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The Mandala as Response Art: A Method for Centering, Containing, and Exploring

Capstone Thesis

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Abstract

This thesis examined research that explored the unique characteristics of art made within a circle—a form also known as the mandala. In addition, studies that researched the effects of mandala making on a variety of mental health conditions and as a diagnostic or assessment tool were reviewed. The results of this review suggest that the mandala art form has distinctive qualities, which may be beneficial in a variety of treatment settings. These findings were considered in relation to the practice of response art—art made by the art therapist in response to clinical work. Literature examining the effects of response art in clinical practice and supervision was also reviewed. The intention was to explore whether the mandala as a form of response art might offer specific merits due to its particular properties. Mandalas created during the thesis-writing process supported the premise that the mandala as response art can provide additional insight, reveal unconscious thought processes, contribute to cognitive organization, and increase one's understanding of important relationships.

Keywords: mandala, response art, empathy, creativity

The Mandala as Response Art: A Method for Centering, Containing, and Exploring

Introduction

Art therapist Barbara J. Fish (2008) described response art as “the use of the art therapist’s images before, during, or after sessions in order to understand and advance clinical work, and to practice self-care” (p. 71). Response art can encourage an empathetic connection between art therapist and client (Fish, 2012; Franklin, 2010; Kielo, 1991; Moon, 1999; Yoo, 2011) and offer insight into countertransference (Fish, 2012; Franklin, 2010; Kielo, 1991; Miller, 2007). Response art can “help art therapists bear difficult material and explore the meaning of our experience” (Fish, 2012, p. 139), buffering the transition from work to home life. It can also help one to connect to the unconscious and become more self-aware (Kielo, 1991; Wadson, 2003). Creating response art is a unique feature of art therapy, yet relatively little research has been devoted to understanding the role of response art among professionals and students in training (Fish, 2008).

Bruce L. Moon (1999) wrote about how response art created in session with adolescent clients increased creativity among both parties and enhanced the therapeutic relationship as images were made in response to one another. “One image begets another, begets another, and another, and through this process a relationship is built between the adolescent and me,” he wrote (p. 82). Moon added that art therapist and client are equally affected by this process, suggesting a reciprocal relationship and more equal power dynamic between the two.

In her book *Homo Aestheticus: Where Art Comes from and Why*, Ellen Dissanayake (1992) described the arts as containers, able to “structure the viewer’s response and give a form to feeling” (p. 46). One art form that is uniquely able to both contain and to reveal is the mandala. *Mandala*, the Sanskrit word for center or circle, is a cross-cultural, universal symbol

that can be found throughout history (Arguelles & Arguelles, 1972; Fincher, 2010; Jung, 1961/1989). A mandala is characterized by its circular shape and often contains a center point. Symmetry and cardinal points are two other qualities frequently displayed in a mandala (Arguelles & Arguelles, 1972). These unique attributes contribute to the healing and integrative nature of the mandala form.

In many cultures, the mandala is considered a sacred art form. In fact, the word mandala is sometimes translated as magic circle or sacred circle. The act of creating a mandala is recognized by diverse cultures as being both meditative and cathartic, such as in the elaborate and ephemeral mandalas made by Tibetan Buddhists and Navajo sand paintings created in order to restore balance and heal the soul of a sick person (Arguelles & Arguelles, 1972; von Franz, 1964). The proliferation of mandala coloring books for adults and children, promoting meditation, stress relief, relaxation, happiness, and even the ability to “soothe the soul” (Hamilton, 2018) suggests mandalas continue to be associated with the idea of health and well-being.

One of the first people to espouse the healing potential of the mandala was Carl Jung, the founder of analytical psychology. In his memoir *Memories, Dreams, Reflections* (1961/1989), Jung credited the mandala with helping him to “emerge from darkness” and find inner peace, following his split from Sigmund Freud (p. 195). Initially unaware of the history of mandala-making around the world, Jung discovered the power of the mandala form by accident when he began a daily practice of sketching within a circle in 1918, while in charge of an internment camp for British soldiers at Chateau d’Oex, Switzerland (1961/1989). Jung wrote:

When I began drawing the mandalas.... I saw that all the steps I had taken, were leading back to a single point—namely, to the mid-point. It became increasingly plain to me that

the mandala is the center. It is the exponent of all paths. It is the path to the center, to individuation. (p. 196)

Individuation is the word Jung used to describe the process by which a person becomes whole (1961/1989). In fact, later in life, Jung came to believe that the mandala represented “wholeness of the self” (p. 335) and was uniquely able to unite conflicting ideas within the psyche through the symbolic expression of unconscious and conscious material (1961/1989).

Expressive arts therapist Mitchell Kossack wrote, “If a therapist can establish a centered alignment then they can begin to engage with another individual on a deeper and more connected level and enter into a therapeutic attunement” (2009, pp. 13-14). The mandala as response art may provide a unique design to increase attunement by providing a space for centering, containing, and exploring the experiences of the therapeutic relationship by the art therapist.

Literature Review

Carl Jung recognized the universality of the mandala symbol across history, religion, and culture. He championed the benefits of mandala-making more than a half century ago, with little more evidence than a powerful personal experience of mandala-making and observations drawn from years of clinical practice to support his ideas. In the intervening years, researchers have designed a variety of experiments to test the validity of his claims.

In one of the earliest quantitative investigations into the therapeutic benefits of the mandala form, Maralynn Hagood Slegelis (1987) examined whether artwork created within a circle differed from artwork made within a square. Slegelis hypothesized that drawings made within the circular form would contain fewer angles than drawings made within the square, since research has shown that “angular line quality frequently expresses negative affect” (1987, p.

309). Indeed, this hypothesis was confirmed when Slegelis found that there were significantly fewer angles in drawings made within the circle than in drawings made within the square.

Slegelis (1987) observed that drawings made within the square more frequently contained perseverative qualities. Research suggests that these types of lines usually indicate poorer psychological well-being (p. 309). Slegelis also noticed differences in the content of drawings made within the circle as compared with those made within the square. Slegelis found that images of faces were more frequently depicted within the circle. She suggested that this aligned with Carl Jung's (1961/1989) concept of the mandala as an art form in which the Self could be represented (p. 309).

More realistic images were identified within the circle than the square, and drawing themes were generally happier and more positive. Slegelis (1987) concluded that the more positive content of drawings made within the circle supported the idea that working within the circle form contributed to an enhanced state of well-being and supported Jung's theory that artwork created within a circle has a "calming and soothing effect" upon its maker (p. 309).

Though subsequent research has expanded upon Slegelis' (1987) premise that drawing within the circular shape can affect mood, Slegelis' study is unique in that the data focuses on the discernable qualities of the mandala drawings themselves, rather than on the self-reported mood states of participants. Slegelis' conclusion that drawing within the circle promoted psychological well-being would have been strengthened had self-reported measures of the mood states of participants before and after art making also been included. It could be enriching for future studies researching the effect of the mandala on mood to include an analysis of the drawings of participants working within different shapes. This could test Slegelis' original hypothesis and results, while also expanding upon the self-reported data collected to analyze mood states.

Babouchkina and Robbins (2015) elaborated upon Slegelis' (1987) comparison of drawings made within the circle and square by examining the effects of mandala making on negative mood. Participants were randomly assigned to one of four groups and were given instructions to express their feelings within a circle or square, or to draw freely within the circle or square shape. Results indicated that participants who drew within the circular shape experienced 77% more improvement in mood than those who drew within the square shape (p. 37). Though the study did not reach statistical significance, the authors noted that those in the group asked to express their feelings within the circular shape experienced more pronounced change than those asked to draw freely within the circle.

Curry and Kasser (2005) were also interested in how negative mood states—specifically anxiety—could be affected by coloring mandalas. Participants were randomly assigned to three different groups: those who colored a pre-drawn mandala; those who colored a pre-drawn plaid pattern; and those who were given a blank piece of paper on which to draw. Anxiety was induced in all groups by asking participants to write for a short time about a fearful past event. Researchers hypothesized that coloring the mandala, considered by a variety of religious traditions to be a meditative art form, would result in the greatest reduction in anxiety.

Interestingly, anxiety was significantly reduced to levels lower than pre-test measurements in both the mandala and plaid coloring groups, as compared with those who drew freely. Researchers suggested that the structured drawing tasks—equally complex in both the mandala and plaid designs—were able to induce a meditative state, thereby decreasing anxiety (Curry & Kasser, 2005, p. 84). However, the open-ended drawing task left some participants unsure of how to begin or what to draw. This lack of structure may have decreased the amount of

time participants actually drew as compared to the other groups, thereby making the exercise less meditative (p.84).

Van der Vennet and Serice (2012) replicated the Curry and Kasser (2005) study in order to provide further evidence that coloring mandalas may lessen anxiety. Researchers hypothesized that the pre-drawn mandala group would experience a greater reduction in anxiety than either the plaid-coloring or freeform coloring groups. Like Curry and Kasser, Van der Vennet and Serice found that the pre-drawn mandala group experienced the greatest reduction in anxiety. Unlike Curry and Kasser, however, participants in the plaid coloring group experienced less of a reduction in anxiety than the mandala group and no significant difference between the plaid coloring group and free drawing groups was observed (p. 91).

Another study examined the drawing characteristics of mandalas made by women undergoing breast cancer treatment. Fourteen participants were asked to create freeform mandala drawings at the time of diagnosis, after their surgical procedure, and at subsequent follow-up appointments (Elkis-Abuhoff, Gaydos, Goldblatt, Chen & Rose, 2009). Researchers were curious to see whether the mandala might serve a dual purpose for patients and health care providers: providing a psychological benefit for participants, while also revealing valuable information to health care practitioners about a patient's physical health.

A mandala assessment tool was created which noted predominate colors used, line quality and pressure, use of the drawing space, and other qualities of the mandala drawing. This assessment tool was demonstrated to have inter-rater reliability among its three raters. Data was collected from the participant's medical chart following the creation of each mandala to compare whether the patient's physical condition was reflected in the mandala drawing. Researchers hypothesized that there would be a correlation between the observed characteristics of the

mandala and the patient's physical state, and, in fact, this was found to correspond in 12 of 14 cases. Researchers concluded that the mandala drawing was an effective tool that medical professionals could employ in order to gather information about the well-being of their breast cancer patients (Elkis-Abuhoff et al., 2009).

In addition, unlike traditional medical screening methods, the mandala may actually reduce rather than increase anxiety in participants, adding to its therapeutic value. Though this study size was too small to generalize conclusions, further research could test the reliability of the mandala assessment tool that was developed to analyze the characteristics of the drawing with a larger population of raters to determine whether inter-rater reliability was maintained. This tool might provide a reliable method for the analysis of mandala drawings in future research endeavors investigating the use of the mandala with a variety of mental health or medical conditions.

The Horn of Africa Arts Project echoed the sentiments of the previous researchers in conclusions that the mandala seems to be a "gentle, engaging and useful approach to data collection" (Parris, 2008, p. 84). As a research tool, author Jill Marion Parris argued that the mandala offered an alternative method of data collection, which was "both containing and capable of eliciting complex responses" (2008, p. 84). Participants in this project were African refugees receiving resettlement support in Australia—many of whom were trauma survivors. Parris hypothesized that drawing would be a more culturally sensitive way to gather information than questionnaires, in-depth interviews, and Likert scales, which may not be respectful of cultural differences or be accessible to participants not fluent in English. In addition, the mandala could provide containment should traumatic experiences surface.

Though no data was presented on the number or demographics of participants, other than that they were all Horn of Africa refugees, Parris (2008) reported that “the material gleaned from discussing the mandalas has been deep and far reaching, including comments on aspects of life that would not have been revealed through directed questioning” (2008, p. 84). This qualitative research study raised important questions about the potential application of the mandala—a universally-recognized symbol—as a more culturally sensitive data collection tool that could be used with diverse populations around the world.

Pizarro (2004) investigated whether art-making could be as effective as writing in improving health and reducing stress after traumatic exposure. Pizarro wondered whether participants in the two art conditions (a control art group and an art group whose task was designed to elevate stress levels in participants) would experience greater satisfaction with treatment as compared to the writing-stress group. According to Pizarro (2004), increased anxiety and negative mood were two downsides reported by a number of participants in a study by Pennebaker, Colder, and Sharp (1990), which examined whether writing in depth about a stressful life event, such as starting college, could improve health outcomes. Even though these negative symptoms did not curtail the positive benefits derived by those in the writing group as compared to the control group, Smyth (1998, as cited in Pizarro, 2004) suggested that these negative emotions—sometimes lasting several months after the study was completed—may impact the willingness of some participants to follow through with treatment.

Pizarro (2004) hypothesized that both the art and writing conditions, which were asked to focus on traumatic or stressful events either by writing or drawing about them, would experience more negative moods than the control art group, which was asked to draw a still life. Like Pennebaker (1990), Pizarro (2004) found that social dysfunction was significantly decreased

among participants writing about a stressful or traumatic event. However, a similar benefit was not documented among participants in the art-stress group.

Pizarro (2004) suggested that Pennebaker's hypothesis—that the ability of writing to increase cognitive organization contributes to the unique health benefits of writing—may explain why those who made art about a stressful or traumatic event did not enjoy the same benefit. “Generating art...may not provide sufficient cognitive organization” wrote Pizarro, “and therefore, may not be able to provide the same positive health benefits” (p. 10). While writing about stressful or traumatic events did improve social dysfunction, Pizarro also documented the greatest amount of negative affect in the writing group. In contrast, both art groups experienced significantly greater satisfaction with treatment than the writing group.

Pizarro (2004) argued that the side effect of increased negative affect associated with writing may discourage some participants from continuing treatment or may leave participants feeling less satisfied with the treatment. Negative moods experienced by those writing about traumatic events may create an unintended barrier to writing therapy, regardless of whether or not the therapy actually works. In fact, Pizarro found that subjects in the writing group “found it less enjoyable, were less likely to recommend treatment to a friend or family member, felt more stressed, and were less likely to share the experience with others” (p. 10) than participants in the art-stress and art-control groups.

Using the framework established by Pennebaker (1990) and Pizarro (2004), future research could investigate whether use of the mandala—an art form that research suggests is effective at decreasing anxiety and yet is able to contain a level of cognitive organization similar to writing—might be able to provide similar therapeutic benefits as writing therapy without increasing negative affect. If so, mandala-making to process traumatic or stressful experiences

could combine the essential elements of both writing and art-making without increasing negative affect, increasing compliance, satisfaction, and retention of those seeking therapy.

Henderson, Rosen, and Mascaro (2007) examined the healing benefits of mandala-making for participants experiencing post-traumatic stress disorder (PTSD). After ascertaining a baseline of PTSD symptom severity, participants were randomly assigned to either a control or mandala group. A number of self-reporting measures were used at the start of each of the three sessions in order to identify PTSD symptom severity, symptoms of depression and anxiety, and to evaluate psychological well-being. While participants in the control group drew a different still life each session, those in the mandala group were asked to represent and explore their most traumatic experiences with images and symbols within a large circle.

Though none of the other measurements of psychological distress, such as anxiety or depression, were significantly improved, researchers found that trauma symptom severity showed significant relative improvement in the mandala-making group (Henderson et al., 2007, p. 151). This was true even though this particular group reported more severe trauma symptoms than the control group at the beginning of the study. Interestingly, the decrease in trauma symptoms was not documented until the final appointment, one month after the study was completed. The researchers speculated that this suggested the mandala-making exercise “led to changes deep within cognition, thus facilitating increasing gains over time as opposed to the diminishing gains over time that are typically seen in such studies” (p. 151).

Research projects also identified the mandala as a unique assessment tool, able to gather information about the well-being and experiences of participants in a non-threatening, non-invasive manner (Elkis-Abuhoff, 2009; Parris, 2008). Based upon these findings, it is interesting to consider whether the art therapist might also benefit from use of the mandala as a unique form

of response art. Though no literature that evaluated the mandala as response art has been identified, other studies have examined the role of response art in a variety of therapeutic contexts.

For example, doctoral candidate Hyejin Yoo (2011) designed a mixed methods study in order to investigate whether art-making by supervisees' in art therapy supervision increased supervisors' empathetic understanding of supervisees. Yoo recruited 229 registered art therapy supervisors to complete a questionnaire on the use of art-making in supervision. Supervisors were asked if, how, and why art was used in supervision. Respondents reported that the majority used art-making in supervision at least once per month (58.7%) and the most common reasons for the use of art-making in supervision was to increase insight about work with clients (83.9%) and for supervisees' self-care (82.6%) (pp. 49-50). 66% of respondents felt that making art in supervision increased the supervisees' empathy toward their clients and 48.9% of supervisors felt that response art increased their empathy for their supervisees (p. 51). Yoo found that when supervisees made art in supervision, the supervisor's empathetic connection was enhanced in two ways—for both the client and the supervisee.

In addition to the questionnaire, three supervisors were interviewed in-depth in order to provide qualitative data. Each of these supervisors also had a practice of making their own response art in supervision. By also involving themselves in the art making process, these supervisors made “mutual empathy possible” (Yoo, 2011, p. 90) between supervisor and supervisee.

Yoo (2011) noted that “collaborative efforts” and “reciprocal engagements” (as cited in Ringel, 2001, p. 432) helped to foster an environment in which learning can take place and “power and authority are negotiated” (p. 90). By making art alongside their supervisees, art

therapy supervisors were able to experience the same vulnerability supervisees might feel when making art in supervision and to model the practice of art making to supervisees (Yoo, 2011). This may create a more equal power dynamic between supervisor and supervisee and motivate supervisees to deepen their own art making practice.

Rebecca Beers Miller (2007) used in-session and post-session response art to increase the effectiveness of her work with an adolescent survivor of complex trauma. In-session response art helped Miller to increase therapeutic attunement and empathy, increasing the bond between herself and what she calls a “particularly challenging client” (p. 184). Post-session response art allowed Miller to process countertransference reactions and improved her ability to “witness and contain” (p. 184) her client’s emotions and behaviors as they arose in therapy.

Joanne B. Kielo (1991) also explored countertransference and the use of post-session response art in a small qualitative study in which 14 art therapists were interviewed in depth. A number of the therapists found that post-session response art was useful in helping them to separate their own feelings from those of their clients; to clarify and relieve feelings they were experiencing, such as anxiety, confusion, and anger; and to help them distinguish “what’s ‘me’ and what’s ‘them’ a little better” (Kielo, 1988, as cited in Kielo, 1991, p. 18).

Kielo (1991) noted that previously unknown, unconscious information is frequently communicated and brought into awareness as a result of the art-making process (p. 14). In addition, the art therapist often experiences his or her own unavoidable “unconscious reactions...as the art therapist travels with his or her client into pre-verbal territory” through the client’s images (p. 14). Yet, “too often art therapists’ attention to the pictorial image is client-sided,” wrote Kielo, “employing verbal means for the exploration of the art therapy interaction”

(p. 14). With response art, however, the art therapist responds in kind, using non-verbal self-expression as a way to communicate and understand the therapeutic relationship. Kielo wrote:

If image-making by the client is an integral part of the client's growth, what then is the potential of image-making by the art therapist as a means of responding to the therapeutic relationship, monitoring countertransference responses, and clarifying conscious and unconscious communications? (pp. 15-16)

Through image-making, the art therapist is able to tap into the same non-verbal, other way of knowing that the client is engaged in, perhaps connecting with his or her own intuitive understanding of what is occurring in this unique exchange between client and therapist.

Furthermore, Rouse, Armstrong, and McCleod (2015) designed a qualitative and arts-based study that examined the role of counselor creativity, which has been linked to increased effectiveness of therapy (p. 171). Findings indicated that participants viewed creativity not as an individual process but as an inherently transformative, collaborative, and relational process. Like the subjects in the Kielo (1991) study, the majority of participants (8 out of 10) saw creativity as a way to connect with otherwise inaccessible experiences and to connect on a deeper level with their clients.

This sentiment is echoed in an article discussing “mindful empathic art interventions” (Franklin, 2010, p. 160) made in-session by the art therapist in order to help clients self-regulate and connect. Franklin suggested that meditation can help the art therapist cultivate “awareness, attention, and intention, all of which help monitor any subtle miscues” that the therapist may be unconsciously communicating in the therapeutic relationship (p. 164). These miscues or “misattuned responses” (p.164) may be the result of the art therapist's individual life experiences and unconscious thought processes that enter into the dynamic between art therapist and client.

“Mindfulness on the part of the therapist,” he suggested, “...supports the development of an attuned relationship” (p. 162). The mandala, with its meditative qualities, may be a particularly helpful method of response art when trying to identify and understand the origins of misattunement in the therapeutic relationship.

Researcher Edna Nissimov-Nahum (2009) designed a mixed methods study that used response art as a way to understand the experiences of art therapists who treated aggressive children. Through an initial survey, Nissimov-Nahum identified 11 Israeli art therapists and separated them into two groups: those with the most and least improved cases. Each was then asked to draw their relationship with a challenging client. An analysis of the drawing and additional information gathered through an interview with each of her subjects enabled Nissimov-Nahum to discern significant differences between the two groups. Therapists with the most improved cases felt empowered and able to connect with their young clients. They clearly perceived their role as therapist and believed that positive outcomes for their clients were possible (p. 146).

Arts-based approaches detailed by Miller (2007), Franklin (2010), and Nissimov-Nahum (2009) suggested that response art can be a powerful tool to help art therapists understand and improve their relationships with their most difficult young clients. Leavey (2009) stated that “arts-based practices help qualitative researcher’s access and represent the multiple viewpoints made imperceptible by traditional research methods” (p. 15). This sentiment is echoed by Nissimov-Nahum, who wrote that the drawing task “yielded important insights into art therapist’s personal experiences...that did not emerge from either the questionnaires or the verbal part of the interview, prior to discussion of the drawings” (p. 146). Nissimov-Nahum found it especially useful as a way to explore the issue of countertransference, which she stated

may be more difficult to identify using traditional research methods. Kielo (1991) and Miller also reviewed literature that discussed the unique ability of response art to process and explore issues of countertransference.

In addition to the studies presented in this literature review, other research projects demonstrated that mandala art therapy may increase hope in psychiatric patients (Kim, Kim, Choe, & Kim, 2017). Mandalas have been studied as an assessment tool able to provide indications of burnout among end-of-life care workers (Potash, Bardot, Wang, Chan, Ho, & Cheng, 2013) and as a way to reduce burnout in the nursing profession (Brooks et al., 2010). These studies point to a growing body of evidence suggesting that the mandala is an effective therapeutic intervention in the treatment of a number of mental health conditions.

Method

The mandala as a form of response art was used throughout the thesis-writing process. A mandala was created at the beginning of this endeavor, to mark its conclusion, and during intense periods of involvement with this project. The primary materials used were watercolor paints and watercolor paper. In addition, a fine-tipped black marker was used in one image and salt applied to wet watercolor paint in another. A variety of approaches were employed to gain additional insight into the mandalas after they were made, including drumming, movement, writing, and the use of additional sources to expand upon the meaning of what was created.

Franklin's suggestion that empathic insight be gained through a "contemplative mindful lens, in which the art therapist's intention should be to slow down and remain present without judgment" (Franklin, 1990, as cited in Franklin, 2010, p.163) was adopted in the creation of these images. Prior to the making of each mandala, a brief meditation focusing on breath awareness was employed to help center and focus my awareness. A neutral, non-judgmental

stance of not-knowing was adopted to allow meaning to unfold from the mandalas created without bias or preconception.

Results

The mandalas included in this section were narrowly intended as responses to the thesis-writing process. However, multiple meanings frequently emerged from this endeavor, some of which were unrelated to the thesis, but featured significantly in my life during this time.

The day before I made the first mandala for this project, I received a phone call from my best friend from childhood, who now lives across the country in Oregon. She told me that her aggressive cancer, which had been in remission for the past year, had returned. My images and

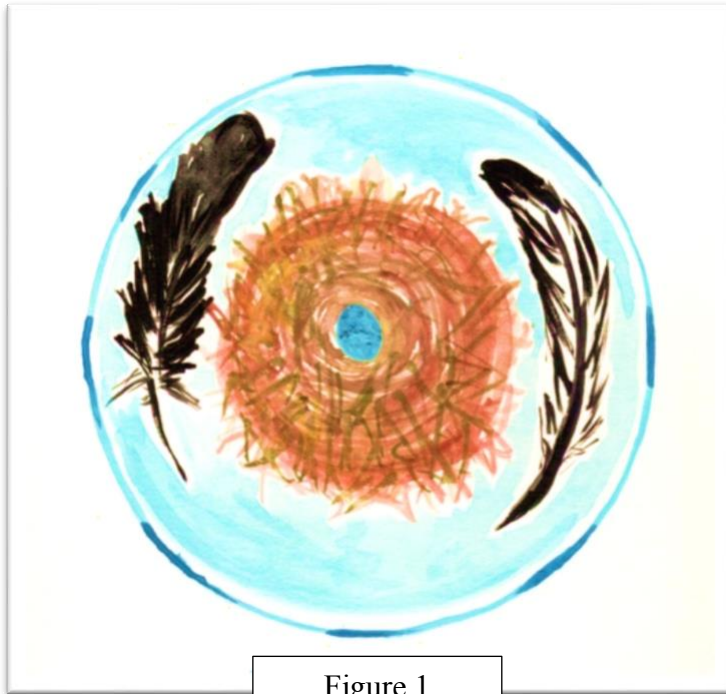


Figure 1

the subsequent progress of her terminal illness throughout this time have been reflected in the mandalas reproduced here, including in the first mandala I created in response to beginning the writing process (Figure 1).

This mandala depicted a nest with a blue egg at the center, with one light and one dark feather on either side of the nest which was surrounded in

pale blue watercolor. Using drumming and movement, I engaged with my image, asking it why it had come to me. It responded:

I've come to tell you that life is precious and rare. That there are two sides to each of us, the light and the dark. We cannot know of the potential inside the egg, but it

is vast, beyond knowing. You are held in a loving embrace and supported. This blue is a representation of the spirit that is ever present within you.

I connected this statement to my concern about my friend's health and what the future might hold for her, as well as my own sadness and a heaviness I felt anticipating her future.

At the same time, I understood that the egg represented the germination process of my thoughts and ideas in relation to my thesis topic. The feathers in both black and white were a reminder that the process of writing this thesis would not be either all good or all bad but a mixture of both things. In the same way, my friend's cancer had brought a mixture of gifts, bringing us closer together while eroding her health and vitality.

About a month later, I was struggling to create a cohesive thesis introduction and literature review section in order to meet a deadline for a rough draft submission, and things were not coming together as I had hoped. I felt stuck, confused, and overwhelmed by the volume of sources to track down and evaluate. In response to my frustrations, I created a scribble

drawing mandala with a purple background out of watercolor (Figure 2).

Two images emerged from the tangle of lines: a bird and woman's profile. Per the suggestion of my thesis advisor, I identified eight characteristics within the drawing. These were: jumbled, meandering, unstructured, asymmetrical, colorful, squiggly, difficult to make sense of, and lacking in organization. These



Figure 2

features mirrored my internal thought processes at the time. I noted that the bird's wings were tucked. It looked stuck and disempowered to me, with a rather large beak that reminded me of how I felt pecking away at all of these research articles. The profile at the bottom of the image looked disheveled and stony-faced and reminded me of my own countenance. The strong deep and dark colors reflected my frustration and effort.

As I worked with intensity to meet another rough draft submission deadline, I took time to create a third mandala (Figure 3). That same weekend, I received news that my friend with

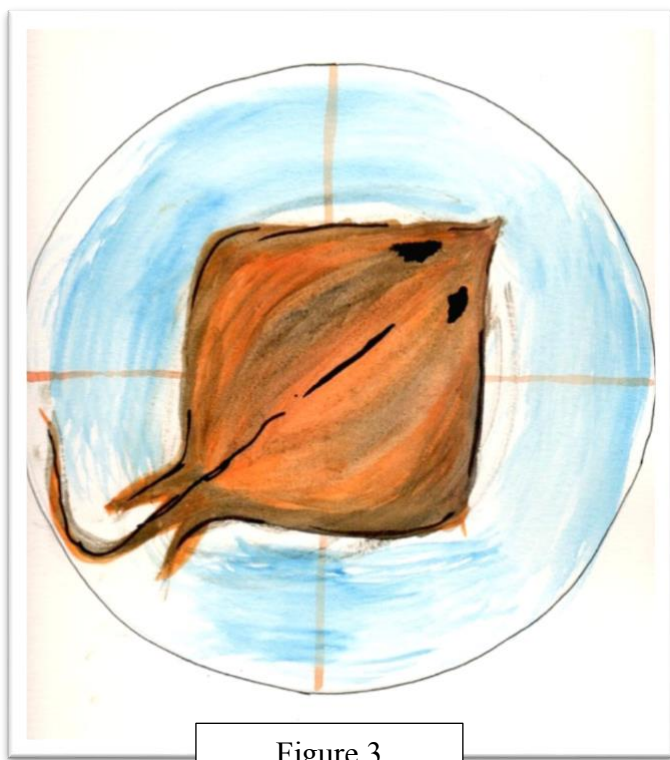


Figure 3

cancer had been admitted to the Intensive Care Unit and was struggling to breathe. Her remaining lung had partially collapsed, and the tumor had more than doubled in size in a month. I was finding it difficult to concentrate. I meditated, walked outside, and kept in contact with my friend and her family.

I began this mandala by dividing the page into four separate spaces. I then connected diagonal lines in the center with no preconceived plan in mind. As I began to fill in

the shape, I noticed an image that looked like a fish, but then became a stingray. Though I had never drawn a stingray before, it felt strongly that this was the image I needed to create. I surrounded the stingray with light blue water. It was moving and definitely not still.

I was curious about the meaning of the stingray as a totem animal and looked up a web site, which stated in large letters at the top of the page, "Now is the time to get going on your

current project” (Spirit Animal Totems, 2019). That message seemed timely. It continued by saying that the stingray symbolized that “everything is now in place. [I] have the knowledge, [I] have the means, [I] have the tools, and [I] have the skills” (Spirit Animal Totems, 2019). This resonated with me as I felt like things were coming together for my thesis, but that I needed to continue to focus in order to bring clarity to my research and create a cohesive paper. I felt encouraged by the message delivered by my stingray. Ironically, this was also the message I had given to my friend’s husband the night before: now was the time to be strong and have courage and that he had everything he needed to accompany his wife on her path.

Fish (2012), Wadeson (2003), Moon (1999) and others have noted that response art offers an outlet for the expression of powerful feelings that arise in therapy. In this experience, the mandala as a form of response art provided a vehicle to both express and contain strong emotions that threatened to overwhelm me. Image-making helped me to notice and to better understand my inner emotional state in all of its complexities.

Lipps (as cited in Franklin, 2010) wrote that emotions, unlike other experiences, cannot be smelled, tasted, or touched into awareness. Rather, “we come to know another’s emotion by allowing it to become born within ourselves. Thus, at its core, empathy is instinctually an intersubjective, imaginal practice of entering the world of another” (Franklin, 2010, p. 161). Through response art, my emotional reaction to my friend’s illness was clarified and sharpened into focus. The mandalas created gave a form to my feelings. Later, when I visited her just before she died, I showed her these mandalas and shared my writing about them with her. She cried and told me that it made her feel sad and touched her deeply. Showing her my artistic response created a bridge between us, allowing her to enter into my world and to understand how deeply I had been affected by her cancer. In other words, it enhanced our empathetic connection.

My final mandala (Figure 4) was painted as this thesis neared completion. After a short period of drumming, eight terms were identified to describe the mandala: murky, multi-layered,

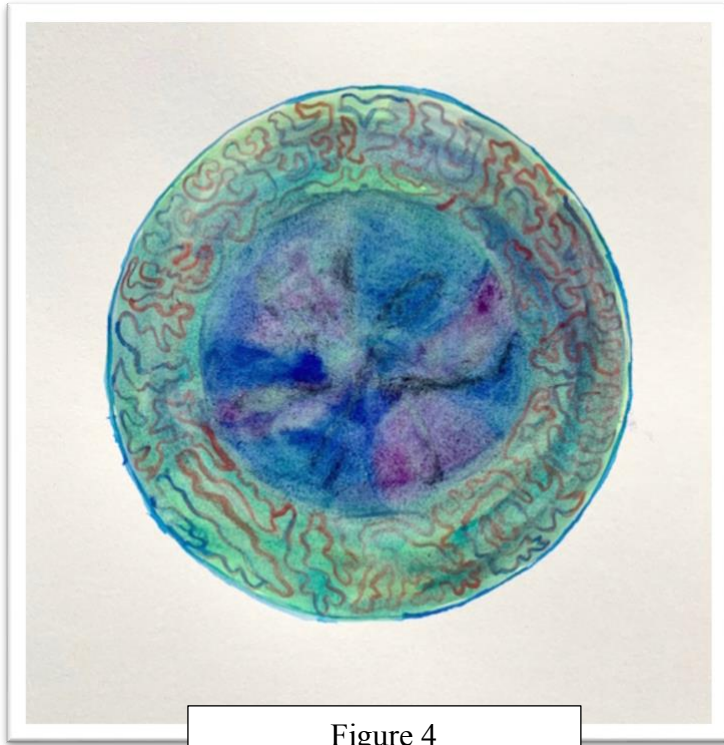


Figure 4

buried, cerebral, blurry, faded, blue-green, and mysterious. The meandering lines around the outer circle of this mandala reminded me of the contours of the human brain. For me, this represented the cerebral undertaking of writing and researching this thesis. The murky center reminded me of the unknown parts of consciousness that also informed my path—the

mysteriousness that revealed itself in the art work created for this project.

Barbara Fish (2012) wrote, “Like a camera, response art captures what we are focused on in a given moment. What we see depends upon what we look for and our capacity to accept what comes” (p. 142). Mandalas made in response to the thesis-writing process captured the different stages of the development of this project, as well as the powerful feelings I experienced as my dear friend struggled on a rollercoaster of physical and emotional ups and downs in this final stage of her life.

Discussion

This thesis has examined qualitative, quantitative, and arts-based research focused on the use of mandala as a tool to improve the well-being of people in a number of different populations

who are experiencing a variety of stressors, from anxiety to PTSD. Research on the application of the mandala as a less invasive, more culturally sensitive assessment tool has also been discussed (Parris, 2008; Elkis-Abuhoff et al., 2009).

Other studies reviewed have considered how response art can enhance the clinical work of art therapists. Some of the benefits described include increased attunement and empathy between client and therapist (Fish, 2012; Franklin, 2010; Kielo, 1991, Moon, 1999; Yoo, 2011), or supervisor and supervisee (Yoo, 2011); the ability of response art to help us to better discern when our own personal histories and life experiences are entering into the therapeutic relationship (Franklin, 2010; Kielo, 1991); and to identify and process countertransference (Fish 2012; Franklin, 2010, Kielo, 1991; Miller, 2007). Response art has been shown to reveal new insights that can help to focus clinical practice and can be a way to practice self-care as an art therapist (Kielo, 1991; Fish, 2008; Fish, 2012; Yoo, 2011). Response art can also help us to connect with our unconscious thought processes and to understand ourselves better (Kielo, 1991; Wadeson, 2003).

Throughout the thesis-writing process, a method of using the mandala as a type of response art has been employed. With curiosity and openness, I waited to see what would come into form each time I created a mandala and was always surprised by the images that came into being. “Mandalas can serve as a coping skill for psychological changes experienced by an individual, promoting growth, strength, and healing within its creator,” wrote Elkis-Abuhoff et al. (2009, p. 232), and this was certainly true for me. These mandalas helped me to clarify where I was at emotionally in the process of writing my thesis and deepened my understanding of what was needed in the moment in order to move forward—whether that was more clarity on my research topic or simply the will to complete the work that I had in front of me.

At the same time, these multi-layered images resonated with meaning about my friend and her journey with cancer. As much as I may have intended to create mandalas focused on my thesis-writing process, significant events happening in my personal life filtered in and were expressed creatively. This reminded me of the importance of noticing when different aspects of one's personal life and experiences are coming into one's work with a client. This might manifest as countertransference or as what Michael Franklin (2010) terms "unrelated cognitive debris" (p. 162) that can cloud the intersubjective exchange between client and therapist.

"If a therapist can establish a centered alignment then they can begin to engage with another individual on a deeper and more connected level and enter into a therapeutic attunement," wrote Mitchell Kossak (2009, pp. 13-14). With its meditative and organizing characteristics, future studies could explore whether the mandala as a form of response art may help to increase attunement between client and therapist.

In his review of Jung's autobiography *Memories, Dreams, and Reflections*, D.W. Winnicott (1964) criticized the mandala for its "absolute failure to come to terms with destructiveness, and with chaos, disintegration, and the other madnenses" (p. 454) and called it "an obsessional flight from disintegration" (p. 454). Yet these very qualities of integration and organization—which Jung felt had rescued him from the brink of madness and despair after his break with Freud—might also make the mandala an especially useful form of response art to contain and process material that might be disruptive to the art therapist's own sense of self and emotional well-being, such as when listening to the traumatic narratives of clients. Future research could explore whether the mandala as type of response art might be particularly well-suited to the processing of vicarious trauma experienced by mental health practitioners.

Whether made in-session, alongside a client in therapy, or post-session in supervision or as a personal artistic practice, response art can take many different forms. The mandala is one such form available to the art therapist seeking to explore the therapeutic relationship and to better understand one's self as a clinician and human being. Marie von Franz, an analytical psychologist and protégé of Carl Jung's, said that the mandala served a dual purpose: to restore order and to give "expression and form to something that does not yet exist, something new and unique" (1964, p. 247). Through this creative act, the art therapist may become more centered, more aware of unconscious thought processes, gain insight, practice self-care, and deepen the experience of working with another. Its unique characteristics, as examined in the research presented in this thesis, make the mandala a method of response art worthy of exploration.

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THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
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Student's Name: Kristine Lorentzsen

Type of Project: Thesis

Title: The Mandala as Response Art: A Method Centering, Containing, and Exploring

Date of Graduation: May 18, 2019

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: SARAH HAMIL