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## Research Article

### Effect of Expressive Arts Therapy on Aggression and Trauma among Women Deprived of Liberty

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#### ABSTRACT

This study investigated the effect of an Expressive Arts Therapy-based intervention program on trauma and aggression symptoms of women deprived of liberty (WDL). Using a multiple-group pretest-posttest design, 45 WDL (Mean age = 37.3) were matched based on age, nature of incarceration, and months of facility detention, then randomly assigned to a performing arts experimental group (n=15), a visual arts experimental group (n=15), or a waitlist control group (n=15). Data were analyzed using paired samples t-tests, one-way ANOVA, Tukey's post-hoc test, and Cohen's *d* for effect sizes. Results showed that the EAT-based intervention significantly reduced aggression symptoms in both the visual arts group ( $t(14) = 2.24, p = .042, d = .579$ ), as well as the performing arts group ( $t(14) = 2.39, p = 0.032, d = .616$ ), both with medium effect sizes. However, one-way ANOVA comparing posttest scores across groups did not reveal statistically significant differences ( $p > .05$ ), suggesting that while EAT-based interventions may be effective at an individual level, no single modality was significantly more beneficial than another. Future research should explore long-term effects, moderating variables, and therapy intensity to better understand the impact of expressive arts interventions for incarcerated women.

**Keywords:** *Expressive arts therapy, Aggression, Trauma, Women deprived of liberty*

#### Introduction

Women deprived of liberty had more difficulties as a result of the COVID-19 pandemic, which made social and economic hardship, mental health conditions, prejudice, and violence in prisons worse. In Brazil, 41% of

incarcerated women awaited trial (Santos et al., 2017), while in the U.S., 73% of female state prisoners and 75% of those in local jails experienced mental health conditions, significantly heightened by the pandemic (Kajstura & Sawyer, 2023). Women deprived of liberty (WDL)

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share common struggles, including inadequate gender-sensitive facilities, lack of privacy, hygiene issues, and insufficient antenatal and postnatal care. According to the United Nations (2023), the Philippines ranks eleventh globally in terms of prison population. Between 2015 and 2021, the number of individuals incarcerated within the correctional system surged from 94,691 to 165,528, marking an increase of nearly 75%. In addition, about 830 women deprived of liberty (WDL) were reportedly housed in the female dormitory of Iloilo City District Prison in the Philippines and this had an impact on the physical condition of the prisons, including “inadequate ventilation due to overcrowding and lack of sleeping needs,” as well as therapeutic management (Arnibal, 2018). It also shows that prior trauma, including childhood violence, correlates with increased aggression in prison settings (Grattan et al., 2019). Incarcerated women often experience significant psychological distress due to pre-existing trauma, which may manifest in heightened aggression. Studies indicate that trauma, particularly childhood abuse, domestic violence, and neglect, has a strong predictive relationship with aggression among incarcerated populations (Veloso, 2023). Furthermore women who experience more PTSD symptoms are more likely to exhibit a number of aggressive behavior indicators. In particular, the study discovered that rage and verbal aggression were significantly impacted by cumulative stress through PTSD symptoms (Wamser-Nanney et al., 2019). To support the effectiveness of both performing arts and visual arts therapy in addressing issues related to aggression and trauma, several studies offer valuable insights. For example, Ye et al. (2021) in her study showed that music-based interventions significantly reduced aggression among children and adolescents. Similarly, drama therapy was shown to help adolescent girls manage their aggression and improve their adaptability (Yazdani et al., 2022). Movement-based activities like dance also proved beneficial, as they allowed participants to release built-up emotions and gain better control over their impulses (Patwari & Vajpayee, 2023). Visual arts therapy

has shown promising results as well. A study by Rahimi-Pordanjani et al. (2021) found that painting therapy led to significant reductions in aggression among hearing-impaired female students. In another study, Cherian and N.Y. (2023) reported that art therapy sessions with women who had experienced intimate partner violence helped reduce stress, anxiety, and depression. Participants also expressed themes of healing, recovery, and mutual support throughout the process. Finally, Haire (2020) highlighted how expressive arts therapy can be a powerful tool in helping individuals cope with trauma, especially those who’ve experienced adversity early in life, by encouraging connection, creative expression, and healthier emotional bonds. Given the limited intervention programs for WDL, this study explored the efficacy of Expressive Arts Therapy (EAT) in mitigating aggression, and trauma. Various forms of EAT, including performing arts (drama, music, dance, poetry) and visual arts (painting, drawing, clay-making), were utilized. While prior research has largely been qualitative, this study employed an experimental approach to provide empirical evidence on Expressive Art Therapy’s effectiveness in reducing aggression, and trauma symptoms, of women deprived of liberty. This study also intended to add to the evidence-based studies and summate the sporadic evidence-based literature on expressive arts therapy and evaluated its applicability to Filipino WDL. It also tackled the mental health issues experienced by the participants, which aided in the development of intervention programs that can be applied to any correctional facility in the Philippines especially that the efficacy of the intervention has been established. Hypothesis:

1. There are no significant differences between the pretest and posttest scores of the performing arts group, visual arts group, and wait-list control group in terms of aggression, and trauma symptoms
2. There are no significant differences on the posttest scores among the wait-list control group, performing arts group, and visual arts group in terms of aggression and trauma symptoms

## Methods

### Research Design

In this study, a matched multiple group pre-test-posttest design was utilized. Multi-stage sampling was used and the participants were matched based on their age, duration of incarceration, nature of offense/crime. After matching the control variables, their scores were tested for normality and afterwards, the participants were randomly assigned to one of the three groups: the control condition and the two experimental groups: visual arts treatment condition and performing arts treatment condition.

### Participants

The experiment's sample size consisted of at least forty-five (45) participants. During the random assignment, fifteen (15) participants were assigned in the wait-list control group, another fifteen (15) were assigned in the performing arts experimental group and another fifteen (15) members for the visual arts experimental group. To qualify as a participant in this experimental study, they should meet the following inclusion criteria; a) Age of participants must be between 18-55 years old, b) detained in the facility for at least 6 months, c) nature

and offense of crime such as theft, fraud, carnapping, illegal recruitment, human/child trafficking, and illegal drugs, and others d) participants must be equipped with basic reading skills since they were tasked to answer four research instruments. and e) must reside in the chosen correctional facility. On the contrary, the exclusion criteria included; a) Heinous cases as nature of offense such as murder, homicide, arson and etc., b) participants who reside in the facility below 6 months, c) senior citizens or underage, d) pre-existing medical conditions and e) those who were not willing to participate.

### Instrumentation

Two measures were used in this study. The first instrument is the Buss & Perry Aggression Questionnaire (BPAQ) which was administered pre-test and post-test. "The BPAQ is a self-report scale that sought to measure 4 factor subscales: Physical Aggression (PA), Verbal Aggression (VA), Anger (A), and Hostility (H). A

five-point Likert scale with the values 1 (extremely uncharacteristic of me) to 5 (extremely characteristic of me) was used to score the 29 items that made up the BPAQ". "The scale is calculated as the sum of the respective items while specifically for items that have an asterisk such as for Items 7 and 18, the scores were reversed and higher scores indicate higher aggressive behavior" (Buss and Perry, 1992). With test-retest correlations over 0.70 and internal consistency (Cronbach's alpha) ranging from 0.72 to 0.89, studies validate the BPAQ as a valid instrument that exhibits stability over time (Buss & Perry, 1992). According to a study by Asma and Waqar (2020), the reliability of the BPAQ is still supported by recent research since the subscale reliabilities for physical aggression, verbal aggression, anger, and hostility were 0.83, 0.81, and 0.86, respectively, with an overall Cronbach's alpha of 0.87. These results confirm the BPAQ's validity in measuring different aspects of aggression by showing that it retains high internal consistency across its subscales. Furthermore, consent to use the instrument is not required if the questionnaire was used for research purposes (Buss and Perry, 1992).

The second instrument is "The Impact of Event Scale-Revised (IES-R), a short and simple self-report questionnaire that was created to quantify the symptoms of post-traumatic stress disorder (PTSD) and the IES-R three-factor validates "intrusion, avoidance, and hyperarousal subscales", with consistent internal consistency and no social desirability effects" (Beck et al., 2008). The IES-R is widely used in the Philippine context, including a study by Tee et al., (2020) assessing COVID-19's impact on Asian countries including 849 Filipino participants from 71 cities, demonstrating high reliability, validity, and cultural acceptability. "Twenty-two (22) questions make up the IES-R which consist of a 4-point scale from 0 (not at all) to 4 (extremely) describing adverse experiences during the last seven days." The results consisting of a total raw score of each subscale have an indication of the level of impairment from post-traumatic stress. For reliability and validity of "the three subscales, which reflect intrusion (8 items), avoidance (8 items), and hyperarousal (6 items)." According to Creamer, Bell, and Failla (2003) demonstrated that the

IES-R's three-factor model, comprising intrusion, avoidance, and hyperarousal, exhibits high internal consistency across its subscales, affirming its reliability and construct validity in measuring trauma-related symptoms. Additionally, the scale showed strong convergent and divergent validity, proving its effectiveness in accurately evaluating PTSD symptoms. These results collectively demonstrate that the IES-R is a reliable and valid instrument for evaluating responses to PTSD in a variety of populations. Furthermore, providing that the IES-r guide was thoroughly read and comprehended, the instrument's creator also gave permission for graduate students to

utilize it for research or dissertation purposes. The researcher carefully followed the precise processes for translation and validated reverse translation that Weiss (2004) outlined in the IES-r guide.

### **Data Gathering Procedure**

After obtaining an ethics clearance from the university ethics board and gathering necessary permissions from the Bureau of Jail Management and Penology (BJMP) of the province, data gathering of the study commenced. Ninety-one (91) pre-selected participants who met the inclusion criteria attended an orientation covering research objectives, the intervention process, and expectations. Out of the initial 91 WDLs, only 57 signed the consent form, but attrition further reduced participants to 45. The pre-test assessed aggression, and trauma symptoms using the BPAQ and IES-R. Two experimental groups: Visual Arts Group and Performing Arts group received a six-session Expressive Arts Therapy (EAT-based) module over two weeks, consisting of two-hour per session held three times a week. The control group underwent a delayed intervention (combined activities from the visual arts and performing arts module) after post-test administration. The therapy module is adapted from Zerrudo (2016) and aligned with the book *Case Approach to Counseling and Psychotherapy* by Corey, G. (2017) integrated with the facilitator's seven-year professional arts and theatre practice and six years as a mental health professional. Each session included a warm-up, one to two main expressive arts activities, and

a debriefing activity where they share their thoughts, feelings and insights about the process. Participants processed their experiences through guided reflections. The facilitator ensured psychological safety, employing a debriefing approach and prepared referrals for individual psychological intervention when necessary. Materials, including music, blind-folds, and art supplies, were provided. After two weeks, a post-test measured intervention effects. The control group then received the same intervention. To ensure confidentiality, all identifiers were removed, and data was securely stored.

### **Statistical Analysis**

The pretest and posttest scores on the aggression and trauma scales of those who participated in the three conditions; waitlist control, visual arts, and performing arts experimental groups, were reported using descriptive statistics such as means and standard deviations. Shapiro Wilk's test of normality was computed to test homogeneity of data. To test the first hypothesis, whether there is a significant difference between the pretest and posttest scores of each group of participants, paired samples t test were computed. Cohen's d was likewise reported to determine the effect sizes. To test the second hypothesis whether there is a significant difference among the waitlist control, visual arts and performing arts experimental groups' posttest scores, a one way analysis of variance (ANOVA) was performed using the software Jamovi.

### **Results**

For the waitlist control group, the aggression variable shows an average pretest score of 71.1 (SD=18.1) and a posttest mean score of 76.5 (SD=24.2). Looking at the pretest and posttest mean scores show minimal variation among the data since all scores still fall in the same range of interpretation. For the Trauma variable, WDL in the control group yielded an average pretest of 41.55 (SD=14.4) while they scored an average posttest mean score of 41.7 (SD=16.9). Take note that the trauma variable made use of total IES-r raw scores and was used to interpret the results. Preceding the computation of the significant difference

between the pretest and posttest scores among the wait-list control group, the Shapiro-Wilk test of normality was computed to determine whether the scores are normally distributed. Results show that the means for aggression ( $p=.985$ ), and trauma ( $p=.280$ ) were normally distributed. No significant differences were

found in the paired samples t-test for the aggression variable ( $t(14)=2.13$ ,  $p=.051$ ,  $d=.551$ ) and ( $t(14)=.06$ ,  $p=.951$ ,  $d=.026$ ) for the trauma variable. A small effect size was noted for trauma ( $d=0.026$ ) while a medium effect size ( $d=0.551$ ) was observed for aggression.

*Table 1. Paired Samples t-test of Pretest and Posttest for waitlist control group*

	Pretest		Posttest		df	t	p-value	Cohen's d
	Mean	SD	Mean	SD				
Aggression	71.1	18.1	76.5	24.2	14	2.13	0.051	0.551
Trauma	41.5	14.4	41.7	16.9	14	0.06	0.951	0.026

For the visual arts experimental group's aggression scale, an average pretest score of 71.0 ( $SD=12.5$ ) and an average posttest score of 66.7 ( $SD=14.2$ ) was observed. For the Trauma scale, WDL in the performing arts experimental group yielded a mean score of 32.5 ( $SD=12.9$ ) while they scored a mean of 35.1 ( $SD=14.2$ ) at the posttest. Preceding the computation of the significant difference between the pretest and post-test scores among the visual arts experimental group, the Shapiro-Wilk test of normality was computed to determine whether the scores were normally distributed. Results showed normally distributed means for aggression ( $p=.394$ ), and trauma ( $p=.309$ ). To test the

difference of pretest-posttest aggression scores, a paired sample t-test was computed. Findings show a significant difference ( $t(14)=2.24$ ,  $p=0.042$ ,  $d=.579$ ) and medium effect size for the aggression scale. This suggests that the participants reported a decrease in the level of their aggression symptoms from (Mean=71.0,  $SD=12.5$ ) and after completing the visual arts-based (EAT-based) Intervention had a posttest score of (Mean=66.7,  $SD=14.2$ ). On the other hand, no significant difference, and a small effect size were observed between the pretest and posttest scores of the visual arts experimental group's trauma symptoms.

*Table 2. Paired Samples t-test of Pretest and Posttest for visual arts-based experimental group*

	Pretest		Posttest		df	t	p-value	Cohen's d
	Mean	SD	Mean	SD				
Aggression	71.0	12.5	66.7	14.2	14	2.24	0.042*	0.579
Trauma	32.5	12.9	35.1	14.2	14	0.76	0.458	0.197

For the performing arts experimental group, the aggression variable showed that they obtained a pretest mean score of 71.1 ( $SD=20.1$ ) and a posttest mean score of 60.5 ( $SD=11.7$ ). For the Trauma variable, WDL in the performing arts experimental group yielded an average pretest of 40.5 ( $SD=16.5$ ) while they scored an average posttest mean score of 35.2 ( $SD=16.6$ ). Prior to computing the significant difference between the pretest and post-test scores among the performing arts experimental group, the Shapiro-Wilk test of normality was computed to determine whether

the scores were normally distributed. Results showed normally distributed means for aggression ( $p=.626$ ), and trauma ( $p=.455$ ). With this, the alpha level of significance was set to 0.05 for all the variables. A paired sample t-test results for aggression show a significant difference ( $t(14)=2.39$ ,  $p=0.032$ ,  $d=.616$ ) between pretest and posttest scores. The finding suggests that the participants reported a decrease in the level of their aggression from pretest Mean=71.7, and after completing the performing arts EAT-based intervention had a posttest score of Mean=60.5. This difference

shows a medium effect size and it implies that the intervention had a moderate effect in reducing the aggression levels of the participants who were part of this study. On the

contrary, no significant difference was observed for trauma symptoms ( $t(14)=1.79$ ,  $p=.096$ ,  $d=.461$ )

*Table 3. Paired Samples t-test of Pretest and Posttest for performing arts-based experimental group*

	Pretest		Posttest		df	t	p-value	Cohen's d
	Mean	SD	Mean	SD				
Aggression	71.7	20.1	60.5	11.7	14	2.39	0.032*	0.616
Trauma	40.5	16.5	35.2	16.6	14	1.79	0.096	0.461

Findings presented in table 4 shows the means and standard deviations obtained by the participants assigned in Visual Arts, Performing Arts treatment groups and Waitlist control group at posttest, respectively. For the aggression scale, the visual arts group had an average score of 66.7, the performing arts group had a

mean score of 60.5 while the waitlist control scored an average score of 76.5. In addition, descriptive statistics show that for the trauma scale, the visual arts group had an average score of 35.1, the performing arts group had a mean score of 35.2 while the waitlist control scored an average of 41.7.

*Table 4. Descriptive Statistics of Posttest Scores for Visual arts, Performing arts and Waitlist control groups*

	Visual Arts		Performing Arts		Waitlist Control	
	Mean	SD	Mean	SD	Mean	SD
Aggression	66.7	14.2	60.5	11.7	76.5	24.2
Trauma.	35.1	14.2	35.2	16.6	41.7	16.9

A one-way ANOVA was computed to compare the differences of posttest scores among the WDL belonging to visual arts, performing arts and waitlist control conditions. It was determined that scores were normally distributed between the posttest scores of the control group, visual arts, and the performing arts experimental groups. No significant differences were found in the WDL's post-test scores

(waitlist control group, visual arts-based group, and performing arts-based group) for both aggression and trauma symptoms. For instance, the aggression variable yielded the following results: ( $F(2,42)=3.20$ ,  $p=.051$ ). Likewise, there was no significant difference in the post-test scores of the three groups for the trauma symptoms ( $F(2,42)=0.86$ ,  $p=.432$ ).

*Table 5. One Way Anova of Posttest Scores for visual arts, performing arts and waitlist control*

	df 1	df2	F	p-value
Aggression	2	42	3.20	0.051
Trauma	2	42	0.86	0.432

## Discussion

The findings of this study show that the performing arts based intervention participants reported a significant decrease in the level of their aggression after completing the Expressive Arts Therapy (EAT-based) intervention. This difference has a medium effect size and it

implies that the intervention had a moderate effect in reducing the aggression levels of the participants who were part of this study. However, for future studies that will use the same variable and participants may require a larger sample size to gain larger effect sizes and heightened power of practical significance. The

current results support another study, for instance, Ye, et al. (2021) evaluated the effectiveness of music-based interventions in reducing aggressive behavior among children and adolescents, and analyzing data from 10 studies, they found that such interventions significantly decreased aggression levels. A randomized controlled trial involving adolescent female students found that drama therapy significantly reduced aggression and improved adaptability (Yazdani et al., 2022). The therapy provided a platform for participants to express their feelings and develop healthier coping mechanisms. Another study revealed that by engaging in rhythmic movements and dance, participants can release pent-up emotions and develop better control over their impulses (Patwari & Vajpayee, 2023). These findings align with the broader literature that positions performing arts-based therapy such as drama, movement and music therapy as a creative, non-confrontational modality that enables participants to process underlying trauma and transform aggressive tendencies into constructive emotional expression. Significant observations also emerged during the performing arts-based therapy sessions in this study. Session 1, *Pagpakilala* (Introduction), guided participants in self-discovery through writing prompts and storytelling. After writing about themselves, they introduced their stories using chosen mediums; poetry, movement, or song and most opted for poetry. As highlighted in an article, storytelling activates oxytocin and cortisol, hormones linked to empathy, connection, and stress response, making it a powerful bonding tool (Native Hope, 2018). In the process session, participants shared that verbal storytelling helped them feel heard and connected. One participant said, *"Because we had the chance to listen to each other's stories, that's when I realized that I am not the only one going through this kind of hardship. There are many of us, and we can truly support one another in this space."* This reflects how the group created a supportive and empathetic environment during the session.

Findings of this study show that participants who use visual arts based intervention reported a significant decrease in the level of their aggression symptoms after completing

the visual arts-based intervention. This difference has a medium effect size which implies that this intervention modality has a moderate practical significance. A similar study investigated the impact of visual arts therapy on 204 women who experienced intimate partner violence. Utilizing mixed research methods, including structured interviews and focus group discussions, the study found significant reductions in anxiety, stress, and depression among participants post-intervention. Emergent themes that emphasized the therapeutic effects of art-based activities were "fear," "beatings," "motivation," "recovery," "healing," and "mutual aid." The results highlight how effective culturally specific visual arts interventions are at helping underprivileged women heal and become more resilient (Cherian & N.Y., 2023). The findings also align with another study where art therapy such as painting, originally introduced in psychiatric settings as a form of self-expression, is now widely used in correctional facilities. Evidence from a systematic review of 12 studies highlights its positive impact, including reduced aggression, improved socialization, and lower recidivism rates among inmates with mental health diagnoses (Isern et al., 2025).

Significant observations also emerged during the performing arts-based therapy sessions in this study wherein in Session 1, *Pagpakilala* (Introduction), participants created a collage using magazines, scratch paper, and crayons. Although meant to be an individual task, participants naturally began sharing materials and stories about their lives, interests, and dreams. This early interaction indicated a spontaneous openness. Fancourt et al. Al (2019) looked into the impact of creative activities on emotion regulation, and the results indicate that they help to modulate emotions and promote a more positive mood. Significant observations also emerged during the visual arts-based therapy sessions in this study wherein in Session 2, participants explored life's pain points by designing a chair as a group. They named it and developed a collective story reflecting their shared experiences. This creative and anonymous storytelling allowed for connection and empathy. As each group presented, supportive com-

ments naturally emerged, showing shared understanding among participants. Session 3 involved clay-making where each participant sculpted their "life hero" and shared personal reflections. It became an emotional and bonding experience. Notably, previously reserved individuals began to open up. One participant shared, *"Inday (not her real name) never used to speak, but now I'm so happy she's talking, I got to know her even more."*

Overall, another observation between the pairwise comparison results of the three groups showed no significant difference for the trauma variable. Expressive Arts Therapy (EAT) may have a greater impact on emotional regulation related to aggression, as it targets skills like impulse control and anger management. Aggressive behaviors are more external and responsive to short-term interventions. In contrast, trauma recovery involves complex processes, such as processing traumatic memories and reducing hyperarousal, which are often internalized and less immediately responsive (Malchiodi, 2020). This is supported by related articles of Malchiodi (2020), that while expressive arts therapies (EAT) can incorporate grounding techniques, mindfulness, metaphor, and dramatic enactments to promote emotional safety and facilitate expression, these may primarily support emotional distancing rather than deep trauma resolution. A related research also suggests that trauma-informed expressive interventions should be carefully designed to engage affected brain regions and create therapeutic pathways between internal experiences and externalized expression (Haire, 2020). Consequently, while EAT can effectively support emotional regulation and behavior modification, especially in contexts of outward aggression, it may fall short in addressing the deeper, neurobiologically rooted effects of trauma without additional, trauma-specific therapeutic support, and that it is an experience that is quite difficult to unfold and process, the intervention requires to be implemented in a community-wide scale and apply extensive/longer sessions to be able to treat systemic-level sources of trauma for the intervention to be deemed as more effective (Alfred, 2018). Results of this study like-

wise indicate that while expressive arts therapy significantly reduced aggression symptoms within participants (as shown by the paired samples t-test), the one-way ANOVA revealed no significant differences between the performing arts therapy, visual arts therapy, and waitlist-control group. This implies that while therapy was beneficial, neither one modality nor the control condition was statistically better than the others. Possible explanations include small sample sizes, which may have limited statistical power, and individual variability in therapy response, which could have obscured between-group differences. Additionally, factors such as therapy duration, session intensity, and external influences may have contributed to the outcomes. These findings are consistent with other studies, such as one by Potash, Chen, and Ramirez (2020), which examined the shift to online art therapy during the COVID-19 pandemic and discovered that although art therapy significantly improved mood and emotional processing, there was no clear evidence that one modality was superior to another in lowering emotional distress. Another study by Van Lith & Ettenberger (2023) highlighted the results of multiple studies involving drama, music, dance, and art therapies. While moderate effects were found across all modalities, the review emphasized that no single modality emerged as consistently superior, suggesting therapy context, facilitator competence, and participant engagement matter more. Another systematic review found consistent improvements in behavior regulation and emotional expression across visual, performing, and integrative arts therapies. However, the study cautioned against overgeneralizing efficacy by modality, stating that sample sizes and study design limitations often hinder conclusive comparisons (Melvin, Onyeaso & Giacco, 2025).

These findings highlight the complexity of measuring therapeutic effectiveness and suggest that future research should explore larger sample sizes, standardized intervention protocols, and mixed-method approaches to better capture both statistical and experiential outcomes. In general, group therapy provided a safe and supportive space where women could



express their experiences, emotions, and struggles without fear of judgment. Through expressive arts activities, the women participants in this study not only accessed their inner emotions creatively but also witnessed the resilience and stories of others in the group. This peer mirroring helped normalize their feelings and reduced shame. The collaborative nature of group sessions promoted interpersonal connection, belonging, and a reclamation of voice and identity, which I believe are key elements in the healing process. Over time, this dynamic contributed to increased self-worth, confidence, and agency, empowering women to see themselves not just as survivors, but as active agents of change in their own lives.

## Conclusion

Expressive arts therapy; both visual arts and performing arts modalities were found to be an effective tool in decreasing aggression symptoms among WDL participants, but not for reduction of trauma symptoms. Moreover, expressive arts therapy can be used as an integrated and auxiliary approach for healing, intervention and personal growth of incarcerated women and other individuals in similar difficult circumstances. Individuals are able to express themselves and explore their feelings, thoughts, and experiences in a safe and supportive atmosphere. This therapeutic approach can aid people in increasing their self-awareness, communication skills, capacity for problem-solving, and general well-being. It was also helpful for the participants that the session was a group therapy since it gave them the chance to relate, learn and empathize with the other participants that were part of the group. In this group therapy session, they were able to identify their personal challenges, be aware of their current behaviours, instill the concept and importance of asking self-reflective questions, and come up with future initiatives and steps to let them be more effective in managing their emotions, experiences and themselves in general. The current findings of this research amplify the voices of incarcerated women, increasing their self-management strategies and identifying or understanding what is lacking in order to improve programs for WDL both in the

local and national context. A proposed program, based on the study's findings, is recommended for adoption by the university's community extension initiative to support women deprived of liberty (WDL) through expressive arts activities that promote self-management, resilience, and social connection. These include movement, music, drama, clay, painting, and drawing, refined from the original module to focus on activities that build psychological strength. It is recommended that families maintain communication with WDL through visits or virtual means, as many experience isolation, particularly from their children. Mental health professionals and institutions are encouraged to provide accessible services or training in expressive arts therapy, while government agencies should support WDL's basic needs and partner on reformation programs. Lastly, arts and culture sectors should develop training for facilitators to assist in delivering arts-based mental health interventions, and future researchers should explore other art forms and mental health conditions in vulnerable populations.

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