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# Mindfulness-Integrated Art Therapy & the Cultivation of Self-Compassion: Development of a Method

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Mindfulness-Integrated Art Therapy & the Cultivation of Self-Compassion: Development  
of a Method  
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### Abstract

This capstone thesis explored the links between the research on self-compassion and a mindful art therapy approach in treatment for mental health. Through a critical review of the literature on mindfulness, art therapy, and self-compassion the author extracted the overlapping themes that support well-being theory. It was identified that mindful art therapy approaches that focus on the development of emotional regulation, identity development, resiliency, and well-being overlap with those same themes in the self-compassionate approach to treatment for mental health. Many of the approaches were found to not only reduce pathology but also increase well-being simultaneously through a positive psychology perspective. The author explored how the integration of these themes in therapy may be enhanced by the combination of art therapy and self-compassion in an 8-week closed group with adults with persistent and severe mental illness, in an outpatient day treatment community center. The author of this capstone thesis learned that clients were very motivated to learn about self-compassion and that art making provided a unique experience that allowed them to understand the concepts in an individual way. The application of this method would likely also benefit individuals in treatment, and be applicable to adults with a wide range of mental health issues. This also applies to adults who are generally in good mental health. During the group, the experience of integrating self-compassion was enhanced by the art making. Art was created that supported the concepts in an individualized way and provided concrete imagery. Later, this imagery was placed in the individuals living space to be instantaneously recognized by the brain as a reminder of self-compassion.

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of a Method

**Introduction**

This capstone thesis project proposed the integration of mindfulness and self-compassion in an art therapy approach to treatment for mental health that both reduces symptoms and increases well-being. Mindfulness is a key aspect within both the art therapy approach the self-compassion approach, but there is little research on using them together in treatment. Mindful art therapy research and self-compassion research were reviewed to extract the elements that overlap between the two. These elements were distinguished as: resiliency, emotional regulation, well-being, and self-identity. There have been thousands of research studies in the past decade on the benefits of self-compassion, and there is some significant research on mindfulness and art therapy. Since often the art therapy approach has integrated different theories with art, this author found purpose in the promotion of the self-compassion model in art therapy treatment. The author of this capstone thesis discussed the role of an arts-based directive in the embodiment of self-compassion as a beneficial step for the individual in treatment. The application of the arts-based format could allow for a more individualized experience, understanding, and integration of self-compassion due to the individual and concrete nature of art-making itself.

Ulman (1987) wrote that art is the meeting ground of the world inside and the world outside. A tangible form linking two worlds together. The self-compassion model uses verbal and written integration for embodiment of the concept. The author of this capstone thesis hypothesized that this practice of integrating self-compassion can be further enhanced by the art-making process and concrete product. The creative act of representing self-compassion through art can

offer tangible evidence as a way of being gentle and kind to oneself, enhancing resiliency. According to Malchiodi (2007), “finding personal meaning in one’s images is often part of the art therapy process” (p. 22). Oftentimes, we look to the physical evidence that the arts can provide as a reminder of the personal process within it. The hypothesis is that the sum of mindfulness and art therapy may have an exponential positive effect on self-compassion and resilience through reciprocation. The combination of self-compassion and art therapy practices in the support of healing and increased resiliency is a dynamic approach to treatment for mental health. According to Campbell (1996), “the reach of your compassion is the reach of your art” (p. 105). Art and compassion appear to be inextricably linked. This capstone thesis highlights the significance of self-compassion, and the way art therapy interventions support the concept through an individualized experience. At the beginning of a self-compassionate art therapy approach, is the beckoning for a safe space.

### **Literature Review**

The creation of a safe space cannot be underestimated in its importance in therapeutic treatment for mental health. It is part of the foundation of treatment and one of the most significant factors in the path to healing in therapy, and must be created and recreated throughout treatment. The creation of a safe space must co-occur with a client. This comes from the authenticity and sense of self of the therapist, the confidentiality the therapist provides, and the exploration of what a safe space looks and feels like. Art making provides an opportunity for understanding and co-creating a safe space for therapy and building the therapeutic alliance. A significant part of creating a safe space is through the embodiment of empathy. Respect, kindness, authenticity, affirmation, and empathy are all seen as compassionate qualities within the thera-

peutic relationship (Gilbert, 2010). Kass and Thrantham (2013) suggested that many people who do not feel safe enough to risk talking require psychological treatment that focuses on the “bottom up”. According to Kass and Thrantham (2013), “such treatment provides pre-verbal, somatic experiences of safety; increased sensorimotor awareness; somatic emotion-regulation skills that build affect tolerance; titrated unpacking of somatic memories without dissociative regression; internal experience of a calm core; and gradual movement to verbal capacities for self-disclosure and social engagement” (p. 305). A therapeutic visual art directive that connects the participant to their senses can provide a concrete connection to these processes. The awareness and acceptance of a safe space in a mindful approach to art therapy is crucial so that the seeds of self-compassion may be set in treatment.

Art therapy allows clients to connect with their creative selves in a safe space alongside an art therapist, using various media to express emotions, process events, understand relationships, increase self-awareness, develop self-identity, make meaning, manifest values, and find relief through the creation of images and three-dimensional art forms. The role of the art therapist is crucial in creating and recreating a sense of safety and relational connection with the client so that they may explore creatively. Malchiodi (2007) believed that their “role as an art therapist is to help people explore and express themselves authentically through art” (p. 21), which supports the process of healing and growth. Healing and growth in art therapy may be defined as simply “relief from overwhelming emotions, crises, or trauma” (Malchiodi, 2007, p. 21). Allen (1995) embodied the notion through their writing that visual art can hold and tell personal stories and include all aspects of feelings, thoughts, experiences, values, and beliefs. Art can be a way of containing safely those aspects of oneself. “In this process of concretizing these through art

making, we can begin to know ourselves from a new perspective and see the power in the ability to change that perspective” (Allen, 1995, p. 54 ). Malchiodi (2007) wrote that, “art can be a powerful way of knowing yourself and a powerful form of healing” (p. 22). Art therapist Kramer (1950) first proposed that the healing potential of art making came from the ability of creative artwork to activate psychological processes (Malchiodi, 2007).

It has been evidenced that the power of art therapy to transform and heal lies in the beholder, and that a safe space alongside an art therapist provides means of growth and well-being. The postmodern approach to art therapy supports that, “It seems that humankind has come full circle in it’s realization that art making is an important means of expressing mind, body, and soul and that it is intimately connected to health and well-being” (Malchiodi, 2007, p. 45).

Mindfulness itself is an art, a way of looking at and participating in one’s life in a profound way, open to each moment as it comes. Mindfulness is, according to Kabat-Zinn (2005), “moment-to-moment, non-non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (p.232). Nhat Hanh (2016) defined mindfulness as, “the capacity to be aware of what is going on and what is there, and the object of your mindfulness can be anything” ( n.p.). Neurologist Siegal clarified the five facets of mindfulness as well as their usefulness in a statistical study, which were used to integrate mindfulness into therapeutic orientations (De Silva, 2014). Kabat-Zinn (1979) founded the Mindfulness-Based Stress Reduction Clinic and provided the pathway for this integration of mindfulness into therapy (De Silva, 2014). Some mindfulness-based therapies include: Mindfulness Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Psychodynamic Psy-

chotherapy, Mindfulness-Based Emotion Focused Therapy, and Buddhism and Behavior Modification Therapy (De Silva, 2014). Mindfulness can be used by any theoretical orientation, and it is indicated that mindfulness-based counseling is based on fostering self-understanding and self-knowledge (De Silva, 2014).

Mindfulness Based Art Therapy (MBAT) used with outpatient cancer patients supports the integration of mindfulness and art therapy,. Megani, Peterson, Kaiser, Rao, Chittams, and Chatterjee (2018) utilized an 8-week program called Walkabout. The research showed results of improved emotional well-being, comprehensibility, and meaning making in it's patients. The study uses Mindfulness Based Stress Reduction (MBSR) with hands-on art therapy playfulness to investigate if the combined effects of these appear to have a positive effect on those with cancer in treatment. According to Megani, Peterson, Kaiser, Rao, Chittams, and Chatterjee (2018), the MBSR elements in the study are cultivation of mindful attention, living in and exploring each moment, attitudinal foundations of mindfulness practice, awareness of pleasant and unpleasant experiences, awareness of breathing and loving kindness meditation, and use of guided mindfulness meditations. It was noted that together with the art therapy component, patients had opportunities in mindful attention, creative expression, synthesis of emotions, and embodied meditative inquiry. The study has good internal validity and a clear construct as it measured depressive symptoms, sleep, and health-related quality of life, sense of coherence, and spirituality. Megani, Peterson, Kaiser, Rao, Chittams, and Chatterjee (2018) noted that earlier previous studies used MBAT with patients with breast cancer, and found "significant reduction in stress, anxiety, and depression and improvements in quality of life" (p. 1198). The Walkabout model is not disease-focused like most other cancer treatment, and according to Megani, Peterson, Kaiser, Rao, Chit-



tams, and Chatterjee (2018), “does not segregate illness from wellness but views them on a continuum” (p. 1199). The research had a strong, honest voice about the weaknesses and possibilities that information in this study gleaned from the population. The results of this study point to increased emotional regulation, an overlapping element studied in this thesis, through management of stress, anxiety, and depression.

Mindfulness-Based Stress Reduction (Zinn) is a proven effective way of using mindfulness meditation for stress-reduction. Art-making has also been studied as a means of stress reduction. The quantitative study by Kaimal, Ray & Muniz (2016), explored the measures of cortisol as a means of identifying levels of stress in humans before and after art-making. Behavioral interventions have been used to look at cortisol levels in saliva in previous studies (Kaimal, Ray & Muniz, 2016). Cortisol is a hormone that is released in saliva in response to stress. This study looked at unstructured art therapy time rather than specific art activities. This quasi-experimental study provided good internal validity with a culturally diverse, albeit small sample of 39. The study hypothesized that participants would have a reduction in cortisol levels, those with prior art experience would have the greatest reduction, and which particular chosen media would affect the outcome of the changes in cortisol levels. The study had a strong, clear construct and good external validity due to the clarity of the research design and ease of identifying results (levels of cortisol). The lack of a control group and the use of a healthy non-clinical population used made the information gleaned from the study lacking in transferability. The research method outlined a clear objective and offered good reliability, and it offered preliminary evidence that art-making reduced the levels of cortisol in healthy adults. Stress reduction from art therapy and mindfulness practices can be an important process in the development of self-compassion. Stress reduc-

tion allows clients to access greater emotional regulation, rather than over-identification of emotions, which both play a part in self-compassion.

Self-compassion has become a fascinating focus of research. Research findings have shown that “self-compassion is a robust resilience factor when faced with feelings of personal inadequacy”(Neff, Smeets, & Warren, 2016, p. 19). There are several models that integrate mindfulness and self-compassion into mental health treatment. Neff and Germer (2013) offered a training model called Mindful Self-Compassion that focused on resilience and skill-building. Neff (2013) defined the self-compassion scale and has pioneered much of the research in self-compassion, described self-compassion as “not a way of judging ourselves positively, self-compassion is a way of relating to ourselves kindly, embracing ourselves, as we are, flaws and all” (2018, n.p.). Another model, Compassion Focused Therapy (Gilbert, 2010), integrated compassion directly into psychotherapy through roots in Cognitive Behavioral Therapy.

Neff (2016) developed three elements that support self compassion: “self-kindness vs. self-judgement, a sense of common humanity vs. isolation, and mindfulness vs. over-over-identification” (p. 20). The integration of the concepts is through writing and physical practice. In this model, self-compassion and compassion for others is seen as the same manifestation (Neff, 2016). "Self-compassion involves treating oneself with care and concern when confronted with personal inadequacies, mistakes, failures, and painful life situations” (Neff, Smeets, & Warren, 2016, p. 19). In the Buddhist tradition, mindfulness and self-compassion work together to cultivate a sense of well-being, and opposite to self-compassion is self-criticism. Research has linked self-criticism to depression, anxiety disorders, eating disorders, interpersonal relationships, and pursuit of goals (Neff, Smeets, & Warren, 2016). Self-criticism develops from over restrictive-

ness and control, and self-compassion seems to emerge from early maternal support (Neff, Smeets, & Warren, 2016).

Neff and Germer (2018) explained in their research that self-compassion is not self-indulgent, selfish, a pity party, an excuse, an indicator of laziness, and will not undermine the motivation to achieve. Where self-pity isolates an individual, self-compassion embodies common humanity with the understanding that suffering is the essence of what it means to be human. It is therefore crucial to understand that self-criticism is not a motivating force. Neff and Germer (2018) argued that one can be motivated by feeling compassion towards ourselves and not their inadequacy in the moment. Neff and Germer (2018) further identified in their research the difference between self-compassion and self-esteem. Self-esteem requires people to stand out in a crowd and be above average, whereas self-compassion says that being average is ok and is less contingent on specifics like attractiveness or capability (Neff and Germer, 2018). The integration of self-compassion is often met with great personal difficulty. “A key rationale for integrating art therapy with a compassion-focused approaches is that it can provide a buffer against what Germer (2009) calls “backdraft”- an intense, negative, and often angry reaction to self-compassion that occurs in some individuals with deep feelings of worthlessness and shame” (Williams, 2018, p.27). Neff stated that, “the way to deal with this “backdraft”...is to mindfully accept the experience and have compassion for how hard it is to experience such negativity” (2011, p. 131).

The author of this capstone thesis found limited research that combined both arts-based directives and the self-compassion model. Beaumont (2012) used Compassionate-Oriented Art Therapy in treatment with emerging adults with gender variance. Williams (2016) developed the ONEBird model, utilizing Neff’s research on self-compassion with clinical populations. Both

of these models support the use of the creative process in development of self-compassion of client and clinician. Williams (2016) stated that, “ONEBird offers theoretical support for combining mindfulness and self-compassion with art therapy and argues that the creative process is inherently suitable as a means of deepening the acquisition of the skills and resources associated with self-compassion” (p. 25).

ONEBird is a methodological approach that combines mindfulness, art therapy, Mindful Self-Compassion training (Center for Mindful Self-Compassion, 2018) and Compassion-Focused Therapy (Gilbert, 2010). ONEBird suggested, according to Williams, “a proposed beneficial and reciprocal relationship between art therapy and a mindful approach to self-compassion” (2018, p. 23). The metaphor, is that mindfulness and compassion are “like two wings on one bird”, enhanced by the addition of creativity, as symbolized in the heart (representing further the emotion) of the bird (Williams, 2018). Williams claimed that the creative process can be used to deepen and enhance the skills associated with the development of self-compassion and emotion regulation. The ONEBird technique combined psychoeducational, experiential, and creative processes in it’s method (2018). According to Williams (2018) both quantitative and qualitative research methods support a mindful approach to art therapy with a variety of populations including cancer patients (Peterson, 2015), refugees (Kalmanowitz, 2016), adolescents (Weiner and Rappaport, 2014), and psychiatric outpatients (Isis, 2014). However, self-compassion is not included extensively in any research on mindful art therapy (Williams, 2018).

Beaumont (2012) coined Compassion-Oriented Art Therapy (COAT) through their research. Beaumont (2012) suggested this application in the population of individuals with gender-variance, noting that many of these individuals suffer from high levels of self-criticism and

shame and that the normal modeling of acceptance from the therapist does not address the client's feelings of compassion for themselves. They suggested that the work of Gilbert (2009, 2010) on the development of Compassion Focused Therapy (CFT) supported this claim. Beaumont (2012) stated that, "according to Gilbert (2009, 2012), compassion-based practices activate self-soothing tendencies which result in a deactivation of the threat-based affect system which subsequently leads to lowered stress responses and less self-criticism" (p. 4). According to Beaumont, "the objectives for the treatment of distress in gender-variant individuals include (a) using mindfulness and expressive art techniques to become aware of and express uncomfortable emotions; (b) practicing in one's natural abilities to self-soothe; (c) becoming aware of the natural connection between self-soothing emotions and expressing compassion; and, (d) practicing expressing and becoming comfortable with self-compassion" (2012, p.4). Clients work on these objectives through a process of guided imagery and art-making. Beaumont (2012) found that clients with gender variance felt distress from a lack of self-acceptance and deep levels of shame. Beaumont (2012) had clear rationale suggesting this model with the gender-variant population, with the focus on building self-soothing skills and self-compassion through art making interventions and mindfulness activities.

The COAT model has similar arts-based directives as the ONEBird model in that the focus of the art can be such as a depiction of the compassionate self vs. the self-critic, artwork that focuses on emotional regulation, and artwork about self-nurturance. A significant aspect of the ONEBird technique is that it puts emphasis on the self-compassion of the therapist themselves as a predictor of the development of the client's self compassion in treatment. Similarly, Kalmanowitz (2014) said that mindfulness training is essential for art therapists wanting to use

mindfulness in their professional work with clients. With the creation of art, “the process of cultivating our artist identities is a process of readying” (Moon, 2002, p.66) A therapist using a mindful self-compassionate approach to art therapy must cultivate those elements on an individual level. Although these two models have begun the integration of self-compassion and art therapy in treatment for mental health, Williams stated that “self-compassion as an operationally defined, measurable, and empirically supported concept is not often explicitly integrated into the field of art therapy” (2018, p. 27).

For the means of this thesis exploration, the self-compassion models both clearly overlap with the cultivation of emotional regulation through mindful practices. The self-compassion model for treatment of mental health aims to cultivate self-identity through compassion: seeing oneself as human and imperfect, and offering oneself self-kindness as a means of healing and acceptance. Both of these point to greater resiliency and overall well-being.

The most effective way for an art therapist to be fruitful in this approach is to integrate the practice of mindfulness, self-compassion, and art making into their own personal journey. Moon (2002) made clear that personal art-making is crucial to the identity of the art therapist and their collective identity. “The way we see our work has the potential to challenge the polarization of the personal and the professional” (Moon, 2002, p. 46). Mindfulness is also important for the therapist to cultivate in order to be effective with their clients. “Mindfulness on the part of the therapist, supports the development of an attuned relationship because it helps clear the intersubjective field of unrelated cognitive debris” (Germer, Siegel, & Fulton, 2005, p. 63). “It also offers a way to empathize with suffering by “surrendering” the need to reject suffering, thereby releasing forms of inner oppression (Germer, Siegel, & Fulton, 2005, p. 63). This resulting

awareness helps the therapist monitor countertransference and remain more available to the client. (Franklin, 2010, p. 162).

A study by Dorian and Killebrew looked at the impact of a mindfulness course on the self-compassion of female psychotherapy students. Dorian and Killebrew (2014) specifically included women in this study to address the significant amount of self-criticism women faced in comparison to society as a whole. Although this study does not include an arts-based approach, it speaks to the importance of the mindfulness of the therapist, and the results that the self-compassion of the art therapist has on the self-compassion of the client. As therapists bring their whole compassionate selves to the session, without a practice of self-care and self-compassion, a therapist is subject to compassion fatigue and burnout (Dorian and Killebrew, 2014). The article gave substantial background information on the importance of self-compassion to the healing relationship and the links between psychological well-being, optimism, curiosity, and connectedness as well as decreased anxiety, depression, rumination, and fear of failure that research by Neff (2009) highlighted. The 10-week mindfulness training course was held for a small, but somewhat diverse sample size at an institution. Data, in the form of one page journal papers, was collected weekly and provided qualitative feedback on the course. At the end of the study, the participants were asked to write a longer paper reflecting on how they had included mindfulness into their theoretical orientation and how they were planning on including it into their own personal practice and psychotherapy practice. Journals were analyzed in an inductive approach, where categories were determined and no pre-determined hypotheses were formed. Challenges and positive effects of the mindfulness course were recorded, resulting in common themes of acceptance, compassion, attention and awareness, decreased suffering and improved coping,

changes in perception and relating, challenges, and general positive effects of mindfulness practice were all noted. Almost all participants in this study acknowledged the significance and importance of practice for the comprehension of mindfulness (Dorian and Killebrew, 2014). Dorian and Killebrew (2014) noted that, “the course does bring benefits and can be integrated into clinical training as a way to decrease stress, and give personal meaning to growth and education” (p. 161). This personal meaning links directly to the cultivation of self-identity. According to Dorian and Killebrew, “through direct experience with the practice of mindfulness, students may be able to gain insight that can provide scaffolding to clients that intellectual understanding alone may not be able to provide” (2014, p. 162). This points to the limitations of a cognitive understanding of the concepts, and the possible significance that art-making may serve in filling in the blanks. The practice of mindfulness, self-compassion, and art making by the art therapist on a personal level is significant, and can attend to the imbalance of power in a therapeutic relationship. Mindfulness, self-compassion, and personal art making of the art therapist can work together as foundational to the quality of the therapeutic relationship.

Many art therapy directives aimed at mood stabilization, identity development, resilience-building, and well-being stem from positive psychology practices. Positive psychologists choose to study what it means to function well psychologically, rather than just studying what someone’s weaknesses and sufferings are. Wilkinson and Chilton (2013) highlighted the “complementary nature of the two fields” of art therapy and positive psychology and “their potential to contribute to optimal functioning” (p. 4). Seligman (2013) wrote that positive psychology’s aim is to correct the imbalanced focus that the disease model perpetuates, with focusing “as much on strength as on weakness and as much in building the best things in life as repairing



the worst” (p. 4). Positive psychology looks at happiness and well-being scientifically as measures of life meaning and purpose, and meaning making of traumatic events. Wilkinson and Chilton (2013) stated that, “positive psychology is providing a new lens for understanding trauma and the resulting symptoms associated with trauma” (p. 5), highlighting post-traumatic growth as positive change that can occur as a result of traumatic situations. Wilkinson and Chilton (2013) identify post-traumatic growth as including “an increased sense of meaning and purpose, more meaningful interpersonal relationships, changed priorities, and a greater sense of personal strengths” (p. 5). Post-traumatic growth does not alleviate or allude that suffering does not occur. Wilkinson and Chilton (2013) carried out art therapy with women with breast cancer to promote meaning making, and found that this helped the women maintain a sense of purpose even though they were suffering from an illness. In an art therapy workshop named “Creating Altars to Honor Resilience” with a group of cancer survivors, one participant “joyfully spoke of her newly found creativity as one of the many “gifts of cancer”, which clearly suggested the involvement of benefit finding”(Wilkinson & Chilton, 2013, p. 5). Together with the focus on flow, strengths, and positive emotions, this creative approach to art therapy put emphasis on awareness of growth along with the elements found in the self-compassion approach to treatment. Here, the objectives overlap with identity development and common humanity, as participants in the group experienced their suffering with others who were in the same situation.

Haeyen, van Hooren, van der Veld, & Hutschemaeker’s quantitative study (2018) examined the effects of art therapy on reducing mental illness while simultaneously promoting mental health in clinical patients with personality disorders. The protocol was designed for an open weekly art therapy group aimed at improving mindfulness, self-validation, emotional regulation,

and interpersonal functioning. The small sample size was limited to mostly women, with no identification of racial background. Scales that are often used to operationalize mental health and mental illness were utilized for results and offer good internal reliability and validity in this study. Results showed that art therapy had large effect sizes on both the domains of mental health and mental illness (Haeyen, van Hooren, van der Veld, & Hutschemaekers, 2018). This study bridged the gap between the continuum of mental illness and mental health. Although not explicitly defined as looking at self-compassion, this study looked at many elements that overlap with the elements of self-compassion, such as mindfulness, self-validation, and emotional regulation, and pointed to the ability of art therapy to address mental illness and mental health promotion simultaneously.

Trompetter, Kleine, and Bohlmeijer (2016) noted that many recent studies show that people with more positive mental health have higher levels of self-compassion, and that self-compassion may reduce psychopathology. Trompetter, Kleine, and Bohlmeijer (2016) studied self-compassion as a mechanism for resilience and emotion regulation strategy as a protection against psychopathology. They found that self-compassion skills encouraged resilience against psychopathology. “Growing evidence exists on positive mental health as a resilience resource and contributor to adaptive functioning” (Trompetter, Kleine, and Bohlmeijer, 2016, p. 460). However, Trompetter, Kleine, and Bohlmeijer (2016) also noted that “there is not much literature on self-compassion practices as a strategy for emotional regulation, and that no research assesses self-compassion as a resilience mechanism in relation to both positive mental health and psychopathology”(p. 460). This exploratory study hypothesized that “self compassion moderates the relationship between negative affective experiences and psychopathology” (Trompetter,

Kleine, & Bohlmeijer, 2016, p. 461). Trompetter, Kleine & Bohlmeijer (2016) acknowledged that no causal inferences could be drawn from the cross-sectional models they tested. The study showed the correlation between self-compassion in clinical treatment for psychopathology and also with those with positive mental health in the general population. To that end, “self-compassion can be understood as an important resilience mechanism for those with positive mental health that enables the adaptive emotion regulation during stressful experiences in daily life that protects against the in-depth activation of psychopathological schema” (Trompetter, Kleine, & Bohlmeijer, 2016, p. 466). The study provided good support of studying not only those factors that reduce pathology, but also increase states of well-being. This focus on positive psychology theory and practice is grounded in neuroscience.

It is crucial to examine what research in neuroscience provides for the underpinnings of a mindful self-compassionate approach to art therapy. The more recent developments in the field of neuroscience further support the integration of the positive art therapy approach. Kass and Trantham (2013) noted internal composure through mindfulness and the therapeutic use of the arts as essential to “resilient coping and psychospiritual well-being”. Internal composure, a mindful quality of being, is said to allow individuals to respond to the unavoidable difficulties of life without triggering the stress response (Kass and Trantham, 2013). When one has internal composure, one can feel a range of emotional states, but not allow them to control them in a reactive way (Kass and Trantham, 2013). According to Kass and Trantham (2013), “resilient coping through cultivation of internal composure is an emergent neurobehavioral capacity of human evolution” (p. 290). They base their theory about the benefits of a mindful art therapy approach

in the attachment theory and the polyvagal theory, which shows that art therapy has the ability to allow the nervous system to get out of the fight or flight mode.

To that end, neuroscience supports a trauma-informed art therapy approach. Increasing a client's self-awareness through trauma-informed practices builds resiliency. A therapist can help a client increase self-awareness by co-regulating, de-regulating, or up-regulating, acting as an activator in the "self-as instrument" approach. Awareness in the moment is enhanced by the sensory experience of the art materials and equally the awareness of the art materials is enhanced by the practice of mindfulness. The two appear to work in a circular approach. Trauma-informed art therapy can be an opportunity to incorporate the core concepts of self-compassion: mindfulness vs. over identification (emotional regulation), self kindness vs. self-judgement (perhaps based on past experiences), and common humanity vs. isolation (a natural reaction to trauma). Together, the cultivation of these qualities can support greater resilience.

In support of individual and community resilience, Wilkinson and Chilton (2013), state that "capitalizing on such "signature strengths" as creativity, playfulness, appreciation of beauty, and other elements of positive art therapy might inspire transformation of our practices and communities, not only to cope with stressors but also to attend to, appreciate, and attain the best in life" (p.8). The overlapping themes of meaning making (perhaps of past trauma), self-identity, resiliency, healthy connection to others, and gratitude that are present in a positive art therapy approach also apply to the mindful self-compassionate approach to art therapy as well.

The term resiliency is mentioned often in art therapy research, self-compassion research, and the literature supporting the benefits of mindfulness practices, as well as within the field of positive psychology. When one is resilient they can adapt to change and even possibly to trau-

matic experiences. Wagnild (2019), suggested that “Resilience is the capacity each of us can develop that prepares us for life’s inevitable ups and downs and promotes positive adaptation to any situation no matter how serious and stressful it might be”( n.p.), pointing to the idea that resilience can be cultivated. A mindful art therapy practice with the focus on the cultivation of self-compassion could lead to a greater sense of resilience. Art therapy research shows benefits for client’s levels of resiliency, and higher levels of self-compassion point to greater resiliency.

Sunbul and Guneri (2019) investigated how resilience was explained through mindfulness. The study looked at self-compassion and difficulties in emotional regulation in adolescents of low socio-economic status. The study used theory-driven interpersonal features that came from the consideration of the population itself as risky and disadvantaged (Sunbul & Guneri, 2019). For data collection, the study used the 14-Item Resilience Scale (Wagnild & Young), Mindful Attention Awareness Scale-Adolescent (Brown, West, Loverich, & Biegel), the Self Compassion Scale (Neff), and the Difficulties in Emotion Regulation Scale (Gratz & Roemer). The study used a path analysis, the Maximum Likelihood Estimation method (Kline). Sunbul and Guneri (2019) recommended further research, citing the interpersonal features they looked at in this study and other attributes that affect and predict resilience. The findings were that mindfulness has a direct, positive relationship with self-compassion, a negative relationship was shown between mindfulness and emotion regulation difficulties, emotional regulation difficulties are significantly and negatively related to resilience, and a significant positive relationship was found between self compassion and resilience (Sunbul & Guneri, 2019).

van der Vaart, van Hoven, & Huigen (2018) used arts-based research methods to identify and explore resilience within a Dutch community. The project focused on benefiting those di-

rectly involved while the research clearly identified multiple meanings and valued the individual's work aesthetically. The authors explained the importance and limitations of creative and arts-based research in community-based settings. The research questioned how pro-social aspects supported a sense of community resilience through art. The foundation was on the lived experience of the participants and focused on their sensory and affective responses to their community. Walking interviews, group discussions, and creative workshops and exhibitions were all aspects of this research. Theory was not discussed in specifics, although the authors shared their common understanding about the positivity of resilience. Challenges were fully disclosed and included: uncertainty in the process, size of the group, and amount of time spent on the project. The project acquired what the authors call *multifaceted knowledge* in terms of understanding community resilience through these meaning making activities.

Coholic and Eys (2015) used both quantitative and qualitative research methods to activate their hypothesis that vulnerable children would have greater resilience and higher self-concept ratings after completing an arts-based mindfulness group intervention. Coholic and Eys (2015) developed the HAP (Holistic Arts-Based Program) in order to research vulnerable youth in this study. Coholic and Eys (2015) collected their qualitative data ethically and included parents in the interviewing process. They used interpretive thematic analysis with a collaborative approach to data collection. Improved emotional regulation was reported. Coholic and Eys (2015) concluded that the strengths-based focus of the art interventions, mindfulness, and the group format all contributed to partially supporting their initial hypothesis.

Hass-Cohen, Bokoch, Findlay, and Witting (2018) examined a four-drawing protocol that looked at trauma and resiliency through a single session, strengths-based, arts, trauma, and re-

siliency protocol. The study looked at how creativity, imagination, and the art therapies support a sense of resiliency in people affected by different levels of traumatic experience (Hass-Cohen, Bokoch, Findlay, and Witting, 2018). Results showed significant decreases in trauma effect rating and negative affect endorsements immediately following the study and five weeks later. According to Hass-Cohen, Bokoch, Findlay and Witting (2018) , the unique protocol allowed for “an opportunity for redrawing and re-narrating selfhood in the context of recalled, perceived, and imagined resources rather than trauma” (p. 54). Two of the drawings were self portraits, the second done after drawing internal and external resources that help with the problem identified in the first drawing. This allowed the participants to draw from a self-compassionate perspective that focused on their strengths. The qualitative results showed that the participants thought the drawing activity was the most positive contributor to identifying their inner resources (Hass-Cohen, Bokoch, Findlay, and Witting, 2018). This points to art therapy’s role in both identity development and resilience with individuals with trauma.

Kalmanowitz & Ho (2016) examined the mindfulness and art therapy experience of refugees in Hong Kong. This study was unique in the consideration of the participant’s complex trauma. Previous studies have focused on mindfulness and art therapy with regards to a specific traumatic event (such as cancer, war, etc.). The clear objectives of the study were to: understand how the participants perceived the experience, look at the cultural implications of mindfulness meditation and art therapy, and identify if the integration of the two enhanced resiliency. This phenomenological study put emphasis on social constructivist theory. The research model elicited multiple perspectives from participants other than trauma. Reports from the participants were that benefits of the experience (increased emotional regulation, self-awareness, clarity of

thought) were not limited by their different world views and were applicable to stressful moments in their outside life. This study points to art therapy and mindfulness in the cultivation of resiliency, through inclusion of emotional regulation.

Emotional regulation is at the core of building resiliency. In the self-compassion model, mindfulness is incorporated as a way of accepting emotion rather than over-identifying with it. Specific art media allow clients to engage with their emotions in a safe, contained way. Mindfulness practices allow clients to become aware of their emotions as part of them, but not as fully identifying them. Mindfulness practices involving breathing have been proven to be an antidote to the fight or flight mechanism, which often causes dysregulation. Affect regulation is seen to be an important goal in therapy for all psychiatric disorders (Williams, 2018). In art therapy directives with a focus on emotional regulation, the role of the art therapist in session is to attend to both the feeling that comes with the memory as well as to the image itself, without neglecting either one individually (Williams, 2018). According to Williams (2018), “the sensory aspect of art therapy supports a balanced attitude toward intense emotions, such as fear and shame, and given that the amygdala is involved in both fear responses and sensory motor processing art therapy can link fear with positive sensory experienced, facilitating better coping and integration of strong emotions”(p. 29). Consequently, the physiology of self-compassion shows that the same flight or flight mechanism in the brain that is often triggered by traumatic memories is triggered by the voices of the critical self, and the effects on the individual are that they are both the attacker and the attacked (Neff, 2018).

Rappaport (2014) shared an experience of a client who navigated and transformed grief by connecting with her emotions while also attending to her personal image of loss. This process



effectively allowed the client to connect with her sense of meaning and wisdom and ultimately supported her healing journey beyond her feelings of grief and loss. This is often done in art therapy through guided imagery and visualization. Following the creation of the image in one's mind, the concrete form of the visual arts may help the client actualize and integrate the awareness of a compassionate inner self. Rappaport (2014) used the practice of Focusing-Oriented Arts Therapy (FOAT) with clients to understand their emotions, rather than be overwhelmed by them. FOAT is a mindfulness-based approach and includes four main approaches: FOAT check-in, Clearing a Space with the Arts (CAS-ARTS); Theme-Directed FOAT; and Focusing-Oriented Arts Psychotherapy. Themes of mindfulness, compassion, personal insight, and awareness and acceptance of emotions are key components of this approach. Rappaport wrote that, "In Focusing-Oriented Arts Psychotherapy, therapists are challenged to stay present, compassionate, and creative in moment-to-moment attunement with the client" (2014, p. 206). Rappaport's theory and practice is rooted deeply in the Buddhist tradition, and specifically the work of Nhat Hanh, who is quoted as saying, "when you have enough energy of mindfulness you can look deeply into any emotion and discover the true nature of that emotion" (2012, p. 89).

The importance of self-knowledge, acceptance, and self-love plays roles in both a mindful art therapy approach and a treatment approach focusing on self-compassion. The cultivation of a positive self-identity is essential to well-being. Kay (2013) used an arts-based research method that focused on the creation of a "bead collage" to understand identity and lived experience. They explored this through the use of beads and other found objects, and intentionally used them to tell a personal story. This exploration offered a connection between feelings and memories, and led to later arts-based research. Kay's (2013) earlier qualitative research had led

them to believe that they were not learning all that could be learned from the people they were researching through traditional methods. Kay (2013) thus began an arts-based research method involving the bead collage interview process and culminated efforts into a one act play drawn from observations and interview conversations that “represented her research findings in dramatic form”. Kay (2013) unpacked gender and cultural considerations in this method. Kay (2013) reported that the interview process was non-linear, and the tactile process of working with the beads fostered greater neural connections and therefore deeper meaning making in the participant’s experience. This study supports an integrative approach to supporting a positive sense of self-identity through mindful art making. The dedication to cultivating one’s identity is a present phenomenon throughout the process and practice of self-compassion. Understanding oneself as an individual and equally as a part of a larger collective of shared common humanity allows for further self-acceptance, self-awareness, and emotional regulation, all key parts of a mindful self-compassionate approach to art therapy treatment for mental health.

### **Methods**

The author of this capstone thesis chose to use the Mindful Self Compassion Workbook (Neff and Germer, 2018) and the ONEBird technique (Williams, 2018) in an 8-week, closed group with adult outpatients, most with persistent and severe personality disorder diagnoses. The group initially had 12 participants and took place for 1.5 hours per week in a day treatment center. The participants were given Neff’s Self Compassion Scale (shortened version) at the beginning of the eight weeks. Each group session included psycho-education about self-compassion with vignettes, expressive writing, and an arts-based experiential. The author of this capstone thesis integrated elements of the ONEBird technique and Neff’s Self Compassion Exercis-

es (n.d.) and elements of an open studio approach (Allen, 1995) with an adult population of outpatients. The most current research on a self-compassionate approach to art therapy informed this work in group treatment.

The method consisted of creating the groups around 8 different self-compassion practices from Neff and Germer's Mindful Self Compassion Workbook. There was a psychoeducational presentation at the start of each group and informational sheets were handed out explaining the model as well as brief discussions following the information. The psychoeducational aspects from Neff's self-compassion model included were: the 3 main core concepts of self-compassion (self-kindness, mindfulness, and common humanity), self-pity, self-esteem, physiology of self-criticism and self-compassion, critical self-talk, emotion regulation, resistance, self-care, and the three circles model of emotion- the threat, drive, and safeness emotion-regulation systems in the brain (Gilbert and Choden, 2014). The self-compassion practices (Neff and Germer, 2018) that were introduced and practiced were: self-compassion break, affectionate breathing, loving-kindness meditation, how do you treat a friend, self-compassion letter, and compassionate movement. The positive art therapy interventions that were offered to support and grow an individual sense of self-compassion in clients were: art-making on contrasting experiences of self-kindness and self-criticism (oil pastels), painting a small stone as a reminder to treat the self as one would a friend (acrylic paint), mindful clay exploration, open response art with chosen materials on paper, self-kindness collage with magazines, drawing the three circles model of emotion with chalk pastels (Gilbert and Choden, 2014), watercolor mandalas, and round robin art at the beginning of group. Many of the sessions also included a lovingkindness meditation at the end of group. Each session included a research-based self-compassion practice and an art experience that fur-

ther supported the three elements of self-compassion (Neff & Germer, 2018). The art-making session lasted a half an hour of each group. Each group session ended with verbal integration. Clients kept all their handouts, artwork, and expressive writing in a confidential folder.

### **Results**

During the process of the group it was observed that many clients were unclear about the difference between self-compassion and self-pity. Neff and Germer's (2018) model allowed for a clear foundation for understanding these differences. Several people commented on how important this understanding was and that they had never heard of it explained in such a way. Art-making came smoothly for participants in the group, and offered a mindful closing to each group, as well as an opportunity to experience on a personal level the psychoeducation that preceded it. The expressive writing supported the concepts discussed at the beginning of each group. Limitations to this model were found in the inconsistency in attendance and lack of males who stayed on past the first two groups (started with 2 males and 11 females). Another possible limitation to this group was that participants must be able to read and write for some of the exercises. This was avoided by screening the participants ahead of time to be sure that writing was an option. Participants in the group also struggled with what Neff and Germer (2018) coin as "backdraft", an expected outcome for many people practicing self-compassion. According to Neff and Germer, "backdraft refers to the pain-often very old pain-that may arise when we give ourselves kindness and compassion (2018, p. 57). Although this is difficult, it means that the healing process has begun.

Only 4 clients stayed for the entirety of the group. Many clients discontinued coming specifically around the time where the most "backdraft" was coming up. This became most

prevalent at week 5 of the group. Client's who were determined to understand self-compassion and accept the feelings that were coming up for them mindfully were able to sustain. Two of the client's reported they gained a sense of mindfulness directly through the art making. Several of the participants were able to recognize a moment in need of self-compassion outside of group and used one of the practices that learned. At the end of the 8 weeks, remaining clients reported that the group was beneficial and the psychoeducational piece was really helpful. Anticipated results are that if people continue to do the self-compassion practices at home, making them a part of their everyday life as needed, they will feel more compassionate towards themselves and others. The participants shared their feelings of resiliency following self-compassion practices. This author was surprised by the power of the "backdraft" that clients felt as well as the lack of continuity staying in the group. This is expected with this population, as reported by another clinician at the site. Overall, client's appeared to show the expected results of increased mindfulness, resiliency, and well-being through an understanding of self-compassion and the practices to enhance it. The art-making appeared to support this in a concrete way, through the images created showing self-compassion. The images, which were immediately recognized by the brain when seen by the viewer, appeared to enhance self-compassion. When client's followed instructions and placed their artwork in their homes to see in everyday life, they seemed to see the benefits of greater self-compassion.

### **Discussion**

The author of this capstone thesis explored the integration of self-compassion and art therapy in an 8-week closed group with adults with persistent and severe diagnoses at an outpatient day treatment community center. Clients had all been introduced to mindfulness previously

in treatment, yet for most of the clients this was their first introduction to art therapy and self-compassion. In the self-compassion model, the significance of mindfulness distilled down to awareness of emotions and self-talk, which appeared to benefit clients in overall conceptualization. The simplicity of the model seemed to be of great benefit to participants in the group. Due to the length of the group, resiliency was a topic that was only minimally discussed and although there is connection in the literature. The limitation of resiliency being something measured long term was a barrier to this group. The role of self-identity was apparent through client artwork and expressive writing, and all clients who spoke shared about how their shaping of their identity has been a big part of how self-compassionate they are. The importance of an understanding of neuroscience and the physiology of self-criticism and self-compassion was crucial in the explanation of this model. What appeared most important were the physical practices, expressive writing and art-making, in which there appeared to be the most connection to the concepts. As supported by the research in the literature review, the author of this capstone thesis integration of self-compassion was significant. To honor that, the author went through each of the self-compassion practices before carrying them out with clients in group. It appeared as though open art making was beneficial at the end of the group as a means of crystallizing the concepts, but was even more beneficial when used as a “warm up” at the beginning of the group as well, as a means of relational connection between group members. This highlights the element of common humanity found in the self-compassion model. The art making was used to support that concept and encourage positive emotions and connection at the beginning of the group.

What became most salient throughout the groups was the importance of practicing self-compassion through the identified methods on a regular basis as needed. It was noted that there

were no quick means of embodying self-compassion. The process and practice of awareness of suffering and kindness towards ourselves, as we would a good friend, is a reflection of what it means to be alive. The element of common humanity in the self-compassion model clearly distinguished the healing function that compassion to others and to ourselves fulfilled. Indeed, this is a place to which we never fully get to. Paired with the direct experience of art-making, the process of self-compassion becomes an experience that becomes more individualized to the client, and therefore, more meaningful.

The role of safe space is the building block of sound treatment for mental health and opens the door so that a client may begin a fruitful journey in therapy. This safe space includes the mindful self-compassion of the art therapist. Positive psychology and the significance of the research in neuroscience offer further evidence that mindfulness, art therapy, and self-compassion may work as an interacting force that can cultivate a heightened sense of well-being in individuals. The path to well-being is embodied through an exploration and cultivation of self-identity, emotional regulation, and resiliency. Self-compassion is indeed part of the process and also a product of the process in this approach.

The process of integrating self-compassion and mindfulness with art therapy can be an indicator of positive mental health. Due to the minimal amount of research combining mindful art therapy and the cultivation of self-compassion, this paper highlighted the overlapping areas and the relationships between these elements in treatment, specifically in the group model. The art made in group showed the client's process of understanding and individualizing self-compassion. This may have provided a direct experience to the individual's own integration of self-compassion through a mindful self-compassionate approach to art therapy.

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