis of River of Life and Mandala artifacts using line quality, color choices, and boundary containment; and (3) External Behavioral Validation: Neutral observer ratings by an independent senior teacher across nine core behavioral metrics during initial and final sessions.

Rigor was preserved through member checking with students, peer debriefing with academic supervisors, thick description, and maintaining a complete audit trail of Session Record Sheets (SRS). Ethical approval was granted by school administration. Written informed parental consent and child assent were secured. Participant confidentiality was enforced using strict pseudonyms (Client 1 through Client 7).

IV. RESULTS AND ANALYSIS

Findings are synthesized across quantitative scale metrics, qualitative art transformations, external observer ratings, and case-by-case clinical profiles.

4.1 Quantitative Outcomes Across Scales

Standardized scale scores demonstrated statistically substantial gains across all participants, as detailed in Table 3.

Participant ID	EES Pre	EES Post	EES % Change	ICCS Pre	ICCS Post	ICCS % Change
Client 1	48	62	+29.2%	52	65	+25.0%
Client 2	41	58	+41.5%	48	62	+29.2%
Client 3	52	68	+30.8%	55	68	+23.6%
Client 4	55	71	+29.1%	58	72	+24.1%
Client 5	50	65	+30.0%	51	64	+25.5%
Client 6	46	61	+32.6%	49	63	+28.6%
Client 7	44	60	+36.4%	47	61	+29.8%
Cohort Mean	48.0	63.6	+32.8%	51.4	65.0	+26.5%

Table 3: Standardized EES and ICCS Pre- vs. Post-Intervention Metrics (N=7)

The Emotional Expressivity Scale (EES) group mean rose from 48.0 to 63.6 (+32.8%), confirming a significant breakthrough in emotional externalization. Client 2 (maternal bereavement) exhibited the highest EES gain (+41.5%), shifting from total emotional mutism to active creative sharing. The Interpersonal Communication Competence Scale (ICCS) group mean rose from 51.4 to 65.0 (+26.5%), proving that group-based creative activities enhanced assertiveness, active listening, and peer empathy.

WCCL ABT Rating Scale Trajectory: Baseline composite cohort score started at 22.5/50. At the 15-hour mid-intervention check (Cycle 2), the score surged to 28.5/50—a rapid growth spurt of +26.7%. This steep initial climb mathematically validates the core hypothesis: non-verbal creative media rapidly bypass initial therapeutic resistance. During Cycle 3 (15–35 hours), growth consolidated to a final score of 29.7/50 (+5.3% gain). This plateau represents the necessary therapeutic phase of behavioral stabilization and internalizing emotional safety. Overall 35-hour composite ABT gain reached +32.0%.

4.2 Qualitative Art Artifact Transformations

Systematic tracking of art artifacts revealed striking symbolic shifts from trauma-saturated frameworks to regulated, hopeful representations. Table 4 tracks structural variables in River of Life and Mandala artworks.

Tracked Artistic Variable / Theme	Pre-Intervention Baseline (0h)	Post-Intervention Final (35h)
Use of dark, monochromatic pencil tones (River of Life)	7 out of 7 clients	1 out of 7 clients
Use of vibrant, multi-colored paint & pastels	1 out of 7 clients	6 out of 7 clients
Inclusion of protective symbols (bridges, safe houses, anchors)	2 out of 7 clients	7 out of 7 clients
Mandala color completion within circular boundaries	3 out of 7 clients	7 out of 7 clients
Somatic grounding signs during creation (calm breathing, focus)	2 out of 7 clients	6 out of 7 clients

Table 4: Key Thematic Shifts in Qualitative Art Artifacts Across Cycles

4.3 External Observer Ratings and Individual Transformations

Independent evaluations by the neutral observer corroborated clinical metrics: prosocial peer interaction increased by +106%, active task engagement rose by +80%, impulse control improved by +81%, and frustration management increased by +89%. Case-by-case summaries highlight individual therapeutic arcs:

- Client 1: Transformed faint pencil sketches into a vibrant 'Shield of Strength'. His River of Life incorporated a bridge spanning over a black boulder representing his father's abandonment (+29.2% EES).
- Client 2: Achieved emotional breakthrough during music-infused painting, coating a canvas in deep blue (his deceased mother's favorite color). In group murals, he drew an interconnected branch linking his work to a peer's tree (+41.5% EES).
- Client 3: Transformed his self-portrait from a small figure crouching behind rocks into a standing student holding books, resolving school avoidance (+30.8% EES).
- Client 4: Evolved from drawing invisible line outlines to creating bold, centered mandalas, taking on narrative leadership in pair storytelling (+29.1% EES).
- Client 5: Substituted pencil-breaking scribbles with structured circular mandala boundaries and music painting, reducing weekly behavioral infractions to monthly occurrences (+30.0% EES).
- Client 6: Replaced depictions of stormy seas with a detailed 'Inner Safe Sanctuary' guarded by mountain walls, drastically reducing startle responses (+32.6% EES).
- Client 7: Substituted verbal defiance and object throwing with kinesthetic clay pounding and anger mapping, establishing self-regulation during teacher criticism (+36.4% EES).

V. DISCUSSION

The discussion analyzes findings through neurobiological, behavioral, and socio-cultural lenses while reflecting on institutional opportunities and methodological boundaries.

5.1 Bypassing the Cognitive-Verbal Barrier and Modality Matching

The primary clinical challenge in Bhutanese school counseling is the 'verbal bottleneck' generated by exclusive reliance on talk therapy. Traumatized adolescents experiencing subcortical hyperarousal cannot articulate complex emotional grief. As demonstrated by Client 2's breakthrough during music painting, non-verbal media serve as a 'third entity' in the counseling room, providing psychological distance from trauma and translating sensory-somatic memories into conscious awareness (Malchiodi, 2020; van der Kolk, 2014). Furthermore, reflecting the Expressive Therapies Continuum (Hinz, 2020), no single medium is universally effective: kinesthetic clay pounding and structured mandalas provided necessary containment for externalizing clients (Clients 5 & 7), whereas gentle imagery and music facilitated safety for internalized anxiety (Clients 2 & 6).

5.2 Behavioral Containment and Prosocial Peer Healing

Triangulated observer data verified an 81% increase in impulse control and an 89% improvement in frustration management. Structured art rituals—such as mandala circular boundaries and space cleaning routines—served as external containers that stabilized internal chaos (Peacock, 2018). Moreover, the group delivery model functioned as a miniature 'social laboratory'. The +106% increase in prosocial peer interactions and +26.5% ICCS gain prove that collaborative creation (such as shared murals) rebuilds secure peer attachment—a critical protective factor against the loneliness and distress documented among Bhutanese youth (Dema et al., 2019; Gussak, 2019).

5.3 Methodological Limitations

To preserve action research rigor, key limitations must be acknowledged: (1) Absence of a Control Group: As an active school intervention, the study lacked a control group, preventing complete separation of ABT effects from natural maturation; (2) Sample Boundaries: The cohort was restricted to seven Grade VI male students (N=7) at a single school site, limiting direct generalizability to female students or secondary grades; (3) Dual-Role Bias: The primary investigator functioned as both therapist and data collector (managed via neutral observer triangulation and standardized scales); and (4) Lack of Longitudinal Tracking: Absence of 3- to 12-month post-intervention follow-up leaves long-term maintenance unmeasured.

VI. CONCLUSION AND RECOMMENDATIONS

This action research demonstrates that a structured, 35-hour multimodal Arts-Based Therapy intervention successfully bypasses cognitive-verbal barriers, enhances emotional self-regulation, modifies externalized behavioral disruption, and fosters prosocial peer connection among traumatized adolescents in Bhutan. Synthesized evidence confirms that non-verbal creative modalities offer a highly effective, culturally sensitive complement to traditional school counseling.

6.1 Action-Oriented Policy Recommendations

Based on empirical outcomes, the following evidence-based actions are proposed:

1. For Policy Makers and the Ministry of Education and Skills Development (MoESD):

- Formally expand the national School Guidance and Counselling Framework to integrate non-verbal, trauma-informed expressive modalities alongside talk therapy.
- Establish cross-divisional certification workshops and clinical training in creative therapies for school counselors through the Career Education and Counselling Division.
- Allocate a sustained national budget line item to supply school counseling departments with sensory art media (clay, paints, musical tools) and standardized rating scales.

2. For School Counselors and Educators:

- Establish structurally predictable, trauma-informed counseling environments utilizing daily creative rituals.
- Form multidisciplinary review teams with teachers to evaluate chronic student misconduct, replacing punitive discipline cycles with therapeutic support.
- Pursue continuous professional development in modality selectivity aligned with the Expressive Therapies Continuum.

6.2 Strategic Roadmap for Future Action Researchers

Future research should: (1) Expand sample sizes across multiple school clusters to include female adolescents and secondary grade levels; (2) Incorporate quasi-experimental control groups to isolate specific therapeutic effect sizes; (3) Implement mandatory 3-, 6-, and 12-month longitudinal follow-up tracking loops; and (4) Conduct direct comparative trials evaluating multimodal ABT against conventional verbal counseling frameworks within Bhutanese education.

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