

‘More in tune with yourself’.  
Understanding university students’  
perceptions of *Arts for the Blues*  
workshops when delivered as an  
online intervention for anxiety and  
depression: a qualitative study



**PLURALISTIC  
PRACTICE**

RESEARCH ARTICLE

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**ABSTRACT**

Anxiety and depression have high prevalence in the general student population, but many Student Counselling Services (SCS) in universities face increasing waiting lists and limited funding. SCS predominantly offer students one-to-one talking therapy as a psychotherapeutic intervention, but delivery can be costly and time-consuming.

We piloted *Arts for the Blues (A4B)*, a creative group psychological therapy, in a large UK university. Full-time university students (n=8) self-reporting with anxiety and/or depression were recruited campus-wide from a range of degree subjects/years. Students attended six 90-minute online, multi-modal group *A4B* workshops that included movement, drawing, and writing exercises. Student perceptions of helpful and unhelpful aspects of the workshops were collected in a focus group halfway through the workshops and through an individual semi-structured interview at the end of the workshops. Additional qualitative data, in the form of chat messages, field notes, and creative work, were collected. Thematic analysis was used to identify key themes in the data.

Helpful aspects of the workshops included: enhanced well-being, a non-judgemental space, self-exploration, a sense of community, strengthened motivation and deepened self-understanding. Unhelpful aspects of the workshops included uneven pacing and a need for more sessions. Some participants found it harder to engage online, although some experienced the screen as a safety net. We found that *A4B* workshops may be a valuable intervention for students with anxiety and depression and are of particular utility for socially anxious students.

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# INTRODUCTION

Higher Education holds challenges for many as it coincides with the peak onset of mental health problems (Kessler et al., 2005) while simultaneously requiring students to forge a new identity (Scanlon et al., 2007). It is a time of developmental uncertainty (Arnett, 2016) that has financial stressors and limited social support (Newcombe et al., 2023). As many as one in four students are using or waiting to access the in-house counselling services in some UK Higher Education settings (Institute for Public Policy Research, 2017). In 2019, a Freedom of Information Request provided data from UK universities about their counselling services, showing that students, on average, are waiting 52 days for a counselling appointment and that 25% of SCS have had their budgets cut or frozen (Campbell, 2019). A large post-pandemic survey found distress still persists in the student population even as in-person studying has returned, advocating for the importance of maintaining or increasing current levels of SCS provision (Liverpool et al., 2023).

Brogli et al. (2021) found that within UK SCS, the highest percentage of students who received counselling was for one-two sessions and, in one data sub-group, 45% of students (507 from 1,131) faced unmanaged endings to their therapy. Unfortunately, such endings are associated with clients who, at the assessment stage, present with greater levels of distress and higher risk (Saxon et al., 2010). Given these attrition rates, it is highly likely that the needs of students are not currently being met within SCS. This is particularly pertinent for students with social anxiety who are being discharged from SCS largely unchanged (Brogli et al., 2021). Such students represent 19-33% of the student population (Parade et al., 2010).

## BACKGROUND

Recent years have seen a growth in research on mental health interventions for university students, such as e-CBT (Mullin et al., 2015) or e-ACT (Räsänen et al., 2016). Literature in this area has focused on asynchronous online offerings that could replace face-to-face synchronous therapist contact rather than on comparing delivery methods of synchronous, therapist-led contact. Guided online interventions, while reporting promising results for completers, tend to have very high drop-out rates (Santucci et al., 2013; Wojtowicz et al., 2013). While apps are increasingly popular, Sedrati et al. (2016) caution that only 14% have been designed under the supervision of a healthcare professional. In most cases, however, when healthcare professionals are involved, the interventions rely on Talking Therapies. This assumes that young adults want to and/are able to talk about their problems and does not take into account the high dropout rates or diverse needs.

Offering SCS service-users the option of online therapy is a natural fit for students, many of whom are digital natives at home online (Dunn, 2014). It has the practical benefits of going some way to counter problems of timetabling, placements and paid work and can reach service users who might not otherwise seek help, as it decreases the stigma/shame that might be associated with going to traditional face-to-face provisions (Mallen et al., 2011). Group therapy is a cost-effective way

to maximise resources in SCS while offering similar intensity as individual therapy (Fawcett et al., 2019).

Group work that includes experiential tasks has been suggested as particularly helpful for university students; Morgan (2017) proposes that experiential learning/therapeutic opportunities should be embedded within SCS. A study that offered students living with anxiety and depression a mixture of experiential activity (outdoor adventure) coupled with individual therapy sessions was credited by participants as improving how they related towards themselves and other people (Kyriakopoulos, 2011). Boldt and Paul (2010) also found that experiential activity allowed space for students to address interpersonal and intrapersonal concerns. A meta-analysis of American college mental illness prevention programmes showed that the most successful programmes included skill-building with supervised practice, including reflection and discussion (Conley et al., 2015). However, the field remains insufficiently researched, and students' perceptions of what may be helpful or unhelpful for them are still widely unknown.

A number of papers have studied single form, arts-based therapies for university students living with anxiety, depression and academic stress, for example, Clay Therapy (Beerse et al., 2019), Poetry Therapy (Mohammadian et al., 2011), Dance Movement Therapy (Erwin-Grabner et al., 1999) and Music Therapy (Wu, 2002). However, while there has been recent interest in the helpfulness of Creative Arts Therapies (CATs) for building resilience in students (Li & Peng, 2022), there is limited research on their helpfulness for university students living with anxiety and depression, so this paper hopes to make a novel contribution in this area.

CATs in the UK include Art Therapy (Edwards, 2014), Dance Movement Therapy (Payne, 2006), Dramatherapy (Jones, 2007) and Music Therapy (Darnley-Smith & Patey, 2003), all recognised as separate professions with distinct professional training, qualifications, and professional standing (Karkou & Sanderson, 2006). When arts modalities are mixed, poetry/writing, sandtray and similar media may also be included (Malchiodi et al., 2005), creating a multimodal approach (Rogers, 2011). Contextually, there is a need for more evidence-based practice in this area; Smriti et al. (2021) call for replicable, generalisable methods in evaluating this field. This call is answered, arguably, by *Arts for the Blues* (Omylinska-Thurston et al., 2020), an evidence-based, creative psychological therapy drawing on good practice in CATs.

## ARTS FOR THE BLUES

*Arts for the Blues (A4B)* is a group intervention that takes a pluralistic approach (Cooper & McLeod, 2011), using a multimodal mixture of movement, drawing and writing, reflective pair work and creative group activities. The model follows [Natalie] Rogers' guidelines for creative engagement, understanding that "when we create art, whether it is a doodle, expressive painting, sculpture or collage, it always reveals a personal aspect of the self," (Rogers, 2011, p. 129). Synthesising evidence-based findings on depression recovery into a creative pluralistic framework (Parsons et al., 2019), the model identifies eight key ingredients for positive therapy outcomes which are integrated into the design of its workshops: encouraging active engagement, learning skills, developing relationships,

expressing emotions, processing at a deeper level, gaining understanding, experimenting with different ways of being and integrating useful material (Omylinska-Thurston et al., 2020).

## RESEARCH AIM

*A4B* was originally developed for adults with depression using primary mental health services. However, since depression dominates the student population (Broglia et al., 2021), in this study, we wanted to extend the *A4B* evidence base to include this client population that often presents with co-occurring anxiety. The overall aim of this research was to explore the model's utility for university students.

## RESEARCH QUESTION

What are students' perceptions of helpful and unhelpful aspects of the *Arts for the Blues* workshops (Omylinska-Thurston et al., 2020) when delivered in a six-week online format for university students living with anxiety and depression?

## RESEARCH DESIGN

We used a qualitative helpful Factors/Aspects design (Antoniou et al., 2017; Morgan & Cooper, 2015; Omylinska-Thurston & Cooper, 2014; Raynham et al., 2023; Simonsen & Cooper, 2015) that elicits client perspectives on aspects of the intervention they believe helped them to change for the better. Typically employing the post-therapy Change Interview (Elliott et al., 2002) or post-session Helpful Aspects of Therapy form (Llewelyn, 1988), Helpful Factors/Aspects research has the power to improve a particular type of therapy for a particular population (Elliott, 2010).

## METHODOLOGY

This inquiry was conducted within a social constructivist-interpretive framework (Creswell, 2012). We embraced methodological pluralism and collected a range of qualitative data. This constructivist-interpretive approach allowed us to embrace the varied and often contrasting perceptions of the students who were experiencing the intervention. Influences from hermeneutic phenomenology (Smith & Osborn, 2003) were present, but a non-purist approach was adopted to accommodate the diverse data generated and to fit with the creative intervention studied.

## ETHICAL ISSUES

This study was approved by the Institutional Review Board (university name not included to protect confidentiality) in January 2021. As in the original pilot workshops of *A4B* with the general public (Haslam et al., 2019) and with staff and

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mental health service users (Karkou et al., 2022), workshops were built around small, time-limited goals that participants could explore safely. A list of student-specific counselling helplines was made available to all participants on the Participant Information Sheet. As this took place just as the UK was emerging from a third lockdown and student resources/movements were limited, participants were sent a pack of art materials in the post ahead of sessions that included mixed pastels, a journal, a handwriting pen, large/small paper and a block of clay. Participants were advised that they could keep the materials even if they dropped out of the study. Rules for engaging online were established – including “cameras on” unless invited to switch off for a specific task or if a participant needed to get more bandwidth. Identities have been protected at the request of participants, and participant codes P1-9 have been used throughout the study (P5 was assigned to a participant who ultimately declined to join the study).

## RECRUITMENT AND INFORMED CONSENT

Participants were recruited via posters throughout campus and mail drops via the university's Virtual Learning Environment pages. Participants met the inclusion criteria if they were over 18, English speaking, full-time university students and self-reporting with anxiety and/or depression (they did not need a formal diagnosis). Participants did not meet the exclusion criteria if they had been using mental health medication for less than one month at the time or if they were attending any other form of therapy during the workshops. Informed consent for participation in the study was sought, as was consent to publish data, including creative work.

Across the workshops, two participants dropped out (from eight participants to six): one participant withdrew formally from the study after the first session, and the other informally missed the last two sessions and final interview. Both these endings can be defined as unplanned endings due to loss of contact or the client not wishing to continue (Connell et al., 2008).

## PARTICIPANTS

Participant characteristics are outlined in Table One. Eight participants were recruited from a range of subjects and academic years. Our sample had a 50% known disability status compared to 33% known status across the student population (HESA, 2019).

**Table 1**

*Participant characteristics*

<b>Participant characteristics</b>	
Gender	5 female, 2 male, 1 gender-fluid.
Age	5 aged 18-24 1 aged 30-34 1 aged 45-49 1 aged 60-64
Ethnicity	All White British
Disability status	50% of participants

Year of study	1 First year 3 Second year 4 Third/final year
University school	2 Health and Society 5 Arts, Media and Creative Technology 1 Business

One neurodivergent participant was supported by a ‘buddy system’, meaning that they worked with the same partner throughout the workshops, when possible. Attendance at the six workshops varied between three and seven participants.

**INTERVENTION**

Six, 90-minute-long workshops were conducted weekly by the first author, who attended regular supervision with a clinical academic throughout. The workshops were mapped onto the eight existing *A4B* ingredients (Parsons et al., 2019), outlined in Table Two. Each session followed the same multimodal model of movement, drawing, and writing. Activities included body scans, free writing, drawing with pastels and working with clay. When drawing and writing, participants were invited to use their non-dominant hand (Rogers, 2011). The therapeutic aim of this was to encourage participants to work in a way that felt different from usual. In the first session, participants were invited to turn off self-view displays with the aim of building presence (Yalom & Leszcz, 2020). The workshops incorporated helpful factors for the student population, such as experiential work, skills building and reflection/discussion from the literature into the design and used evidence-based exercises (see Table Two). As psycho-education has been found to be helpful for this cohort (Burke et al., 2018), the ingredients of the session were explained to participants in the introduction to each workshop and activities were contextualised within the theme of the day. Following the model, individual exercises, pair-work and group activities aimed to build personal and group strengths initially, then attempted to address personal and group challenges as the weeks progressed (Omylinska-Thurston et al., 2020). Online delivery was integrated within the project design and digital tools such as online collages, music streaming and a virtual sand-tray were embraced as creative tools.

Workshops and interviews were conducted by the first author, whose research position is not that of a passive observer but an active participant, consistent with our constructivist-interpretive approach. She has a background in theatre and television drama. The research team are all qualified psychotherapists from different creative backgrounds whose personal stances on creative practice support its use in psychotherapy.

<b>Workshop Procedure</b>		
Homework: Find a song that makes you feel peaceful that you’re happy to share with the group during the session.		
<b>Workshop number</b>	<b>A4B ingredient</b>	<b>Activities</b>



		<p>the paper in front of you and bring up the feelings of the first pose. Opening eyes, with your non-dominant hand, choose a pastel and let “anything happen” on the paper to express the feelings of the first pose – who am I now? Working for ten minutes, gently let go of your inner critic and let the non-dominant hand release you from feelings of doing things “correctly.”</p> <p>Spend the next ten minutes on another drawing, reflecting the second pose – who would I like to be?</p> <p>Writing: write in your journal without taking your pen off the paper if possible, using your non-dominant hand.</p> <p>Finally, complete five sentences starting with “I am, I have, or “I feel.”</p> <p>Creative group activity:</p> <p>Share chosen music tracks and their meanings for you.</p> <p><a href="https://open.spotify.com/playlist/7e1zzxaV3oV6eCi8sk0Lhn?si=ac741268e22e4b6b">https://open.spotify.com/playlist/7e1zzxaV3oV6eCi8sk0Lhn?si=ac741268e22e4b6b</a></p> <p>Return to your goal – where are you now out of ten?</p>
<p>Homework: go into nature and take a photo of something in the natural world that defines/supports the feeling of “who would I like to be?”</p>		



Figure 1: Who am I now?

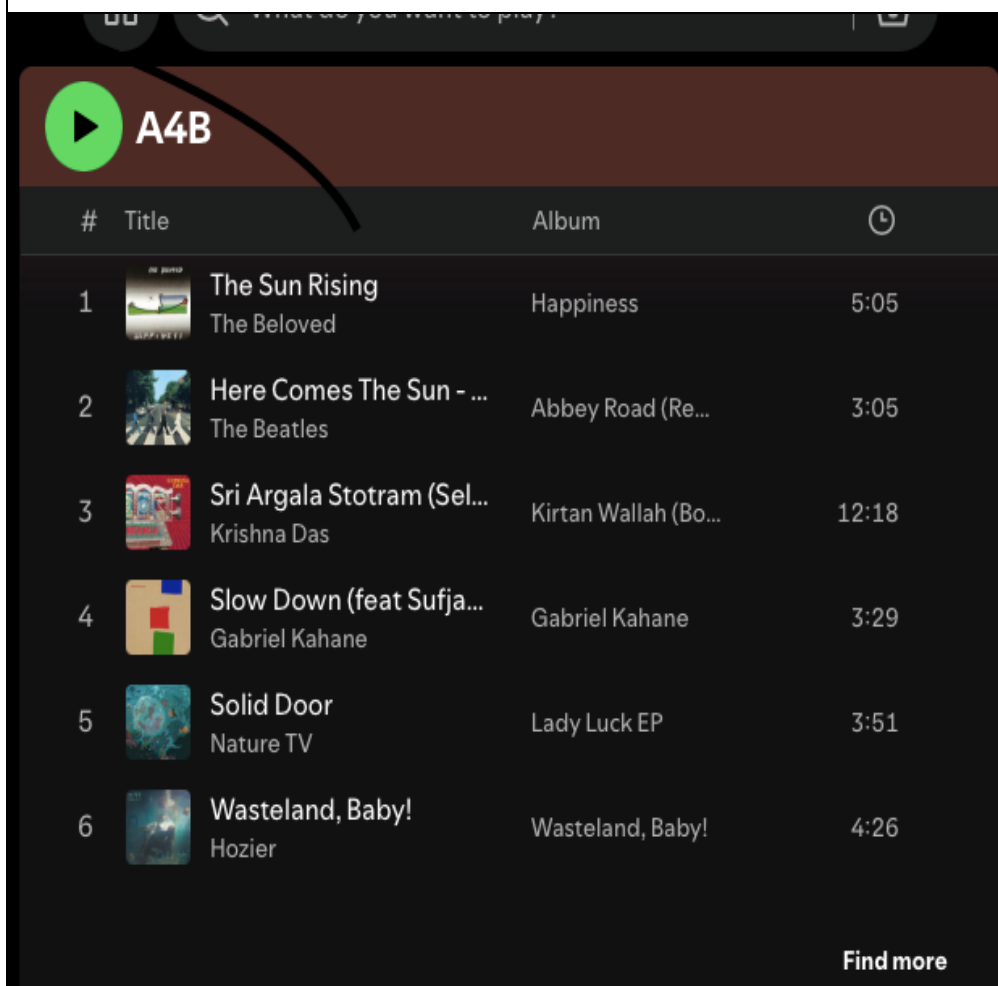


Figure 1: Group playlist

2.	<i>Developing relationships</i>	<p>Set a goal for today and a number out of ten for where you are towards it.</p> <p>Warm up: Show the group how you feel today with a gesture.</p> <p>Witnessing: share photos of the natural world and discuss significance with the group.</p> <p>Drawing: As we hear an extract of each track on the playlist from last week, see if you can “paint the feeling” (Wang et al., 2011) of the music in your journal with pastels. Welcome the spirit of each individual track and be curious about the spirit of each participant who has chosen it.</p> <p>Collage: What do you value most about yourself and in the world? (Price &amp; Swan, 2019).</p> <p>Demonstration of how to make a digital collage using Kapwing software.</p> <p>Invitation to create a collage on the theme of what you value about yourself and the world.</p> <p>Creative group activity</p> <p>If this group were an island, where would you put yourself in the picture on the digital whiteboard? What skills can you add to the picture?</p> <p>Homework. Take a photo/find a picture of an animal that you identify with in terms of who you are <i>right now</i>.</p>
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Return to your goal – where are you now out of ten?

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**Figure 2: Something in the natural world that defines/supports the feeling of “who would I like to be?”**

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Figure 3: What do you value most about yourself and in the world?

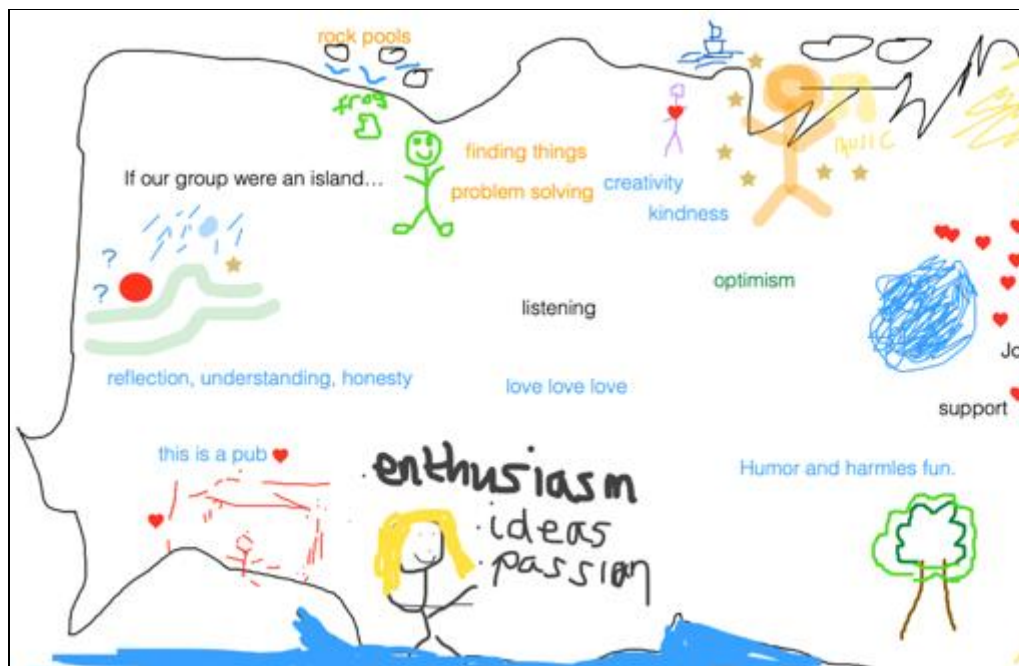


Figure 4: If our group were an island

<p>3.</p>	<p><i>Expressing emotion</i></p>	<p>Set a goal for today and a number out of ten for where you are with it.</p> <p>Warm up: Make a sound that expresses how you feel today.</p> <p>Movement: Invitation to turn off cameras. Guided body scan of the <i>right side</i> of the body, noticing if any movements are restricted or free, and being curious about any neglected areas on this side. Can you connect with any feelings or emotions that might be associated with this part of your body? Repeat the same process on the <i>left side</i> of bodies, noticing any differences or ways of being and keeping the same curiosity about any emotions or feelings associated with these parts.</p> <p>Drawing: Self-portrait (Rogers, 2011). Please find the piece of A3 paper that you have been sent in your packs; it has been folded in half. With the fold to the right, draw a picture of the left side of your body with your left hand, remembering any emotions that had come up for you from the body scan.</p>
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		<p>After ten minutes, repeat the process on the right side with the right hand, with no expectation that the two sides will match or be similar in style.</p> <p>Now write some words down the side, completing statements “I feel, I have, I am.”</p> <p>Open up the paper and reflect on the portrait. Perhaps our bodies have something important to tell us?</p> <p>Writing: in journals, write a letter from your body to yourself, using your non-dominant hand. Begin the letter “Dear _ [and use your own name.] I am...”</p> <p>After ten minutes, read the messages that our body has given to us and respond in a letter back to our body, starting with “To my body, I am...”</p> <p>Creative group activity</p> <p>Draw your animal on the whiteboard, interacting with other animals.</p> <p>Return to your goal – where are you now out of ten?</p>
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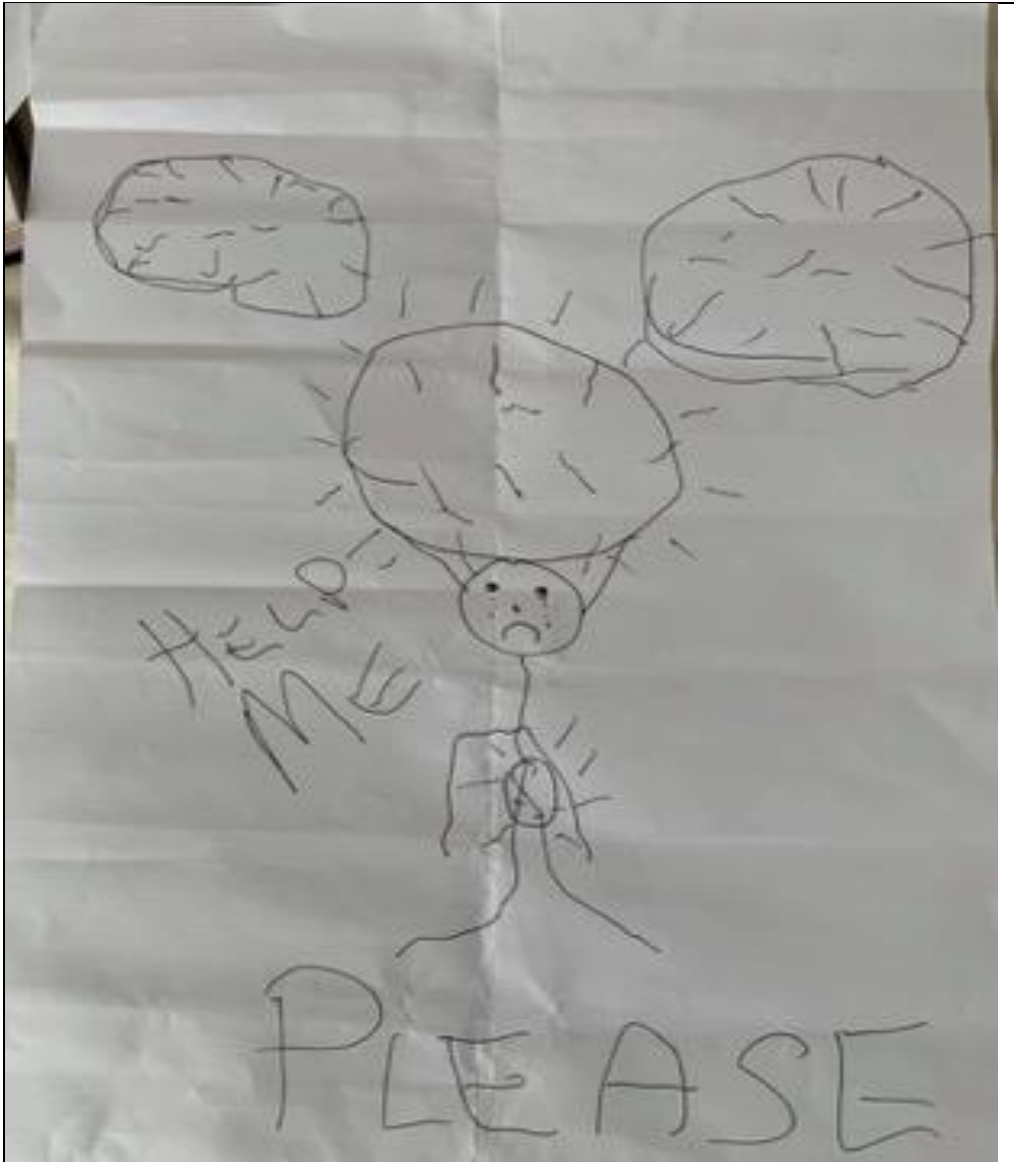
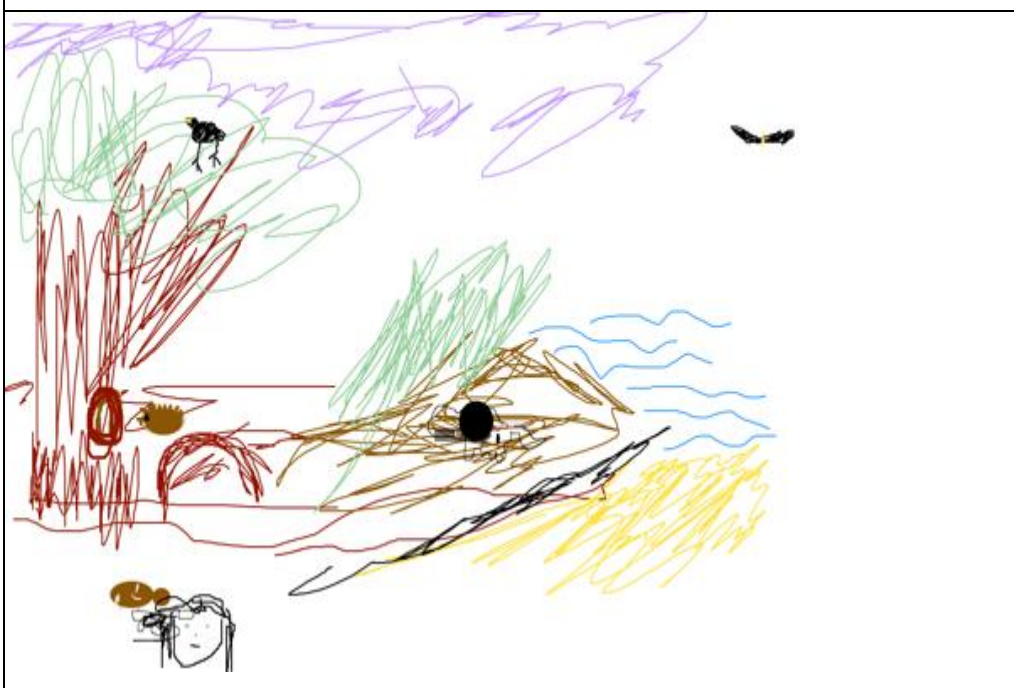


Figure 5: Self-portrait





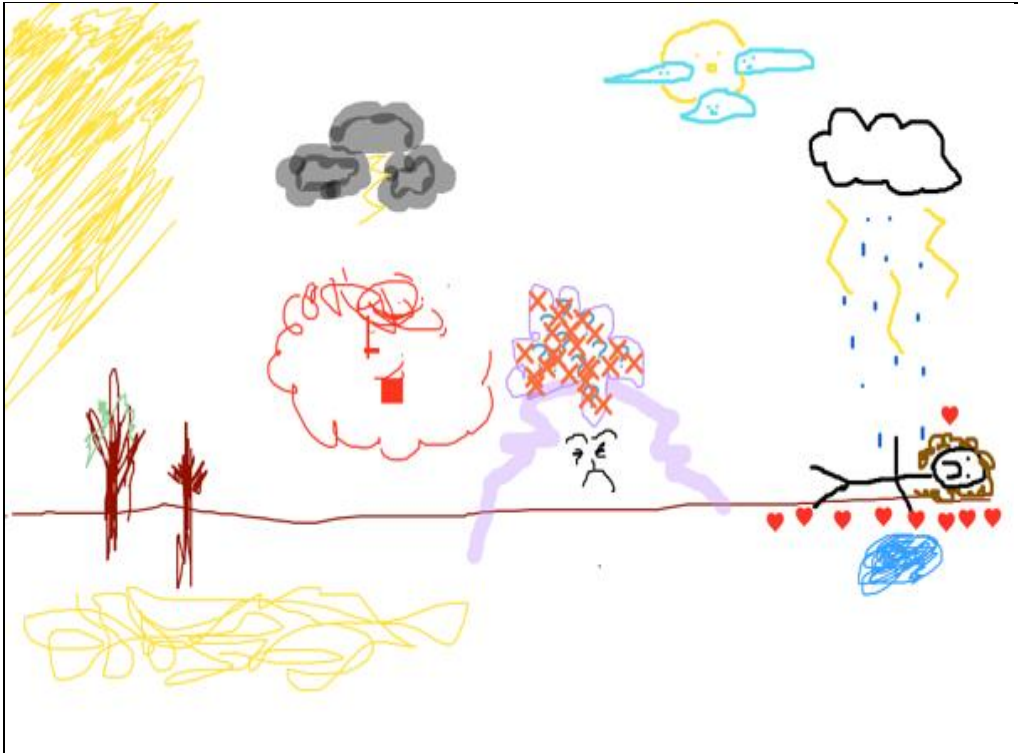


Figure 7: Weather inside me today



Figure 8: Feeling of peace



Figure 9: Overcoming obstacles to peace.

<p>5</p>	<p><i>Experimenting with different ways of being</i></p>	<p>Set a goal for today and a number out of ten for how far you are towards it.</p> <p>Warm up: Take a “piece of pie” from the pie chart on the whiteboard and doodle an image of how you wish to feel.</p> <p>Now prepare your clay, taking it out of the wrapper and putting it on a board, along with any kitchen cutlery that you would like to use to add texture.</p> <p>Movement: This is me, this is not me (Rogers, 2011).</p> <p>Turning off your cameras and microphones, find a space to move, and if you feel comfortable, close your eyes. Check in with the statement “this is me?” Gradually let your body express how you’re feeling, using pillows or anything near you to help explore this. Use any noises and sounds that you want.</p>
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		<p>You may initially resist this next invitation, but now explore the feeling of “This is not me, I hardly ever do this!”</p> <p>Can you find a way of being that you’re unused to – can you find a movement to explore the change, or do you need stillness? Is a form or shape suggested to you?</p> <p>Sculpture: coming back to the clay, turn the cameras back on and take a seated position. With eyes closed, work the clay to soften it. Staying with the feeling of “this is not me, I hardly ever do this”, we are going to spend some time using the clay to shape whatever form comes up to us. The shape could be figurative or abstract, but the important thing is the process, not the product.</p> <p>Music will play as we work.</p> <p>As you come towards the end of working with the clay, do you want to add any texture?</p> <p>Finally, would you like to give your piece of work a title?</p> <p>Writing: journal any insights that came from the creative work.</p> <p>Creative Group activity: share titles of sculptures.</p> <p>Return to your goal – where are you now, out of ten in movement towards your goal?</p>
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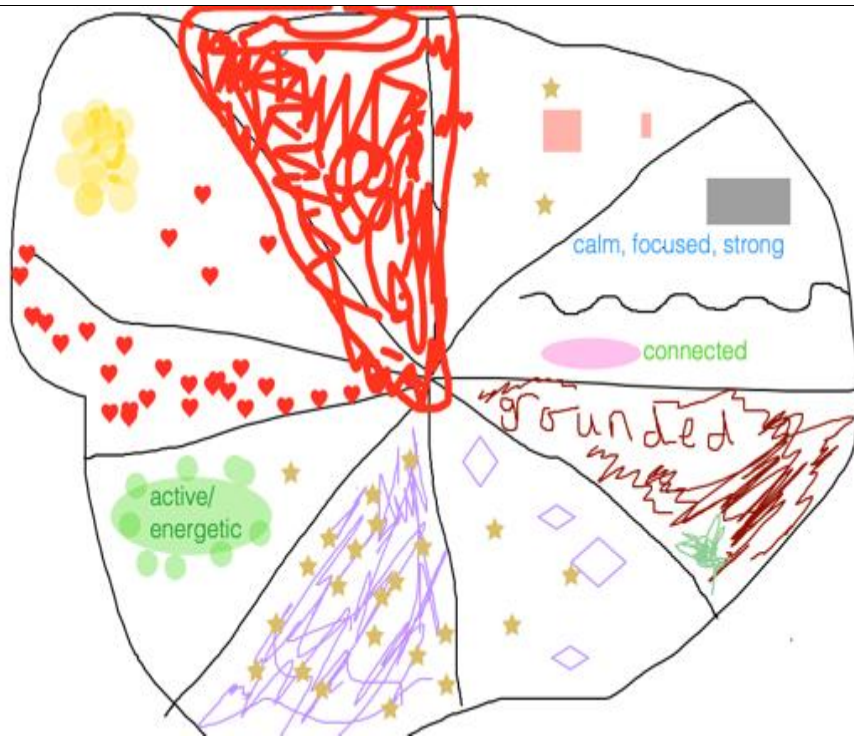


Figure 10: Piece of pie



Figure 11: This is not me; I hardly ever do this

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Figure 12: This is not me; I hardly ever do this

6.	<i>Integrating useful material</i>	<p>Set a goal for today and a number out of ten for how far you are towards it.</p> <p>Warm-up: “Paint a pebble” on the whiteboard as a gift for the rest of the group.</p> <p>Gallery of me: lay out all of your art pieces in a linear order, starting from the first exercises you did in workshop one. Can you reflect on your own gallery and see your own journey through the process? Did you have any insights that you want to take away with you?</p> <p>Sand tray exercise (Homeyer, 2015)</p> <p>Along the theme of “integrating useful material”, the invitation is to start seeing things from a different perspective, using metaphor and narrative techniques to tell your own three-part story.</p> <p>Demonstration of how to use digital sand tray <a href="https://onlinesandtray.com">https://onlinesandtray.com</a></p> <p>While listening to our shared music, think about your story at the beginning of the process – which three images from the sand tray can you use to sum up your start? What happened to you in the middle of the story – what obstacles were there for you? And finally, what about now, as we come to an ending, which images represent you now?</p> <p>Writing: Now turning to our journals, let’s move away from using the “I” and take a different standpoint on this journey. Using non-dominant hands, write a story beginning “Once upon a time” that characterises your journey through the workshops.</p>
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Creative group activity: as a final goodbye to the group, doodle on the whiteboard along the prompt of “For me, this group was...”

Return to your goal – where are you now, out of ten in movement towards your goal?



Figure 13: My three-part journey through these workshops

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Figure 14: My three-part journey through these workshops

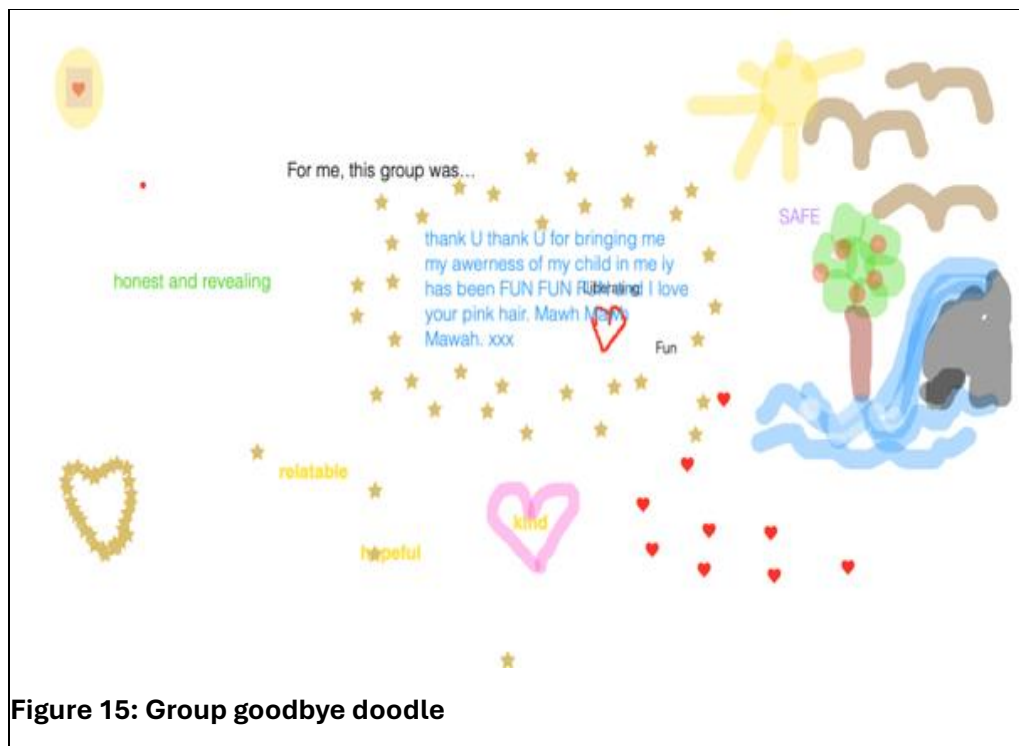


Figure 15: Group goodbye doodle

**DATA COLLECTION METHODS**

As we wanted to embrace the multiple realities created through social experiences and to gather all participant perspectives, even if contradictory, we collected a variety of data at different points during the intervention.

After each workshop, transcripts from the group chat messages between participants were downloaded and added to the dataset. Researcher fieldnotes based on observations from each workshop were also collected (Creswell, 2012), as the workshops themselves were not recorded/transcribed.

Following the third, midpoint workshop, a focus group explored what had been helpful/unhelpful for participants. During the focus group, the participants were asked to talk to each other rather than to the researcher. It was agreed that there were no right or wrong answers and that participants were free to disagree with each other or offer alternative points, but in a respectful manner (see Table Three).

**Table 3**

*Focus Group Prompts*

Focus group prompts
How are you finding the workshops?
What has been helpful about the workshops so far, and why?
What has been unhelpful about the workshops so far, and why?
Which aspects of the workshops helped you get closer to your goal?
Which aspects of the workshops did you find were not helpful in reaching your goal?

Is there anything you would like to have done more of in the workshops so far? Why?
Do you feel there has been anything missing from the workshops so far?
What was your experience of completing the measures?
Is there anything else that you would like to share?
What was it like to participate in this focus group?

In the week after the workshops had finished, individual semi-structured interviews were conducted (see Table Four), adapted from the *Change Interview* (Elliott, Slatick, & Urman, 2001).

**Table 4**

*Adapted Change Interview Schedule*

<b>Adapted Change Interview Schedule</b>
What changes, if any, have you noticed in yourself in the six weeks since the workshops started?
Has anything changed for the worse for you in the six weeks since the workshops started?
Is there anything that you wanted to change that hasn’t since the workshops started?
In general, what do you think may have caused these various changes? (Include things both inside the workshops and outside the workshops, e.g., physical illness, life events)
Can you sum up the helpful aspects of the workshops? Can you give any examples?
Can you sum up the unhelpful aspects of the workshops? Can you give any examples?
Were there things in the workshops which were difficult or painful but still okay or perhaps helpful? What were they?
Has anything been missing from the workshops? Is there anything that you would have liked more of?
Do you have any suggestions for us regarding the workshops?
Looking at your ratings out of ten, which was the individual workshop that brought about the biggest numerical change in your “out of ten” ratings?
Looking at your ratings out of ten, what was the workshop that brought about the smallest numerical change for you?
Did you have a favourite/most useful exercise?
Did you have a least favourite/least useful exercise?
Finally, would you like to share any of your solo creative work with us? (photos, screenshots, montages, etc.).

The focus group and interviews were transcribed from the online video-recordings, and the transcriptions were added to the dataset. Group creative work (e.g., online

whiteboard activities) was also downloaded. Creative material was not included in the dataset for analysis but was collected in order to demonstrate the workshop design.

We also asked participants to set a personal goal for every workshop and to measure progress out of ten towards their goal pre/post workshop. In the semi-structured interviews, we asked participants to look at their journals and name the sessions that had produced the smallest and biggest changes for them.

Outcome measures were also collected: GAD7 (Spitzer et al., 2006) and the PHQ9 (Kroenke et al., 2001) were administered non-anonymously pre/mid/post intervention and the PANAS scale (Watson et al., 1988) was collected anonymously pre/post workshop.

Data collection methods are shown in Table Five.

**Table 5**

*Data Collection Methods*

<b>Data collection methods</b>		
<b>Data item</b>	<b>Collection method</b>	<b>Analysis method</b>
Chat messages	Downloaded from each workshop	Thematic analysis
Researcher fieldnotes	Made during each workshop	Thematic analysis
Focus Group (after week three)	Transcript	Thematic analysis
Semi-structured interview (after week six)	Transcript	Thematic analysis
GAD-7/PHQ-9	Non-anonymous, pre/mid/post intervention	Caseness noted, Averages calculated
PANAS	Anonymous, pre/post workshop	Caseness noted, Averages calculated
Goal measuring out of ten	Pre/post workshop	Smallest and greatest change calculated
Creative work	Volunteered by participants	Not analysed
Digital Whiteboards	Downloaded after each workshop	Not analysed

## DATA ANALYSIS

Thematic analysis (Braun & Clarke, 2006) was used to analyse findings as it allows an organic approach to coding varied datasets (Clarke & Braun, 2016). Within our constructivist-interpretive approach, the chat messages, fieldnotes and transcripts from focus groups/interviews were all given equal weighting in the

thematic analysis. Analysis was undertaken by the lead author and aligning with the creative and experiential nature of how the data had been collected, the data was coded by hand.

Step one of thematic analysis, familiarising yourself with the data, was undertaken by first transcribing the focus group and interviews, then by reviewing the whole dataset. In step two, initial content codes were then generated from a list kept during the first reading, which captured interesting features of the data. The whole dataset was then systematically hand-coded line by line (Braun & Clarke, 2006), and 218 individual data items were colour-coded with a highlighter with one of four initial content codes. These data items were then extracted and collated into colour-coded groups (see Figure 17).



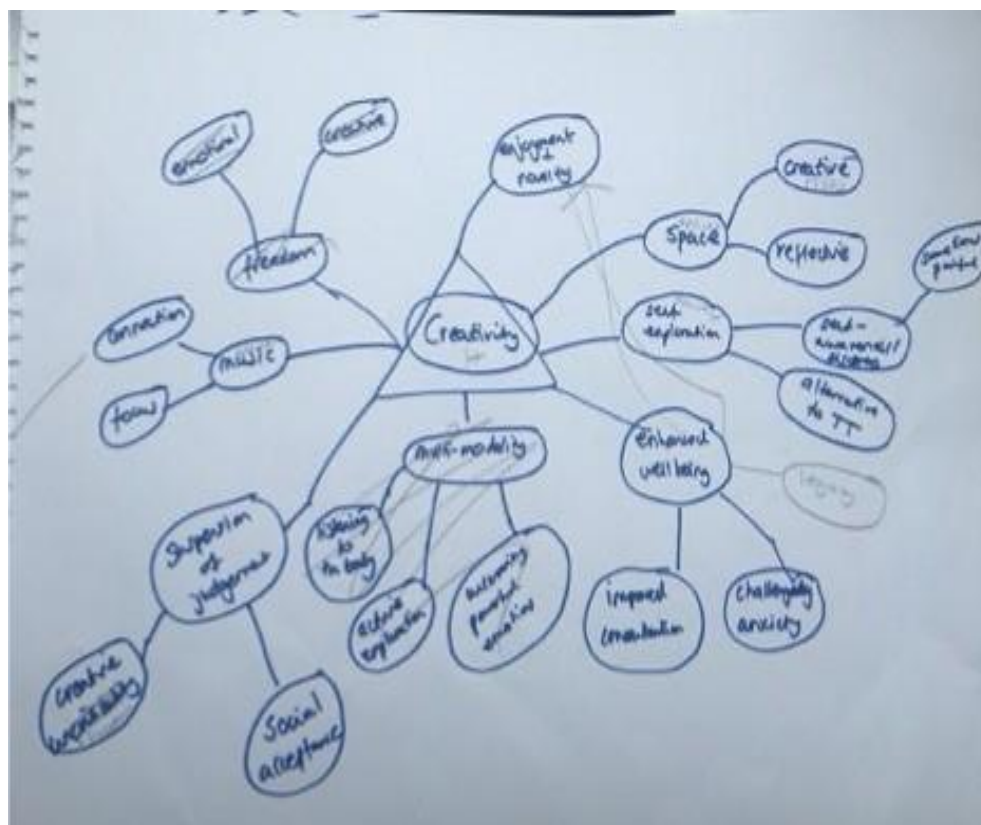
**Figure 16: Step Two: collating initial codes**

In step three, data extracts were then read again by group, and potential themes such as ‘Creativity’ were sought from these groups. Mind-mapping by hand captured all the data relevant to each theme (see Figure 18).

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**Figure 17: Step Three: searching for themes**

In step four of the analysis, themes were reviewed and checked for fit with the whole dataset. In step five, themes were clearly defined and coded as either helpful or unhelpful aspects. This allowed us to stay focused within the parameters of our research question. In step six, producing the report, themes were refined, and any theme that did not have compelling extract examples or a clear story was consolidated within larger themes.

## FINDINGS

Our thematic analysis found that the data constellated around three opposing pairs of six master themes (see Table Six).

- helpfulness/unhelpfulness of the model’s structure
- limits of screen/screen as a safety net
- therapeutic benefits/risks

### HELPFULNESS OF THE MODEL’S STRUCTURE

#### Multimodality allows active exploration

The multi-modal nature of the model was experienced universally as a helpful aspect:

When we did the movement and then the drawing, that brought up a lot. It helped me orient myself about where I want to be (P1, Interview).

No single creative mode (drawing, writing or moving) emerged from the data as being *preferred* by participants, although movement was highlighted by students as a helpful way of listening to the messages from their bodies, which they experienced as enlightening. Movement showed up very strongly as playing an important role in being able to focus and be present:

We’re just going straight to the messages from the body, that’s just for me personally, been something very helpful and thought-provoking (P4, Focus Group).

### Art as connective medium

Arts appeared in the data as a connective medium that built a shared experience:

The fact that we could just share each other’s music and it didn’t matter what genre it was or anything, it was just the fact that we personally connected to that song (P1, Interview).

This shared musical experience was able to counteract the limits of onscreen delivery.

### Collaborative reflection deepens understanding.

Group work was perceived as a significant, specific therapeutic factor. This helpful factor manifested across three sub-themes. Firstly, there was a sense that collaborative reflection deepens understanding:

When I’m sharing with the group and stuff, I say things that I wouldn’t have actually thought of if I didn’t say them out loud. It’s really, really useful. I say that for myself, and then also listening to how other people have done that because it makes me consider different parts of that as well (P7, Focus Group).

“Sharing” as a word appeared time and again in the data with positive connotations.

### Working simultaneously strengthens motivation.

The second sub-theme was working simultaneously, which strengthens motivation. Multiple participants reported that they had tried to recreate exercises on their own but had struggled – “doing it in a structured group setting actually gets me to do it” (P4, Interview). Students perceived working creatively alongside others to be helpful.

### Builds a sense of community

The final helpful sub-theme underlying the *A4B* structure as a group intervention was that it builds a sense of community. Participants experienced a beneficial “sense of togetherness” (P4, Interview).

### Goal measuring offers a sense of progress.

Participants felt encouraged even if their numbers were relatively modest, “even though I went from, I don’t know, a two to like a five, it’s still like a jump, so that felt good to know that I’ve made that progress,” (P7, Interview). Surprisingly, participants perceived it as still helpful even if their numbers went down at the end of the session, “even though I went down in the scores, to me, that doesn’t necessarily mean that the session wasn’t successful.” (P9, Interview).

## UNHELPLEFULNESS OF THE MODEL’S STRUCTURE

### Pacing is uneven

While the multimodality was a helpful specific factor of the intervention, data also clustered around a sensation of being pulled through a list of tasks. The *pacing* of workshops was experienced by some participants as uneven.

We had a set amount of activities to get through. Maybe the speed at which, not [sic] we went through the actual activities, but maybe moved on from activity to activity, was not necessarily that much time of reflection in between. It felt a bit rushed (P4, Interview).

Here, the delivery of the intervention can be clearly improved by leaving more space for transitions between tasks or limiting the number of activities for each session.

### Six workshops not enough

Running alongside the theme of uneven pacing within the sessions, students also felt that six workshops were not enough. Almost all participants wanted more than six sessions “I felt like I had started to open up, and then the workshops ended” (P1, Interview).

### Screen as a safety net (helpful)

Multiple participants shared perceptions of what it was like to experience the workshops online. Here, our constructivist-interpretive approach allowed us to balance contradictory perspectives as participants had both positive and negative experiences with online delivery. We synthesised helpful and unhelpful specific aspects of delivery as outlined below.

### Able to be more vulnerable

This subtheme was mentioned by multiple participants. Students appreciated that they had their own individual space, rather than an ‘in-person shared space:

I suppose it was good as well because you weren’t in a room. I felt quite safe, the screen (P6, Interview).

This “safety blanket” was helpful as it allowed emotional freedom:

I don’t think I would be able to be as vulnerable if it were in real life (P1, Focus Group).

### Supports creative freedom:

In addition to emotional freedom, online delivery was also experienced as a vehicle for creative expression. P9 made the link between creative expression and screen delivery:

I don’t know if I would have been as expressive in my art if I’d been in a room somewhere with eight other people (Interview).

However, for P9, the experiential exercises were preferred to the digital exercises. She found that using tactile materials such as pastels during the online workshop was helpful in differentiating it from feeling like just another work video call:

Even the act of getting the clay, the pastels out and choosing the colours, and it was on your fingers, the clay, and – even when you were drawing, and stuff like that, you felt – I don’t know. It was all very personal, and then when you moved away onto the computer again, I don’t know whether that’s me because I work on the computer a lot, it felt more work-based (P9, Interview).

## LIMITS OF SCREEN (UNHEPFUL)

### Lack of emotional containment

Multiple participants touched on this subtheme as an unhelpful aspect of the workshops. P9 conceptualised the workshop as a box of emotions whose lid was lifted during a session: “it’s open now. I can’t put the lid back on” (P9, Interview). Important to note that P9 also shared her positive experiences of the screen, as above. P1 shared this perception:

I’d have all these emotions and not know what to do with them (P1, Interview).

The data showed a sense of being “left hanging” at the end of a workshop:

You’ve really tapped into something, and you’ve reflected on it, then all of a sudden, it’s like ‘Bye.’ Oof. I’m just left with that. (P9, Interview).

### Harder to connect with people

The lack of an “in-person” experience was associated with the unhelpful aspect of it being harder to connect with people. This unhelpfulness was seen to affect the process:

The online nature of what we’re doing makes it more challenging to feel engaged and connected, and that kind of impacts stuff (P4, Focus Group).

## Obstacles to engagement

Participants experienced unhelpful obstacles to engagement, which were exacerbated by the unique circumstances of the COVID pandemic. Technical problems were experienced as a barrier. Joining the sessions online was associated with participants feeling like they were working “I’ve just felt like I’m at my desk” (P4, Focus Group). Participants reported that it was hard to concentrate in their own environment: “I just feel really distracted at home all the time” (P7, Focus Group).

## THERAPEUTIC BENEFITS (HELPFUL)

The final pair of counter-themes has been defined simply as Therapeutic benefits and Therapeutic risks. The therapeutic benefits of the workshops carried a slightly greater prevalence in the dataset, appearing more times.

### Defined space in the week

The participants found that having a session as a diary placeholder, a defined space in the week, had a therapeutic benefit:

An hour and a half just to totally focus on yourself. I think that, more than anything, it’s been... You become more in tune with yourself because you allow that space to really think (P9, Interview).

### Effective vehicle for self-exploration

Multiple participants perceived *A4B* workshops as an effective vehicle for self-exploration, which was commonly associated with energy and excitement, “something exciting and to explore myself in a different way than I would normally” (P4, Focus Group). This method of self-exploration was perceived more positively and enthusiastically than traditional talking therapy, which was described by one participant as:

You’re constantly analysing yourself... why you are this way, and I’m a bit sick of that (P1, Focus Group).

### Lack of judgement

Many participants cited the lack of judgment as a helpful therapeutic aspect. For some, the lack of judgment was fundamentally grounded in the practice of using the non-dominant hand:

It shines another light on it from a different angle on how much I fear judgment. Using the left hand, it’s like, ‘I’m using my left hand, so F\*\*\* off.’ (P6, Interview).

This non-judgemental attitude to the creative practice appears to have set the tone for a wider social acceptance and lack of judgement:

My beginning note, I put ‘I feel like I am pretending and trying to impress, I feel dishonest. I am too worried about what others think of me.’ Then at the end, I wrote ‘Be vulnerable, share, because others might relate, they will listen.’ (P1, Interview).

**Enhanced wellbeing**

Enhanced well-being seemed to have a legacy beyond the timespan of the workshops, with multiple participants reporting afterwards that they had since bought art materials, done creative exercises with family members, and were even considering buying an easel.

**THERAPEUTIC RISKS (UNHELPFUL)**

**Powerful emotions are uncovered**

The data pointed to *A4B*’s evocative ability to bring emotions to the surface extremely quickly, which in itself carries a risk. While this risk was not always perceived as unhelpful by participants, it is certainly true that participants seemed to be at times blindsided by unexpected emotions: “I was shocked at what I’d written” (P7, Interview). When asked, were there things in the workshops which were difficult or painful but still okay or perhaps helpful, P9 responded:

I went back to when I was four, five, six. Those memories coming up were painful. They weren’t difficult; they were painful (P6, Interview).

Multiple participants used words like “dig,” “deeper”, and “unearth” to convey that powerful emotions were uncovered in the workshops.

**Self-discovery sometimes painful**

Self-discovery during the workshops was sometimes experienced as painful, as P9 describes:

I did cry a lot, so yes, probably, it was [laughs] quite painful. I think it’s the realisation of some things (P9, Interview).

**Table 6**

*Summary of thematic analysis*

Helpful master theme	Helpful subthemes	Unhelpful master theme	Unhelpful subthemes
Screen as a safety net	Able to be more vulnerable	Limits of the screen	Lack of emotional containment
	Supports creative freedom		Harder to connect with people

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	Multimodality allows active exploration.		Obstacles to engagement
Helpfulness of the model’s structure	Art as connective medium	Unhelpfulness of the model’s structure	Pacing is uneven
	Collaborative reflection deepens understanding.		Six workshops not enough
	Working simultaneously strengthens motivation.		
	Builds a sense of community		
	Goal measuring offers a sense of progress.		
Therapeutic Benefits	Defined space in the week	Therapeutic Risks	Powerful emotions are uncovered.
	Effective vehicle for self-exploration		Self-discovery sometimes painful
	Lack of judgement		
	Enhanced wellbeing		

**OUTCOME MEASURES RATIONALE**

While the effect was not the subject of our research question, collecting data from outcome measures pursued three aims:

- A. To ensure that we had a purposive sample.
- B. To allow us to understand the helpfulness of each individual workshop (as shown in Table Two).
- C. To monitor risk as part of our duty of care to participants during COVID-19. Anxiety and depression outcome measures were screened in real time, and participants were immediately contacted for safety checks if any risk emerged across the six weeks.

**Anxiety and depression (Table 7)**

Our research question inquired about the helpfulness of *A4B* for anxiety and depression, but there was no requirement for a formal diagnosis to take part in the study. Validated measures GAD-7 (Spitzer et al., 2006) and PHQ-9 (Kroenke et al., 2001) were therefore used to measure the clinical thresholds of anxiety and depression in participants. Participants responded to the outcome measures three times at two-week intervals during the six-week study at baseline, midpoint, and endpoint, and we collected this non-anonymised data from all completers. At baseline, all participants started at  $\geq 10$ , therefore, in ‘caseness’ for depression (Porter et al., 2024). At the endpoint, four participants’ scores had moved out of ‘caseness’ for depression (P1, P4, P6, P9). At baseline, five out of six participants started  $\geq 8$ , therefore in ‘caseness’ for anxiety (Porter et al., 2024). One moved out of ‘caseness’ at endpoint (P4). These data demonstrate that our sample was indeed purposive, as we had recruited a relevant population to address our research question.

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**Table 7**

*Anxiety and depression data*

<b>Anxiety and depression data</b>		
	Pre workshops	Post workshops
Anxiety (GAD-7)	Five participants in caseness $\geq 8$ P1, P2, P4, P6, P7  P9 not in caseness $\leq 8$	P4 moves out of caseness $\leq 8$  P9 remains out of caseness $\leq 8$ P1, P2, P6, P7 stay in caseness $\geq 8$
Depression (PHQ-9)	All participants in caseness $\geq 10$	P1, P4, P6, P9 move out of caseness ( $\leq 10$ ) P2 and P7 remain in caseness $\geq 10$

**HELPFULNESS OF EACH WORKSHOP**

Here, the Positive and Negative Affect Scale (PANAS) was used (Watson et al., 1988) anonymously pre/post every workshop. The PANAS is a validated 20-item self-report questionnaire commonly used in group studies to measure positive feelings such as enthusiasm, alertness and negative feelings such as guilt and fear; it can be used to measure feelings in the here-and-now. The most helpful workshop for increasing Positive Affect (PA) was session 4 at mean change of 8.6 on the PANAS. This session was the “exploration of peace” drawings. The least helpful at

increasing PA was session 2 at mean change of -0.5 on the PANAS. This session was the “what do you value most about yourself and the world” digital collage. Interestingly, the field notes for this session report big technical problems with participants struggling to join the session, work on their devices and operate the digital collage. However, when we compared goal data to the mean PANAS data, findings were contradictory; for example, two participants cited session 5 (clay week) as producing the greatest changes towards their goals. It was therefore impossible to draw conclusions about the helpfulness of each workshop from these data.

## EXPERIENCE WITH OUTCOME MEASURES

Our study was qualitative, and while no clear picture emerged from the numerical outcome measures data, the interviews and the focus group offered valuable perspectives on the *experience* of using the outcome measures. Participants expressed confusion over how to approach the outcome measures, with P4 feeling a conflict between authenticity and expediency:

Do I want to take the time and answer as accurately and honestly as I can, or can I just go boom, boom, boom (P4, Focus Group)?

For P1, the outcome measures had negative associations with personal therapy:

I really, really don’t like those surveys. Just the personal data reminds me of therapy. I feel the pressure then of being like I have to seem like I’ve improved (P1, Focus Group).

The goal measuring (out of ten) at the beginning and end of sessions was perceived as a more instinctive process than the standardised questionnaires (Figure 20).



Figure 19: Final session journal extract

This finding in itself appears to be the most significant feature to emerge from our use of outcome measures. P1's insight reminds practitioners that clients may experience pressure of having to be seen to be 'improved' when responding to standardised outcome measures. Our finding reinforces the importance of pluralistic practice of allowing participants/clients to set their own goals and measure progress using their own words.

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## DISCUSSION

### LIMITS OF SCREEN/ SCREEN AS A SAFETY NET

Our participants reflected on the limits of onscreen delivery and reported a lack of emotional containment. Garcia-Medrano (2021) notes the absence of calming therapist-led rituals (such as offering a drink or taking a coat) for screen work and suggests that in online groups, participants can fear the screen due to being exposed to people they do not know. Recent literature suggests that, to contain emotions, one strategy is for the leader to take a far more active role than in face-to-face (F2F) groups in conducting regular check-ins (Yalom & Leszcz, 2020), particularly at the end of a session when the need for process enquiry seems particularly important (Thompson-de Benoit & Kramer, 2020).

However, conversely, the data from this study also indicate that some participants clearly felt bolder in their creative freedom *because* of the online delivery rather than *despite* it. Screen as a 'safety net' is a theme corroborated elsewhere in the literature; Weinberg (2020) defines it as a 'screen barrier' that is especially helpful for participants living with anxiety. This may explain the emergence of the theme in this study, given its focus of investigation and underscores the utility of offering online interventions to anxious students.

### MODEL STRUCTURE

Group work – both whole group and pair work – was perceived by the students as helpful in many ways, as they found that collaborative reflection ultimately deepens understanding. This echoes an already extant theme in the literature coined as 'vicarious processing' by Lafrance Robinson et al. (2014) when participants were enabled to understand their own emotions more clearly by watching and reflecting on the experiential work of others. Richards and Timulak (2012) find that benefitting from the shared experience of others is a helpful impact for students living with depression. Collaborative reflection in this study may have been supported by its innovative use of a 'buddy system' in breakout room pair work, an element of the online group work that could be explored in future digital group therapy research.

The use of the non-dominant hand (Rogers, 2011) in creative tasks emerged very strongly from the data as a helpful tool to silence any self-judgement. This has special relevance for this cohort; a longitudinal study of students found that social anxiety can lead to self-critical perfectionism (Gautreau et al., 2015). Therefore, accepting the inherent imperfection of creative work may be considered a crucial

element of *A4B*'s helpfulness and could address the service gap for students living with social anxiety.

We identified working simultaneously as a helpful therapeutic factor of the intervention. This theme also emerged from Xie's (2025) thematic analysis of student digital art therapy, where synchronous art-making was highlighted as helpful due to the immediacy of feedback. Our study found that the role of music in holding presence/supporting focus in synchronic online groups emerged as significant. While streaming music online to a group does depend on having strong bandwidth (Garcia-Medrano, 2021), asking each member to bring their own song may have had a particularly helpful effect, as sharing their own music choices has been found to heighten the likelihood of positive outcomes for participants (Bibb et al., 2019). The creation of a group playlist was also cited by a socially anxious participant as a way of letting go of their fear of judgement around their music 'taste'. Arriaga et al. (2024) found that a CAT group decreased student concern over how they are viewed by others.

Given that most of the participants found that six weeks were insufficient, there is a longer delivery period than six weeks if *A4B* is delivered online. This is corroborated by the wider online psychotherapy literature, which suggests that participants may need a higher number of sessions than for face-to-face (Poletti et al., 2020). Similarly, Yalom and Leszcz (2020) suggest a minimum of 10 sessions in order for group cohesion to fully develop.

## THERAPEUTIC BENEFITS/ RISKS

Our participants found that the creative tasks were an effective vehicle for self-exploration. This specific helpful factor of CATs appears to be well adapted for the student population: Arriaga et al. (2024) found that a CAT group improved students' well-being, decreased state anxiety and fostered self-awareness. Wilson (2021) identified that single session Art Therapy invited students to find solutions to problems and take new perspectives on themselves. We found that CAT exercises have an ability to quickly uncover powerful emotions (a helpful aspect) but that this speed can sometimes feel destabilising for the participants (an unhelpful aspect). Students characterising the depth of emotion that they were able to access in experiential work as 'difficult but helpful' is found elsewhere in recent literature (O'Connell Kent et al., 2020), while painful insights also emerged as a feature for depressed students engaging in a variety of therapeutic exercises (Richards & Timulak, 2012).

## EVIDENCE- BASED

Previously, *A4B* identified safety (even within the context of face-to-face work) as an area for concern, as creative methods can quickly take participants into previously unseen areas of themselves (Haslam et al., 2019). A paper outlining the strengths and challenges of running *A4B* online has recommended flexibility of pacing and structuring support for participants, amongst other practical suggestions (Farish-Edwards et al., 2022). Contextually, in previous face-to-face *A4B* studies, participants have requested more time on each creative task (Haslam et al., 2019; Karkou et al., 2022), which is essential (given the model's multi-

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modality) to avoid creative discordance. This study also supports that finding. A sense of feeling rushed from mode to mode may perhaps have been amplified by the online delivery in this case, when the researcher was unaware if participants were struggling to work their devices or dealing with other unseen obstacles. Having a co-facilitator would have helped to manage this situation, as they could have messaged the participants to check in with them.

## RETENTION

Retention difficulties may be linked to the challenges of using a purposive sample in which participants self-report with anxiety and depression; Wang et al. (2011) found that students living with depression tend to withdraw from group activities. However, conversely, our online delivery may have been a protective factor for retention as attrition rates appear to be lower for online groups with depression than in-person groups (Sandre et al., 2025).

## WHICH STUDENTS CAN A4B HELP?

- As outlined above, we found numerous helpful aspects of *A4B* for students who self-reported anxiety and depression.
- The experiential and non-verbal nature of *A4B* may make it a helpful intervention for students who have already tried Talking Therapies or students who do not feel comfortable talking.
- The multimodality of *A4B* appeared to play a role in reducing fear of judgment. This indicates that the intervention is well adapted to help students with social anxiety who are currently not being helped by interventions within SCS (Broglia et al, 2021).
- Online delivery was useful in helping students to allow themselves to be more vulnerable, which may also be beneficial for students with social anxiety.
- We were able to recruit a higher-than-average proportion of disabled students to our study. Online delivery may have been a factor, but this is yet to be understood.

## RECOMMENDATIONS FOR PRACTICE

- We recommend more than six workshops if workshops are delivered online, and that facilitators allow enough time to transition between each exercise.
- As outcome measures can be off-putting, we suggest allowing participants to measure their progress using their own words.
- If working online, we recommend always having a co-facilitator who can check in with participants if they are experiencing unseen challenges.

## RECOMMENDATIONS FOR RESEARCH

- Little is known about what barriers to therapy delivery/participation disabled people face (Longhurst et al., 2023), and online *A4B* appears to be an accessible intervention for reasons that are yet to be fully understood. Future research could look at *A4B*'s utility for disabled individuals.
- Larger studies could examine *A4B*'s effect sizes for individuals living with anxiety and depression.

## ATTEMPTS TO COUNTER BIAS

Recruitment strategy focused on recruiting a cross-section of students from across the schools of the university rather than favouring arts-based courses. The semi-structured interviews were an attempt to counter any assumptions about the expected helpfulness of therapy by deliberately asking about hindering factors, non-therapy events or additional factors that may have affected any observed/perceived changes. However, as our inquiry was conducted within a social constructivist-interpretive framework (Creswell, 2012), it embraced researcher perspectives and experiences within the meaning-making process rather than framing them as biases.

## STRENGTHS OF THE STUDY

A strength of the research is that, including assessments and final interviews, participants were engaged on a weekly basis across two months, ensuring a sustained connection between researchers and participants, which can heighten the credibility of qualitative research (Lincoln & Guba, 1985). Building trust was a crucial issue and was evidenced by the protection of anonymity, respecting wishes with breakout groups and actioning the wishes of the focus group within further workshops (Creswell, 2012). The focus group allowed for informal member checking, and the entire draft paper has been formally member checked, further strengthening the credibility of the research (Lincoln & Guba, 1985). We collected multiple types of data: transcripts from group and individual interviews, formal (interview) and informal (chat message) records, which have allowed for comparison against each other. The data were collected at different time points – during the workshop and during the rest of the week, at the beginning, middle and end of the intervention - which further supports confirmability (Anzul et al., 1991).

## LIMITATIONS OF THE STUDY

Although advertising the workshops across the entire campus community was intended to allow a broad range of students to access them (Iarovici, 2014), there were no students of colour in the participant group, which is a limitation of this study. The study's failure to recruit students of colour is extremely disappointing, as black full-time students reporting a mental health condition have some of the lowest continuation and attainment rates (Office for Students, 2019) and the

lowest mental health service utilisation rates (Lipson et al., 2022). Using the CORE-OM (Evans et al., 2002), the most common measure used in HE SCS (Broglia et al., 2021) and administering more detailed demographic questionnaires regarding ethnicity and cultural differences would have enabled us to make meaningful comparisons with larger studies of students. The small sample size, while an expected limitation of a pilot study, does not allow for generalisable findings. It may have been beneficial to involve more researchers/participants in the analysis process to embrace more perspectives. Finally, the transferability of these findings may be compromised by the historical context: at the time of the intervention, the UK was just beginning to open up again after a third national Covid lockdown. This may have influenced findings in that participants may have been more positive about the intervention than in normal circumstances.

## CONCLUSIONS

We enquired about student perceptions of helpful and unhelpful aspects of *A4B* when delivered in a six-week online format for university students living with anxiety and depression. Perceptions from our purposive sample of the specific helpful aspects of *A4B* were its multimodality, the role of arts in connecting participants, group work, working in parallel and goal measuring. Specific unhelpful aspects of the model were perceived as uneven pacing and that six weeks were not sufficient. Helpful therapeutic aspects were experienced as a defined self-exploratory space in the week and a lack of judgement with a helpful outcome of enhanced wellbeing. Unhelpful therapeutic aspects were that powerful emotions can be unlocked and that self-discovery can be painful. Helpful aspects of online delivery were perceived by some students as the screen feels safer than face-to-face, allowing participants to be more vulnerable, and that the screen supports creative freedom. Unhelpful aspects of the online format were perceived by other students as lacking in emotional containment, making it harder to connect with other participants and adding obstacles to engaging in the workshops.

Students perceived *A4B* as a useful vehicle for self-exploration that offered something different from traditional Talking Therapies. As Higher Education counselling services face lengthening waiting lists while their students deal with increasingly prevalent mental health problems, *A4B* could offer an alternative intervention that reaches students more quickly and just as dynamically as individual face-to-face talking therapy. The multimodality of the *A4B* model emerged as a key element of its helpfulness for students. *A4B*'s emphasis on process over product allowed students to create a social and creative non-judgemental space, which they experienced as liberating. Group work, central to the model, was also perceived by the students as another key aspect of the model's helpfulness, deepening reflection and rebuilding connections between people that had been severed during a unique historical event.

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## DISCLOSURE STATEMENT

All authors declare no conflict of interest.

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