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A Mixed Methods Exploration of 'Creativity in Mind', an Online, Creativity-Based Intervention for Low Mood and Anxiety

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Abstract

Background: Within the current context of a global pandemic, the value of the Internet has been greatly elevated for many people. This study is an investigation into a 30-day online intervention called Creativity in Mind (CIM).

Aims: To provide a preliminary indication of the relationship between participation in CIM and change in mood symptoms and wellbeing.

Methods: A co-produced mixed methods design was used to evaluate CIM. Data was obtained from 55 participants. Each day for 30 days participants received a predetermined creative challenge that they were encouraged to complete and share within the group. Measures of mood and wellbeing were collected at three time points, including a three-month follow-up. Qualitative interviews were undertaken with 18 participants and analysed using framework analysis.

Results: Scores on mood and wellbeing measures showed an overall significant improvement following completion of the programme. However, only a small number of participants demonstrated clinically significant improvement (14%) or deterioration (5%). The qualitative data indicated that CIM was experienced positively, with some negative emotions arising from the volume of interactions and negative comparisons between participants.

Conclusions: Preliminary results demonstrate that the pattern of clinically significant change across individual participants was comparable to other psychological therapy.

KEYWORDS: Creativity, online intervention, anxiety, depression, e-mental health

Introduction

Anxiety and depression are common mental health disorders (CMD) and have long been cited as the primary cause of disability worldwide (Whiteford et al., 2013). In England, approximately 17 per cent of adults meet the criteria for a CMD, of these, 39 per cent are accessing treatment (McManus, et al., 2016). One of the dominant models for delivering treatment in the UK is through individual therapy with a trained mental health professional (Kazdin & Rabbitt, 2013). Prior to the worldwide Coronavirus pandemic (COVID-19), it was argued that this model of delivery had reached 'breaking point', in that it was unable to meet increasing demand (Doherty, et al., 2012, pp. 1421). The current need for physical distancing and the resulting social isolation have compounded the situation, meaning that innovative digital solutions are urgently required. Those involving creativity should be included in this endeavor given the growing body of evidence suggesting that creative activities have the potential to improve one's mood and wellbeing (Gordon-Nesbitt & Howarth, 2019).

'Creativity' is defined as the generation of novel and useful ideas or products (Runco & Pritzker, 2020). Creativity has been linked to emotional functioning and psychological flourishing (Forgeard & Elstein, 2014; Leckey, 2011), with a number of UK government consultations and reports concluding that participation in art activities improves the wellbeing of individuals and communities (APPGAHW, 2017; Department of Health, 2009, 2011; Jenkins et al., 2008). Findings suggest that there may be benefits to psychological functioning from undertaking everyday creativity, such as blogging, cooking, writing or painting (Conner, et al., 2018; Karwowski, et al., 2017; Silvia, Beaty, et al., 2014).

Creativity is promoted in the community via participatory arts projects, where participants, with guidance, motivate themselves to produce art works, intended to improve health and wellbeing in healthcare and community settings (White, 2009). Participatory arts

projects have a positive, but limited evidence base, drawn mainly from community-based projects that offered a combination of artistic expression, from ceramics, drawing, mosaic and painting to song-writing and drumming. The data indicate that improvements in wellbeing and social capital can be expected (Bone, 2018; Crone, et al., 2012, 2013, 2018; Kelaher, et al., 2013; Lawson, et al., 2014; Margrove, et al., 2012; Potter, 2015; Secker, et al., 2011; Soulsby et al. 2019; Williams et al. 2019). However, the evidence is hindered by a lack of baseline and follow-up data, small sample sizes, inappropriate or unreported methods of analysis as well as a reliance on anecdote with little attention given to mechanisms. The current study examines an intervention based on participatory arts project principles utilising everyday creativity and resolves the previous evidential limitations.

Digital Solutions

Digital solutions, such as those found in e-mental health, offer novel possibilities for increasing the accessibility of resources to support mental health. Given the current context, online platforms have obvious benefits but also a value that will outlast physical distancing measures. Importantly they have the potential to support over-stretched health services and enable access to peer support for many people who might find it difficult to "meet" others in person due to mobility, health issues, social anxiety, neurodiversity, fear of discrimination or lack of childcare. The literature has expanded rapidly over the last decade and reviews have suggested that online interventions are effective in treating anxiety and depression, and that those who use the interventions are satisfied with them (Anderson et al. 2019; Lal & Adair, 2014, Massoudi et al. 2019; Meurk, et al., 2016; Zhou, et al., 2016). Yet there is little published evidence examining the use of the Internet as a means for fostering creativity to improve well-being and reduce distress.

This study is a preliminary uncontrolled investigation (carried out prior to COVID-19) into a 30-day online intervention based on participatory arts project principles called

Creativity in Mind (CIM). CIM was created by 64 Million Artists (64 MA), a community and campaigning arts organisation. CIM aims to improve mood and wellbeing using everyday creativity and a process 64 MA call "Do, Think, Share" through online creative support groups hosted on the smartphone app 'WhatsApp'. CIM consists of a closed WhatsApp group active for 30 days, facilitated by a staff member from 64 MA. Every day for 30 days, each participant receives a creativity-based challenge that they are asked to carry out, reflect on and share with the group. A mixed methods approach using explanatory and exploratory sequential design consisting of two phases was co-produced with 64 MA and potential participants, to answer the following research question:

Do changes in participants' wellbeing, mood and anxiety accompany CIM participation?

The qualitative data sought to provide a thorough understanding about the process of participation, and indicators of the 'active ingredient' of CIM by describing potential complex and unanticipated causal pathways (Moore et al., 2014; Palinkas, et al., 2015). These active ingredients explain how an intervention may have an impact on participants and contribute to the proposed mechanism of change underpinning an intervention.

The quantitative component of the study sought to describe the association between the extent of participation (including type and frequency of engagement) in CIM and change in mood symptoms and wellbeing.

These data were collected using a non-experimental observational design. Changes in wellbeing were also indexed against reliable and clinically significant change criteria for both improvement and deterioration. A recent meta-analysis of studies of psychotherapy for depression indicates that a median of 4% and up to 10% of clients show deterioration over the course of therapy (Cuijpers et al., 2018). It is important to establish similarly low rates of deterioration in wellbeing following CIM participation.

Materials and Methods

Participants

In total, 65 participants signed up for the CIM intervention by expressing their interest via an email to 64 MA. Subsequently 57 participants, 50 women and seven men, completed the online consent forms and two baseline measures (time 0). Two participants opted out of CIM shortly after it commenced and their data were destroyed. One participant completed the majority of the intervention prior to opting out, they consented to the inclusion of their data from all three time points. Participant's age ranged from 23 to 73, (M = 42 years; SD = 10.4). Participants identified as White British (42), followed by White European (3), White Irish (2), South Asian (2), Mixed British/European (2), White Irish/British (1), Latino (1), White British/Arab (1). Participants identified their occupations as employed (42), unemployed (5), retired (4), student (2), carer (1) and unspecified (1). Participants were allocated to one of three rounds of CIM, which commenced in September, October and November 2018. 55 participants were invited to consider completing an interview following the intervention. In total, 20 responded to the email invitation, of whom 18 (32% of the sample) were interviewed.

Procedure

The study received ethical approval from the University College London Research Ethics Committee in March 2018 (reference number: 12611/001). Informed consent was gathered from participants along with the baseline measures via a secure online survey. Participants were then placed into a CIM WhatsApp group and the 30-day intervention began. Responses to the daily creativity-based challenge (delivered at 7am to each participant via email) were shared in the WhatsApp group. The 30 challenges were co-produced by a group of community members, two thirds of the challenges involved everyday creativity, such as

writing, crafts, drawing, music and singing. The remainder included challenges that focused on social interaction, mindfulness and learning skills. For example: “Draw your mood for 10 minutes”; “Leave an anonymous post-it for someone with a compliment on it”; “collect 5 leaves, arrange and photograph”; “Write a 10 word journal for your day”; “Create a balance sculpture”; “Break something, put it back together”. Each group required two facilitators from 64 MA, who took it in turns to be the lead facilitator. Facilitators posted on average 144 times during each 30-day intervention with gentle encouragement and reflection in line with their “Do, Think, Share” model.

Measures

Participants completed two outcome measures. The Depression, Anxiety, Stress Scale 21 (DASS) (Lovibond & Lovibond, 1995) is a 21-item standardised self-report scale that assesses low mood, anxiety, and stress using a four-point severity scale (0 = Did not apply to me at all, 4 = Applied to me very much or most of the time). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a 14 item self-report scale with five response categories ranging from ‘5 = all of the time’ to ‘1 = none of the time’, covering both feeling and functioning aspects of mental wellbeing (Tennant et al., 2007). The measures were collected at three time points, one week prior to joining the online group (Time 0), once at the end of the 30-day group (Time 1) and once at a three-month follow-up (Time 2).

Quantitative Data Analysis

As some data were missing at time 1 and 2 a linear mixed model (LMM) was chosen to analyse intervention effects, p values of $<.05$ were considered significant. Reliable and clinically significant change for the WEMWBS were determined (Jacobsen & Truax, 1991). Reliable change is the amount of change that would indicate change has surpassed what would be expected for natural variability in the measures over time. The presence of clinically

significant change was determined for participants WEMWBS scores using the Jacobsen and Truax (1991) criterion B (comparison samples were taken from Maheswaran, et al., 2012).

Interviews

Following completion of the group 18 participants were interviewed about their experiences. Each interview lasted between 20 and 50 minutes and was conducted via the telephone or a secure online video service. The acceptability literature and the Client Change Interview were used to inform the schedule (Elliott, et al., 2001). The participants were asked questions to elicit the full range of their experience of CIM. These included: participant experience of the intervention as a whole, what prompted them to join, group dynamics, experience of facilitation, helpful and unhelpful aspects of the intervention, and changes since the intervention. In total, 180 pages of transcript (double spaced, size 12, Times New Roman) were acquired and analysed using framework analysis (Ritchie & Spencer, 1994). Following the interview, participants were emailed a £10 Amazon voucher as a thank you for their time.

Qualitative Data Analysis

Interview data was analysed using framework analysis (FA; Gale, et al., 2013; Ritchie & Spencer, 1994) in conjuction with Nvivo. The method starts deductively by drawing on *a priori* issues such the impact and active ingredients within CIM, and then combines these with a grounded inductive analysis of participants accounts (Parkinson, et al., 2016; Pope, et al., 2000; Thomas, 2006). Coding followed a process of reading transcripts line by line and applying a label or a paraphrase to the meaning gleaned from parts of the data. In total 127 codes were derived from reading 10 transcripts. To validate the codes the authors (KA, RHT) and 64MA independently coded a transcript. The codes were cross-checked for consistency and any discrepancies were discussed and resolved. These were categorised by hand to distil the codes into an initial analytical framework which was applied to the remaining eight

transcripts during 'indexing'. The last stage of FA involved mapping and interpretation of the patterns and concepts from which a final set of themes was identified. An additional 414 pages of transcript from the group conversations was used to explore potential change in quantitative outcomes by correlating frequency of posts with individual scores on outcome measures.

Validity

The evaluative guidelines set out by Elliott, et al. (1999) were consulted to ensure quality. As such the authors' personal orientation to CIM is disclosed: RHT undertook this research as part of a doctoral course in clinical psychology and along with KS, KA, and VH, had no previous professional or research experience in creativity-based interventions. 64MA invited VH to consult on this research as a result of an interest in the role of creativity in therapeutic change processes. Member checking using synthesised data was chosen for this study to increase trustworthiness of the overall framework and themes. All participants were emailed with a request to review the results, along with a selection of their own corresponding quotes. Eight participants provided feedback and reported that the themes and subthemes seemed appropriate, that they captured all or part of their experiences and that the quotes represented what they remembered saying. General recommendations about the analysis were made and in the light of this feedback the theme names were refined and restructured.

Results

Complete data sets for time 0, 1 and 2 were collected for 35 out of 55 participants. A further 9 participants completed measures at time 0 and either time 1 (n=3) or 2 (n=6). An independent samples t-test was performed to determine whether there were significant differences between the gender and ethnicity of the participants who provided a full data set and those that provided partial data. The results were not significant; $t(53) = -0.415$, $p = .875$. A chi-square test of independence found no significant differences between the two groups

for gender $X^2(3) = 2.99$, p = .393, or ethnicity $X^2(11) = 9.09$, p = .614. Two repeated measures LMMs were computed to test for intervention effects across three time points. Time was entered as a fixed effect.

Preliminary Outcomes

[Table 1. near here]

There was a significant effect of time on the WEMWBS, $F(2, 34.75) = 5.214$, p = .01 and the DASS, $F(2,55) = 9.482$, p<.001. Pairwise comparisons were carried out (bonferroni corrected for the family wise error rate) to reveal the differences (Table 1). There were significant differences between time 0 and time 1 (p<.001), as well as time 0 and time 2 (p<.05). There was a clinically meaningful (signified by a difference of 3 or more) improvement in wellbeing between baseline and time 2 as measured by the WEMWBS. There was a significant decrease in depression, anxiety and stress scores as measured by the DASS between baseline and time 2.

A Spearman's correlation was performed to determine whether the number of posts from each participant in the WhatsApp group (Table 2) was associated with outcome. The mean difference in scores between time 0 and time 1 was correlated with the number of posts, finding no significant associations between both the WEMWBS or the DASS. However, a medium to large positive association approaching significance was found on the WEMWBS ($r = .307$, p = .065), potentially indicating that the more participants posted in the CIM WhatsApp group, the larger their increase in wellbeing scores.

[Table 2. near here]

The reliable change cut off for the WEMWBS was 6.5. Between the initial and follow up data collection points, four participants (11%) showed reliable deterioration and ten (27%) showed reliable improvement. Of these two (5%) showed clinically significant deterioration and five (14%) showed clinically significant improvements.

Qualitative Results

[Table 3. near here]

Overall three quarters of participants perceived CIM as very positive. Nearly half of the participants reported a sense of achievement as a result of having produced something of which they were proud. On occasion they shared this with others both inside and outside of the group, which led to a feeling of being "excited" (p3) "warm" (p17) and "fulfilled" (p13). Some negative affect experienced arose from self-criticism, anxiety and stress regarding creative output and group comparisons. These experiences of CIM, appeared to be a result of three elements contained in the following themes:

1. Structure of CIM, in relation to its set up, delivery and format
2. Being creative, by taking part in the daily creative challenge
3. Sharing creativity, within the group, and to a lesser extent outside of the group

These elements form the proposed mechanism of change. Please see Appendix A for a detailed analysis and corresponding participant quotes.

Implementation

Three participants opted out of CIM; the reasons for this included, the intensity of the group discussions within the CIM WhatsApp group and a lack of visibility of mental health difficulties. Other most commonly cited barriers to engagement in CIM involved WhatsApp. It appeared that WhatsApp was too accessible, in that the frequent notifications led to some participants feeling overwhelmed highlighting the difficulty in transferring interventions into digital environments. However, CIM was not limited by geographical location or physical space. This was a unique advantage of the online setting, particularly helpful to those participants living in less connected rural areas, those who travelled for work and for one participant who was unable to leave their home.

Discussion

Overview of results

Preliminary outcomes and the acceptability of an online creativity-based intervention were investigated using a mixed methods design. The quantitative data demonstrated significant decreases in scores from baseline to the three-month follow-up on the DASS, a standardised measure of stress, anxiety and depression. Significant, and clinically relevant increases (represented by an overall change of at least three points) were observed in the participants' wellbeing between baseline and the three-month follow-up as measured by the WEMWBS. Within this overall trend two participants (5%) showed clinically significant deterioration and five (14%) showed clinically significant improvements. To put these figures in context, previous estimates for deterioration in psychotherapy have been between 3 and 10% of participants (Cuijpers et al. 2018; Lilienfeld, 2007). One of those demonstrating deterioration was interviewed following CIM (participant 4), their emotional responses to the creative challenges were mixed, with improvement in confidence noted throughout the month. Overall the qualitative data suggested that the majority of participants enjoyed CIM, and that the intervention gave them a sense of achievement. Some difficult emotions arose as a result of negative perception of creative potential and within-group comparisons. This varied according to the creative challenge and level of group interaction and may have provided opportunities to learn about managing undesirable reactions.

These findings are generally supported by the previous evidence on face-to-face interventions involving art and creativity for adults, namely participatory arts projects. Most of which reported positive gains, including: a sense of achievement, relaxation, and increases in self-worth, self-esteem and confidence. Improvements on the WEMWBS were comparable to those reported in a studies by Crone et al., (2012, 2013), Margrove et al., (2012), and Potter

(2015). The challenges also acted as a distraction from everyday life, work stress, difficult personal circumstances, anxiety and low mood. This mirrors previous evidence from Arts on Prescription programmes and other community based arts projects (Makin & Gask, 2012; Bone, 2018).

Mechanism of change: structure, being creative, sharing creativity

The daily structure of CIM provided a stable frame, in which some participants explored boundaries, took risks, and shared their creativity. The daily challenge also provided structure to other daily activities and created something 'to look forward to' each day over the 30-day period. This process is akin to that of Activity Scheduling (AS), a therapeutic technique found in Behavioural Activation (BA; Martell, et al., 2001) and Cognitive Behaviour Therapy (CBT) both commonly used treatments for depression and anxiety (Hofmann, et al., 2012; Richards et al., 2016). The active ingredient of AS has been described as the increase in evidence to disconfirm negative thoughts and beliefs, and an increase in a sense of mastery (Iqbal & Bassett, 2008). The daily challenge appeared to combat passivity and increased participants' sense of mastery, similar to AS.

The reports of increases in creativity and creative thinking can serve as one explanation for the improvement in mood and wellbeing across the sample. Often participants reported that they noticed themselves exploring new ideas, shifting their perceptions or thinking in less straightforward ways. Creating requires a change in cognition as one experiments with elements of transformation and shifts in perception (Lemons, 2005). The restructuring of ideas in pursuit of creating something new is a skill that can be transferable, which may explain why the positive gains from CIM were observed at the three-month follow-up. The CIM challenges may have engendered another transferable process - divergent thinking (DT), as participants were tasked to generate numerous novel solutions to 'problems' created by the challenges (Sternberg & O'hara, 1999).

Creativity as a process can operate in systems outside of the individual: in the family, society and culture (Gardner & Moran, 1990; Richards, 1990). The creativity expressed through CIM was at times completed with others, and frequently shared with others. Analysis demonstrated that the frequency of posts within CIM was not correlated with participant outcomes, suggesting that frequency of participation and/or social interaction was not an active ingredient of CIM. However, the frequency of WhatsApp posts was admittedly a very crude indicator of social interaction. A more thorough content analysis of the nature of the posts within CIM is required to understand the impact of social support in greater depth.

By sharing the challenges in the WhatsApp group, an exchange of ideas and inspiration occurred for some participants and contributed to the perceived value of CIM. The social gains reported in the previous literature appear to be more diverse in nature than those observed in the current study, perhaps due to the lack of visual cues and physical presence of others in an online setting (Crone et al., 2012, 2013; Jensen, 2013; Kelaher et al., 2013; Lipe et al., 2012; Margrove et al., 2012).

Methodological strengths and limitations

The mixed methods design allowed for triangulation of participant experience as well as outcome data on mood and wellbeing. However, the study was uncontrolled, which reduced the opportunity to attribute observed effects to the intervention. In addition, it may be possible that any type of daily task (not necessarily a creative task) and/or being part of a group for 30 days produced the positive outcomes. Most participants were white British women. This may be a reflection of the following of 64 MA who advertised CIM via their social media platforms or due to the intervention itself. The ability to make generalisations is therefore limited and the ethical implications of this need to be mitigated by further research. The diversity within the co-produced challenges, some of which included elements of social interaction and mindfulness makes identifying the active ingredients of the intervention more

difficult. Other limitations include acquiring only 44 partial or complete data sets out of a total of 55 participants reducing statistical power.

Clinical implications

Internet-mediated mental health care is part of the future commissioning landscape and it is important to continually assess its effectiveness and question the advantages, disadvantages and rationale of moving interventions online. The current research into CIM indicated that a depth of relationship with other group members was desired but not achieved, probably because of the online setting and specifically the app used to deliver the intervention. Therefore, careful consideration needs to be taken when choosing a platform for Internet-mediated interventions such as CIM, as well as the usual considerations around choice, governance, privacy, risk, consent, and access to technology.

As we navigate the challenges posed by COVID-19 to our way of living, the increasing use of technology means that mental health treatment is being expected to expand beyond clinic-based models of care. This will better suit the diverse needs and lifestyles of many individuals and further exacerbate health inequalities in those who are digitally excluded. The CIM intervention is well placed to contribute to this evolved way of working and requires a feasibility study to determine whether a larger, controlled, preferably randomised study to evaluate the effect the intervention has on participants is appropriate.

DECLARATION OF INTEREST: None

DATA AVAILABILITY STATEMENT: The raw data collected by the authors is stored securely and available on request.

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Appendix A. Qualitative results expanded:

1. Structure.

Being directed in their creative expression appeared to provide a helpful focus for the day and reduce procrastination. The daily nature of the challenges provided an opportunity to move on quickly from creative blocks, or missed challenges.

> I think part of the issue is thinking of something creative whereas if someone instructs you, this is your task for the day or whatever, it takes out the procrastination and the putting off (participant 21)

For the majority of participants interviewed, the daily challenges seemed to allow them to place responsibility for their creativity with 64 MA, which motivated them into activity. The structure of CIM also resulted in a sense of anticipation which some participants described as something "to look forward to" (p1) each day. However, almost half of the participants described the volume of challenges and social interaction as overwhelming at times.

2. Being Creative.

2.1 Increase in thinking creatively. Unsurprisingly, an increase in creative activity and thinking was experienced as a result of being set a daily creative challenge, although daily engagement was not mandatory. Thinking creatively was described by participants as, thinking "sideways" (p14), thinking about how they might carry out a challenge, about future creative opportunities and about the concepts highlighted by the challenges. Thinking creatively enabled participation when work-related, mobility or internal barriers prevented participants from producing something tangible:

> I really absolutely can't draw it's really frustrating erm, but having an idea of what I would have liked to create is actually quite fun (participant 12)

For this participant, creativity seems to be more about exploring possibilities cognitively as opposed to a creative output.

2.2 Creativity as a distraction. Creative action and creative thinking provided almost half of the interviewed participants with a distraction from daily stressors and anxiety. Participants described CIM as taking them "away from things" (p19) such as negative thought patterns. CIM provided a short break from "daily life" (p18) and the "usual routine" (p19). The nature of distraction came via the creative action, planning the creative action and reflecting on the creative action. The following participant used the act of reflecting on the consequences of a challenge as a cognitive coping strategy:

> I remember the one where you wrote a note for a stranger to find, erm yeah it was good, for me that one helped me feel positive all day 'cos I just, every time my mind kind of wandered, or wanted to be frantic or whatever or anxious I would just think back to oh my god what is that person gunna' think when they find my message, so I really liked that (participant 15)

2.3 Making discoveries. This subtheme was robustly supported by the data and incorporates a broad range of personal discoveries from participation, including: realisations about self through surprising responses to the challenges; new found skills and abilities, new perspectives about others, their ideas and creativity; new mindful ways of being in the world and strategies for overcoming personal barriers. These discoveries sometimes led to permanent useful shifts in perspective. Being creative or thinking creatively as well as being asked to share creativity in the CIM group facilitated this learning along with: tolerating imperfection, exposure to anxiety provoking situations, increased introspection, achievement, exchanging ideas, trying things out and experiencing psychological safety and mutual support within the group. One participant described moving through perfectionism and discovering that making mistakes "doesn't really matter" (p4). Participant 19 found he noticed that his "inner critic" at times stopped him from doing things that he enjoyed. For one participant discovering that she could ask for help was transformative and created a permanent resource that she drew on in situations after CIM:

> Somebody there had said something about she'd asked some colleagues for help because she hadn't known what to do and subtlety I had probably taken that in, and thought oh yeah that's a good idea, what a novel idea! Asking for help! ... I think that's definitely sort of transformed me (participant 3)

3. Sharing creativity.3.1 *Nature and quality of relationships.* The majority of participants found the individual members of CIM and the groups as a whole to be very supportive. The groups were described as having a "positive atmosphere" (p15) in that peer support, given or observed, led to increases in positive affect. A sense of universality occasionally facilitated peer support. The supportive atmosphere appeared to promote reciprocity. Although three participants found that the type of support offered from group members was unhelpful and that the supportive role in which they were placed, was too demanding and left them feeling responsible for other group members. For participant 25 creativity, "came second place to the

whole human contact experience". Despite the majority of participants reporting that the group was supportive, the data indicated that there appeared to be a sense that relationships lacked a depth of connection, felt anonymous or lacked a sense of reality, often due to the lack of face-to-face interaction. One participant, questioned the genuineness of the interactions as people were "being a nice version of themselves" (p10). Others found it hard to form rapports, leading to self-criticism.

3.2 Accountability to the group. The nature of being in a group, and possibly signing up to the research appeared to create a sense of being accountable to the CIM group. A commitment to the 30 days created positive pressure, which encouraged engagement but led some participants to fear negative judgement if the contract was broken:

> I felt I'd let them down, or I'd not kept up my agreement, kind of thing, I just felt like I kind of, I didn't feel as connected after I fell behind (participant 10)

One person found it "strange" and seemed disappointed that people in her group joined but didn't "partake" (p14), and reasoned that you couldn't "make people". A sense of commitment was facilitated by regular communication within the group, a "silent authority" and being "part of a bigger thing than yourself*" (p21)*

3.3 Judgement from self and others. Self-criticism about one's creative and social abilities was triggered by negative comparisons with other group members and in some instances led to disengagement in CIM.

> Like I said, you can see other people building those rapports, I did think 'oh [name] what's wrong with you why can't you?' (laughs) (participant 9)

Comparisons with other CIM members were made in terms of what they had gained from CIM, their mental health experiences and artistic approach. Sometimes these perceived differences would reduce engagement in CIM and lead to feelings of isolation. For some

participants, the comparisons made between themselves and others, were accompanied by a fear of negative appraisal and feelings of vulnerability and self-consciousness.

Tables

Table 1

Mean scores for the DASS and WEMWBS

Time	DASS Mean (n)	95% Confidence Interval	WEBWBS Mean (n)	95% Confidence Interval
0	42.22 (55)	36.89 – 47.54	41.20 (55)	39.24 – 43.16
1	29.13 (42)	23.67 – 34.60	44.14 (46)	41.65 – 46.62
2	34.60 (44)	27.69 – 41.50	44.22 (44)	41.84 – 46.60

Note. DASS=Depression, Anxiety and Stress Scales WEMWBS=Warwick-Edinburgh Mental Wellbeing Scale

Table 1. Mean scores for the DASS and WEMWBS

Table 2

Total posts per round and average per participant

	Total posts	Average per participant	Total media posts (picture/audio)
CIM 1	1372	69	269
CIM 2	471	21	126
CIM 3	1265	49	232
Average	1036	46	209

Table 2. Total posts per round and average per participant

Themes	**1. Structure (11)**	**2. Being creative**	**3. Sharing creativity**
Subthemes		2.1 Increase in thinking creatively (10)	3.1 Nature and quality of relationships (13)
		2.2 Creativity as a distraction (8)	3.2 Accountability to the group (10)
		2.3 Making discoveries (13)	3.3 Judgement from self and others (12)

Table 3. Themes and subthemes (number of participants endorsing theme). See Appendix A for further analysis and participant quotes.