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Expressive Mindfulness: A Trauma-Sensitive Expressive Arts Therapy Group Method

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Expressive Mindfulness: A Trauma-Sensitive Expressive Arts Therapy Group Method

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

Mindfulness and expressive arts therapy are both supportive of directing attention in a manner that promotes integration and function of a person. In this paper, a trauma-sensitive method was created for use in a day treatment setting for adults with severe and persistent mental illness (SPMI). This method utilized expressive movement, visual art making with three different materials, and creative writing to encourage mindful, non-judgmental acceptance of the present moment; a sense of relaxation; and an overall increase in quality of life. During development of the method arts-based research informed the choice of materials, music, and structure of the group. Approximately 10 individuals with SPMI participated in this group intervention over the span of 13 weeks. Results showed that group members found value in participating in this method. Individual reports included finding enjoyment in the experience of art making, feeling relaxed during and after engaging in the group, gaining increased self-acceptance, a sense of satisfaction from making art without worrying about the end-product, a feeling of increased connection with others, being able to have mindful focus on the present, finding hope, and an overall sense of gratitude.

Keywords: expressive arts therapy, mindfulness, mindfulness-informed treatment, visual art, expressive movement, group therapy, adults with severe and persistent mental illness, trauma-sensitive

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Introduction

Mindfulness and the expressive arts therapies are both supportive of directing attention in a manner that promotes integration and function of a person (Hinz, 2009; Treleaven, 2018). Mental health practitioners are increasingly incorporating mindfulness practices into treatment of people experiencing disfunction due to factors such as trauma, major depression, anxiety, schizophrenia, psychosis, chronic pain, grief, mood disturbance, and stress (Herring, 2013; Hinz, 2009). Treleaven (2018) supports the use of mindfulness as a tool for healing but cautions that practicing internally focused mindfulness meditation can lead some people, especially people that have survived trauma, to experience distress manifesting as anxiety or even dissociation during silent meditation. The action-based nature of the expressive therapies can provide a way to remain grounded in the present while navigating difficult psychological material (Estrella, 2004; Hinz, 2009; Herring, 2013; Pierce, 2014; Kossak, 2009). The aim of this paper is to explore the implications for use of intermodal expressive arts therapy infused with concepts of mindfulness in a day treatment setting for adults with severe and persistent mental illness (SPMI).

Intermodal expressive arts therapy involves a trained therapist facilitating the use of more than one modality in succession with people that would benefit from therapeutic change (Estrella, 2004; Knill, 1994). The act of shifting from one art form to another within the therapeutic space, often referred to as intermodal transfer, can lead to a deeper understanding of psychic material by coming at it from multiple directions- such as through movement, the visual arts, music, and writing (Estrella, 2004; Knill, 1994). Through engaging in the progressive use of different methods of expression, decentering from earthly concerns and anxieties becomes

possible (Knill, Levine, & Levine, 2005). As such, a method combining intermodal expressive arts therapy with mindfulness could potentially promote healing by allowing for people living with persistent mental illness to engage in present-focused active expression, allowing for a temporary reprieve from symptoms such as intrusive thoughts and negative self-judgement.

Using the concepts of mindfulness in conjunction with using deliberate care in choice of art materials to facilitate an intermodal arts-based experience is indicated with the population of adults in a mental health day treatment setting due to the potential to encourage attention regulation, body-awareness, and emotional regulation, all of which can lead to greater success with self-regulation and an increased resiliency and quality of life (Herring, 2013; Treleaven, 2018). Practicing mindfulness involves focusing exclusively on the present, allowing sensory and emotional input to come and go without thought or judgement attached to it (Treleaven, 2018). Similarly, to become engrossed in art, one must attend to its nature in a present focused manner, allowing for the suspension of concerns about the final product in favor of focusing on the fluidity or rigidity of materials, the sensation and textures encountered, the smells, the interplay of colors, shapes, and lines (Kossak, 2009; Hinz, 2015). Creating with a focus on suspending judgement and embracing the process rather than the product lends to the richness of the art-making experience (Knill, Levine, and Levine, 2005). The advantage of engaging in intermodal expressive arts therapy with an emphasis on the promotion of mindfulness is that the inherent sensory and kinesthetic properties of art materials and expressive movement can be harnessed to keep an individual tethered to the present, decreasing the possibility for becoming distracted or overwhelmed by internal sensations as might occur when practicing traditional mindful meditation (Hinz, 2009; Kossak, 2009; Herring, 2013; Pierce; 2014; Treleaven, 2018).

This Capstone Thesis will explore whether adults with SPMI could experience benefits from participating in a group guided by the principles of intermodal expressive arts therapy and mindfulness. This included an examination of the rationale behind development of a method that combines mindfulness with intermodal expressive arts therapy, creation and implementation of such a method, and examination of the effects of utilizing this method within a group at an adult mental health day treatment center.

Literature Review

The focus of this literature review is to explore the qualities of expressive arts therapies and mindfulness and ways that the two disciplines complement each other. This critical inquiry will provide the basis and evidence for the development of a method used in a mindfulness-informed expressive arts therapy group for people with SPMI in a day treatment setting. The choice to develop a method was made to contribute to the conversation of how intermodal expressive arts therapy can be applied within group-based adult day treatment.

Stuart, Tansey, and Quayle (2017) sought to answer the question, “What do we know about how users with severe and enduring mental illness experience the process of recovery?” through a systematic review and synthesis of existing qualitative research (p. 291). Recovery in this context was defined as a subjective experience of “overcoming difficulties to an extent that a person feels they have regained some control over their life” rather than as an absence of symptomology (Stuart et al., 2017). In a recovery model there is collaboration between clients and providers and an emphasis is placed on personal development and empowerment in addition to reaching treatment goals such as symptom management (Stuart et al., 2017). Their analysis concluded that while participants found value in the elements outlined by the widely accepted recovery framework known as CHIME (Connectedness, Hope and optimism about the future,

Identity, Meaning in life, and Empowerment), the CHIME framework is limited by taking an “overly optimistic, professionally imposed view of recovery” (Stuart et al., 2017, p. 291). Stuart et al. (2017) found that acknowledgement of the difficulties of living with persistent mental illness was important to those who received treatment because while the elements of recovery as laid out by CHIME are valuable, they may not always be or seem attainable. Ignoring the presence of difficulties might have the unintended consequence that “people who struggle with recovery concepts are perceived as not trying hard enough and become marginalized and even blamed for not conforming to a recovery ideal” (Stuart, et al., 2017, p. 301). The authors further emphasized that “at worst, it might promote a neo-liberal narrative of responsibility in which the individual can always prevail, regardless of social or material circumstances” (Stuart et al., 2017, p. 301). Allowing adults with SPMI to express the difficulties and frustrations that they experience during recovery within a non-judgmental group setting can allow them to gain support and validation from others.

In addition to having the difficulty of living with a severe and persistent mental illness acknowledged, Stuart et al. (2017) found that the idea of returning to normalcy was valued by some as a part of recovery. The authors presented this with the caveat that “while moving towards a concept of societal normality is likely to be an aspect of recovery for many people, others might rightly reject the idea that they must conform to any expectation of what is normal” (p. 301). Stuart et al. (2017) discovered that clients found value in learning concepts of acceptance and mindfulness and found these concepts helped with “accepting limitations, having patience, and learning to focus their attention on the present, not the past or future” (p. 300). Lastly, the presence of a positive therapeutic relationship was identified to be an important factor in the recovery process.

Expressive arts therapy is a form of psychotherapeutic treatment used by registered and licensed mental health care professionals that choose to “use a multi-modal approach- at times working with the arts in sequence, at other times using the arts simultaneously, and at still other times carefully transitioning from one art form to another within the therapeutic encounter” (Estrella, 2005, p. 183). The formation of the unique discipline of expressive arts therapy resulted from the recognition by a collection of therapists utilizing the arts in treatment that all art forms share qualities of sensory-based expression, aesthetics, and creativity (Estrella, 2005). The power of using the arts in therapy, as declared by Levine and Levine, “rests not in its elimination of suffering but rather in its capacity to hold us in the midst of that suffering so that we can bear the chaos without denial or flight” (as cited in Estrella, 2015, p. 188). This concept is evocative of mindful acceptance and ties in with the recognition of difficulties that was found to be valued aspect of recovery in the study by Stuart et al. (2017).

Estrella (2005) described several major approaches to expressive arts therapy. Knill’s intermodal theory posits that creative expressions are amplified, clarified, or emotionally accentuated through shifting from one art form to another (Estrella, 2015). McNiff’s theory of art as medicine suggests that all elements of creative expression are interrelated, inseparable, and have basis in the human imagination, and that by active engagement in the imaginative realm “the transformative and healing powers of the psyche” are released (as cited in Estrella, 2005, p. 196). Natalie Rogers’ person-centered model of expressive arts therapy, which she coined the ‘creative connection’, focuses on the facilitative environment created by the therapist in which clients are held with empathy, congruence, and unconditional positive regard to assist them with developing creativity, self-awareness, and self-empowerment (Estrella, 2015). Lusebrink’s Expressive Therapy Continuum was included as a useful model for expressive arts therapists to

draw from when considering which modalities to use with clients (Estrella, 2015). Each of these theories informed the development of the method for this Capstone Thesis, but as it is beyond the scope of this paper to cover all of them I recommend reading Estrella's chapter for further information on these theoretical models.

Development of relationship is a foundational aspect of expressive arts therapy, and Kossak (2009) expounds upon this in his article "Therapeutic Attunement: A Transpersonal View of Expressive Arts Therapy". This article explored how an expressive arts therapist can harness transpersonal aspects of relating such as "spontaneity, heightened sensitivity to inner states (and outer observations), deep connectivity to self and other, and awareness of energetic and embodied shifts in consciousness" to encourage a sense of "therapeutic attunement" (Kossak, 2009, p. 13). Therapeutic attunement was described as a "mutual resonance experienced as connectivity, unity, understanding, support, empathy, and acceptance that can contribute greatly to creating a sense of psychological healing" in clients (Kossak, 2009, p. 13). Tuning in to a person's non-verbal and verbal expressions can help establish the therapeutic alliance, but to do so a practitioner must first be in touch with their own authentic self, able to maintain a sense of centeredness and alignment no matter what psychic material is encountered within the therapeutic space (Kossak, 2009). Kossak (2009) shared that the use of the arts in therapy can facilitate connectivity through embodied awareness, improvisation, and play.

Focused engagement with creative activity can lead to embodied awareness of rhythmic flow through encouraging anchoring in the present moment that "creates a shift in awareness from ordinary daily experience to a felt sense of changes in space and time" (Kossak, 2009, p. 15). This along with other principles of expressive arts therapy such as play, improvisation, aesthetics, and awareness of mind/body connections can encourage the development of

therapeutic relationship, spontaneity, and an understanding of the impermanence of suffering. An expressive arts therapist that is invested in creating a sense of attunement with their clients can do so by incorporating movement, music, the visual arts, and/or creative writing within a space of non-judgmental acceptance and positive regard.

Expressive arts therapists often include movement within therapeutic interventions. Dance Movement Therapist Laura Pierce (2014) wrote a theoretical paper that aimed to solidify connections between evidence-based treatment of psychological trauma and the use of dance movement therapy (DMT) concepts. These concepts have also been embraced by expressive arts therapists and include belief in the therapeutic benefits of body-to-body attunement, kinesthetic mirroring, interactive regulation, self-awareness, symbolism and expression, and interactional movements (Pierce, 2014; Kossak, 2009). Paramount to successful treatment of trauma is the establishment of safety and trust through development of strong therapeutic rapport and giving clients choice as to the pace of treatment and how in-depth they go (Pierce, 2014).

Pierce (2014) was focused on treatment of trauma survivors that experienced dissociation, defined by the American Psychological Association as states that “[involve] the alteration of consciousness, memory, personal information, and identity, items that are normally associated and integrated” (p. 9) and cause symptoms such as depersonalization, derealization, amnesia, identity confusion, and identity alteration. To support the assertion that DMT is facilitative of right brain integration in adults that experience trauma-related dissociative symptoms, Pierce (2014) drew upon literature that explored current evidence-based treatment for trauma and the use of DMT with trauma survivors. Pierce (2014) concluded that DMT supports the bottom-up integration that prevailing research states is necessary for resolution of trauma. Pierce (2014) then developed a phase-oriented therapeutic framework for use of DMT with

trauma survivors that was based on best practices as outlined by the International Society for the Study of Dissociation. Names and central components for each phase were adapted from models presented by Curtois, Steele, and van der Hart (Pierce, 2014). Phases of trauma treatment include phase one, safety and stabilization; phase two, integration of traumatic memories; and phase three, development of the relational self and rehabilitation (Pierce, 2014).

Safety and stabilization are key in trauma treatment, for “if any healing is to occur, therapy must necessarily begin with an established felt sense of safety within relationship and developing skills for orienting to present time and space” (Pierce, 2014, p. 9). Pierce (2014) suggested that “work in Phase One mirrors the work of early attachment, where clients gain the basic, implicit, and often non-verbal capacities for emotional bonding and self-regulation” (p. 9). She offered examples of how establishing a therapeutic environment that encouraged a secure attachment relationship between client and therapist could be accomplished utilizing DMT concepts such as nonverbal attunement, allowing clients to develop a sense of what Seigel described as “feeling felt” (as cited in Pierce, 2014, p. 9). Furthermore, engaging in creative movement can help clients develop a secure inner stance and gain skills for self-regulation that may lead to adequate reduction of symptoms and improvements in quality of life (Pierce, 2014). DMT interventions in phase one include body-to-body attunement and interactive regulation.

Phase two, wherein traumatic memories are integrated, begins by directing attention towards inner sensations, thoughts, and images through mindful self-awareness with the idea that “tracking one’s emotional, cognitive, and somatic experience through attention to interoception, or the processing of afferent information that occurs within the body,” can promote emotional regulation, empathy, socio-emotional intelligence, and prosocial skills (Pierce, 2014). Pierce (2014) shared that neurological integration can result as brain structures are affected by this sort

of mindful attention to the present experience of the body. To help clients that tend towards hyperarousal down-regulate, DMT interventions such as grounding, focusing on the relative safety of the present moment through attending to the simple sense perceptions, and relaxation exercises that are titrated for each client's tolerance with decreasing vigilance can be used (Pierce, 2014). Clients that experience hypoarousal can be encouraged to make voluntary movements that increase spatial planes such as standing and moving forward on the sagittal plane to increase energy and autonomous engagement with the world (Pierce, 2014). Further exploration of traumatic memories can be done during this phase, utilizing symbolic imagery, sound, and gestures to engage traumatic material from a safe distance (Pierce, 2014).

Phase three supports the use of therapeutic group treatment to further encourage both intrapsychic and interpersonal integration. Seigel referred to integration as “linkage of differentiated elements” (as cited in Pierce, 2014, p. 11). He suggested that this is accomplished on the interpersonal level during group work when each person experiences “being respected for his or her autonomy and differentiated self while at the same time being linked to others in empathetic communication” (as cited in Pierce, 2014, p. 11). Utilizing movement in groups helps to encourage kinesthetic empathy and relationship building while also leading to a stronger sense of self.

The concept that various modalities can and should be used in concert or in tandem to allow for client-centered treatment and multi-sensory processing of experience has gained traction over the years. Knill (1994) explained that the “intermodal” approach of expressive arts therapy was at one point dismissed by practitioners of singly focused creative therapies (ie art therapy, dance/movement therapy, music therapy) for its diffuse focus. The distinct therapeutic discipline of expressive arts therapy embraces the concept that there is an “interrelatedness

among the arts” with each having a basis in the imagination and the senses (Knill, 1994, p. 319). Knill collaborated with Steven and Ellen Levine to write a text book that outlined the principles and practices of expressive arts therapy in 2005. More recently, Cathy Malchiodi, a prominent practitioner and author that holds the titles of both registered art therapist and registered expressive arts therapist, stated that “the silos of the creative arts therapies must come down. Each of us may have a "core approach" that we use, but the excuse that ‘I only do art therapy’ is not in sync with what individuals may need in terms of reparation” (personal communication, March 2019). Expressive arts therapists such as Knill, Baba, Fuchs, McNiff, and Rogers believe that “the overriding consideration in expressive arts therapy is a sensitivity to each clients’ needs, rooted in the capacity of the human imagination to reveal creative solutions to complex problems” (as cited in Kossak, 2009, p. 13). An approach that allows for a multiplicity of expressive avenues is a way to support clients in gaining different perspectives by using different modes of expression.

Taking a multi-sensory approach by using different art forms in treatment can enhance a client’s experience by offering them different pathways to explore. Liao stated, “the human instinct is multisensory,” and engaging multiple senses creatively could be a way to feed this impulse (as cited by Knill, 1994, p. 325). The senses of sight, hearing, touch and proprioception are all featured aspects of creative acts, and in some circumstances smelling or tasting may be part of the experience as well (Knill, 1994). While each art form has different primary modes of sensing attached, the different sensory qualities of the arts complement each other, for example the “visual senses do not exclude auditory ones, and auditory senses are reinforced by visual ones” (Knill, 1994, p. 325). Expressive arts therapy draws upon the polyaesthetic theoretical assumption that artists of all persuasions draw upon multiple modes of sensing when creating

(Knill, 1994). Visual arts are primarily experienced through sight but also involve the sensorimotor system through movement and touching materials, adding proprioceptive and haptic feedback to the visual experience. Even the sound and smell of materials being used can contribute to or detract from the experience. As such, care must be given to selection of materials when working with clients.

Snir and Regev (2013) proposed that the amount of sensory or haptic feedback, the fluidity or rigidity of a material, and the complexity of the art process contribute to the way that an art material will be experienced by its user. Through analysis of client responses to working with five different art materials, Snir and Regev (2013) identified four relevant themes: initial reactions of clients before working with materials; perceptions of the material while working with it; attitudes towards the art products; and childhood memories that emerged while working with materials. The variations in client responses to each material supported the authors' assertion that therapists must use clinical judgement when choosing materials for different clients, taking into consideration a client's familiarity and comfortability with materials, the way the material is used, and the desired clinical outcomes. Additionally, the way in which a therapist directs a client to engage with a material can encourage or inhibit emotional response (Snir & Regev, 2013). The therapist is responsible for providing directions that support the therapeutic goals of the client.

Hinz (2015) supports that the intrinsic qualities of different art materials have an impact on many factors involved in therapeutic growth such as awareness of sensation, engagement in purposeful movement, expression of emotion, organization of stimuli, creation of personal meaning, skills in executive functioning, and obtaining greater self-realization. The Expressive Therapies Continuum (ETC) is a theoretical structure that hypothesizes that "the way in which

clients interact with various media in art therapy...” can “...parallel the ways that they process information in other areas of their lives to reflect how clients think, feel, and behave” (Hinz, 2015, p. 43). The ETC is a model developed by Lusebrink and Kagin in 1978 that describes the developmental sequence of image formation and information processing. Lusebrink, Martinsone, and Dzilna-Silova (2013) shared that the formation of the ETC was influenced by a variety of theories with roots in art therapy, art education, and psychotherapy and suggested that its interdisciplinary bases allow for the continuum to be utilized as a framework and a shared language for a wide range of arts-based therapy practitioners.

The framework of the ETC offers information about clients’ strengths and weaknesses that can be used to determine direction and goals for treatment and provides a method for “conceptualizing how and why particular art interactions can be therapeutic” based on materials and directives (Hinz, 2015, p. 43). Separate components on each level correspond to either left or right hemispherical brain functions and healthy functioning is described as related to integration and balance between components on all levels. The bottom-up developmental view starts with non-verbal processing on the Kinesthetic/Sensory level, progressing to the Perceptual/Affective level which may or may not involve verbal processing, and culminating with more complex and sophisticated functioning on the Cognitive/Symbolic level which often involves conceptualizing with words. The Creative level runs throughout and can be accessed through engagement with any other part of the continuum. Therapists can give clients the opportunity to travel along this continuum and gain increased comfort with creativity and the associated processes of sensing, moving, feeling, perceiving, and thinking both symbolically and analytically by utilizing different art media and modes of expression within treatment.

Belkofer, Van Hecke, and Konopka (2014) studied the effects that engaging in drawing for twenty minutes under the direction of an art therapist had on alpha waves in the brain of both artists and non-artists by taking EEG readings of brain activity pre- and post- intervention. Belkofer et al. (2014) hypothesized that drawing would have a similar effect on alpha waves as other task-oriented approaches such as mindfulness meditation and physical exercise, which have been shown to cause an increase in alpha waves. An increase in activity on the alpha band is understood by neuroscientists to indicate a state of relaxation in which levels of the stress hormone cortisol are inhibited (Belkofer et al., 2014). Such increases in alpha wave activity are associated with self-regulation, relaxation, memory, visual processing, intelligence, and creativity (Belkofer et al., 2014).

The authors found that drawing did in fact increase alpha wave activity, with the caveat that those that were more comfortable with the task of drawing demonstrated greater engagement of the right hemisphere, indicating a state of relaxed creativity, while those that were unfamiliar with drawing showed frontal lobe engagement, indicative of increased involvement of executive control. As Belkofer et al. (2014) explained, “the fluency of the relaxed states of alpha associated with image making is a learned behavior that, although it may feel familiar to some participants, may feel unfamiliar or anxiety provoking to others” (p. 65). This suggests that there is therapeutic benefit in encouraging clients to become comfortable with using materials in a non-judgmental manner at the beginning of treatment, with the therapist serving as an empathetic guide while introducing creativity as a mechanism of healing.

Therapy that incorporates the arts has been used in psychiatric treatment for years and an evidence base is developing for its value and effectiveness. Teglbjaerg (2011) sought to build upon this evidence base by addressing the question of whether or not participating in an

expressive arts therapy group would interfere with the psychopathology experienced by those with schizophrenia. Teglbaerg (2011) defined expressive arts therapy as an interdisciplinary ‘formative approach’ that “sees the art work as a new shaping which is related to the world and brings forth an aesthetic meaning” in contrast to ‘analytic art therapy’, which “builds on psychodynamic theory and aims at obtaining insight into unconscious material through the art work” (Teglbaerg, 2011, p. 315). The expressive arts therapy method used within Teglbaerg’s study focused on maintaining awareness of the present and discovering what the art had to say rather than seeking specific answers.

The study outlined by Teglbaerg (2011) was performed by comparing information generated from in-depth interviews with two separate outpatient expressive arts therapy groups before, just after, and one-year post treatment. Clinical notes from all sessions, pictures generated by participants, and written evaluation forms were considered additional sources of data. One group consisted of five people with severe schizophrenia, the other of five people with nonpsychotic psychiatric diagnoses of depression and/or personality disorders. Teglbaerg (2011) generated a qualitative extended case report using data gathered from both outpatient groups and determined that all patients experienced the expressive arts therapy group as “very helpful” both at the end of therapy and at the one-year follow up (p. 315).

Aggregating information from interviews led to the conclusion that the most consistent finding among groups was a strengthening of patients’ sense of self. Patients with schizophrenia experienced this change in a markedly different way than those with other psychiatric diagnoses because while patients with non-psychotic diagnoses were determined to work at the level of the narrative, reflective self, those with schizophrenia were described as struggling with a “very primary preverbal sense of self (minimal self)” (Teglbaerg, 2011, p. 316). The focus of research

was on what people with schizophrenia found valuable and Teglbjaerg (2011) determined that these patients experienced five main categories of change in self-concept.

Firstly, by engaging in the process of art making in the therapeutic space patients experienced increased ‘presence being’ wherein “they became themselves as they forgot themselves”, and “constituted their sense of self by an intentional and self-borne interaction with the art material and the motif” (Teglbjaerg, 2011, p. 316). Making art let participants de-center from the difficulties of their lives and increased their understanding of their self-hood.

Secondly, patients found the ability to form new structures of meaning through dialoguing with the images created. This aesthetic reflection led to illumination of patients’ thoughts, feelings, and experiences and provided an opportunity to look at issues from different perspectives. Additionally, Teglbjaerg (2011) suggested that the act of creating an object that could be reflected upon encouraged increased direct experience of self as “it seems to be a strong marker of identity to be a creator of something” (p. 316). Attached to this phenomenon was the discovery that each participant had a different artistic style emerge over time. This further individuated them from each other while also leading to the realization that there was no right or wrong way to paint, just different ways.

Next, group members found value in the safe container that the group provided. There was a concrete structure to operate within and talking was not required. A sense of connectedness among group members and with the facilitator was established, and resultant feelings of belonging contributed further to the constitution of self (Teglbjaerg, 2011).

Lastly, participants experienced the expressive arts therapy group as stimulating creativity and play, leading to an improvement in problem-solving skills, and an increased sense

of confidence and “curiosity which they felt could also be used in their everyday lives to handle new situations” (Teglbjaerg, 2011, p. 317). Both participants with and without psychotic symptoms found value in the expressive arts therapy group.

Combining expressive arts therapy and mindfulness together in treatment of adults with SPMI has been explored previously. A collection of expressive therapy clinicians and interns working under the supervision of Daniel Herring at a day treatment center developed a mindfulness-based expressive therapy protocol to be carried out in one-hour sessions once a week for sixteen-weeks. Herring (2013) shared the theoretical framework used in development of the protocol, gave an overview of the clinical application of the protocol including examples of groups, and shared clinical considerations to attend to when working with the population of adults with SPMI in a day treatment setting. Problems that people attending a day treatment center may experience were explained, with mood disorders, psychotic disorders, personality disorders, anxiety disorders, and addiction being the most common diagnostic categories treated. The purpose of the chapter was to add to the conversation about the efficacy of using mindfulness and the expressive arts in a day treatment setting.

Challenges often arise in mindfulness practice due to an increased awareness of emotional and physical states that results from directing attention to the here and now (Herring, 2013). This can be difficult for anyone to tolerate, and people with SPMI require particular support when engaging in mindfulness due to possible symptomology such as anxiety, slower cognitive processing, and feeling threatened by attention to bodily sensations or mind-states (Herring, 2013). The benefits of introducing mindfulness in tandem with the expressive arts were suggested to be an increase in quality of life, symptom relief, initiating cognitive changes, providing stress management through relaxation, and providing clients with coping skills to draw

on to hopefully prevent their symptoms from worsening (Herring, 2013). Furthermore, Herring (2013) suggested that “the addition of expressive arts with mindfulness seems to provide an easier way for clients to witness and learn about the contents of their mind, emotions, and senses without over-identification or reactivity” (p. 169). Easing clients into mindfulness practice in a manner they may find success with can be done through combining mindfulness with expressive arts therapy.

Since people in day treatment for SPMI present with a wide variety of challenges and strengths it is important for a group leader to be cognizant of both the needs of the group and the needs of individuals within the group (Herring, 2013). Accommodations may need to be made for those that might require extra support due to either their baseline presentation or because of activation occurring during the activity. Factors such as cognition, processing speed, arousal level, or tendency to become activated and dysregulated are important to consider.

Participants in the MBET group run by Herring and his colleagues were given an overview of what to expect during their time in the group and were made aware that no talent was required to participate because the goal of the group was not on the final product but rather on engagement in the process of mindful expression (Herring, 2013). They were asked to adopt the attitude of expressing with friendly curiosity and openness (Herring, 2013). Participants were invited to think of each session as a guided meditation and encouraged to keep communication to a minimum and maintain a meditative mindset to reduce internal chatter and distraction (Herring, 2013). The role of the therapist in such a group was maintaining the safe container of the group by embodying qualities of mindfulness; remaining alert, open and responsive to the needs of the individuals and the group at large (Herring, 2013). Herring (2013) found that clients appreciated

the group as a way to practice mindfulness concepts creatively in a way that decreased the chance of activation from internal stimuli.

The theoretical foundations of mindfulness and evidence for its salutatory effects were laid out by Brown, Ryan, & Cresswell (2007). Mindfulness has its roots in Buddhist psychology but also connects to ancient Greek philosophy, phenomenology, existentialism, naturalism, transcendentalism, and humanism, suggesting that the focus on attention and awareness inherent to mindfulness is central to the human experience (Brown et al., 2007). The authors define mindfulness as “a receptive attention to and awareness of present events and experiences”, with awareness defined as “the conscious registration of stimuli, including the five physical senses, the kinesthetic senses, and the activities of the mind” and attention defined as taking notice of a stimulus (Brown, et al., 2007, p. 212).

Suggested benefits of practicing mindfulness include the development of an accepting and nonjudgmental outlook towards experiences, allowing for development of insight and a reduction in reactivity; the ability to discriminate thoughts from emotions; flexibility of awareness and attention; a higher level of empathy and self-compassion; an increase in self-control; enhanced executive functioning; better self-regulation; greater autonomy; enhanced relationship capacities; and an increased ability to recognize when one is not being attentive and aware (Brown, et al., 2007). Gunaratana posited that mindfulness practice encourages “alert participation in the ongoing process of living” (as cited in Brown, et al., 2007). Furthermore, Brown et al. (2017) explained that “mindfulness may facilitate well-being directly, by adding clarity and vividness to current experience and encouraging closer, moment-to-moment sensory contact with life, that is, without a dense filtering of experience through discriminatory thought” and “indirectly through the enhancement of self-regulated functioning that comes with ongoing

attentional sensitivity to psychological, somatic, and environmental cues” (p. 219-220). These benefits can lead to an increase in quality of life.

In their editorial “What defines mindfulness-based programs? The warp and the weft”, Crane, Brewer, Feldman, Kabat-Zinn, Santorelli, Williams, and Kuyken (2017) conveyed their opinions on the parameters essential to labeling a program as mindfulness-based. The authors suggested that clarity around the core ingredients of a mindfulness-based program is necessary and these guidelines will benefit the field by ensuring that existing research into mindfulness-based programs can be interpreted properly, that future research is guided by a shared understanding of terminology and established protocols, that practitioners of mindfulness-based programs receive appropriate and congruent training, and that people that sign up to participate in mindfulness-based programs can be sure that the program title accurately describes what service is delivered (Crane et al., 2018).

The authors noted that there are also empirically based mindfulness-informed approaches in which there is a “decreased emphasis on controlling internal experience, and an increased emphasis on themes such as acceptance, compassion, metacognition, and how people relate to their experiences” (Crane et al., 2018, p. 991). Whereas in mindfulness-based approaches “systematic and sustained training in formal and informal mindfulness meditation practice (for both teachers and participants) is central both to the therapeutic approach and underpinning theoretical model,” in mindfulness-informed practice concepts of mindfulness are explored in a manner that may or may not include silent meditation (Crane et al., 2018, p.991). Mindfulness-informed methods incorporate the theoretical foundations of mindfulness into therapy in a more action-based manner.

An overview and meta-analysis of both mindfulness-based and mindfulness-informed interventions used in the treatment of people experiencing psychosis and depression related to psychosis provided more evidence supporting the use of a mindfulness-informed approach in day treatment (Louise, Fitzpatrick, Strauss, Rossell, & Thomas, 2018). Louise et al. (2018) placed mindfulness-, acceptance-, and compassion-based approaches in the theoretical category of “third wave” cognitive behavioral therapies (CBT), defining their commonality as interventions that “address one’s relationship with, and responses to, experiences and symptoms, rather than attempting to change them” (p. 57). Third wave CBT techniques share a non-judgmental focus on the present experience.

A widely accepted definition of mindfulness is that of Jon-Kabat Zinn (1994): “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p.4). Louise et al. (2018) point out that this includes turning towards awareness of psychotic experiences as well. By doing so, research suggests that people with such persistent symptomology may be able to form an alternate relationship with their psychotic symptoms, reducing attachment to negative self-beliefs and increasing self-identity beyond the scope of psychosis (Louise et al., 2018).

Due to the low number of research studies on compassion-based approaches meeting criteria for the meta-analysis of Louise et al. (2018), the mindfulness-informed approach that was looked at was Acceptance and Commitment Therapy (ACT) (Louise et al., 2018). ACT may be less effective than mindfulness-based interventions in promoting change in people experiencing psychosis, a result that Louise et al. (2018) attributed to the complexity of ACT, which includes extensive use of metaphor and abstract concepts. Louise et al. (2018) concluded that while more research in this area is needed, particularly developing and validating outcome measures that are

in line with third-wave aims and that assess the impact of psychotic experiences on emotions and level of functioning, third wave interventions utilizing mindfulness concepts are efficacious in treatment of people with psychotic symptoms and depressive symptoms related to psychosis (Louise, et al., 2018).

Mindfulness-informed therapy was defined by Germer, Siegel, & Fulton as “integrating wisdom and insights from the psychological mindfulness literature and one’s own personal practice into therapeutic work without explicitly teaching mindfulness meditation practice to patients” (as cited in Shapiro & Carlson, 2017). Clinicians may choose to use a mindfulness-informed approach rather than mindfulness-based meditation after considering client needs, the setting, or the nature of treatment.

Shapiro & Carlson (2017) described and defined salient mindfulness themes that therapeutic practitioners may incorporate into treatment: concepts of impermanence; an understanding that there is no fixed state of self; acceptance of what is presently happening rather than requiring things be different; conscious responding versus automatic reactivity; curiosity and investigation of one’s own experience; exploration of paradox; the nature of interdependence and connection; and the concept of innate goodness. The authors demonstrated how each concept might be utilized with clients through brief case studies.

Of utmost importance was the assertion that to use a mindfulness-informed approach in treatment of others a therapeutic practitioner must have an established personal mindfulness practice of their own. Personal practice is “essential for truly understanding the nuances, paradoxes, and complexities of mindfulness and the subtleties of how to most skillfully integrate it into psychotherapy” (Shapiro & Carlson, 2017, p. 48). This lived experience translates to an increase in sensitivity and understanding of the nuances of mindfulness practice and helps

maintain the safety of the therapeutic space. Therapists that practice mindfulness understand that maintaining attention on bodily sensations and practicing non-judgmental acceptance of thoughts and feelings can be challenging.

Mindfulness has been embraced by western society at large, with schools, hospitals, rehabilitation centers, and mental health facilities incorporating mindfulness concepts into their programming (Treleaven, 2018). As discussed previously the benefits of mindfulness practice are myriad, but there are factors that must not be ignored when introducing mindfulness to people with severe and persistent mental illness. Outside the treatment setting, clients with severe and persistent mental illness may face challenges related to distressing symptomology, dangerousness of their living situation, and/or discrimination related to a host of societal stigmas. According to the World Health Organization, human rights that necessitate explicitly stated protection against discrimination are “race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation” (WHO, 2015). Any of these factors may be present for clients in a day treatment setting and for some there will be intersectionality of oppressions. Attention must be paid to how mindfulness is presented to those experiencing oppression due to socio-economic and cultural factors because mindfulness, for all its curative properties, will not fix the very real injustices and stressors faced by marginalized people (Treleaven, 2018).

Another factor to consider when determining how to introduce mindfulness to clients is that symptoms of trauma reactions may be brought to the surface or exacerbated in people that have experienced the trauma of systematic oppression and/or lived through traumatic events (Treleaven, 2018). Attempting to practice silent, internally-focused mindful meditation without

consideration of risk factors has been shown to lead to over-attendance to traumatic stimuli, with resultant felt sensations in the body or intrusive thoughts leading to panic, emotional reactions, overwhelm, and even re-traumatization in some people (Treleaven, 2018). Activation and panic can occur in relation to feeling sensations in the body that the primitive brain associates with times of danger (Treleaven, 2018). A therapist incorporating mindfulness into treatment must be aware that when a trauma survivor follows the traditional meditation instruction to sit still and attempt to be present in their body they “will eventually encounter traumatic stimuli—the invasive thoughts or gut-wrenching sensations that never seem to go away” (Treleaven, 2018, p. 112). Sustained attention on traumatic stimuli can be dysregulating and retraumatizing and unfortunately there is a tendency for people struggling with trauma to unintentionally reflexively orient towards traumatic stimuli (Treleaven, 2018). People then may feel stuck in a loop and become discouraged, daunted by the magnitude of their suffering, blame themselves for not being able to have success with meditation, and end up abandoning the practice of mindfulness all together, preventing them from accessing the benefits of mindfulness (Treleaven, 2018).

Despite the risks, giving clients that have experienced trauma and oppression the chance to practice mindfulness successfully could be beneficial to the recovery process since as Littlefield, Cook, & Cook explained, “mindfulness is a process of enhanced self-regulation, increasing the ability to monitor and control our own behavior, emotions, or thoughts, altering them in accordance with the demands of the situation” (as cited in Treleaven, 2018). Practicing sustained, intentionally directed, non-judgmental attention to the experience of the present moment can help a person develop the ability to be less reactive and more able to meet moments of distress with curiosity and self-compassion (Treleaven, 2018).

When introducing mindfulness meditation to clients that may have experienced trauma, Treleaven (2018) suggests educating clients about the possible risks, assisting them in the process of noticing bodily sensations and learning to ground in the present when their body begins to react, starting slowly with supervision and assistance from a professional, and giving them explicit permission to stop if they notice signs of dysregulation. Presenting the element of choice is particularly important for those who have experienced trauma because trauma takes away a person's power, and choice gives that power back (Treleaven, 2018).

For some clients, silent meditation can be contraindicated altogether due to the severity of their symptoms, but concepts of mindfulness can be introduced in a more active way to allow access to the healing properties inherent to the practice (Treleaven, 2018). Treleaven (2018) suggested that specific modifications to mindfulness practice can be made and skilled trauma-sensitive practitioners can assist their clients with gaining tools to feel safe, stable, and able to self-regulate. Moving, producing visual art, and writing expressively are inherently active experiences that could provide a safe container to practice mindfulness within.

Treleaven (2018) shared five principles of trauma-sensitive mindfulness. The first principle of trauma-sensitive mindfulness is to help clients determine the parameters of and stay within their *window of tolerance*, a term coined by Dan Siegel to describe an internal zone of support that lies between the extremes of hyper- and hypo-arousal (as cited in Treleaven, 2018).

The second principle is to help people learn that they can shift their focus away from traumatic stimuli during mindfulness practice and stay within their window of tolerance by taking actions such as opening their eyes and attending to the environment or choosing anchors of attention that are stabilizing such as feeling one's feet on the ground (Treleaven, 2018).

The third concept of trauma-sensitive mindfulness is to “keep the body in mind” (Treleaven, 2018, p. 128). Treleaven cites the work of trauma researchers Peter Levine, Pat Ogden, Bessel Van der Kolk, Babette Rothschild, and Robert Scaer, all of whom agree that trauma is held in the body and experienced viscerally (2018). Trauma survivors often dissociate from their bodies as a defense mechanism since their interoceptors, sensory receptors that detect the internal feelings of muscle contraction, heart rate, and bodily functions, are sensing danger even when no danger is present. Developing dual awareness, the ability to “maintain multiple perspectives at the same time, including being able to balance awareness between our internal and external reality” can assist people in being able to tolerate the present moment both during meditation and when engaged in daily life (Treleaven, 2018, p. 134).

The fourth concept of trauma-sensitive mindfulness is “practicing in relationship” because “other people are a wellspring of self-regulation. They help us feel safe, modulate our arousal, and support us in staying in our window of tolerance” (Treleaven, 2018, p. 151). Practicing mindfulness with a supportive therapist and peers can help maintain a sense of safety.

The fifth and final concept of trauma-sensitive mindfulness is to “understand social context”, factoring in the unique ways that each person has been shaped and affected by external systems such as family, community, institutions, and social norms (Treleaven, 2018, p. 179). This understanding and sensitivity to clients’ experience with societal oppression can allow for greater attunement between clinician and client and help establish a sense of safety, and according to Treleaven, “absent an understanding of how individual and social systems interact, we can potentially cause harm, break people’s trust, and perpetuate systems of domination” (Treleaven, 2018, p. 179). It is imperative for therapists to work from a place of respect for the lived reality of each client, understanding that the client is the expert of their own experience.

Method

The method that was developed and implemented for this Capstone Thesis took place within the span of a 45- minute group block at an adult day treatment center. The group, titled “Expressive Mindfulness”, met once weekly over a series of thirteen weeks. On average, the group consisted of ten adults with a range of diagnoses including schizophrenia spectrum and other psychotic disorders, bipolar and related disorders, depressive disorders, anxiety disorders, obsessive compulsive and related disorders, trauma- and stressor-related disorders, dissociative disorders, and personality disorders as defined by the Diagnostic and Statistical Manual, Fifth Edition (APA, 2013). Members signed up for the group voluntarily. All were all cis-gendered male and female and most group members were white. The group included people that identified as both heterosexual and queer. All participants were of low socio-economic status. Presenting problems among group members included experiencing intrusive thoughts, depression, anxiety, auditory hallucinations, dissociation, stress, shame, slow cognitive processing, and feelings of hopelessness.

To develop this method, I drew upon theories of expressive arts therapy and trauma-sensitive mindfulness and personal experience with expressive movement, creating process-focused visual art with different materials, instrumental music, and daily mindfulness practice. While putting elements of the group together I engaged in art making, trying out different materials and different music and journaling afterwards. Information gathered from this arts-based research (ABR) led to the decision to utilize Sharpie permanent markers, watercolor crayons, and adding water with large brushes. ABR also informed the choice of ideal paper size, 18” x 24”, the songs that were played during art making, and the sentence-starters that were offered during the creative writing portion of the method.

The group commenced in a room that offered a lot of floor space within a circle of chairs. The second part of the group took place in an art studio with large tables to sit and work at. The first group of the semester differed from subsequent groups, serving as an introduction to the experience. First, each member was asked to share a group norm (group norms are program wide and include confidentiality, no cell-phones, no cross-talk, speaking from one's own experience, no food, limiting breaks, arriving on time, and being respectful). The group leader then asked group members to stand in a circle. Participants were informed that this would be the way that each group would be opened in the future.

Going around the circle one by one, each person, including the group leader, stated their name while making a movement that expressed their current state of being. Moving was offered as a choice, but sharing one's name was required as group norms dictate. The movement may have been influenced by either an emotional state or a physical state; group members were encouraged to make a choice of whether they wanted to make an abstract expressive movement or stretch in a way that honored their current physical needs. The group then repeated back the individual's movement and name in concert, mirroring the person. Due to the wide variety of physical abilities within the group, members were asked to tune into their own body and consider the way that their body might interpret any given movement safely.

During the first group session there was an in-depth overview of mindfulness concepts and the window of tolerance. The group leader facilitated a discussion about how practicing mindfulness while engaged in activity could help clients remain within the bounds of their own windows of tolerance and how practicing mindfulness may help improve their quality of life. Then, participants were given a brief introduction to different elements of the group process. Clients were invited to try using the different art materials that would be used during the

upcoming groups: permanent markers, watercolor crayons, and a large brush to add water to the crayons. Participants were asked to think of themselves as dancing with the art materials rather than drawing or painting, playing around with lines and shapes rather than aiming to make any particular image. Clients were encouraged to share any concerns or questions they had about practicing expressive mindfulness. The group was concluded by thanking the members for their presence and willingness to participate.

In subsequent weeks, groups were always opened with movement-mirroring introductions and a brief re-iteration of what to expect during the group process. The group facilitator explained that engaging in playful creativity was a way to practice elements of mindfulness such as non-judgmental acceptance and re-directing attention away from stressors and towards awareness of the present moment. The fact that practicing mindfulness meditation can be challenging was acknowledged. Group members were reminded that practicing mindfulness while engaged in an activity was a way to encourage being anchored in the present while lessening the chance of getting stuck ruminating on intrusive thoughts or experiencing activation of symptoms such as anxiety or dissociation. It was explained that at any point during the experience, group members had the ability to self-regulate by directing their attention back to the activity, the music, their breath, the feeling of their body in the chair, or by getting the attention of the group leader and stepping away from the activity.

The upcoming process was then explained step by step, allowing for group members to know what to expect: fifteen minutes of uninterrupted visual art making to three different songs in succession, using a different material in a particular manner during each song, to be followed by a brief written reflection and a period of sharing. Participants were informed that the group

leader would be observing them throughout the experience and would provide periodic guided-meditation style reminders to stay focused on the present.

The group leader had each group member choose blindly from a selection of multi-colored Sharpie permanent markers on the way into the art room. Participants were asked to notice if they had a judgmental reaction to the color choice and to allow for any frustration or elation to pass. The marker color chosen determined the colors of the second material, water color crayons. The crayons were pre-sorted into categories of warm and cool colors. If a person chose a marker that was red, orange, or yellow they would be invited to pick out 2-3 crayons from a selection of warm colored crayons and if they chose a green, blue, or purple marker they were invited to choose from a selection of crayons on the cool side of the spectrum. Emphasis was placed on choosing spontaneously rather than deliberating on the choice for an extended period. Once crayons had been chosen, each person took a seat at the table and was given a large 18" x 24" piece of paper. Participants were asked to take three deep breaths in through the nose and out through their mouths, allowing for their bellies to expand during inspiration and for their breath to release naturally, noticing the feeling of their feet on the floor and their bodies in the chair.

The group leader then began leading clients in a guided meditation (see Appendix A for script). When delivering the guided meditation, the group leader paid close attention to how group members were interacting with materials. Prompts were given based on what was observed. For example, if a group member seemed to be pulled away from the experience, perhaps pausing in their creative action for an extended period or glancing around the room, the group leader would offer a reminder to allow for any intrusive thoughts to pass through without judgement and re-attend to the music, movement, or bodily sensations. If the entire group

seemed focused and engaged in the process, the group leader would remain silent until it was time to switch materials. If an individual group member showed non-verbal signs of distress or developed a vacant expression indicative of dissociation, the group leader would come close to them and whisper their name to get their attention and ask if they needed any support. This might mean a brief verbal check in with the group leader just outside the room while the others kept creating, or in cases of heightened distress exiting the group to either check in with an available staff member or spend some time in a dedicated quiet space that is available for clients to use with permission when they are experiencing dysregulation.

During the experience, participants were asked to interact with each material in different ways. The first material, permanent marker, was used to create a scaffolding of lines and shapes across the page by keeping the tip of the marker connected to the paper as they moved to the music until the very end of a 2.5-minute instrumental song. When the song finished clients were asked to put their sharpies down, trusting that what they had done was enough. During use of the second material, watercolor crayon, clients were told that they could color in whatever manner they chose to and reminded that they may switch between colors as they saw fit. The song played while the watercolor crayons were used was longer than the first, approximately 6 minutes in length. During the last minute of the song the group leader passed out cups of water and large brushes. If people seemed distracted by this, the group leader would gently remind the whole group to return their attention to their art making. When the second song ended, group members were again asked to switch materials, even if they felt like they wanted to add more, noticing any frustration and allowing it to pass without judgment.

As the third song started, clients were asked to pick up their brushes, dip them in the water, and notice what happened as they added water to the page. Clients were asked to maintain

movement to the music for the duration of the song, and if they were done with using water to simply keep their dry brush dancing around the page. As this song wrapped up, clients were given sheets of paper with the sentence starters “I see, I am, I feel, I say, I’m grateful for, and I know” printed upon them. Once the song was finished, clients were asked to put their brushes down and use their sharpies to add a word or a phrase to each, reflecting on their artwork and their present state of being.

Clients were asked to write the first thing that popped into their heads, even if it didn’t seem to make sense. A six-minute song played while people filled out their answers, and when the group leader observed people finishing they were invited to practice maintaining mindful presence by focusing on the music, their breath, or the feeling of their body in the chair. Once this song ended, the group leader asked everyone to take a deep breath and direct some gratitude towards themselves for allowing themselves to create and play for an extended period of time.

Group members were then asked to stand up and push in their chairs. If they chose to share their written words they could leave them visible, if they wished to keep them private they could place the paper upside down or under their artwork. The group was then asked to walk slowly around the tables in a circle, pausing to look at each art work and read the words that were left visible. They were invited to get a sense of their peers’ movements by either hovering their hand above the page and following the lines or simply allowing their eyes to travel around the paper. Once a full circuit was made around the table, people were asked to sit back in their chairs and share a word or a phrase to summarize what the group experience was like for them. The group leader took note of these words and read them back to the group. With the remaining period of time, which varied between 5 and 10 minutes depending on how long the first part of the group had taken, clients were given opportunity to share more about what they had noticed

over the course of the group, whether it was something related to the experience or what they observed when walking around the group. Each group was ended by the group leader expressing gratitude for the group and giving support for the fact that they had been willing to allow themselves to practice being creative and mindful in such a manner.

The group leader kept documentation of the words that people shared during the verbal reflections, engaged in arts-based research practices after each group, collected data from charting participants' written responses, and collected a survey from group members at the end of the group semester.

Results

This section will describe the overall outcomes observed in using a mindfulness-informed expressive arts therapy group for people with severe and persistent mental illness (SPMI) in a day treatment setting. Data sources utilized for generation of these results included participants' verbal reflections at the end of each group, an overview of the written responses from the first six groups, the end of semester survey, and the arts-based research practices of this writer that were performed after each group session.

Participants were asked to verbally share a word or phrase in response to their experience towards the end of group. This resulted in reflection on the subjective experience of each individual, with some group members sharing their mood, some a reflection on the aesthetics of the product they created, and others on the sensory qualities they noticed. Sometimes this free association led clients to share names of places or objects that had come to mind. There were often overlaps between clients' experience, shown by clients nodding their heads or verbally agreeing with what their peers had stated. In these cases, connections were pointed out by the

group facilitator to encourage a sense of relationship within the group. There were occasionally reflections that elicited a laugh from the group, such as when a client would share a silly word or something that seemed abstract such as the name of an object or location. I wrote each person's words down as they said them, with the intent of gaining an overall sense of how the group went and also showing that what the group experienced mattered to me. I saw this both as part of building the therapeutic relationship and a source of information about how the method was being experienced.

The verbal responses provided glimpses into the minds of participants. Information gleaned from these reflections could be used as clinical data to give clinicians an idea of their client's state of mind. There were a few times when I realized that a client's responses warranted a check-in after the group to see if they needed to process something further and this was done. Notable responses were also shared with the treatment team if deemed appropriate. Common themes were identified from these brainstorming sessions: achieving a state of mindful focus on the present, feeling relaxed during art making, feeling connected to others in the group during movement, noticing the development of an artistic style over time, finding a sense of acceptance, feeling supported by the group and group leader, and being grateful for the experience.

After the first six groups, I created a series of charts to see if there was anything notable to be gleaned from the written reflections of the clients. It was my intention to extract from this data the themes that existed across groups and for each individual. I was curious whether these reflections would show change over time. Each person had a unique way of approaching the reflective portion of the experience; some were abstract in their answers, some concrete, some focused on responding to the aesthetics of their product, others to internal stimulus, some to

external sensory data, and others to emotions. Often there was a mix of these types of answers from an individual.

Due to the broad range of written responses it became clear to me that this undertaking was beyond the scope of this thesis, but I did find some notable commonalities across individuals and sessions that supported the rationale of this group. For instance, many people remarked on the temporary nature of things. This is in line with the mindfulness concept of impermanence. People tended to express gratitude for the experience of the group, the day treatment center, and for people in their lives. These responses pointed to awareness of their self in relation to others, the importance of their social connections, and the value that being a member of the day treatment program had for them. I also noticed an honest expression of emotions from group members, ranging from positive to negative to ambivalent. To me, this suggests that clients were able to have self-awareness, accept what they were feeling in the moment, and felt free to express themselves authentically within the safe confines of the group. A lot of times people would express positive affirmations of self-worth and hope for change. This seemed to demonstrate a recovery-mindset and a determination to internalize meaningful recovery concepts such as self-compassion, acceptance, and detachment.

I handed out surveys after the last group session to get more feedback from participants about their experience within the group (see Appendix B). Based on a series of questions using a 5-point rating scale, all clients shared that the group experience had been positive for them, with the majority recognizing a decrease in intrusive thoughts during art making, a sense of connection with others during movement and aesthetic reflection on finished products, and being able to access a state of non-judgmental acceptance for the way that they were experiencing the present moment. Other feedback included that the materials encouraged creativity and led to

enjoyment of the experience. Finally, multiple participants expressed gratitude for the opportunity to participate in the group and mentioned the importance of feeling supported by the group leader throughout the process.

I engaged in arts-based research after each group session, moving expressively and free-writing. I found that my body was full of energy after facilitating each group. My movements tended towards expansive and making gathering gestures. The writing reflected feelings of gratitude, accomplishment, and respect for the group members' honesty and willingness to engage in the method of expressive mindfulness. My reflection led me to make changes to the group as the semester went on to keep the experience fresh for group members. This included changing the music and the parameters for color choice. It also allowed me a space to process my reaction to material that surfaced for group members and provided avenues for discussion during supervision.

Deliberate strategies and precautions were in place to prevent people from getting overwhelmed and experiencing trauma responses by using a trauma-sensitive approach. Before the first session, one person left the group just after the movement piece. They checked in with me later and explained their aversion to arts-based groups based in fear of the unknown and the worry that they were not talented enough to participate in artistic expression. They had left due to feeling a dissociative episode come on at the very thought of doing art therapy. This person expressed a desire to try again, and since their anxiety seemed to lie in the unknown, I offered to run through the method with them one-on-one before the next group session. They agreed, and after having a one-on-one meeting they were able to join the next group and participate weekly thereafter. The sense of accomplishment and boost to self-esteem that this person felt from working through their fear of art-making was evident in their verbal and written responses.

Another person that was in the group left after three sessions. After the second session, this person reflected to me that they experienced feeling worse after engaging in the method. Through a private discussion after group, we explored whether this was due to their day or perhaps related to unresolved trauma coming up. I asked if they might want to switch out of the group as it seemed to be causing distress. They expressed that they would like to stay in the group at that time. After the third session I became more concerned. This person pulled me aside in a state of distress after coloring with the watercolor crayons, and when we spoke they described feeling as if they had left their bodies, being surprised that they drew an image of a house rather than sticking to abstract shapes and lines and feeling very unstable. Again, I suggested that this group may not be appropriate for them. At that moment, they disagreed, but upon further consultation with their coordinator (case manager) they came to the decision that leaving the group would be the best choice. For this client, engaging in art making did not prevent them from experiencing a trauma reaction while practicing mindful attention on the present. Knowing about the window of tolerance and having an established therapeutic rapport with the group leader gave them the tools to notice the beginning signs of their trauma-response, take steps to re-orient to the present, and communicate their distress to the group leader.

A third group member was consistently coming up with words that were evocative of anger and fearfulness during the written reflection portion of the activity. This led me to have a one-on-one conversation with them after the first three sessions regarding what participating in the group was like for them. I was curious what he was getting out of it and why he chose to participate still since the activity was meant to engender a sense of mindful acceptance of the present, which often translated into expressions of more positive or hopeful responses from other group members. The client shared that he enjoyed using art-making to release negative feelings

and that the watercolor crayons were particularly fun to play with. He told me that he had been having a very difficult time with symptom management and life stressors outside of treatment and that this translated into his written reflections. At the conclusion of this discussion I was no longer concerned that participating in this group was contraindicated for this client. It seemed that having a place to release tensions and be held with unconditional positive regard was valued by this client, despite the material that was being expressed.

Discussion

The expressive mindfulness method created in development of this thesis was meant to harness the healing power of both expressive arts therapy and mindfulness in treatment of adults with SPMI. This method was determined to be beneficial to most group participants. The one group member that chose to leave the group felt empowered to do so by having the tools to recognize that participating in the group brought her outside her window of tolerance and feeling comfortable enough to share this with the group leader.

The first group helped to educate participants about mindfulness and expressive arts therapy with the aim of creating a sense of safety and mitigating fears of the unknown (Treleaven, 2018; Herring, 2013). An overview of what to expect was included in each group because sometimes people with SPMI experience difficulties with memory and cognition (Herring, 2013). Instruction was given in the form of invitation to encourage a sense of autonomous choice, which is especially important for survivors of trauma and those that experience marginalization in their daily lives (Treleaven, 2018). Language that emphasizes choice was used, with suggestions offered using phrases such as “Allow for”, “if you wish”, “you may want to focus on...”, etc.

Utilizing movement in a circle helped to warm people up, encouraged group cohesion, and established the safe container of the group (Pierce, 2014). The participation of the group leader in this aspect of the experience allowed for development of therapeutic attunement (Kossak, 2009). It also demonstrated that every sort of creative expression would be accepted as valid without judgement (Estrella, 2004). While movement established kinesthetic empathy within the group, it also provided the group facilitator with clinical information about participants' energy level and how they inhabit their own bodies (Pierce, 2014; Kossak, 2009; Hinz, 2009). Furthermore, the experience of movement offered an opportunity for group members to expand their movement repertoire, perhaps indicating a more expansive sense of self (Pierce, 2014). Overall, during the initial movement check in there was a lot of laughter and appreciation expressed for different movements, lending to a sense of group cohesiveness and connection between the group facilitator and group members (Pierce, 2014; Kossak, 2009).

Within the method developed for this paper, clients were given materials that possessed both familiar and novel qualities (Snir & Regev, 2013). Group members were introduced to the materials before engagement with the full group experience to increase their comfort level with the experience (Belkofer et al., 2014; Hinz, 2015). Sharpie markers are commonly used by American adults and each group member expressed that they had used crayons in their youth. I wanted to offset the possibility of being pulled back into childhood memories and encourage mindfulness of the present by utilizing watercolor crayons, a similar but less familiar material more likely to be encountered in adulthood (Snir & Regev, 2013; Hinz, 2009). Adding water to the color changed the appearance of what had been laid down during use of the crayons, lending a sense of impermanence and possibly encouraging release of control (Hinz, 2009).

Participants were offered a random color of marker to increase the likelihood of non-attachment to the final product and encourage acceptance whether they got a color they liked or not (Brown et al., 2007; Stuart et al., 2017). Crayons of analogous color were offered to encourage harmonious mixing of colors upon the page, for while the product was not the focus of this experience, making a piece that ended up pleasing to the eye could encourage a sense of accomplishment for participants (Teglbjaerg, 2011; Hinz, 2015; Stuart et al., 2017). The option to use different colors was introduced as a choice and having choice within boundaries could lead participants to experience an increased sense of autonomy (Treleaven, 2018; Hinz, 2009; Stuart et al., 2017).

The sensory and kinesthetic experiences of using a marker without lifting it off the paper, coloring with crayon, and using a large paint brush are all different (Snir & Regev, 2013; Hinz, 2015). Directing attention to the different felt experiences was a way to point out that things change from moment to moment (Brown et al., 2007; Hinz, 2015). The material properties of the Sharpie marker and the directive to use it without lifting the marker off the paper encouraged gliding across the page with little resistance in a continuous, flowing movement. This encouraged relaxation and release of expectations (Hinz, 2009; Belkofer et al., 2014). The marks made with this familiar, non-threatening material then provided a scaffold of visual information to build upon with watercolor crayon, a material with more resistive qualities that encouraged vigorous back and forth movement and was less precise and messier than the marker (Hinz, 2015). Finally, adding water with a large brush encouraged detachment to the final product throughout the experience because of the unpredictability of how adding water would affect the picture (Hinz, 2009).

I attempted to determine the ideal length of each song through arts-based research. This meant choosing songs systematically, creating playlists, engaging in the experience myself, and taking note of what felt like an ideal amount of time for each material. I chose instrumental, electronic music to prevent distraction from hearing lyrics and decrease the likelihood that participants would have memories associated with the songs. The song played while Sharpie was used was shorter to allow for creating of a scaffold of shapes to color in or build upon while attempting to prevent a page from being completely obscured by lines before the crayon was added. The song played during use of the watercolor crayons was longer to encourage dropping down into the experience of coloring (Hinz, 2015). The song played during the use of water was also five minutes to allow for an extended period of engagement with a fluid material, meant to encourage relaxation (Hinz, 2009). The song played during the writing segment was long enough to allow for people with slower processing speeds to feel that they had enough time to fill in all of the statements if they chose to (Herring, 2013). See Appendix C for the songs used within the group; the playlist was changed halfway through the semester to give clients a chance to create to different songs. Appendix D contains examples of art that I generated through ABR.

I chose the statements “I see, I am, I feel, I say, I’m grateful for, and I know” as sentence-starters because they align with areas of self-awareness: what one perceives, believes about themselves, experiences emotionally, wants to express to others, what one is grateful for, and what one is certain of (Treleaven, 2018). Filling in these statements quickly with a word or a phrase was meant to encourage an encounter with unconscious material such as can occur through free association (Hinz, 2009).

While movement in a circle served as a container for the group at the beginning of the experience, the paper being drawn upon served as a container for the art making process (Pierce,

2014; Hinz, 2009). Ideally, 18" x 24" 140 lb. or heavier watercolor paper would be used during each group. This is a size that encouraged kinesthetic involvement by allowing large motor movements, exploration of space, a sense of accomplishment once filled, and novelty of experience since smaller paper is readily available to group members (Hinz, 2009). Watercolor paper is sturdier and allows for materials to flow freely.

Due to budgetary constraints the size and weight of the paper varied across the course of the semester after the first three groups. While some participants expressed a strong preference for the heavy-weight watercolor paper over the medium-weight mixed-media paper and the light-weight butcher paper, in general the group expressed understanding that there were limitations to what the program could provide and that the purpose of the group was to experience creativity rather than produce a piece that would hold up over time. An avenue for future research that could influence funding available for creative therapy groups would be exploring the ramifications on treatment outcomes that result from using high quality, more expensive art materials versus lower quality, inexpensive art materials.

A limitation of this study was that due to the nature of the Capstone Thesis it was not possible to take a more formal quantitative research approach. Future research could include taking standardized measures both pre-and post- treatment to determine specific outcomes of engaging in this group experience as compared to a control group. Another limitation was the small size of the group and the lack of focus on how different cultural, diagnostic, and socio-economic factors affected individual experiences with mindfulness practice and expressive use of the arts. Additional research could investigate how different populations experienced this group. Research could also focus on how engaging in intermodal processes that involve task-switching might affect clients' executive functioning skills. I would suggest that engaging in this

group method would positively impact executive functions such as task initiation, impulse control, emotional control, flexible thinking, self-monitoring, planning and prioritizing, and organization.

Another suggestion would be to investigate the use of different art materials in conjunction with the guided meditation across a series of groups, allowing for more exploration of levels of the ETC. Utilizing movement at the end of a group could be a way to illuminate changes in felt sensation from the beginning to the end of group. Adding an activity wherein participants alter their art products, framing small portions of them and naming them, could lead towards more engagement in the perceptual, symbolic, and cognitive realms of the ETC. A longer group session could provide more of an opportunity to process any affective material that practicing mindfulness utilizing the expressive arts brought to the surface.

The overall positive response to this method supports use within the therapeutic day treatment setting for adults with SPMI. Based on information gathered, this method combining intermodal expressive arts therapy with trauma-sensitive mindfulness provided clients with an opportunity to direct their attention in a manner that promoted integration and function. People expressed that having an art activity to focus their attention upon allowed them to experience a temporary reprieve from their symptoms and achieve a state of acceptance and relaxation. This method led participants to experience elements of recovery such as connectedness, hope and optimism about the future, identity formation, discovery of meaning in life, a sense of empowerment, and acknowledgement and acceptance of difficulties, all factors that were deemed valuable by people with SPMI in the research of Stuart et al. (2017). This thesis contributes to the field of expressive arts therapy by demonstrating the successful implementation of a group

method that took a formative approach. This capstone thesis also contributes to the discussion of mindfulness-informed treatment and trauma-sensitive approaches.

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Appendix A

Expressive Mindfulness Guided Meditation Script

I invite you to begin by resting your hands on your lap or on the table. Feel your feet flat on the floor, notice the pressure of your body against the chair. Relax your shoulders back and down. If you feel comfortable, you may close your eyes, or keep a soft gaze on the table in front of you.

Allow your whole body to be still, just for this moment. Feel the air moving gently in and out of your nose, filling up your belly with each breath. [Wait 10 seconds]

Know that in this moment, you are free to create and play. What the product will end up looking like is of no concern. I invite you to immerse yourself in the experience of expression, allowing yourself to unleash your creativity in a playful manner. If you find your mind wandering, as minds so often do, briefly acknowledge these thoughts without judgment. Allow them to pass through your awareness as you shift your attention back to the art making process, the music, or the sensation of your body breathing in and out, safe in your chair. Assure these thoughts that you can return to them later, if need be. For now, you are allowed to focus on the experience of expression. Right now, there is no other place you need to be. [Pause 5 seconds]

Pick up your marker and take the cap off but do not use it just yet. Listen to the music without moving your body. [Press play on music. Wait 5 seconds]

Now, I invite you to begin by placing the marker on the paper. Pretend that the tip of the marker is magnetically connected to the paper. Move to the music without lifting the marker off of the page. If you do, that's ok. Return to where you left off and keep moving until the song ends.

[Pause speaking, allow for exploration]

[Possible statements if people are observed to lose focus] Feel your hand moving across the paper. Dance your hand across the page, exploring the surface. Allow the music to guide you as you move. Does your hand wish to go fast? Or slow? Notice the different qualities of the movements you make as the music plays on. Perhaps you are making long, flowing motions. Perhaps your motion is short and rhythmic. Play with the music. If your thoughts have wandered, invite your attention back to your breath, the music, the feel of your hand dancing across the page. Allow any thoughts to pass through your mind like clouds.

[30 seconds before song ends] If you wish, open your eyes and see how your marker has been travelling thus far. I invite you to explore parts of the page that you have not visited yet.

[When song ends] At this time, open your eyes if you haven't already. Put the cap on your marker, and transition into the use of crayons. You may color however you wish to, switching colors when you feel like it. Remember that if you color with heavy pressure, the results will be brighter. If you color with light pressure, the color will be more subtle. Keep coloring until the very end of the song.

If you find that your thoughts have wandered, bring your focus back to your breath, the motion of your hand, the sound of the music.

{Pass out cups of water and brushes as people color with crayons}

[At end of song]

At this time you will use the water to spread the color around your page. Maintain your focus on the music and the rhythm of your hand.

[At end of song]

Please put your brushes down and transition to filling in the sentences “I see, I am, I feel, I say, I’m grateful for, and I know” using your sharpie. Use a word or a phrase, allowing however you are at this very moment to be expressed.

[When everyone is done and song is over] We’ll now walk silently around the table and see how different everyone’s pieces came out. If you choose to share your writing, leave your paper face up on the table. We will walk in a circle around the table until you return back to your chair.

Remember to move only as fast as the person in front of you. If you choose, you may hover your hand above others’ pictures and imagine how they moved during the creation process. Or simply follow along with your eyes, traveling around the page.

{Back at their own spots} Now that we’re towards the end of group, I invite you to popcorn out words or phrases that describe how you’re feeling at this present moment. [Write down and repeat these words back, making connections and comparisons between observations].

End the group by inviting members to thank themselves for engaging in creativity and mindfulness and by expressing gratitude for their presence and willingness to share.

Appendix B

Expressive Mindfulness Survey

Please rate your experience in this group on a scale from 1-5, with 1 being “almost never”, 3 being “sometimes” and 5 being “almost always”.

Almost Never

Sometimes

Almost Always

Outside of group, I experience intrusive thoughts, stress or anxiety:

1

2

3

4

5

While participating in this group, I experienced intrusive thoughts, stress or anxiety:

1

2

3

4

5

In group I was able to refocus my attention away from my thoughts and back to art making, the music, my breath, or my body in the room:

1

2

3

4

5

In group I was able to be non-judgmental about my thoughts or about my art

1

2

3

4

5

While making art, I felt able to be focused on the present moment

1 2 3 4 5

While making art, I felt relaxed or calm

1 2 3 4 5

Participating in movement helped me feel present in the group

1 2 3 4 5

Participating in movement helped me feel connected to and/or supported by others

1 2 3 4 5

Please add anything you would like to share about your experience in this group:

Appendix C

Playlists

Playlist 1:

Material	Song Name/Artist	Song length
Sharpie	Oceans by Ensidya	2:53
Watercolor Crayon	Psyopia- Bassnectar Remix by Naux Faux	4:59
Water on brush	Prelude For Time Feelers by Eluvium	5:49
Writing	Divenire by Ludovico Einaudi	6:44

Playlist 2:

Material	Song Name/Artist	Song length
Sharpie	Constants are Changing by Boards of Canada	1:42
Watercolor Crayon	Massolan by Balmorhea	5:13
Water on brush	Time-Ambient Version by The American Dollar	5:18
Writing	Field by Tycho	2:40

Appendix D

Examples of Art Generated from Arts-Based Research



Image Descriptions: Three different images of abstract visual art created using sharpie markers, watercolor crayons, and water on a large brush.

THESIS APPROVAL FORM

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Type of Project: Thesis

Title: Expressive Mindfulness: A Trauma-Sensitive Expressive Arts Therapy Group Method

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