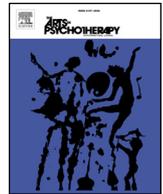




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## Research Article

## A creative pathway to a meaningful life: An existential expressive arts group therapy for people living with HIV in Hong Kong

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## ABSTRACT

People living with HIV (PLHIV) are likely to encounter existential conflicts, while stigma is a major stressor leading to poorer psychological well-being and social isolation. Aside from medical treatment, diverse psychotherapeutic approaches that guide PLHIV to reconstruct a meaningful life are needed. This paper reports on the process and efficacy of an eight-session, existential expressive arts group therapy program developed for PLHIV in Hong Kong. Eight HIV-positive male participants were recruited and completed the therapy. Using an existential-phenomenological framework, the therapy aimed to facilitate participants to make existential meaning from a creative process, which in turn help them overcome challenges and enhance their well-being in the domains of physical health, psychological health and social relationships. A mixed-methods study design was employed. Qualitative data were obtained through clinical observation by the therapist intern, participants' written reflection, and semi-structured interviews with the participants. Quality of life, affects, and group cohesion were measured by self-report questionnaires. The results showed that most participants found a way to make existential meaning and benefited from increased quality of life and creativity. They displayed significant improvement in the physical health domain of the quality of life ( $Z = -1.980, p = .048, r = 0.50$ ) and positive affect ( $Z = -2.103, p = .035, r = 0.53$ ). The findings contribute to the field of HIV care using an integrated arts approach.

## Introduction

According to the World Health Organization (2017), approximately 36.7 million people were living with HIV (PLHIV) at the end of 2016, with 1.8 million new infections that year. In Hong Kong, there were in total around 8410 PLHIV by the end of 2016, with 692 newly reported HIV cases in that year (Department of Health Hong Kong Special Administrative Region, 2017). The remarkable advancement in the highly active antiretroviral therapy has turned HIV infection into a chronic, manageable, rather than a necessarily fatal, disease, expanding the life expectancy of PLHIV to that of the general population (Teeraananchai, Kerr, Amin, Ruxrungtham, & Law, 2016). Moreover, intensive efforts have been made to develop a curative treatment for HIV (Deeks et al., 2016). Nevertheless, the quality of life, defined as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (World Health Organization, 1996, p. 5), that PLHIV may experience is likely to be poor (Nazik et al., 2013) as a result of uncertainty in illness and enduring psychological stress (Hand, Phillips, & Dudgeon, 2006; Mo & Ng,

2017; Molassiotis, Callaghan, Twinn, & Lam, 2001).

Stigmatizing attitudes towards PLHIV have been found to be prevalent in Hong Kong due to the cultural concern with the loss of face, and the negative representation of PLHIV on mass media (Mak et al., 2006; Mo & Ng, 2017; Rao, Angell, Lam, & Corrigan, 2008). Many studies have highlighted stigma as a stressor that can negatively impact psychological well-being of PLHIV and self-worth (Charles et al., 2012, Close, 2010; Emler, 2014; Herek, Saha, & Burack, 2013). As such, a biopsychosocial approach endorsing a holistic view of health and a strength-based perspective is needed (Huang, 2013).

Challenges facing PLHIV also include the existential conflicts which are experienced by all humans but are particularly applicable to PLHIV, since being diagnosed with HIV is a significant life event "generating deep anxiety that reflects a profound sense of threat to individual existence" (Yalom, 1980, as cited in Farber, 2009, p. 338). Existential conflicts may arise from heightened awareness of death, avoidance of responsibility for choices, interpersonal isolation, and meaninglessness of life (Farber, 2009). An existential-phenomenological framework has been proposed as effective in helping PLHIV overcome resistances to these conflicts by illuminating their lived experience, striving towards

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**Table 1**  
Therapy Overview.

Session	Theme	Existential-phenomenological framework	Physical	Psychological	Social	Core art-making / Creativity
1	Welcome	<ul style="list-style-type: none"> <li>● Expansion of awareness of the lived experience</li> </ul>	<ul style="list-style-type: none"> <li>● Sensitization and expression through body and voice</li> </ul>	<ul style="list-style-type: none"> <li>● Centering and relaxation</li> <li>● Recognition of feelings</li> </ul>	<ul style="list-style-type: none"> <li>● Relationship building</li> </ul>	<ul style="list-style-type: none"> <li>● Ice-breaking (movement and sound)</li> <li>● Designing entry ticket (visual arts)</li> </ul>
2	Be the Cast Member	<ul style="list-style-type: none"> <li>● Expansion of awareness of resources and existential death</li> </ul>	<ul style="list-style-type: none"> <li>● Sensitization and expression through movement</li> </ul>	<ul style="list-style-type: none"> <li>● Development of a sense of safety and enhancement of self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>● Awareness of common experience</li> </ul>	<ul style="list-style-type: none"> <li>● Story-writing (visual arts and drama)</li> <li>● Press conference (drama)</li> <li>● Mask-making (visual arts)</li> </ul>
3	Beneath the Mask	<ul style="list-style-type: none"> <li>● Expansion of awareness of resources and existential isolation</li> </ul>	<ul style="list-style-type: none"> <li>● Enhancement of awareness through bodily sensations</li> </ul>	<ul style="list-style-type: none"> <li>● Expression and containment of emotions</li> </ul>	<ul style="list-style-type: none"> <li>● Exploration of interpersonal isolation</li> </ul>	<ul style="list-style-type: none"> <li>● Collage with photos (visual arts)</li> </ul>
4	My Previous Track	<ul style="list-style-type: none"> <li>● Shifting focus from past to here-and-now</li> </ul>	<ul style="list-style-type: none"> <li>● Awareness of shift in bodily sensations</li> </ul>	<ul style="list-style-type: none"> <li>● Awareness of shift in feelings</li> </ul>	<ul style="list-style-type: none"> <li>● Building mutual support in the here-and-now</li> </ul>	<ul style="list-style-type: none"> <li>● Song listening (music)</li> <li>● Creating a theme park facility using LEGO bricks (visual arts)</li> </ul>
5	Tomorrowland	<ul style="list-style-type: none"> <li>● Exploration of potentialities</li> </ul>	<ul style="list-style-type: none"> <li>● Sensation and expression through bare-hand art-making</li> </ul>	<ul style="list-style-type: none"> <li>● Instillation of hope</li> </ul>	<ul style="list-style-type: none"> <li>● Exploration relational resources from a future perspective</li> </ul>	<ul style="list-style-type: none"> <li>● Creating a dreamland (visual arts)</li> <li>● Poem writing (poetry)</li> </ul>
6	I'm not Alone	<ul style="list-style-type: none"> <li>● Consolidation of improved affects and relational resources</li> </ul>	<ul style="list-style-type: none"> <li>● Further awareness of shift in bodily sensations</li> </ul>	<ul style="list-style-type: none"> <li>● Promotion of feeling loved, appreciated, and understood</li> </ul>	<ul style="list-style-type: none"> <li>● Consolidation of relational resources within and beyond the group</li> </ul>	<ul style="list-style-type: none"> <li>● Group song-writing (poetry and music)</li> </ul>
7	Theme Song	<ul style="list-style-type: none"> <li>● Integration of new meaning of existence into the sense of self</li> </ul>	<ul style="list-style-type: none"> <li>● Whole-body sensitization and expression through breathing and sounding</li> </ul>	<ul style="list-style-type: none"> <li>● Further improvement of positive affects</li> </ul>	<ul style="list-style-type: none"> <li>● Facilitation of communication and communion</li> </ul>	<ul style="list-style-type: none"> <li>● Singing (music)</li> <li>● Writing diary one year later (writing)</li> </ul>
8	Festival	<ul style="list-style-type: none"> <li>● Connecting back to reality</li> </ul>	<ul style="list-style-type: none"> <li>● Whole-body sensitization and expression through singing</li> </ul>	<ul style="list-style-type: none"> <li>● Consolidation of positive meaning of existence</li> </ul>	<ul style="list-style-type: none"> <li>● Extension of experience beyond the group</li> </ul>	<ul style="list-style-type: none"> <li>● Reunion one year later (drama)</li> </ul>

fulfilling potential, finding available relational resources, and ultimately making positive life meaning (Farber, 2009). For PLHIV, a positive meaning of living with HIV is found to be able to instill hope and improve psychological health (Mascaro & Rosen, 2005).

Expressive arts therapy is appropriate given its holistic approach to facilitating the integration of one's body, mind, emotions, and spirit through multimodal arts (Malchiodi, 2003). Instead of an exclusive reliance on a particular art modality, expressive arts therapy is characterized by the inter-modalities of visual arts, dance/movement, music, drama, poetry and creative writing. The therapeutic process involves shifting from one art modality to another for the purpose of amplifying one's imagination and expression (Knill, Barba, & Fuchs, 1995, as cited in Estrella, 2005). While some PLHIV might report reduced cognitive flexibility (Hoare et al., 2016), expressive arts therapy can expand their "range of play" (Knill, 2005, p. 79) through creating an "alternative experience of world" (Knill, 2005, p. 81), thereby contributing to their creativity and cognitive flexibility (Zabelina & Robinson, 2010). The experience with both existential anxiety and freedom inherent in a creative process of imagination can be integrated into participants' daily life with a reflection on what has been learnt and a meaningful change in one's sense of world and the self (Levine, 2014; Levine, 2005).

Despite the promising potential of expressive arts therapy, little evidence exists regarding the efficacy of expressive arts group therapy for PLHIV, except for one qualitative exploratory study with eight women with HIV in San Francisco (Machtinger et al., 2015). The study found that writing and telling stories in public performance using movement and drama could increase participants' mental health, social support, self-esteem, and self-efficacy. In Hong Kong, only one study has focused on psychotherapy for six Chinese men living with HIV while it demonstrated the efficacy of cognitive-behavioral group therapy in improving the quality of life and mood (Chan et al., 2005). To our best knowledge, the present study is the first one which attempts to examine the process and effects of expressive arts group therapy for men living with HIV in Chinese context. The findings assume a potential to contribute to the understanding of the significance of existential meaning for PLHIV and advocating the endeavours to improve the quality of life of PLHIV.

## Study methods

A mixed-methods sequential explanatory study design was used to evaluate the efficacy of the expressive arts group therapy (Creswell & Clark, 2007). The qualitative data was used for further understanding of the quantitative data as well as the participants' subjective experiences in the therapy.

### Participant recruitment

Through the referral by staff at a self-help charity organization in Hong Kong, eight participants aged above 18 years signed the consent form and agreed to undertake this group therapy and provide data for the evaluation purpose. While this study recruited PLHIV regardless of their HIV infection duration, those who had severe psychotic symptoms or were unable to guarantee attendance in the majority of sessions were excluded. Ethical approval for the study was provided by the Ethics Review Board at the educational institution to which the authors are affiliated.

### Interventions

The therapeutic program comprised eight sessions conducted from April to June in 2015 by an expressive arts therapist intern under the supervision of a registered expressive arts therapist. A therapy session was held every Friday from 7 pm to 9 pm with two sessions postponed after the third session due to public holiday and a prearranged event of

the organization.

The therapist intern applied a basic structure suggested by Knill (2005) in planning each therapy session (see Table 1). Sessions 2–8 each began with each participant's sharing of a pleasant moment over the week, followed by engagement in the core art-making process. Several steps were taken to facilitate the participants to enter the alternative world experience, including turning into the senses; exploring spatial and temporal limits, materials, tools, and shaping options; experimenting with different ways of making; and viewing the unanticipated as a partner (Knill, 2005). Subsequently, participants undertook an "aesthetic analysis" (Knill, 2005, p. 150) to discern the process (i.e., the process of shaping), creative work (i.e., the surface of the artwork), and inner experiences (i.e., physical and psychological feeling) (Knill, 2005). Each session concluded by "harvesting" (Knill, 2005, p. 156) the materials revealed, prompting the participants to reflect upon the issues they faced in their lives, and proactively seeking insight and solutions (Knill, 2005). This was achieved by a group sharing, simple writing or drawing on the personal entry ticket created in Session 1.

In line with Krycka's (1997) existential-phenomenological psychotherapeutic approach, the entire program sought to enable a three-phase process of change in participants. The overarching goal of the first phase (Sessions 1 to 3) was to broaden participants' awareness of their lived experience by means of bodily sensations and art-making (Krycka, 1997). This could be achieved through individual activities including story-writing, acting, and mask-making (Knill et al., 1995). Such activities attempted to help participants reach an in-depth realization of their strengths, resources available, challenges encountered, and feelings induced. Such awareness could therefore pave the way for emotional release and cognitive reflection in later sessions.

The second phase (Sessions 3 to 5) aimed to bring about an internal dialogue with the previously disowned aspects of awareness (Krycka, 1997). The mask-making activity (Session 3) was intended to help participants express, externalize, and contain the inner turmoil while looking further into the relationship between their inner self and outer reality. When expressing the pain, participants would be guided to realize the "strengths, idealism, and healthful inner resources" (Emunah, 1990, p. 103), which would be crucial to develop a sense of safety and mastery of emotions, thereby enhancing self-esteem and regaining internal equilibrium (Emunah, 1990). According to Knill et al. (1995), the power of an artistic process lies in transforming pain, suffering, repulsion, and destruction into strength and insight. In creating a theme park facility (Session 4) to depict their life journey, the therapist intern attempted to guide the participants to experience a shift in bodily sensations, focusing on feelings in the here-and-now, and making sense out of it. Subsequently, the creation of a LEGO figure in the theme park facility afforded a space for them to explore potentialities in their lives and to make an initial sense of existential meaning (Emunah, 1990).

The third phase (Sessions 6 to 8) is an integration of previously disowned or lost experience into a relatively stable sense of self (Krycka, 1997). Poem-writing which was conducive to making existential meaning was done (Knill et al., 1995). Group activities including collective creation of a LEGO village, song-writing, singing, and finally acting a future self in one year together served the purpose of accumulating personal as well as relational resources.

Throughout the therapeutic process, the participants could be provided with opportunities to attune themselves to bodily sensations and feelings, to experience ongoing shift in awareness, and finally make cognitive sense in the end. This process is known as crystallization where a client comes to grasp a meaning within his personal life through the triangular therapeutic relationship among the participant, the therapist, and the arts (Knill et al., 1995).

**Table 2**  
Demographics of Participants.

	N (%)	Min	Max	Median
Age (years)		24	55	48
Year(s) since HIV diagnosis		0.6	15.8	4.4
Gender				
Male	8 (100%)			
Female	0 (0%)			
Marital status				
Married	2 (25%)			
Single	6 (75%)			
Education level				
Junior secondary	1 (13%)			
Senior secondary	3 (38%)			
Associate degree/Higher diploma	1 (13%)			
Bachelor's degree	2 (25%)			
Master's degree or above	1 (13%)			
Employment status				
Full-time	5 (63%)			
Part-time	0 (0%)			
Retired	1 (13%)			
Unemployed	2 (25%)			

### Data collection and analysis

#### Quantitative measures

Other than the demographic characteristics including gender, age, marital status, education level, employment status, and year(s) since HIV diagnosis, participants filled in a questionnaire prior to the first session and following the last session. Each self-report measure is described below.

#### Quality of life

The Chinese version of the World Health Organization Quality of Life-BREF (WHOQOL-BREF) was used to assess the change in the participants' quality of life. Validity and reliability of the scale have been established (Xia, Li, Hau, Liu, & Lu, 2012). The scale contains 26 items assessing the overall quality of life, general health, and specific domains of quality of life which include physical health, psychological health, social relationships, and environment. Since the environment domain was not a key focus of change in this therapeutic program, it is not reported in this study. Sum scores were computed for each domain and higher scores indicate better quality of life.

#### Affect

Developed specifically for Hong Kong Chinese (Hamid & Cheng, 1996), the Chinese Affect Scale (CAS) contains 10 self-report questions assessing positive affect (i.e., peaceful, excited, agreeable, contented, happy, comfortable, meaningful, exuberant, joyful, and relaxed) and 10 assessing negative affect (i.e., sad, tense, helpless, disappointed, frightened, bitter, insecure, exhausted, depressed, and annoyed). Participants' responses were recorded on a 5-point Likert scale and a higher score means a higher level of that affect. Hamid and Cheng (1996) found reasonable internal and retest reliabilities and high convergent and discriminant validity for this scale.

#### Group cohesiveness

The Chinese version of Yalom's Therapeutic Factors was utilized to assess participants' perception of the group cohesiveness emerging from the therapy. Shown to have good reliability and validity (Chung et al., 2011), the inventory consists of 24 items with two examining each of the 12 therapeutic factors. Only two items of the Group Cohesiveness subscale were used in this study so as to minimize the number of questions in the questionnaire, while focusing on the ultimate outcome of an efficacious group process. All items are rated on a 5-point Likert

scale, and the total score ranges from 2 to 10.

Given the small sample size of this study, non-parametric Wilcoxon signed-rank tests were performed to examine the differences between pre- and post-group scores of the scales. All *p* values were two-tailed and statistical significance was determined at a level of 0.05. To further assess therapy efficacy, effect sizes (*r*) were computed for each outcome measure between pre-group and post-group (Fritz, Morris, & Richler, 2012). According to Cohen's guidelines (cited from Fritz et al., 2012), an *r* value of 0.5 means a large effect, 0.3 means a medium effect, and 0.1 means a small effect. The analyses were performed with the aid of IBM Statistical Package for the Social Sciences (SPSS) 24 software.

#### Qualitative measures

Qualitative data mainly came from participants' written reflections and semi-structured interviews conducted three months after the final session. Only one participant did not attend the interview. The interview questions revolve around participants' experiences in the therapy, existential meaning made from the therapeutic process, and the changes they perceived in physical health, psychological health, social relationships, and creativity. The interviews were transcribed verbatim and analysed following a thematic analysis method (Clarke & Braun, 2013). In specific, the first author began with reading over the transcripts to be familiar with the data, followed by a coding process to generate codes to narratives with a focus on the experiences and impact of the therapy. Working on the codes generated from the previous stage, the researcher then sought to identify, review, and define the themes in search of a thematic description of the data. In addition, the therapist's observation notes on participants' bodily, facial, and verbal expressions along with the group dynamics provide additional data to document the course of the therapy and are incorporated in the analysis. In presenting the study results, participants' identity has been protected by the use of an English letter. A participant's age, and year(s) since diagnosis are provided to contextualize the narrative.

### Results

Participants' demographic characteristics are summarized in Table 2. Eight participants were male and aged between 24 and 55, with a median age of 48. Most of them were single ( $n = 6$ , 75%) and had a full-time job ( $n = 5$ , 63%). As for education level, half of them had an associate degree or a higher diploma. The length of time since their HIV diagnosis ranged from 0.6 to 15.8 years, with a median of 4.4 years. In this study, one participant was absent from two sessions and three participants missed one session mainly due to health issues, overtime work, or a pre-scheduled travel plan.

#### Quantitative analysis

All participants completed the questionnaire without any missing values in the data. The quantitative results of the WHOQOL-BREF show preliminary evidence for the effect of expressive arts group therapy on participants' quality of life. The median score of overall quality of life did not change after the therapy (Median = 3.5,  $Z = -.577$ ,  $p = .564$ ,  $r = 0.17$ ) whereas general health improved with the median increasing from 3.0 to 4.0 ( $Z = -1.414$ ,  $p = .157$ ,  $r = 0.35$ ). However, neither result reached statistical significance.

Examination of the separate domains also shows some promising, albeit mixed, effects of this therapy on participants' perception of quality of life (see Table 3). The average perception of the psychological health domain of WHOQOL-BREF did not reach statistical significance ( $Z = -1.357$ ,  $p = .175$ ,  $r = 0.34$ ), but the median rating increased from 47.0 to 59.5. There was a statistically significant improvement in positive affect ( $Z = -2.103$ ,  $p = 0.35$ ,  $r = 0.53$ ) with the median increased from 29.0 to 36.0. Negative affect did not reach statistical significance either ( $Z = -1.532$ ,  $p = .125$ ,  $r = 0.38$ ), but the median score also slightly increased from 16.0 to 18.0. A statistically significant

**Table 3**  
Pre-group and Post-group Median Score, Z-score and p-value of Each Measure.

	Median, Pre-group	Median, Post-group	Z	p	Effect size
<b>WHOQOL(BREF)</b>					
Overall quality of life	3.5	3.5	-.577	.564	0.14
General health	3.0	4.0	-1.414	.157	0.35
Physical health	59.5	66.0	-1.980	.048*	0.50
Psychological health	47.0	59.5	-1.357	.175	0.34
Social relationships	50.0	53.0	-1.029	.303	0.26
<b>Chinese Affect Scale</b>					
Positive affect	29.0	36.0	-2.103	.035*	0.53
Negative affect	16.0	18.0	-1.532	.125	0.38
Group cohesiveness	6.0	6.5	-1.200	.230	0.30

Note: \*  $p < 0.05$ .

improvement was also found in the average perception of the physical health domain ( $Z = -1.980$ ,  $p = .048$ ,  $r = 0.50$ ) with the median rating increasing from 59.5 to 66.0. The statistical analysis did not find a significant increase in the perception of the social domain ( $Z = -1.029$ ,  $p = .303$ ,  $r = 0.26$ ) but the median score improved slightly from 50.0 to 53.0. Similarly, the perception of group cohesiveness measured by the Chinese version of Yalom's Therapeutic Factors Group did not show a statistically significant increase ( $Z = -1.200$ ,  $p = .230$ ,  $r = 0.30$ ), but the median score slightly increased from 6.0 to 6.5.

#### Qualitative analysis

To supplement the quantitative analysis, the qualitative analysis is mainly focused on the participants' reflection on existential meaning, their experiences in the expressive arts-therapy, and impacts of the therapy on their quality of life. The analysis yielded three themes in relation to the intervention, including (1) making existential meaning, (2) improved quality of life, and (3) creativity.

#### Making existential meaning

The holistic approach and the inter-modalities characterizing the therapy in this study were found to be instrumental in creating a de-centering experience where participants were able to transcend existential suffering to find existential meaning (Knill, 2005). For example, in the mask-creating activity, some participants gained insights from exploring the intersection between the left-hand side of the mask, which represented the image they exhibited to others in daily reality; and the right-hand side, which represents their inner self. The artwork made by Participant G (24 years old, 0.6 years since diagnosis) is used to illustrate the process in Session 3 (see Fig. 1).

Through the reflection, Participant G was able to recognize different colors and patterns marking his mask and a visible scar on the right-hand side. In the process of shaping, he found the nose to be the most difficult part to draw and therefore spent longer working on that. He also became aware of an unhappy feeling and his heart racing while drawing on the mask. Subsequently, some words and questions surfaced in his mind as if the mask was telling him something:

*Why? Why did those people treat me (betray or hurt me) like this? Was that my problem or their problem? If time could be reversed, would they still treat me like this or things would be different?*

He finally came to understand that the bad, right-hand side actually helped him realize how good the left-hand side is. To him, acceptance of the right-hand side becomes a site of growth.

As a foremost goal of this therapy, most participants have exhibited an ability to articulate existential meaning for their status and experiences as PLHIV. Participant A (52 years old, 12.5 years since diagnosis)



Fig. 1. Mask created by Participant G.

gave a compelling account of how the group therapy helped him develop a new perspective on living with HIV: "No matter how big the challenge was in the past, everyone now has a normal life and is creating their future together." For Participant F (48 years old, 2.8 years since diagnosis), the therapy has also freed him from the long-existing limitations posed by HIV. He succinctly commented: "I found freedom [throughout the therapy]." Participant G likewise recognized that the therapy had enabled him to see his HIV-positive status as a companion without feeling endless remorse and bitterness:

*I've become accustomed to living together with my illness even though I know that something can be different too.*

Indeed, HIV-positive, a highly stigmatized condition in Hong Kong, has presented myriad challenges, demanding a tremendous amount of coping resources and adjustment by PLHIV. As shown in this section, the expressive arts group therapy proved to be therapeutic in introducing an alternative lens to disrupt the long-held sense of hopelessness and to construct existential meaning for life.

#### Improved quality of life

##### Physical health

In the semi-structured interviews, some participants reported that the therapy had benefited their physical health possibly through peer support and improved medical adherence. Participant D (27 years old, 5.7 years since diagnosis) stated: "I began to sleep better after the end of the group." Participant G also commented on the therapeutic effect on his physical health:

*The group helped improve my physical health because it helped me adhere to the medication and in the group there were opportunities to exchange medical conditions and other information among participants.*

##### Psychological health

The therapy was also found to be conducive to restoration of self-esteem which is pivotal to psychological well-being. Participant B (48 years old, 10.3 years since diagnosis) revealed in the semi-structured interview that during the therapy he was encouraged to try and play and consequently gained confidence in himself. Other participants likewise mentioned that the arts-making, particularly the mask-making activity, has enabled them to express and share about their inner self that has been disguised or rejected by others.

While many PLHIV have become accustomed to emotional suppression, this therapy was noted as a safe avenue for emotional expression. Several emotion words emerged from the semi-structured interviews as well as participants' written reflections at the end of each



Fig. 2. Participant C's drawing in Session 1.

session. While the most frequently one is “happy,” some participants also described feeling “touched” and “loved.” Going through the eight sessions, most participants have come to accept variability in their emotions, eventually achieving emotional equilibrium.

*My emotions has become stable since joining the therapy group... it swung a lot before [I participated in the group].* (Participant D)

*My emotions were like stocks, going up and down. I believe that my emotion has become better than before... probably because I know what can happen in the future.* (Participant G)

Such awareness and revitalization of emotions was clearly exemplified by Participant C (48 years old, 15.8 years since diagnosis). In Session 1, he drew a black outline of a pouting and sweating face on the cover of the entry ticket, sharing that it was a wordless expression of him being nervous and frustrated (see Fig. 2). He shared in the semi-structured interview that, through art creation starting in Session 1, he was aware of the states of being sad, angry, and agitated. Such tense states reached their peak in the mask-making session while gradually “cooling down” after that. It was not until Session 6, when he made a LEGO figure to represent his family, that he encountered and exhibited positive emotions. His negative emotions abated after the group song-writing in Session 7. When expressing his hope to see all group members again one year later, he appeared especially delighted.

Other participants likewise noted that the mask-making activity in Session 3 enabled them to express, externalize, and contain their emotions,

*The grief and unhappiness inside me could be expressed in the mask. I rarely tell others [about my feelings]. I guess through the mask and sharing with other groupmates, my emotions could be released.* (Participant C)

While living with HIV could be dreadful and stressful, a more critical problem encountered by PLHIV is suppression and disguise of one's emotional status. In this regard, some participants commented that the drawing activity helped them relax and stay attuned to their current emotional status.

*Though it did not take too long to draw or build LEGO figures, putting other daily hassles aside for just one or two hours could still help me deal*

*with other matters peacefully.* (Participant F)

*I tried to draw... I could stay focused without thinking of other things too much.* (Participant G)

#### Social relationships

The study also found that the social and interactive components inherent in the group therapy benefitted the participants' social relationships. Specifically, some participants shared their positive experiences with the inter-relationship between the therapy, interaction between group members, and consequent group cohesion:

*The sharing part led to the good bonding. We could quickly gain trust and support [and] were willing to talk about what had never been shared with anyone else or behaviours that were not widely accepted... I think we had become a lot closer afterwards.* (Participant A)

*In the beginning we were not close to each other. After coming for a few sessions, we started to chat more.* (Participant B)

*I like writing a song together in the end. During the process, I realized that I initially insisted on putting a melody to a certain place or believed that part should be made like this. [When we formed the lyrics], some words were deleted, and I insisted on adding something back because otherwise the lyrics were not linked together. But after a while, having heard what the therapist [intern] said, I learned to let go and realized that I did not need those words. Since this was a collective creation, I learnt to accept the suggestions of others.* (Participant C)

Some participants expressed that the effects of such positive social interaction were not only long-lasting but further invigorated their daily interaction also:

*My trust towards strangers has grown. During the eight sessions, this group of friends gave me confidence to say something that I was usually reluctant to say. I was touched by their words sometimes.* (Participant E, 55 years old, 3.1 years since diagnosis)

*After the eight sessions, I'd find someone to chat with when I am unhappy.* (Participant D)

Notably, the activity of creating a LEGO village was noted as particularly useful in building connection among the group members (see Fig. 3). In debriefing this activity, a number of participants shared that they have gained new insight into interpersonal relationships:

*This should be a space tunnel. The goal is to find the stars. Stars represent friends. All of us are striving towards our own goals.* (Participant B)

*[The title of the artwork is] Happy Family. Collaboration is so important within a family... I'll explore new places and meet new people. No one will be alone forever.* (Participant C)

*My goal is to develop a happy and healthy relationship. Hanging out with friends or family members and having a support group would be happy enough... When you're very unhappy and feeling alone, there're in fact many people standing by you... When you let go, you can move on and*



Fig. 3. LEGO Village Co-created in Session 6.

*use your own ability to help others.* (Participant H, 25 years old, 1.0 year since diagnosis)

The group song-writing activity held in Session 7 was also mentioned by several participants as emotionally soothing and enlightening. One participant recounted that he had even become accustomed to listening to the song each morning and would feel recharged. The song was so memorable that many participants could still remember how to sing it without looking at the lyrics in a reunion held eight months after the last session. The English translation of the Cantonese lyrics is as follows:

*Having fallen so many times in the journey  
If the reality cannot be changed  
Honestly face the challenges in life  
Stay healthy  
Everybody is preoccupied by some troubles  
Despite challenges, join our hands  
Catch the opportunity for happiness together  
Build the dream  
All my dear friends  
Make me feel warm  
Change naturally  
Revelation  
Go with the flow, free  
Evolution  
All my dear friends  
Make me feel warm  
Change naturally  
Revelation  
Go with the flow, free  
Evolution  
I believe (in) myself  
Happy together  
The world is simple  
Happy being oneself  
Having love is good enough*

As a collective creation, the first verse conveys the participants' awareness of the challenges in their lives and what cannot be changed. The second verse shifts to a prospective view, depicting a search for a hope in the future. Such a shift in perspective represents an internal dialogue in affirming, yet further reframing, the disowned experience. Emerging from the collective creative process, the themes of the song surround sharing companionship with each other, feeling loved, and a mutual appreciation of group solidarity, all of which are embodiment of social support derived from the therapy.

### Creativity

As a key objective of expressive arts therapy, the participants' creativity has been highlighted and tapped into over the course of therapy. Knowing and showing their innate creativity not only became a source of participants' self-appreciation but also revealed an avenue to identify alternative coping strategies in response to their real-life challenges. As shown in the semi-structured interviews, a majority of participants recognized the growth in creativity:

*My thought platform has been broadened...Seeing what others were doing could inspire me a little bit, or made me understand what not to do.* (Participant F)

*I've never imagined I can create a song.* (Participant B)

Some participants came to experience the freedom by making art, learning how to bring chaos into order in the creative process. As Participant D stated, "I could create the LEGO figure without thinking too much. It's surprising to me at least."

Some participants also noted that the art-making process had

already brought about meaningful changes to their lives. As a visual artist, for example, Participant H regained his passion to draw after completing this therapy; Participant G also described that he used to have little interest in drawing, whereas after the group he would draw at leisure and feel content with his own artwork.

### Discussion

In keeping with the existential-phenomenological framework, this therapy was intended to guide PLHIV to experience the three-phase process of change (Krycka, 1997), to discover workable solutions to challenges (Farber, 2009), and to secure emotional well-being (Mascaro & Rosen, 2005). The mixed-methods design of this study has allowed for documenting and unpacking, both quantitatively and qualitatively, how the participants' quality of life and creativity evolved during their therapeutic journey.

The therapeutic effects afforded by this expressive arts group therapy appear holistic. Quantitative findings revealed significant improvement in participants' physical health and positive affect following the intervention. Despite the statistical non-significance, a slight increase was also observed in the participants' psychological health and social relationships. Given the noticeable sizes of effects across the outcome domains, this therapy proves effective in meeting a range of needs for PLHIV.

The improvement in physical health may be attributed to the peer support component and enhanced meaning of life. Rao et al. (2007) contend that physical symptoms experienced by PLHIV may subside since the therapy can function as an interface for exchanging medical information and afford peer support for maintaining medical adherence. Other studies also found that in a peer-based intervention, the mutual support can contribute to better medical adherence among PLHIV (Marino, Simoni, & Silverstein, 2007; Simoni, Frick, & Huang, 2006). In this study, Participant G also mentioned his improved adherence partly resulting from the peer support gained from the therapy. On the other hand, in this study, the existential-phenomenological focus on realizing personal dreams and nurturing interpersonal relationships in the face of illness and death might have enabled the participants to regain a sense of control and responsibility in striving for good physical health and a healthy lifestyle.

Consistent with prior evaluation studies on art therapy (Feldman, Betts, & Blausey, 2014; Rao et al., 2007), psychodrama (Karabilgin, Gökengin, Doğaner, & Gökengin, 2012), and expressive therapy (Machtinger et al., 2015), the findings of this study offer some evidence for the positive and stabilizing effect of this expressive arts group therapy on psychological health among PLHIV.

While participants' positive affect significantly improved, it was initially surprising to find that their negative affect was also slightly elevated after the intervention. As Rao et al. (2007) highlighted, a group arts therapy can serve a function of creating a safe space for participants to express symptoms associated with HIV rather than "keeping the pain or anxiety bottled-up inside" (p. 68). Therefore, a reflection on one's HIV status and associated experiences may inadvertently lead to more expression and/or expression of previously suppressed emotions, both positive and negative. This result not only speaks to the complexity of human emotions that positive and negative emotions are independent yet interlocked (Crawford & Henry, 2004), it also well aligns with the existential approach and arts-based nature of this therapy. Farber (2009) argued that a heightened awareness of one's own emotions is part and parcel of living a meaningful life. Moon (2009) also maintained that even though artwork is mostly reflective of events in one's past, an art-making experience and the art product are conducive to intensifying one's here-and-now awareness in which emotional opposites are very likely to occur simultaneously.

Apart from these mechanisms of change, the expressive arts therapy reported in this paper has benefitted from the use of various art modalities in enabling participants to identify their feelings and confront the

issues behind the emotions. Specific to expressive arts therapy, the occurrence of negative feelings could be linked to the use of unfamiliar art media (Hinz, 2009). As such, the presence of negative emotions should not be considered counterproductive but rather as pivotal to overall psychological well-being when expressed properly and contained carefully.

Numerous researchers have also highlighted the merits of group psychotherapy in forging trust and mutual support within the group (Antoni et al., 2002, 2006; Machtinger et al., 2015; Nakimuli-Mpungu et al., 2014; Peterkin, Esplen, Hann, & Lawson, 2013). In this study, the group therapy also enabled building of social relationships and peer support, which many PLHIV in Hong Kong are largely deprived of due to prevalent discrimination against HIV and a lack of tailored service (Lau et al., 2003; Mo & Ng, 2017). In addition, the results also demonstrated an increase in group cohesiveness during the eight sessions, albeit without statistical significance. Since group cohesiveness is linked to attendance (Crino & Djokvucic, 2010), the stable attendance of the group could help the group members establish mutual trust and nurture a supportive environment.

The design of the art-making activities and the subsequent in-depth sharing laid another building block for group cohesiveness. For example, the creation of a LEGO village provided a simulating situation for the participants to draw and map the connections within and beyond the therapy group, which can further lead to an increase in their social skills and group trust (as cited in Kato, Asai, & Yoshie, 2013). In addition, the group song-writing activity is inherently a team endeavor that requires coordinated creativity through shared space and action (McFerran-Skewes, 2004). As McFerran-Skewes (2004) suggests, heavily relying on collective brainstorming among group members, the group songwriting can activate the group processes that enable both authentic self-expression and the achievement of group cohesion.

Moreover, the social skills learned from the group therapy can be applied in participant s' daily lives. During group sharing, participants were given enough space to narrate their personal accounts while remaining attentive to other group members' emotional responses. As a result, participants worked with these experiences and acquired a better understanding of what they want and what they can get from relationships. Furthermore, from the existential-phenomenological perspective, the relational resources accumulated from the group therapy also allow PLHIV to overcome challenges in their everyday social interactions (Farber, 2009).

Although no standardized instrument was used to assess participants' existential insight and creativity level, which could be too elusive and subjective to quantify, the semi-structured interviews and the art-work have demonstrated the heightened creativity over the course of therapy. In keeping with the existential-phenomenological perspective, the therapist repeatedly accentuated the importance of the authentic self, acceptance of anxiety, and proactive life meaning (Farber, 2009), all of which could have been obstructed by the pejorative labels and social stigma directed against PLHIV.

Aside from reframing participants' internalized stigma and self-doubt, the creative process has become a site of freedom of expression, through which to confront the unknowns, to make decisions, and to solve problems (Farber, 2009; Hinz, 2009). Existential insight has been theorized as having a potential to transform individual's life perspective and revitalize the sense of meaning in life when an individual is able to define a problem in an alternative way and seek solutions (Greenstein & Breitbart, 2000). As such, we would hold that the therapy might be seen as a creative journey for the participants to live a meaningful life and may also benefit other disadvantaged communities (e.g., ethnic minorities, homeless etc.) to whom isolation, oppression, and existential conflicts may frequently occur.

#### Study limitations

While this study provides evidence for an expressive arts group

therapy on improving the quality of life and fostering creativity among PLHIV, the results should be interpreted with caution due to several limitations. First, this is not a representative sample of PLHIV in Hong Kong. All participants are male Hong Kong residents referred by social workers and the voluntary chief executive of the organization. Therefore, the participants were likely to be self-selected, which can be an important predeterminant of efficacy of a therapeutic intervention. Second, the study lacked a control group and we only relied on the pretest-posttest study design to attribute the changes observed in the participants fully to their engagement in the therapy. Third, the sample size ( $n = 8$ ) was small and limits the statistical power in the quantitative analysis. As such, qualitative data were heavily relied upon to document the process and to identify the effects of the therapy. Fourth, the present study did not assess the long-term effect of the intervention. Fifth, the therapy was facilitated mainly by a therapist intern who was also the moderator of the semi-structured interviews. Despite the advantages of stronger rapport and participants' greater willingness to respond to the research questions, some validity problems, such as social desirability, may arise when the therapist is also a researcher (as cited in Karabilgin et al., 2012). While this study has gathered compelling data to illustrate the positive effects of an expressive arts group therapy for PLHIV, future research should take into accounts and endeavor to overcome these limitations.

#### Conclusion

This study demonstrates some positive impacts of expressive arts group therapy on making existential meaning and improving both the quality of life and creativity of PLHIV. In light of the unique, but usually precarious, journey PLHIV are likely to go through, therapists should also recognize participants' need for meaning and creativity that have been obstructed by the physical symptoms and stigmatizing forces. Such need may be met by existential expressive arts group therapy.

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