Impact Factor (QJIF): 8.47 **E-ISSN: 2583-1615, P-ISSN: 3049-3498**

International Journal of Research in Academic World

Received: 15/February/2026 **IJRAW:** 2026; 5(4):38-42 **Accepted:** 25/March/2026

The Role of Expressive Arts Therapy in Enhancing Emotional Intelligence and Resilience among Adolescents in Government-Aided School

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Abstract

Adolescence involves stressful emotional, cognitive, and social changes. Students of government-aided schools face additional financial and infrastructural challenges. This study investigated the effectiveness of Expressive Arts Therapy (EXA) in improving emotional intelligence (EI) and resilience in adolescents aged 13 to 14 years. The study used a mixed-method pre-test and post-test case-control design with 68 participants. Each group was split evenly between the intervention and control groups. The six-month intervention involved structured sessions that involved interventions such as visual arts, movement, drama, and storytelling that facilitated emotional expression and social engagement. The quantitative data was collected through the Trait Emotional Intelligence Questionnaire—Adolescent Short Form (TEIQue-ASF) and the Child and Youth Resilience Measure (CYRM-28). The results showed there was no significant increase in EI and resilience in the intervention group based on the pre-test and post-test scores ($p > 0.05$). Quantitative results show that the EXA interventions had a limited impact on participants of the case group. Qualitative results through session observations and the participants' reflections pointed out that the participants were better at perceiving and expressing their feelings, as well as had developed a sense of empathy towards their peers and themselves. Such findings point out that despite the fact that EXA may not statistically bring about changes quickly, it encourages the internal development of changes in emotion, coupled with an observed advancement of social skills. Hence, EXA can be identified as useful as a complementary modality for improving emotional wellness among adolescents, particularly in a government-aided school environment.

Keywords: Adolescents, Emotional Intelligence, Resilience, Expressive Arts Therapy.

Introduction

Adolescence is a critical developmental stage characterized by emotional, intellectual, and social challenges, including identity formation and socioeconomic adversity. It is defined as "the stage of development that begins with puberty and ends with the transition to adulthood, typically involving changes in physical, cognitive, emotional, and social domains" (Steinberg, L., 2014). Different emotional and social experiences result from variations in the timing of puberty, rates of development, and personal circumstances (Degner, A. J., 2006).

Emotional intelligence (EI) is defined as the capacity to process emotional information accurately and efficiently, including information relevant to the recognition, construction, and regulation of emotion in oneself and others (Salovey, P., & Mayer, J.D., 1990; Goleman, 2001). EI affects many aspects of life, particularly mental health, life satisfaction, and job satisfaction (Heidrich, V., 2024). *Resilience* is defined as the ability to successfully adapt to stress, adversity, trauma, or tragedy, maintaining or regaining mental health despite experiencing difficult circumstances (Southwick, S. M., *et al*., 2014). Resilience and EI are strongly related; resilience is strengthened by emotional clarity and healing. Individuals with higher EI are better able to handle stress and hardship, which enhances their capacity for adaptation and recovery (Valverde-Janer, M. *et al*., 2023). Collado-Soler posits that adolescents with higher EI are more adept at perceiving, understanding, and regulating their own emotions as well as those of others. Such adolescents are more likely to recover from setbacks by regulating negative emotions, seeking social support, and maintaining perspective during challenging situations. This interrelationship is especially pertinent during adolescence, a period marked by emotional instability, social challenges, and identity exploration. Consequently, the development of EI in young individuals may improve their resilience, which, in turn, may result in better long-term outcomes in academic achievement, relationships, and mental health (Collado-Soler *et al*., 2023). The development of both constructs is crucial during adolescence, a period characterized by rapid cognitive, social, and emotional transformations (Zheng *et al*., 2021).

Expressive Arts Therapy (EXA) is a multifaceted therapeutic approach that utilizes a range of artistic forms, such as visual arts, music, dance/movement, drama, and creative writing, to

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promote emotional healing, personal growth, and self-expression. EXA is distinct from traditional psychotherapy and serves as an approach to facilitate health and well-being (Malchiodi, C.A., 2022). EXA provides a nonverbal channel for emotional expression, helping individuals process upsetting events. It also allows the incorporation of mindfulness and resilience-building exercises that can be used in classroom environments to promote adolescents' emotional and mental well-being (Lugyi, 2024).

In the context of India, adolescents face numerous obstacles affecting their social, emotional, and mental health. Social conventions, economic inequality, gender roles, academic expectations, and the increasing impact of technology contribute to these issues. Many government-aided schools, particularly among disadvantaged communities, lack basic facilities such as classrooms, libraries, laboratories, and sanitary amenities, negatively impacting students' learning. These factors may be directly responsible for a lower EI and resilience among students of such schools. However, there is a lack of research based in India investigating the effects of EXA on EI and resilience among adolescents in government-aided schools, which has prompted us to undertake this research.

Materials and Methods

The present study examined the role of EXA in enhancing EI and resilience among adolescents in a government-aided School in Mumbai. The study aimed to assess the impact of Expressive Arts Therapy on EI and resilience in a government–aided school. The study had the following objectives:

i). To examine the effect of EXA on increasing EI and resilience in adolescents by comparing the pre-test and post-test scores,
ii). To assess and compare the scores of EI and resilience between girls and boys.
iii). To determine the relationship between EI and resilience in adolescents.

The population consisted of adolescents aged 13–14 years studying in a government-aided School. Permission to conduct the research was obtained from the school authorities before data collection. Participants were informed about the purpose of the study, and their voluntary participation was ensured, along with confidentiality and anonymity.

- **Inclusion Criteria:**

i). Adolescents enrolled in the eighth grade in the selected school
ii). Adolescents who attended the intervention sessions over a period of six months.

- **Exclusion Criteria**

i). Adolescents with significant medical conditions or those undergoing other therapeutic interventions.

The sample size was 68 adolescents (N = 68), who were assigned to two groups using selective randomization: a case group (n = 34), which received the intervention, and a control group (n = 34), which did not. The study followed an experimental pretest–post-test case–control design using a mixed-method (Qualitative and Quantitative) approach.

The intervention was conducted over six months (October 2024 to March 2025) and included nine sessions. Baseline assessments of both case and control groups for EI and resilience were conducted using the *Trait Emotional Intelligence Questionnaire–Adolescent Short Form* (TEIQue-ASF; Petrides, 2001) and *Child and Youth Resilience Measure* (CYRM-28, Ungar & Liebenberg, 2005), respectively. TEIQue-ASF assesses 15 facets grouped under four factors: Well-being, Self-control, Emotionality, and Sociability. Items are rated on a 7-point Likert scale ranging from Completely Disagree to Completely Agree, with reverse scoring applied to negatively worded items. A global score is calculated by averaging all items, with higher scores indicating greater trait emotional intelligence.

The *Child and Youth Resilience Measure* (CYRM-28, Ungar & Liebenberg, 2005) is a 28-item self-report scale measuring three domains: Individual Capacities and Resources, Relationships with Primary Caregivers, and Contextual Factors. Items are rated on a 5-point Likert scale ranging from Not at all to A lot, with total scores ranging from 28 to 140, where higher scores indicate greater resilience.

The case group was exposed to the intervention of EXA. Each session lasted approximately one hour and included a check-in, warm-up, core expressive arts interventions (such as drawing, movement, drama, and storytelling), and a reflective sharing segment. These sessions were designed to promote emotional awareness, creative expression, empathy, and coping skills, thereby supporting the development of EI and resilience. Post-intervention assessments were conducted in both the case and control groups using the same tools to evaluate changes, gender differences, and correlations between the variables.

Results & Discussion:

Quantitative Analysis:

Table 1(A): Baseline (Pre-test) Comparison of EI Scores between the Case and the Control Group

TEIQue Scale	Control (N=34)		Intervention (N=34)		P
	Mean	SD	Mean	SD	
Pre-Test Emotionality	37.32	5.93	38.97	6.06	0.857
Pre-Test Self-control	45.47	7.85	48.38	6.20	0.26
Pre-Test Sociability	37.09	7.02	37.00	5.79	0.425
Pre-Test Well-being	27.85	6.29	28.50	4.32	0.759
Pre-test TEIQue	138.12	19.84	134.24	26.91	0.57

Table 1 (A) shows no statistically significant differences across all TEIQue subscales, including Emotionality, Self-control, Sociability, Well-being, and the overall TEIQue score ($p > 0.05$).

Table 1(B): Baseline (Pre-test) Comparison of Resilience Scores Between the Case and the Control Group

CYRM	Control (N=34)		Intervention (N=34)		P
	Mean	SD	Mean	SD	
Pre-test Community	42.88	3.43	35.74	7.57	<0.0001
Pre-test Individual Factor	46.68	4.99	39.71	7.40	<0.0001
Pre-test Rational	28.38	3.16	24.09	5.57	<0.0001

Table 1 (B) Significant differences were observed in resilience scores between the groups at baseline. The Case group demonstrated significantly lower resilience scores compared to the control group across all CYRM domains,

including Community factor, Individual factor, and Rational factor ($p < 0.0001$). The mean scores of the Case group were 35.74 (SD = 7.57) for the Community factor, 39.71 (SD = 7.40) for Individual factors, and 24.09 (SD = 5.57) for the Rational factor. These results indicate that the two groups were not equivalent in terms of resilience levels at baseline and that there was greater variability among participants in the Case group.

Table 2(A): Post-test Comparison of EI Scores on TEIQue between the Case and the Control Group

TEIQue Scale	Control (N=34)		Intervention (N=34)		P
	Mean	SD	Mean	SD	
Post-Test Emotionality	35.79	7.67	36.15	8.43	0.261
Post-Test Self-control	44.32	9.78	46.91	8.98	0.094
Post-Test Sociability	35.71	8.47	37.41	9.03	0.955
Post-Test Well-being	28.50	6.92	27.97	7.26	0.622
Posttest TEIQue	142.59	17.08	139.32	27.59	0.573

Table 2(A) results indicate that there were no statistically significant differences between the Control and Case groups across any of the TEIQue subscales or the overall emotional intelligence score at the post-test level ($p > 0.05$ for all variables).

Table 2(B): Post-test Comparison of Resilience Scores on (CYRM) between The Case and The Control Group

CYRM	Control (N=34)		Intervention (N=34)		P
	Mean	SD	Mean	SD	
Post-test Community	41.76	5.60	34.62	8.22	<0.0001
Post-test Individual Factor	43.76	5.47	40.18	7.96	0.044
Post-test Rational	29.53	4.33	23.24	6.75	<0.0001

In Table 2 (B), significant differences were observed in resilience scores between the groups across the CYRM domains. The mean score for the Community factor was 41.76 (SD = 5.60) for the Control group and 34.62 (SD = 8.22) for the Intervention group ($p < 0.0001$). For the Individual factor, the Control group obtained a mean score of 43.76 (SD = 5.47) compared to 40.18 (SD = 7.96) for the Case group ($p = 0.044$). Similarly, the Rational factor score was 29.53(SD = 4.33) for the Control group and 23.24 (SD = 6.75) for the case group ($p < 0.0001$). These findings indicate statistically significant differences in resilience scores between the two groups at the post-test level.

Table 3: Spearman's Rho Correlation of Pre-Test and Post-test Scores of CYRM and TEIQue

Spearman's rho		Emotionality Pre-test	Self-control Pre-test	Sociability Pre-test	Well-being Pre-test	Pre-Test TEIQ
Pre-Test CYRM Community	Correlation Coefficient	-0.009	-0.021	0.023	0.063	.256*
	P	0.945	0.866	0.849	0.609	0.035
	N	68	68	68	68	68
Pre-Test CYRM Individual Factor	Correlation Coefficient	-0.067	-0.125	-0.036	-0.005	0.079
	P	0.588	0.310	0.773	0.967	0.521
	N	68	68	68	68	68
Pre-Test CYRM Rational	Correlation Coefficient	0.068	-0.016	-0.016	0.162	0.103
	P	0.583	0.895	0.899	0.186	0.403
	N	68	68	68	68	68
Spearman's rho		**Emotionality Post-test**	**Self-control Post-test**	**Sociability Post-test**	**Well-being Post-test**	**Post-test TEIQue**
Post-test CYRM Community	Correlation Coefficient	0.209	0.142	.311**	.372**	.531**
	P	0.087	0.249	0.010	0.002	0.000
	N	68	68	68	68	68
Post-test CYRM Individual Factor	Correlation Coefficient	0.234	0.207	.258*	.364**	.427**
	P	0.054	0.090	0.033	0.002	0.000
	N	68	68	68	68	68
Post-test CYRM Rational	Correlation Coefficient	0.232	0.150	0.225	.356**	.398**
	P	0.057	0.221	0.065	0.003	0.001
	N	68	68	68	68	68
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						

Table 3 presents the Spearman's rho correlation between resilience (CYRM) and emotional intelligence (TEIQue). At the Pre-Test stage, a weak but significant positive correlation was observed between the CYRM Community factor and the overall TEIQue score *($r = .256$, $p = .035$)*, while the Individual and Rational factors showed no significant associations with TEIQue dimensions *($p > .05$)*. Post-test results demonstrated stronger relationships, with all three CYRM factors showing significant positive correlations with the overall TEIQue score, with the strongest association observed for the Community factor *($r = .531$, $p < .001$)*. Significant correlations were also found between CYRM Community and Sociability *($r = .311$, $p = .010$)* and Well-being *($r = .372$, $p = .002$)*, as well as between the Individual factor and Sociability *($r = .258$, $p = .033$)* and Well-being *($r = .364$, $p = .002$)*. The Rational factor was significantly

associated with Well-being *(r = .356, p = .003)*, while its correlation with Sociability was not statistically significant *(p = .065)*

Qualitative Analysis

There was no statistical difference between the pre-test & the post-test Scores of EI and Resilience tests of the case group. However, the participants ' testimonials suggested that there is an increase in EI and resilience in the Case group. However, no such testaments were received from the control group participants.

Thematic Outcomes of Qualitative Data

The sessions explored emotional awareness, interpersonal experiences, and coping patterns among adolescents. While the quantitative findings showed limited statistical significance, qualitative insights portray meaningful emotional shifts and increased self-awareness among participants from the case group.

The following challenges were identified through the initial sessions:

- **Inferiority Complex:** A strong need for validation reflected through interrupting, speaking over others, and attempts to present oneself more favourably.
- **Rejection and Abandonment:** Experiences of emotional neglect and lack of recognition, especially in non-academic areas, leading to a heightened need for acceptance.
- **Unchanneled Anger:** Expression of frustration through aggression, verbal abuse, and conflicts, often linked to environmental and socio-economic stressors.
- **Suppressed Aggression:** Emotional distress expressed indirectly through dominance, bullying, and intense expressions during creative activities.
- **Conditioned Parenting:** Learned association between discipline and punishment, influencing expectations from authority figures and behavioural responses.
- **Desire for Connection:** A growing need for emotional support, belonging, and validation, reflected in increased openness and engagement over time.

Discussion

Riley (2001), in her work on art therapy with adolescents, emphasized that non-verbal modalities such as drawing, collage, and clay work are particularly effective for adolescents who may resist verbal forms of therapy. These approaches allow for the safe externalization of internal experiences and promote a sense of control and emotional safety. Consistent with these findings, the present study utilized similar materials and open-ended interventions, enabling students to express emotions such as fear, anger, and hope through creative means. The facilitator's non-judgmental approach further supported emotional exploration and self-awareness among participants.

Dye's (2018) study on art therapy interventions with grieving children demonstrated a significant reduction in negative affect following a structured intervention focusing on emotional themes. In comparison, the present study also observed increased engagement, self-reflection, and emotional expression during art-based sessions. Participants explored themes such as daily stressors, internal conflicts, and identity through creative processes, indicating the effectiveness of non-directive expressive arts approaches in facilitating emotional release and processing.

Anita V. Dănciulescu's (2019) study on Experiential Unifying Psychotherapy (P.E.U.) demonstrated that integrating drama therapy, art, movement, and guided imagery significantly enhances EI and self-esteem in adolescents. Participants showed improvements in empathy, emotional awareness, and adaptability through expressive modalities. Similarly, in the present study, the use of core EXA interventions resulted in noticeable changes in participants. Students who were initially less engaged gradually became more cooperative and actively involved in the sessions, reflecting increased emotional awareness and adaptability.

A systematic narrative review by Bosgraaf *et al.* (2020) highlighted the role of art therapy in enhancing emotional awareness by enabling children and adolescents to externalize their internal experiences. The review emphasized mechanisms such as emotional regulation, self-expression, and self-efficacy development. In line with these findings, the present study observed that students gradually developed the ability to recognize and label their emotions through activities such as drawing, role-play, and rhythm-based exercises. Additionally, reflective processes emerged, with students expressing internal dialogues indicating increased introspection and emotional differentiation, consistent with the mechanisms identified in the review.

The findings are also supported by the study conducted by Yusuf Akyıl, M. Engin Deniz, and Deniz Akyıl (2022), in which the effect of a creative drama-based psycho-education program on adolescents' EI was examined. Their study reported significant improvements in EI following a 20-session intervention. In comparison, the present study, though shorter in duration, also demonstrated improvements in emotional expression and regulation through expressive arts modalities. These findings reinforce the role of creative drama and expressive arts in addressing unprocessed emotional material and promoting emotional development among adolescents.

The study by Danya Ibrahim and colleagues (2022) explored the relationship between emotional intelligence, resilience, and external factors such as parental employment among adolescents. The findings suggested a positive relationship between EI and resilience, while also highlighting the impact of family environment on adolescent mental health. Similarly, in the present study, a positive association between emotional understanding and coping was observed. Qualitative observations indicated that students expressed a need for parental validation and gradually developed insight into their parents' emotional unavailability, often attributing it to external stressors such as work pressure. This reflects an increase in emotional processing and cognitive understanding among participants.

Overall, the findings of the present study are consistent with existing literature and highlight the effectiveness of Expressive Arts Therapy in enhancing EI and resilience among adolescents. The integration of multiple expressive modalities facilitated emotional expression, introspection, and adaptive coping, thereby supporting the emotional development of adolescents in educational settings.

Limitations

- Participant selection was conducted by teachers, which may have introduced selection bias and excluded quieter or less visibly distressed students.
- Inconsistency in session scheduling due to examinations, holidays, and school events disrupted continuity and may have affected the overall impact of the intervention.
- Cultural and gender dynamics (female facilitator with

adolescent boys) led to boundary testing and may have influenced the therapeutic environment.
- Lack of parental involvement limited the continuity of emotional support beyond the intervention.
- Peer group dynamics, including dominance, competition, and occasional bullying, affected group safety and open emotional expression.
- The study was conducted in a single school setting, limiting the generalizability of findings.
- Use of psychometric tools developed in Western contexts may have affected the cultural validity of the assessments.
- As participants were engaging in EXA for the first time, initial sessions focused more on emotional expression and adjustment, which may have influenced internal validity.

Conclusion

The present study examined the impact of EXA on EI and resilience among adolescents. Findings indicated that the intervention did not result in statistically significant improvements in EI or resilience, as reflected in pre- and post-test comparisons ($p > 0.05$). Although individual-level changes were observed, these did not translate into significant group-level outcomes, suggesting a limited measurable impact within the duration and sample size of the study.

Gender-based comparisons revealed no statistically significant differences in the effects of the intervention on EI or resilience ($p > 0.05$). While minor variations were observed, with males showing slightly higher resilience scores and females demonstrating marginal improvements in emotional domains such as sociability and self-control, these differences were not significant, indicating that EXA may be considered a gender-neutral approach.

The analysis of the relationship between EI and resilience revealed a weak but significant correlation at the pre-test stage, particularly within the community resilience domain. Post-test results, however, indicated stronger and more consistent correlations across multiple domains, including sociability and well-being. These findings suggest that, though overall score improvements were not statistically significant, the intervention may have strengthened the association between EI and resilience.

In conclusion, while quantitative outcomes remained limited, qualitative findings indicated meaningful emotional shifts, including increased self-awareness, emotional expression, and interpersonal understanding. This highlights the potential of Expressive Arts Therapy as a supportive intervention for fostering emotional development among adolescents, particularly when implemented over a longer duration and within a more structured framework.

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