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Single-Session OH Cards Art Therapy for College Students at a Medical University in China: Design and Effect Evaluation

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Abstract: This study aimed to design culturally adapted OH cards-based art therapy interventions to assess their impact on anxiety, emotion regulation, and self-expression among medical college students. Two single-session interventions were developed: one integrating drawing therapy (Design #2) and one using narrative therapy alone (Design #1), both themed "self-inquiry." A pre-post quasi-experimental design was used, with 17 participants completing surveys using the State-Trait Anxiety Inventory (STAI-S-6) and the Self-Expression Emotion Regulation in Art Therapy Scale (SERATS). Outcomes were evaluated using paired t-tests and qualitative analysis. Results showed a significant reduction in state anxiety ($p = 0.008$) and moderate levels of self-expression and emotion regulation (SERATS mean = 37.41). Participants reported improved self-acceptance, emotional expression, and stress reduction. Design #2 was relatively more preferred by participants, while no significant differences in efficacy were found between the two designs. OH cards-based art therapy effectively mitigates anxiety and enhances psychological well-being in Chinese medical students, with flexible implementation across intervention types. Future research should explore long-term effects in diverse populations and integrate cultural adaptations to expand accessibility.

1. Introduction

Art therapy employs the art-making process as a means to treat mental disorders and enhance psychological wellbeing. It encompasses a variety of art modalities, such as painting therapy, music therapy, and dance movement therapy [1], which can assist individuals or patients in recognizing difficult emotions, thoughts, and feelings, and discovering more constructive coping strategies. While art therapy is increasingly gaining attention for its potential to improve mental health, it remains a relatively niche field in China, with limited awareness and practice across the country. This is especially evident in less developed regions, such as Guangxi, a southern province in China. On one hand, this could be due to the fact that the general public in China does not usually actively seek psychological treatment. On the other hand, psychotherapy resources in China remain severely

limited [2]. A 2022 research pointed out that over 70% of relevant practitioners, including clinical psychologists and counselors, lack systematic psychological training [2], and the availability of well-trained art therapists is even more scarce. In fact, there is no established career path for art therapists in China yet [3]. This scarcity of resources significantly impacts the application of art therapy. Moreover, the concept of non-verbal expression in art therapy has not yet gained widespread acceptance in China, as the general public commonly views painting and other forms of art primarily as professions or specialties rather than ways of self-expression, which were not highlighted as much in China's education system historically. Thus, considering the cultural background is crucial when implementing art therapy in China [4]. This involves understanding participants' expectations prior to the art therapy intervention and guiding them through the art-making process.

The research on art therapy in China has been increasing in recent years, especially in university settings [5-7]. Most of these research focused on painting therapy, such as mandala painting therapy [8], addressing common mental health issues like stress, depression, and anxiety [6]. For example, a 2021 study investigated the impact of a painting therapy group counseling program on Chinese college students' self-acceptance and self-evaluation specifically, demonstrating significant improvements in these areas [9]. In 2023, Chen et al. (2023) evaluated an expressive art therapy program among university students in Beijing, China, and found it to have positive effects on alleviating anxiety and depression [10]. For instance, the average score of depressive states, measured by the Patient Health Questionnaire (PHQ), decreased by 8.1%, after the intervention. The program was also found to enhance self-esteem, social support, and many other mental health dimensions. On the other hand, although research on art therapy in China is increasing, the designs of these art therapies and culture competence were often not described in detail in these research. Moreover, the effects of these art therapies, particularly when used in group counseling, are often not fully captured.

OH cards is a psychological tool created by Moritz Egetmeyer and Elohim Raman in 1980s, using principles of projection technology to help individual to explore their inner world and enhance self-awareness, which has been regarded as an effective tool in group counseling [11]. The OH cards comprises 88 picture cards and 88 word cards, respectively. OH cards were widely used in psychological and art therapy, while remain unfamiliar to most college students in China. In a 2024 study, an intervention was carried out within 72 high school students in Guangxi, and found that OH cards group counseling significantly reduced social anxiety and enhanced self-efficacy in the intervention group compared to the control group [12]. Overall, very few studies have explored the use of OH cards in art therapy in China and their effects. In addition, evaluating the impact of OH cards-based art therapy interventions is particularly challenging, as outcomes can vary significantly based on differences in their content design and the application of techniques. In addition to general scales, such as the PHQ, which are commonly used in art therapy evaluations, the Self-Expression Emotion Regulation in Art Therapy Scale (SERATS) was developed to assess the outcomes of art therapy specifically [13, 14]. While the SERATS effectively captures self-expression and emotion regulation, OH cards-based group interventions may also enhance a broader range of psychological factors, such as self-exploration, self-awareness, and positive social interactions.

The limited utilization of both art therapy and psychological tools, such as the OH cards, within the context of China's mental health landscape underscores the pressing necessity to expand educational initiatives and awareness programs in order to support the implementation of comprehensive mental health interventions. The purpose of the study was to design and implement

single-session OH cards-based art therapy interventions and evaluate the effects on anxiety, emotion regulation, and other psychological outcomes, such as self-acceptance. The study also aimed to compare different designs of OH cards art therapies and investigate participants' acceptance and preferences for these interventions.

2. Methods

We created two single-session OH cards art therapies: one with drawing therapy and one without. We employed a pre-post quasi-experimental design to evaluate their impact on state anxiety, emotion regulation, and self-expression, as well as subjectively self-acceptance, stress reduction, social self-efficacy, and communication competence. We also surveyed students regarding their expectations for improvement through art therapy and summarized feedback on each session, including preferences for different approaches (e.g., drawing therapy). Online questionnaires were delivered through QR codes to participants before and after each single-session art therapy intervention. We obtained informed consent from each participant before the study. The study received IRB approval from Guangxi Medical University.

The inclusion criteria for this study were: (1) individuals aged 18 years and above; (2) students currently enrolled in a medical university at the time of the study and willing to participate in the OH cards-based art therapy intervention; and (3) those who were able to answer both pre- and post-test survey questions and could be linked through a specific ID.

We developed two single-session art therapy interventions using OH cards. In particular, we created two art therapy workshops; both focused on the theme of"self-inquiry". The art therapy sessions were conducted by a board-certified psychotherapist who was trained in art therapy. In design#1: We utilized OH cards to bring subconscious elements into conscious awareness, and subsequently employed narrative therapy to deconstruct and reconstruct the narratives. Firstly, each students were asked to speak their understanding of the OH cards they selected. Secondly, we created several narrative activities using the OH cards. For example, students were asked to randomly select four cards. They used one OH card to represent their current difficulty, another to symbolize their eventual success, and the remaining two to describe the process they undertook to overcome the challenge. Students were then invited to share their personal stories to describe and connect these four OH cards. In design#2, we integrated drawing therapy into our approach, following the narrative session. In the drawing therapy, we emphasized non-verbal expression. Specifically, we asked each student to place the OH card they had chosen on a sheet of paper and use colored pens to draw whatever came to their minds in the remaining space. Upon completion of their drawings, each student was invited to present their artwork, emphasizing the elements they deemed significant or less significant, as well as any aspects that required addition or removal.

We observed that approximately 80% of the students had no prior experience with OH cards. Therefore, we initiated each session with a standardized activity called "OH cards initial reflection" to familiarize participants with the cards. The intervention began with an introduction to OH cards, after which students were asked to select one card that represented their current feelings and share their personal stories with the rest of the group. This step helps participants to focus their awareness on their current feelings, thereby further realizing that they can express themselves through art-making. At the conclusion of each intervention, students were asked to write reflective notes and exchange them with one another. We maintained the above design in both design#1 and design#2. Throughout each single session art therapy intervention, we emphasized communication, sharing, and active listening; we also encouraged students to focus on the self-expression during the art-

making process and offer positive feedback to support one another within the group.

Intervention evaluation. Prior to the intervention, participants were asked to complete a pre- test to record their anxiety level, previous experience with OH cards, expectation in the art therapy intervention, as well as their basic information. At the end of the intervention, we used the same anxiety instrument to evaluate their anxiety level, and the art therapy specific scale, SERATS to evaluate their emotion regulation and self-expression. We also asked them to identify the psychological aspects that they felt they had improved in, as well as the degree of improvement they experienced; specific aspects included stress reduction, self-exploration, communicative competence, and social self-efficacy.

To assess the state anxiety of the subjects, we employed the Chinese version of the State-Trait Anxiety Inventory—State Scale (STAI-S-6) [15]. This scale comprises six items and is designed to measure an individual's anxiety level at a specific moment or in a particular context, reflecting short-term emotional changes. Questions, such as "I feel secure" (in Chinese), were assessed using a 4-point Likert scale ranging from "Not at all" to "Very much so" (in Chinese). Higher scores on the STAI-S-6 indicate more severe state anxiety, with total scores ranging from 4 to 24. The STAI-S-6 demonstrated good reliability among the Chinese population, with a Cronbach's alpha coefficient of 0.87 [15].

We applied the Self-Expression Emotion Regulation in Art Therapy Scale (SERATS) to evaluate the effect of OH cards-based art therapy in this study [13, 14]. SERATS was designed to evaluate the outcome of art therapy. The scale includes nine items, with responses scored on a 5-point scale from "never true" to "almost always true". The SERATS demonstrated strong psychometric properties, with a Cronbach's alpha coefficient of 0.94 and a test-retest reliability of 0.96 [14]. However, SERATS was not validated in Chinese population yet. We translated the SERATS into Chinese with two bilingual researchers, and tested the translated version with nine students to ensure its face validity and cultural appropriateness. The data from the sample showed high internal reliability (Cronbach's alpha = 0.936). We also combined the data from our study series with that of students who had received art therapy, with Cronbach's alpha >0.9.

We also examined the extent of subjective improvements in several psychological domains, including self-acceptance, self-exploration (recognizing emotions and beliefs in the subconscious), emotion expression, stress reduction, social self-efficacy, and communication competence. After the intervention, participants were asked to rate the degree of improvement in each domain on a scale from 0 to 100, where 0 indicated "no improvement" and 100 indicated "very much improvement". In design #2, we asked students to rate the specific design that most valuable to them; they were asked to rank the importance from one (most helpful) to four (least helpful) among the choices, namely, 1) "OH cards initial reflection", 2) "OH cards-based narrative therapy", 3) "OH cards-based drawing therapy", and 4) "give-away notes". In addition, we collected basic demographic information from the participants, including their gender, ethnicity (e.g., Han, Zhuang, or other minorities), age, student status (undergraduate or graduate), major, place of enrollment (urban or rural), and any history of mental disorders.

Descriptive statistics were calculated to provide an overview of the data, including mean and standard deviation (SD) for continuous variables and frequency and percentage for categorical variables. To assess changes in anxiety levels, a paired t-test was conducted to compare pre- and post-intervention scores within the same group. Due to the small sample size, the Wilcoxon signed-rank test was used to compare the effectiveness between interventions design #1 versus design #2. The p-values from these tests were used to determine statistical significance, with a threshold of 0.05. We used IBM SPSS Statistics version 27 for data analyses. An open-ended question was

posed to gather feedback from participants, and participants' responses were summarized.

3. Results

Prior to the interventions, we received responses from 31 participants, all of whom were medical university students aged 18 and above and had completed a pre-test. Of 26 subjects who attended the art therapy intervention, 25 participants completed a post-test, achieving a completion rate of 96.2%. We analyzed data from 17 participants whose pre-test and post-test results could be linked through the specific IDs. The final sample consisted of 17 participants with an average age of 21.59 years (SD = 1.87). The majority of the participants were female (94.12%). In terms of ethnicity, most participants were Han(64.71%), while the remaining participants belonged to the Zhuang and other minorities (35.29%). Regarding the place of enrollment, the majority were from rural areas (76.47%), compared to a smaller number from urban areas (23.53%). The sample included both undergraduate (70.59%) and graduate students (29.41%). The most common major among participants was nursing (47.06%), followed by clinical medicine (17.65%) and other majors (35.29%). In terms of experience with OH cards, most participants reported without experience (76.47%), while a small number had some exposure (17.65%) in previous group counseling activities. Regarding mental health history, the majority of participants were not diagnosed with mental disorders (88.24%), while a few reported depression, anxiety, or bipolar disorder (Table 1).

Table 1 Characteristics of the sample (N=17)

		N/Mean	%/SD
Age		21.59	1.87
Gender			
	Male	1	5.88%
	Female	16	94.12%
Ethnicity			
	Han	11	64.71%
	Other (e.g.,Zhuang)	6	35.29%
Place of Enrollment			
	Urban	4	23.53%
	Rural	13	76.47%
Student type			
	Undergraduate	12	70.59%
	Graduate	5	29.41%
Major			
	Clinical Medicine	3	17.65%
	Nursing	8	47.06%
	Other	6	35.29%
OH cards experience			
	Had experience	3	17.65%
	No experience	13	76.47%
History of mental disorder			
	Depression/Anxiety/Bipolar Disorder	2	11.76%
	No	15	88.24%

Table 2 presented the effects of OH cards-based art therapy as measured by pre- and post-tests,

along with their subjective effects. In the pre- test, participants reported an average state anxiety of 14.06 (SD=3.96). Participants reported multiple expectations from the art therapy intervention, particularly in areas such as self-acceptance and identifying social interaction styles, with over 80% participants expressing their interest for an improvement in these domains. Based on the post test, we observed a notable decrease by 20% in state anxiety to 11.29 (SD=2.64) after the intervention (p=0.008). The SERATS score, which gauges self-expression and emotion regulation in art therapy, was 37.41 (score range: 5-45). Subjectively, participants experienced substantial growth in self-acceptance, emotional expression, and stress reduction, with means ranging from 68 to 80 (score range for each domain: 0-100).

Table 2 Comparing pre-test versus post test (N=17)

Pre-test	Mean	SD
State anxiety (STAI)	14.06	3.96
Workshop expectation		
Self-acceptance	14	82.35%
Self-exploring (exploring one's social interaction styles)	14	82.35%
Communication competence	13	76.47%
Emotion expression & Stress reduction	13	76.47%
Self-exploring (recognizing emotions and beliefs in the subconscious)	12	70.59%
Establishing emotional connections	11	64.71%
Social support	10	58.82%
Post-test		
State anxiety (STAI)$^{\alpha}$	11.29	2.64
SERATS	37.41	6.22
Subjective effects*		
Self-acceptance	80.42	22.51
Self-exploring (recognizing emotions and beliefs in the subconscious)	78.82	20.34
Self-exploring	76.24	21.50
Emotion expression	75.06	21.20
Stress reduction	73.29	22.91
Social self efficacy	69.29	23.32
Communication competence	68.00	22.49

Note. Subjective effects were assessed using a scale ranging from 0 to 100. A higher score signified greater improvement in the respective domain.α We employed a paired t-test to assess the differences in state anxiety levels between pre- and post-tests, yielding a p-value of 0.008. Abbreviations: SERATS: Self-Expression Emotion Regulation in Art Therapy Scale; SD: standard deviation; STAI: State-Trait Anxiety Inventory.

We compared the differences between the two single session art therapy (Table 3). The study analyzed the effects of two different designs on a total of 17 participants' state anxiety and SERATS scores. Design#1 included valid responses from five participants; design#2 included 12 observations. The decrease in state anxiety from pre-test to post-test was substantial, averaging a reduction of 2.76 points, however, there was no significant difference between design#1 and design#2 regarding the magnitude of anxiety reduction (p=0.098). The SERATS scores, which measure self-expression and emotion regulation in art therapy varied between design #1(34.6 ± 6.80) and design#2 (38.6 ± 5.85), although the difference was not statistically significant (p= 0.24). In Table 3, we additionally presented three subjective effects that exhibited the largest variations in mean scores. While these domains demonstrated higher average scores in design#2, these differences did not reach statistical significance ($p > 0.05$).

Table 3 Differences in the Effects of OH Cards-based Art Therapy between Design #1 and Design #2 (N=17)

	Design#1 (N=5)		Design#2 (N=12)		P value
	Mean	SD	Mean	SD	
SERATS	34.60	6.80	38.58	5.85	0.24
STAI difference (post - pre)	-2.80	2.59	-2.75	4.22	0.75
Subjective effects$^{\beta}$					
Stress reduction	64.60	17.77	76.92	24.50	0.21
Self-exploring (recognizing emotions and beliefs in the subconscious)	73.20	13.52	81.17	22.70	0.88
Emotion expression	70.80	22.95	76.83	21.22	0.34

Note. We used Wilcoxon test to calculate the p value; βwe presented three subjective effects that exhibited the largest variations in mean scores. Abbreviations: SERATS: Self-Expression Emotion Regulation in Art Therapy Scale; STAI: State-Trait Anxiety Inventory.

In design#2, participants were asked to rank the art therapy designs they believed most valuable to themselves based on the importance. 50% of participants identified the "OH cards initial reflection" as the most valuable session. "OH cards-based drawing therapy" was the second most preferred, chosen by 25% of participants as their top session.

For the open-ended question, we received 10 responses below (translated in English). Participants reported substantial progress across several core themes, including self-understanding, self-regulation, self-expression, and social support. They gained deeper insights into their inner selves, became more confident in expressing themselves, developed self-regulation skills, and felt supported by others. These improvements were consistent with the objectives of the OH cards-based art therapy interventions as designed.

Self-understanding. "The OH cards helped me understand my inner self better." "I got to know myself better." "The message cards made me aware of my own expectations..." "I encountered new ways to understand myself." "In the Johari Window's four quadrants, I realized the unknown quadrant, which is a mystery to everyone, including myself, can cause some fear."

Self-expression. "I feel more confident in expressing myself and discovered some of my potential. This activity is very good and should be held more often."

Self-regulation. "I gained some self-regulation skills."

Social support. "... I can receive recognition and support from people I don't know." "The 'give-away notes session' left a strong impression on me." "Sharing our drawings showed me the unique charm in each person."

4. Discussion

The current study provided valuable insights into the design and effects of OH cards-based single-session art therapy interventions on psychological wellbeing among medical students in a less developed region of China, taking into account the cultural background of China. The findings demonstrate the benefits of OH cards-based art therapy in reducing anxiety level and improving emotion regulation, self-acceptance, and various psychological factors among college students who had limited prior knowledge of art therapy and OH cards. These findings collectively suggest that such interventions are not only feasible but also highly acceptable among college students in China, thereby highlighting their potential as a valuable adjunct to mental health support systems in China's university contexts.

Most students in both interventions were newly introduced to OH cards and art therapy. Participants rated the "OH Cards Initial Reflection" and "OH Cards-Based Drawing Therapy" designs as the two most valuable sessions, suggesting that their first impressions on "OH cards" and "art therapy" were highly positive. On the other hand, during the recruitment process, we also encountered many students who were unfamiliar with OH cards as well as art therapy and had misconceptions about them. It is not surprising that the general public in China often does not distinguish between the concepts of art-making, art healing, and art therapy [3]. This lack of awareness may have excluded those who could actually benefit from the OH cards-based art therapy for their mental health. In this study, we addressed cultural differences in multiple ways, for example 1) emphasizing that no artistic skills were required and explaining "what is OH cards" on the recruitment poster, 2) designing pre-test that gathered specific expectations before each session, 3) and introducing the concept of art therapy, which focuses on self-expression rather than artistic skill throughout the intervention. We also created a safe environment to help participants understand their role in the intervention with the art therapist. For example, the class reviewed and read the confidentiality principle together; participants were encouraged to speak voluntarily, rather than following the predetermined order. We understand the mental health stigma in China that likely impacts students' defense mechanisms and behaviors related to self-expression and sharing in public. Thus, in our study, we utilized the projective mechanism of OH cards to unconsciously project the inner world onto ambiguous images. This method effectively bypassed psychological defense mechanisms and externalized internal conflicts, thereby enhancing self-awareness [11]. Overall, the research on cultural impact in art therapy has not been subject to in-depth exploration. One study compared the Asian and American children who faced stressors and found Asian children were more likely to use covert methods for coping strategies instead overt methods as compared with American children [16]. In this study, we also noticed that over 75% participants were from rural areas in Guangxi, which raised the issue of left-behind children, who often reported lower life satisfaction, lower self-esteem, and higher rates of depression [17]. Further targeted art therapy studies for this specific population are necessary. In addition, we noticed that only 17% of the students were from clinical medicine major, typically resident trainees under high stress. Their mean anxiety level score prior to the intervention was 16, which was relatively higher than the overall group mean of 14.06. Given the high levels of stress associated with their heavy clinical work and academic burden, this study may also serve as an example for designing future mental health interventions for medical professionals.

In general, the study revealed the efficacy of OH cards-based art therapy in improving mental health across multiple dimensions. By using a pre-post design, the significant decrease ($p<0.05$) in state anxiety after intervention showed the effects in emotion release, which was also consistent with the comparatively higher score measured by the SERATS on self-expression and emotion regulation. OH cards interventions may be particularly beneficial for addressing emotional distress and regulating mood. For example, a 2025 study demonstrated the effects of OH cards based mental health education on anxiety and depression symptoms and coping styles among patients with breast cancer in a Chinese hospital [18]. Similar effects of OH cards intervention on psychological wellbeing were observed in children with bone fractures in another hospital in China [19].

In addition, in college students population, our study revealed positive effects of the OH cards-based art therapy beyond emotion regulation. According to the results, students also reported the effects such as improving self-acceptance and social self-efficacy in general, though these were evaluated by single items instead of validated instruments. It is worthwhile to notice that prior to the intervention, most participants selected multiple expectations from the single-session therapy

intervention, particularly with over 80% students listing “self-acceptance” as one of their key expectations. In the results, participant also ranked “self-acceptance” first among all the psychological domains they believed had improved (Table 2). Self-acceptance is an important concept in psychological well-being, emphasizing an individual’s acknowledgment of all their attributes, both positive and negative [20]. This is particularly crucial for the study sample, as these individuals are college students undergoing the transitional phase toward independent adulthood [9]. This finding suggests that self-acceptance is an important factor to consider in future in-depth evaluations of art therapy for college students, aligning with prior research on this population. For example. Recent studies have demonstrated that group drawing and painting therapies enhance levels of self-acceptance, self-recognition, and self-evaluation among Chinese college students [9, 21].

Furthermore, we found that drawing therapy was highly accepted and rated favorably by the study sample, indicating that active art-making may offer significant benefits for self-expression in a non-verbal manner. Overall, we didn’t observe statistically differences between design #1 (without drawing therapy) and design#2 (with drawing therapy) regarding the anxiety reduction and other outcomes in this exploratory study. Though the results from design#2 showed a bit better performance on stress reduction, self-exploring, self-expression, and emotion regulation, the differences were not statistically significant. This highlights the challenge that, while art therapy may be beneficial in many ways, we still lack a specific and comprehensive tool to assess different designs. In design#2 session, we observed more interactions during the drawing therapy. For instance, one participant used music as a form of self-expression. This suggests that the drawing activity not only facilitates non-verbal communication but may also encourage more diverse artistic forms in group therapy. Previous studies reported using drawing or writing while listening to music as a method used in music therapy [22]. This information shows that Chinese medical students may quickly adopt art therapy techniques, and the group counseling can be designed with more creative and diverse interactions. Design#2 that incorporated drawing therapy, potentially enhanced efficacy of the art therapy intervention, further evidence is needed with a larger and more diverse sample of participants.

We also noticed that the shortage of well-trained art therapists poses a significant challenge to implementing art therapy in universities in underdeveloped regions in China, while Chen et al. (2023) also observed a similar limitation in a university located in a more developed region of China [10]. We agree with Chen et al. that offering basic art therapy training to faculty members could be a practical solution to address the shortage of art therapists and psychotherapists in universities. In fact, medical universities have both the workforce and the medical resources to support the implementation of art therapy courses and training. We also propose that the format of art therapy interventions should extend beyond workshops or single-session programs. Specifically, greater emphasis should be placed on developing a comprehensive series of courses to meet the unique needs of specific student populations, particularly medical residents in training.

Several limitations should be acknowledged when interpreting the findings of this study. First, the pre-post quasi-experimental design did not include random assignment to conditions, which may limit the internal validity of the results and the ability to infer causality. Second, the sample size was relatively small, and participants were predominantly female medical university students, which doesn’t reflect much gender diversity. This limits the generalizability of the findings to other populations. Additionally, the study relied on self-reported data, which may be susceptible to social desirability bias and other reporting errors. Furthermore, the study evaluated single-session interventions with immediate post-tests, precluding conclusions about long-term effects. Future

research should consider longer-term intervention designs and assessments. In addition, the absence of a control group limits comparisons of intervention effects against a baseline or alternative treatment. Future studies should address these limitations by employing larger samples with diverse subjects, as well as well-validated instruments to more accurately and comprehensively quantify the multifaceted effects of OH cards-based art therapy.

5. Conclusions

This study explored the design and investigated the effects of single-session OH cards-based art therapy on the psychological well-being of medical college students in a less developed region of China. The results showed a significant decrease in state anxiety and improvements in self-expression and emotion regulation, highlighting the potential benefits of OH cards-based art therapy for addressing emotional distress. Drawing therapy was particularly well-received, suggesting that active art-making can enhance self-expression in a non-verbal manner. Future research should employ larger and more diverse samples and validated instruments to comprehensively evaluate the long-term effects of OH cards-based art therapy. Additionally, providing basic art therapy training for faculty members could improve the implementation of such interventions in university settings.

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