The Impact of Structured Art Therapy on Homesickness and Emotional Resilience in Residential Higher Education Entrants

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Abstract: *Feeling of homesickness is one of the most common psychological and emotional challenge that almost all the first-year students experience in residential education settings. This will sometimes lead to anxiety, loneliness and eventually impaired academic performance. To address this challenge and enhancing emotional resilience, alongside with the conventional therapy modalities, structured art therapy is showing promising results during transitional phases and gaining enormous research interest in recent times. The present study aimed to assess the efficacy of structured art therapy program in alleviating homesickness and enhancing emotional resilience among higher education entrants. A quasi-experimental pretest-post-test design with experimental and control groups was employed with a total of 60 first year students who are further divided into experimental and control groups with 30 participants in each group. The intervention consisted of 12 sessions over a period of 6 weeks, were provided to experimental group whereas control group didn't not receive any therapy. Quantitative data were collected using the Homesickness Questionnaire (HQ), Connor-Davidson Resilience Scale (CD-RISC) and UCLA Loneliness Scale before and after the therapy sessions. Drawn data were computed using SPSS- 26 version, means and SD for homesickness were calculated for both experimental and control groups and paired sample t-test to assess pre-post changes within the experimental group with respect to homesickness, loneliness and resilience scores. Independent sample t-test was deployed to compare changes between experimental and control groups. The experimental group showed significant reductions in homesickness and loneliness scores ($p < 0.001$) and a marked increase in emotional resilience ($p < 0.001$) indicating that structured art therapy can be considered as an effective and accessible intervention for managing homesickness and fostering emotional resilience in first-year college students. These findings support its integration into campus mental health programs to enhance student well-being during academic transitions.*

Keywords: *Structured art therapy, home-sickness, emotional resilience, first-year college students.*

1. INTRODUCTION

Homesickness

One of the most pivotal developmental milestones in any student's life is entering into higher education phase which is marked with critical development, personal growth often accompanied by excitement and independence. This transitional phase also characterized by physical, biological, psychological, social and environmental changes. For most of the students who newly entered into higher education especially enrolled in residential colleges which are the institutions far from home, this shift also accompanies emotional changes most notably-homesickness. Homesickness is a complex state which involves or manifests as anxiety, loneliness, distress, longlining, impaired social adjustment, eventually affecting academic performance and overall psychological well-being [1]. According to the research homesickness may affect as high as 70% of the first-year college students with different degrees of intensity and duration [2]. This phenomenon extends beyond mere distress and encompasses excessive preoccupation with home, negative emotions which can significantly affect not only the academic performance but also mental health of the individual [3].

Alongside with these, home-sickness in higher education settings is associated with numerous adverse outcomes, including depression, academic underachievement, social isolation and in some severe cases it may lead to premature departure from the educational institution [4]. The prevalence of the home-sickness and its adverse impact is becoming of a great concern as higher education became globalized, where students frequently need to study in different states or cities far from their home and family [5].

The Role of Emotional Resilience

Emotional resilience—defined as the capacity to adapt positively to adversity, stress, and challenging life circumstances—emerges as a critical protective factor in the context of higher education transitions [6]. Individuals with high emotional resilience tend to demonstrate better results, including decreased intensity of homesickness and improved academic performance alongside enhances mental health [7]. Resilience can be established and enhanced in individuals as it is not a fixed trait but a dynamic process that can be strengthened through targeted supportive and interventional experiences [8].

Homesickness and emotional resilience share a bidirectional relationship, i.e., low resilience may affect students to experience more sever homesickness and in return, chronic homesickness erodes resilience resources over a period of time [9]. This phenomenon highlights the importance of incorporating the interventions which simultaneously address symptoms of homesickness while building and enhancing resilience which create a positive loop that support the adaptation process to new college life.

Art therapy as therapeutic intervention

In response to these raising concerns, educational institutions with residential facilities are exploring non-conventional interventional techniques to support student mental health. Among these interventions, art therapy has emerging as a highly promising approach to deal with homesickness. Art therapy, defined as the therapeutic use of art-making within a professional relationship, has gained recognition as an effective intervention for addressing various psychological challenges among young adults [10].

This therapy operates on the fact that creative processes such as drawing, painting, and collage making can help individuals in externalizing emotions, enhance self-awareness and develop appropriate coping strategies [11]. Art therapy which is inherent with wide variety of creative processes can provide unique opportunities for self-expression and self-reflection for students experiencing homesickness and adjustment problems [12]. The main advantage of utilizing art therapy lies in unlike traditional talk-therapies, art therapy offers non-verbal processing pathways that allow individuals communicate and explore the emotions which are sometimes difficult for verbal articulation [13]. Thes special features are making it highly effective for young adults in navigating transitional stress.

2. Literature review

Various studies have provided evidences for the efficacy of structured art therapy on homesickness and emotional resilience among higher education entrants. Art therapy not only helps in alleviate homesickness but also foster emotional resilience by serving a powerful tool for self-expression and emotional regulation that helps student cope with the challenges of transitional stress.

Art Therapy and Homesickness

Art therapy can effectively alleviate homesickness in students, particularly those who have newly admitted in residential institutions or relocated for education purposes. A study showed that participants who engaged in art therapy reported significant lower homesickness scores in post-intervention test, highlighting its potential as a coping mechanism [14]. The creative process involved in art therapy allows individuals to express their feelings of sadness, grief, facilitates emotional processing.

Research results found that a one-session art therapy intervention for coping with homesickness after migration, showing significant reduction in homesickness scores among participants [15]. Research shows its effectiveness in reducing anxiety and improving interpersonal relationships among college students [16].

Art Therapy and Emotional Resilience

Structured art therapy plays a key role in enhancing emotional resilience by equipping students with various appropriate coping strategies to manage stress and alleviate anxiety. Techniques such as drawing and relaxation exercises have been linked to improved emotional regulation and reduced academic anxiety [17].

Recent research specifies that students who participated in art therapy sessions experienced significant decrement in stress levels and improved emotional control, suggesting that these non-conventional interventions can strengthen mental health and psychological well-being [18].

Research Gaps and Significance

Despite the documented pervasiveness of homesickness among higher education students and the growing evidence base for art therapy interventions, a clear paucity in research is evident specifically when examining the efficacy of structured art therapy in addressing homesickness as well as building emotional resilience in this population [19]. Most of the existing research has focused on difficulties due to general adjustment, or have studies art therapy interventions more in clinical settings rather that educational settings [20]. Furthermore, there is a need for more comprehensive studies which will focus on how creative therapies might able to address multiple dimensions such as resilience, emotional regulation and sense of purpose simultaneously [21].

3. Methodology

Research design

The study employs a quasi-experimental pretest-post-test design with experimental and control groups to evaluate to evaluate the efficacy of structured art therapy in alleviating homesickness and enhancing emotional resilience among first-year college students. Quantitative data was used to measure changes in homesickness and emotional distress scores before and after the intervention process. A total of 60 first year students from residential educational institutions in Nizamabad district, India were recruited for the present study. The participants were selected on the basis of stratified purposive sampling across disciplines (Arts, Commerce & Science) for the study on the basis of self-reported homesickness. To evaluate the efficacy of structured art therapy, researcher gather the data from before and after therapy by using appropriate standardised tools. Participants were selected using stratified purposive sampling, ensuring balanced representation across age groups, gender, and academic backgrounds.

Inclusion criteria

- Undergraduate students in the age group of 16-18 years
- Students who are willing to take part of the study who self-reported homesickness.
- First year students staying in hostel and living away from home for the first time.
- Students who are not diagnosed with any kind of clinical conditions and undergoing medication.
- diagnosed psychiatric conditions requiring clinical intervention

Exclusive Criteria

- Students who don't fit within the designated age range.
- Students who are or not willing to provide their informed consent.
- Students diagnosed with any kind of clinical conditions and undergoing treatment.
- Those with prior experience residential settings.
- Diagnosed psychiatric conditions requiring clinical intervention.

Ethical Considerations

- **Informed Consent:** A detailed consent form was given to all the selected sample's parents/guardians. Explained the entire study purpose and procedure and taken assent from all the participants of the study.
- **Anonymity and Confidentiality:** No identifiable information was collected to make sure the participants anonymity. Data were stored on encrypted drives and used solely for academic research.

- **Right to Withdraw:** Participants were well informed that they could withdraw from the study at any point without any guilt.

Tools used

- **Demographic Data Sheet:** Demographic information of the sample such as age, gender, academic stream they belong to were collected through the detailed demographic data sheet.
- **Homesickness Questionnaire (HQ):** It is a 33-item self-report inventory developed by Jane L. Ireland [22] in the year 1998 to assess and to address the emotional and psychological challenges faced by students such as homesickness in transitioning to residential education settings during their first year away from home. The scale showed high internal consistency across samples and it demonstrated good Construct Validity.
- **Connor-Davidson Resilience Scale (CD-RISC)**: This is 25 items scale rated on a 5-point Likert scale designed by Kathryn M. Connor and Jonathan R.T. Davidson in the year 2003 [23] to assess resilience which is the ability to cope with stress and adversity.
  The scale demonstrated high Cronbach's alpha of 0.89 and test-retest reliability is 0.70-0.80. The scale also has good construct and convergent validity.
- **UCLA Loneliness Scale (Version 3)**: This is one of the widely used self-report inventories with 20 items developed by Daniel Russell, Letitia Peplau, and Carolyn Cutrona [24] in the year 1999. This is used to measure subjective feelings of loneliness and social isolation. this is generally used in psychological, sociological, and health-related research across age groups and cultures. The scale demonstrates high reliability as its Cronbach's alpha typically ranges from 0.89 to 0.94, and test-retest reliability score is stable over time ($r \approx 0.73$ over a 1-year interval), indicating excellent reliability.

Statistical Analysis: Collected data was entered and analysed with SPSS (Version 26).

- **Descriptive statistics-** Means, standard deviations, frequency distributions of homesickness were calculated for both experimental and control groups.
- **Inferential Statistics-** Paired sample t-test was deployed to assess pre-post changes within the experimental group with respect to homesickness and loneliness and resilience scores. Independent sample t-test was deployed to compare changes between experimental and control groups. Cohen's d was deployed for effect size calculation.

Intervention protocol

- To study the efficacy of structured art therapy in alleviating homesickness and developing emotional resilience among first-year college students. The total sample size (N=60) which is further divided into two groups divided into two equal groups, one is experimental group (N1=30) and the other is control group (N2=30) which are to be compared after the intervention sessions. The total sample (N=60) was administered with pretest assessment for both the control and experimental groups. Experimental group received structured art therapy sessions where control group didn't receive any therapy.
- Experimental group received a total of 12 sessions of art therapy sessions over a period of 6 weeks, twice a week the control group participated in general interactions, puzzles and quizzes for the same number of sessions.
- Each session duration typically ranges from 60-75 mins, in calm and pleasant studio room settings
- Post-test assessment was administered with the same tools to both the groups.

Intervention structure

Week	Theme/Activity	Intervention	Material	Goal
1.	Grounding and Safety	Mandala creation	Colour pencils,	Emotional regulation, self-soothing
2.	Identity and belonging	Collage of "Who I Am"	Magazines and mixed media	Self-concept, cultural adjustment
3.	Connection and Support	Group mural on "Home and Hope"	Clay	Social bonding, shared experience

4.	Coping and Strength	Clay sculpting of personal symbols of strength	Clay	Empowerment, stress management
5.	Reflection and Growth	Visual journaling with water colours and text	Water colours	Emotional processing, insight
6.	Closure and Continuity	"Resilience Tree" group installation	Card board, sketches & colours	Future orientation, resilience

4. Results

Table-1 Demographic Ccharacteristics of the Study Subjects (N = 60)

Variable	Category	Frequency (n)	Percentage (%)
Age Group	16-17	20	33.3%
	17-18	21	35.0%
	18-19	19	31.6%
Gender	Male	30	50.0%
	Female	30	50.0%
Academic Level	Intermediate	38	63.3%
	Undergraduate	22	36.6%
Discipline	Arts & Humanities	13	21.6%
	Science & Technology	17	28.2%
	Commerce & Business	14	23.2%
	Engineering	16	26.5%

Table- 1 shows the demographic profile of the sample (N = 60). It reveals a well-balanced distribution across several key variables. In terms of age, participants were clustered into three categories, 33.3% were aged between 16 and 17 years, 35.0% fell within the 17 to 18 age range, and 31.6% were between 18 and 19 years old, indicating a fairly even spread across late adolescence. Gender representation was perfectly balanced, with 50% male and 50% female participants. Regarding academic level, a majority of the respondents (63.3%) were admitted for intermediate first year, while the remaining 36.6% were enrolled in undergraduate programs. The disciplinary background of participants showed a diverse mix, 28.2% were from Science & Technology, 26.5% from Engineering, 23.2% from Commerce & Business and 21.6% from Arts & Humanities.

Table-2. Pretest vs. Posttest Scores for Homesickness (HQ) Scale

Group	Pretest		Posttest		Mean Difference	p-value
	Mean	**SD**	**Mean**	**SD**		
Experimental Group	58.2	6.9	44.6	6.1	-13.6	< 0.001***
Control Group	57.4	7.2	55.9	6.8	-1.5	0.12

*p≤0.05   **p≤0.01   ***p≤0.001

Table-2 showing the participants in the experimental group showed a substantial decrement in terms of Homesickness from pretest (M = 44.6, SD = 6.1) to posttest (M = 58.2, SD = 6.9), resulting in a mean difference of -13.6. The p-value for this group is 0.001*** which is statistically significant, suggesting a highly reliable effect of the intervention. In contrast to the experimental group, the control group exhibited a minimal decrease in scores from pretest (M = 57.4, SD = 7.2) to posttest (M = 55.9, SD = 6.8), yielding a mean difference of –1.5. However, this change was not statistically significant (p = 0.12).

Table-3. Pretest vs. Posttest Scores for Emotional Resilience on CD-RISC

Group	Pretest		Posttest		Mean Difference	p-value
	Mean	SD	Mean	SD		
Experimental Group	61.3	5.7	72.8	6.2	+11.5	< 0.001***
Control Group	60.9	6.1	62.1	5.9	+1.2	0.18

*p≤0.05   **p≤0.01   ***p≤0.001

Table-3 shows that the results indicate a significant improvement in emotional resilience among participants in the experimental group following the intervention. The mean score of experimental group was increased from 61.3 (SD = 5.7) to pretest to 72.8 (SD = 6.2), with a substantial mean difference of +11.5. This change was statistically significant, with a p-value less than 0.001***, suggesting that the structured intervention had a strong and reliable effect on enhancing resilience. The control group showed only a slight increase in scores—from a pretest mean of 60.9 (SD = 6.1) to a posttest mean of 62.1 (SD = 5.9)—resulting in a mean difference of +1.2. However, this change was not statistically significant (p = 0.18), indicating that the control condition did not lead to meaningful improvements.

Table-4. Pretest vs. Posttest Scores for Loneliness on UCLA Scale

Group	Pretest		Posttest		Mean Difference	p-value
	Mean	SD	Mean	SD		
Experimental Group	54.7	6.5	42.3	5.9	-12.4	< 0.001***
Control Group	53.9	6.8	52.6	6.4	-1.3	0.15

*p≤0.05   **p≤0.01   ***p≤0.001

Table-4 presenting the data reveals a statistically significant reduction in the measured variable Loneliness for the experimental group following the intervention. Participants in the experimental group showed a decrease in their mean score from 54.7 (SD = 6.5) at pretest to 42.3 (SD = 5.9) at posttest, resulting in a mean difference of –12.4. This change was statistically significant, with a p-value less than 0.001, indicating a strong effect of the intervention. The control group showed only a slight increase in scores from a pretest mean of 60.9 (SD = 6.1) to a posttest mean of 62.1 (SD = 5.9), resulting in a mean difference of +1.2. However, this change was not statistically significant (p = 0.18), indicating that the control condition did not lead to meaningful improvements.

5. Discussion

The present study offers compelling evidence for the efficacy of structured art therapy interventions in alleviating homesickness and enhancing emotional resilience among first year college students. Participants in the experimental group exhibited noticeable improvements across all quantitative measures, including the Homesickness Questionnaire (HQ), Connor-Davidson Resilience Scale (CD-RISC), and UCLA Loneliness Scale. These results support the previous research and theories that, non-verbal, creative expression within a therapeutic framework can serve as a powerful tool for emotional adjustment during transitional life phases due to the experiential nature of art therapy may be particularly well-suited to addressing the complex emotional landscape of homesickness.

 Participants of this therapy sessions frequently described the art-making process as providing a "safe space" to explore problematic feelings and emotions without the burden of verbal articulation [12]. This result is consistent with previous art therapy literature suggesting that creative expression can facilitate emotional processing when traditional talk therapy approaches may feel overwhelming or inadequate [10]. Present research finding is consistent with the previous neuroscience research, suggesting that creative activities can engage both emotional and cognitive processing centres which can facilitate the integration and regulation [25]. In the therapy process participants' descriptions of learning to "sit with difficult feelings" through art-making echo the expansion of distress tolerance skills that are fundamental to emotional resilience [26].

The participants most often reported about the art therapy was the ability to express emotions that were difficult to verbalize. The symbolic nature of artistic expression appeared particularly important for processing uncertain feelings

about leaving home and acceptance of new experiences. The structured art therapy process seemed predominantly significant for participants who had defined themselves chiefly in relation to family and hometown contexts [27]. The present research findings suggest several important considerations for implementing structured art therapy programs in higher education settings such as the group format appeared particularly beneficial, providing both cost-effectiveness and peer support benefits. However, careful attention to group composition and dynamics is essential [28]. The 12 sessions of structured art therapy format appeared to be optimal for this sample, providing sufficient time for building relationship and skill development while remaining feasible within academic semester constraints. However, institutions should consider offering booster sessions or follow-up sessions for ongoing support of groups to maintain the results particularly for students experiencing severe homesickness or adjustment difficulties [29].

6. Conclusion

These results contribute to the growing body of literature supporting arts-based interventions in educational settings and offer practical implications for student support services and also facilitates the understanding of homesickness as a normal but potentially problematic and challenging aspect of transition that can be addressed through appropriate intervention. Institutions with residential settings should consider incorporating structured art therapy programs into comprehensive mental health service arrays especially for first year students. Future studies should employ randomized controlled designs to compare structured art therapy to other evidence-based interventions for homesickness and adjustment difficulties. Comparison conditions might include cognitive-behavioural therapy, mindfulness-based interventions, or peer support groups.

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