



Research on the Application Fields and Practical Effects of Painting Therapy

Shuting Yang¹ Pei Mao^{*2}

¹Wuhan Military Supplies Indust Techical School

²Wuhan Donghu University

Corresponding Author*: Pei Mao E-mail:

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ABSTRACT

As a core non-verbal psychological intervention method, painting therapy has been widely applied in school education, clinical nursing, and services for special groups due to its advantages of low resistance and high adaptability. This study systematically retrieved domestic journal papers and master's theses related to painting therapy, organizing the intervention scenarios, standardized processes, and characteristics of core technical applications in various fields under the logical framework of school education-clinical nursing-special groups. It focuses on analyzing the three major intervention effects and their mechanisms of action. The research found that painting therapy demonstrates significant practical value across different groups, with group painting counseling and mandala painting therapy being the most widely used techniques. By integrating intervention experiences from various scenarios, this paper constructs a standardized practice guide, providing empirical support and operational references for the standardized promotion of painting therapy.

1. Introduction

With the improvement of public awareness of mental health, non-verbal psychological interventions have become increasingly prominent in mental health services due to their ability to break through language barriers. Based on psychological projection theory and expressive arts therapy theory, painting therapy helps individuals release negative emotions, explore subconscious conflicts, and achieve positive psychological regulation through artistic creation and

artwork interpretation. Its application scenarios now cover diverse populations and fields^{48, 51}.

Domestic research on painting therapy has grown steadily, expanding from single-technical exploration to multi-scenario application. However, existing studies face issues such as scattered scenarios, inconsistent processes, and fragmented effect analysis, lacking systematic integration of practical experiences across fields. To address this gap, this study focuses on the practical application value of painting therapy, systematically sorting out its intervention models and effects in school education, clinical nursing, and services for special groups. It refines standardized practical paths to provide operable reference plans for mental health services in different contexts, promoting the in-depth transformation of painting therapy from theoretical research to practical application.

2. Core Application Fields and Standardized Practice of Painting Therapy

The application of painting therapy in China has achieved full coverage of diverse populations and scenarios, focusing primarily on school education and clinical nursing, while gradually extending to services for special groups. The following sorts out the intervention processes, core points, and standardized suggestions for each field in a unified logic, emphasizing practical operability.

2.1 School Education Field

School education is the most concentrated application scenario for painting therapy, targeting developmental psychological issues of students in different academic stages. It is organized by basic education-higher education to integrate research results on the same theme, highlighting academic stage differences and standardized adaptation.

2.1.1 Basic Education Stage

This stage focuses on interventions for emotional regulation, peer relationships, and academic adaptation, mainly adopting group painting counseling with an intervention cycle of 8-12 weeks to adapt to the cognitive characteristics of different age groups¹.

For primary school students, the core interventions address inferiority, loneliness, aggressive behavior, and poor peer relationships: Liu Xiuxiu's research confirmed that 8 weeks of group painting counseling significantly improves self-esteem and alleviates inferiority among upper-grade primary school students through self-expression and peer feedback¹⁵; Yin Youlian and Huo Yidan's studies showed that group painting counseling promotes active social interaction, reduces loneliness, and enhances peer relationship quality^{22, 38}; Jia Hongxia's intervention on children's aggressive behavior indicated that painting therapy helps children release anger and reduce aggressive incidents³⁶.

For middle school students, the core interventions target test anxiety, social anxiety, low self-esteem, and school adaptation: Yuan Li's intervention research verified that 10 weeks of group painting counseling effectively relieves test anxiety among junior high school students through emotional release and cognitive restructuring¹³; Studies by Lei Qianying, Ma Shufen, and other scholars confirmed that group painting counseling helps eighth-grade students learn social skills, reduce social avoidance, and improve interpersonal anxiety^{21, 26}; Su Zhe's research on junior high school students with low self-esteem found that free-expression painting therapy

promotes self-acceptance and enhances self-esteem⁴²; Duan Lisha's study on depressive emotions among rural boarding high school students showed that group painting counseling integrated with regional cultural elements yields better effects than general programs¹².

2.1.2 Higher Education Stage

This stage focuses on interventions for academic pressure, interpersonal disorders, internet addiction, and inadequate self-awareness, combining group painting counseling with individual painting intervention with a cycle of 10-12 weeks to adapt to the mature cognitive level and diverse needs of college students.

Sun Yiming et al.'s research showed that group painting counseling effectively reduces academic pressure and enhances professional identity among vocational college nursing students¹¹; Studies by Si Jianfeng, Shang Xiaoli, and others confirmed that group painting counseling helps college students learn communication skills, improve interpersonal competence, and reduce conflicts^{10, 51}; Li Rui's research on college students' internet addiction found that group painting counseling diverts attention and fosters healthy lifestyles³²; Studies by He Dongmei, Zou Liyun, and others indicated that painting therapy promotes self-cognition and self-awareness among college students through self-exploratory creations such as My Growth Trajectory^{30, 49}.

Standardized Operational Suggestions: Adopt a combination of open-ended and theme-based creation to deepen group sharing; Design profession-specific themes for vocational colleges to enhance intervention relevance; Set scenario-based creation themes for students with interpersonal disorders to strengthen practical transformation; Reduce screen time for internet-addicted students through offline creation activities and foster real-world social connections.

2.2 Clinical Psychology and Nursing Field

As one of the core application scenarios of painting therapy, this field focuses on auxiliary interventions and nursing for disease-related psychological issues. It is organized by mental illness intervention-physical illness nursing to highlight synergy with clinical diagnosis and treatment, clarifying intervention timing and standardized processes.

2.2.1 Mental Illness Intervention

It is mainly used as an auxiliary intervention for adolescent depression, schizophrenia, and other mental illnesses, complementing medication and cognitive-behavioral therapy. Combining individual painting intervention with group painting counseling, the intervention is initiated when patients' conditions stabilize with a cycle of 12-16 weeks.

Liang Yongxin and Chen Hui's literature review found that combining mandala painting therapy with free-expression painting therapy effectively relieves depressive emotions and reduces rumination among adolescents with depression⁵; Yang Jing's research confirmed that mandala painting therapy regulates self-esteem, improves rumination, and enhances emotional regulation abilities in adolescents with depression¹⁴; Peng Hong's study verified that mandala painting therapy significantly improves alexithymia and enhances emotional recognition and expression in patients with schizophrenia⁸; Li Lin et al.'s research showed that structured group

psychotherapy combined with painting therapy further improves clinical symptoms, mental and social functions, and treatment compliance in patients with depression⁷.

Standardized Operational Suggestions: Conduct collaborative assessments by psychologists and clinicians to adjust intervention intensity based on patient conditions; Avoid stimulating themes and select positive topics such as "Safe Space" and "Positive Memories"; Prioritize safe emotional release and provide full-course psychological support during interventions; Adopt structured creation for patients with schizophrenia to reduce cognitive load.

2.2.2 Physical Illness Nursing

It is mainly applied in psychological nursing for patients with senile stroke, primary liver cancer, breast cancer, and other diseases. Initiated during postoperative recovery or stable condition stages, it primarily adopts group painting counseling with a cycle of 8-10 weeks. Xie Fang et al.'s research indicated that painting therapy combined with group games improves cognitive function and nursing satisfaction among elderly patients with post-stroke cognitive impairment, requiring simplified creation steps and safety precautions⁴; Song Weizi's study on perioperative patients with primary liver cancer confirmed that group painting intervention effectively reduces anxiety, depression, and other neuroaffective symptoms, improving perioperative quality of life²⁹; Li Qin's research on female breast cancer patients found that painting therapy helps release disease-related negative emotions, accept physical changes, and enhance treatment confidence¹⁷.

Standardized Operational Suggestions: Adjust creation duration and form based on patients' physical conditions, adopting seated creation and providing simple tools; Focus on positive-oriented content with themes such as Recovery Vision and Beautiful Life Moments; Involve family members in creation and sharing to strengthen social support systems; Use large-sized tools for elderly patients, simplify creation requirements, and emphasize process experience over artwork quality.

2.2.3 Psychological Intervention for Medical Staff

As an extended application in clinical settings, it focuses on relieving nurses' compassion fatigue and work stress. Initiated after high-intensity work cycles, the intervention cycle is 6-8 weeks. Studies by Wang Chunyan, Li Na, and others verified that painting therapy helps nurses release work pressure and enhance emotional regulation abilities^{33, 44}; Wang Xingmin's research showed that group painting counseling improves nursing team cohesion³⁷.

Standardized Operational Suggestions: Adopt flexible intervention forms such as offline sessions during non-working hours or a combination of online and offline models; Design themes centered on stress release and "professional identity" ; Prioritize privacy protection with small-group sessions; Strengthen peer support during interventions to promote emotional resonance and stress sharing.

2.3 Services for Special Groups

This field focuses on left-behind children, elderly people who have lost their only child, prisoners, orphans, and other special groups, highlighting intervention particularities and difficulties. It sorts out targeted plans and adaptation strategies to enhance practical operability.

For left-behind children: Guo Qian’s research on left-behind children in Western Hunan confirmed that painting therapy releases anxiety through non-verbal expression, making up for the shortage of traditional intervention resources². Due to the lack of family emotional support, the key challenge lies in maintaining long-term effects. It is necessary to construct an ecological intervention system of professional support-family empowerment-cultural integration, design creation themes integrated with regional cultural elements, involve guardians in feedback, and establish long-term follow-up mechanisms.

For elderly people who have lost their only child: Tu Jiayu’s research showed that 10 sessions of group painting counseling effectively relieves depression and promotes positive changes in psychology, behavior, and interpersonal interactions²³. To break down psychological barriers, accompanying communication is recommended, with themes such as Recollections of the Past and Life Expectations to strengthen emotional support, organize peer sharing, and build a supportive group atmosphere.

For prisoners: Duan Shuohan’s research on female prisoners about to be released confirmed that group painting counseling improves mental health and self-esteem, helping them rebuild social connections³⁹. To enhance confidence in social reintegration, design creation themes combined with social reintegration guidance and strengthen self-identity through artwork interpretation.

For orphans: Fan Xianglin’s research confirmed that ACT combined with painting therapy maintains effective intervention effects for orphans with high self-stigma for more than 12 weeks³¹. To address difficulties in self-acceptance, prioritize personalized creation and one-on-one interpretation, with themes such as Self-Discovery and Power of Life to strengthen self-worth through the creative process, and collaborate with welfare institution staff to establish continuous support mechanisms.

Standardized Operational Suggestions: Adopt simplified intervention plans to adapt to limited resources; Integrate characteristic elements based on group cultural backgrounds; Establish a three-level support system of professional intervention- peer support-social linkage; Use simple creation tools to lower participation thresholds; Establish long-term follow-up mechanisms with volunteer assistance to maintain intervention effects.

3. Comparison of Core Technical Applications and Effect Analysis of Painting Therapy

3.1 Comparison of Core Technical Applications

To clarify the application boundaries of different techniques, the following table 1 summarizes their intervention characteristics, application scenarios, core effects, and limitations based on integrated research results across fields, providing references for technical selection:

Core Technique	Intervention Characteristics	Application Scenarios	Core Effects	Limitations
Mandala Painting Therapy	Structured creation, focusing on internal integration, moderate operational difficulty	Emotional regulation (anxiety, depression), self-harmy enhancement, alexithymia intervention in schizophrenia	Rapidly relieves negative emotions, integrates internal psychological conflicts, improves self-cognition ^{3, 8, 14}	Poor adaptability for individuals with low creation willingness; requires professional interpretation
Free-Expression Painting Therapy	No fixed themes, free emotional release, low operational difficulty	Emotional release, subconscious exploration, low self-esteem, school adaptation	Releases negative emotions, promotes self-exploration, high adaptability to diverse groups ^{20, 42}	Difficult effect evaluation; long-term intervention required for cognitive changes
Group Painting Counseling	High interactivity, efficient resource utilization, emphasizing sharing and feedback	Group psychological issues (academic pressure, interpersonal relationships), team cohesion enhancement, social connection reconstruction for special groups	Improves interpersonal competence, enhances team cohesion, relieves group negative emotions ^{10, 11, 23}	Difficult to meet individual personalized needs; high requirements for group atmosphere
Individual Painting Intervention	Strong targeting, emphasizing one-on-one interpretation, high privacy	Severe low self-esteem, depressive episodes, personalized psychological conflicts	Precisely addresses individual psychological issues with targeted effects ^{35, 42}	Time-consuming, high cost, difficult for large-scale promotion

3.2 Core Intervention Effects

The practical effects of painting therapy have been verified by numerous domestic studies, focusing on three core dimensions with slight differences across fields but significant commonalities.

3.2.1 Emotional Regulation Dimension

As the most core and universal effect, painting therapy helps individuals effectively release negative emotions (anxiety, depression, anger) through non-verbal expression, while enhancing positive emotional experiences and emotional regulation abilities.

Field-specific differences: School education focuses on relieving situational anxiety related to academics and social interactions^{13, 26}; Clinical settings prioritize alleviating disease-related negative emotions and treatment fears^{4, 29}; Services for special groups focus on relieving loneliness, inferiority, and trauma-related emotional distress^{2, 23, 31}. Liang Yongxin's review of adolescent depression interventions and Wang Chunyan's research on nurses' compassion fatigue both verified this core effect^{5, 33}.

3.2.2 Cognitive Improvement Dimension

The core effect is to promote self-awareness and self-cognition, integrate internal psychological conflicts, and improve cognitive biases.

Field-specific adaptation differences: School education focuses on enhancing students' self-acceptance and self-awareness, and improving academic-related cognitive biases^{30, 49}; Clinical settings prioritize improving alexithymia and rumination in patients with mental illnesses, and helping patients with physical illnesses accept physical changes^{7, 8, 17}; Services for special groups focus on helping individuals break negative cognitions^{31, 39}. Huang Zhousi's research confirmed that mandala painting group counseling significantly improves self-harmony among secondary vocational students³; Peng Hong's study showed that this technique improves alexithymia in patients with schizophrenia⁸, reflecting the cognitive intervention value.

3.2.3 Social Function Enhancement Dimension

The core effect is to improve interpersonal competence, peer relationship quality, and team cohesion, helping special groups rebuild social connections.

Field-specific priorities: School education focuses on enhancing students' peer interaction and communication abilities^{22, 38}; Clinical settings prioritize improving patients' social adaptability and treatment compliance^{7, 29}; Services for special groups and medical settings focus on rebuilding social connections and enhancing team cohesion^{23, 37, 39}. Si Jianfeng's research confirmed that group painting counseling significantly improves college students' interpersonal competence¹⁰; Duan Shuohan's study showed that this form helps female prisoners about to be released rebuild social connections³⁹.

4. Mechanisms of Action of Painting Therapy

The mechanisms of action of painting therapy correspond to the aforementioned core intervention effects, forming a mechanism-effect one-to-one relationship. Based on psychological projection theory, combined with expressive arts therapy theory and social support theory, the specific mechanisms are as follows:

4.1 Emotional Regulation Mechanism

Based on expressive arts therapy theory, artistic creation serves as a core carrier for emotional release, breaking through language barriers to externalize individuals' subconscious negative emotions, enabling effective emotional release and catharsis, which directly corresponds to the emotional regulation effect^{5, 20}. Meanwhile, the concentration during creation and the sense of accomplishment after completing artwork further enhance positive emotional experiences and strengthen emotional regulation abilities, forming a virtuous cycle of creation-release-positive experience - ability improvement.

4.2 Cognitive Improvement Mechanism

Based on psychological projection theory, artworks intuitively reflect individuals' cognitive patterns and internal psychological conflicts. Through scientific interpretation by professionals, individuals can clearly perceive their cognitive biases, integrate internal psychological energy, and achieve self-acceptance and cognitive restructuring, which directly corresponds to the cognitive improvement effect^{3, 8}. Among them, the structured creation of mandala painting further strengthens cognitive integration, improving intervention efficiency.

4.3 Social Function Enhancement Mechanism

Based on social support theory, the interactive sharing sessions in group painting counseling help individuals gain emotional support, learn effective communication skills, and break social barriers^{10, 23}. In interventions for special groups, emotional bonds established through collaborative creation help rebuild social trust and enhance social adaptability, directly corresponding to the social function enhancement effect. In team settings, the collaborative creation process strengthens mutual understanding and cooperation, improving team cohesion.

5. Conclusion

Domestic painting therapy has achieved significant progress in application fields, intervention techniques, and practical depth, being widely used in school education, clinical nursing, services for special groups, and other scenarios, and has become an important means of mental health services⁵¹. Its core techniques have distinct characteristics, and intervention effects in emotional regulation, cognitive improvement, and social function enhancement have been fully verified, demonstrating good adaptability and practicality.

By systematically sorting out practical experiences across fields, this paper constructs a standardized operational guide for painting therapy, providing reference intervention processes and technical selection plans for mental health services in different scenarios. In the future, it is necessary to further strengthen the integration of experiences across fields, optimize intervention plans for specific groups, and enhance the precise adaptability of techniques. Meanwhile, attention should be paid to the long-term follow-up of practical effects to provide empirical support for the continuous optimization of painting therapy, promoting its greater role in the mental health service system.

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