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Daniell Cohen
Lesley University, dcohen15@lesley.edu

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Breaking Pathological Stigmas: Art Therapy and Yoga with Mental Illnesses and Substance Abuse: Development of a Method

Capstone Thesis

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Daniell Cohen

Art Therapy

Vivien Marcow Speiser
Abstract

This thesis narrates a journey towards radical self-acceptance, recovery and growing awareness of substance abuse and mental illness through art therapy and yoga. Individuals who battle with a substance abuse and/or a mental illness are often faced with the predicament of sustaining consistent treatment. It is the opinion of this writer that the way our current mental health system is organized, fails to support the longevity of recovery and wellness for individuals who are unable to afford their treatment. This unfortunate situation sometimes leads to self-medicating behaviors resulting in addiction. As an intern at a short-term psychiatric and substance abuse inpatient hospital, the limited support for individuals post-discharge, is the most commonly expressed concern. Fortunately, treatment planning at the hospital includes modalities for developing coping skills for post discharge such as expressive arts therapy, mindfulness practices and support groups. These coping skills are vital to reducing relapse rates with substance abuse, addressing trauma history and enhancing self-awareness around mental health. This is not to say that art therapy or yoga may treat these conditions fully. However, this thesis will present science-based evidence regarding the benefits of art therapy and yoga in treating various mental illnesses and substance abuse. Through leading art therapy and yoga groups at an inpatient hospital setting, processes have indicated improved mood and self-esteem, increased insight and strengthened emotional regulation.
Breaking Pathological Stigmas: Art Therapy and Yoga with Mental Illnesses and Substance Abuse

Introduction

Individuals who battle with substance abuse and/or a mental illness are often faced with the predicament of sustaining consistent treatment. It is the opinion of this writer that the way our current mental health system is organized fails to support the longevity of recovery and wellness for individuals who are unable to afford their treatment. This unfortunate situation oftentimes leads to self-medicating behaviors resulting in addiction. As an intern at a short-term psychiatric and substance abuse inpatient hospital, the patients’ limited post-discharge support is the most common expressed concern. Fortunately, treatment planning at the hospital includes developing coping skills for post discharge through modalities such as expressive arts therapy, mindfulness practices, and support groups. Through leading art therapy and yoga groups at an inpatient hospital setting, processes have indicated improved mood and self-esteem, increased insight and strengthened emotional regulation. It is the belief of this writer that creating space for individuals to reflect on their condition in a safe space allows them to see their full-potential beyond their illness. It provides an introspective avenue that honors the root of the person’s condition, which oftentimes is due to distressing life events.

The process of choosing a capstone option took various turns. At first, I was most interested in a literature review in order to learn and further elaborate on existing research relating to my thesis topic. But after leading various art therapy and yoga groups at the hospital I bore witness to the therapeutic elements of this combination in working with mental illnesses and
substance abuse. This inspired an opportunity to expand on the insight I have gained through this experience, as well as, an opportunity to dismantle stigmas engrained in mental illnesses and substance abuse. This is mainly due to the fact that through this method I have been able to re-shape my own assumptions and biases within the realm of psychiatry. The hope is that this method and thesis, serve as a contribution to current data on the topic of art therapy and yoga as valuable therapeutic avenues. The priority of this method was to examine the challenges, as well as, discover the advantages of this method in treating mental illnesses and substance abuse at a short-term and inpatient facility.

**Literature Review**

Research has shown that many mental illnesses, including substance abuse, are oftentimes correlated to traumatic life events. Newmann and Sallmann (2004) reported that findings from “A federal study of services for women who have co-occurring mental health and substance use problems” also indicated having “histories of physical or sexual abuse.” (p.466) In an article on the connection between severe mental illnesses and brain development, Aas et al. (2018) stated, “Childhood trauma is an influential risk factor for developing a wide range of mental illnesses, including psychotic disorders.” (p.2) Siegel (1999) reinforced the above statement by highlighting that, “traumatic experiences at the beginning of life may have more profound effects on the ‘deeper’ structure of the brain, which are responsible for basic regulatory capacities and enable the mind to respond later to stress.” (p.13) Moreover, scientists have found that the brain stores traumatic memories in the limbic system, the part of the brain that is responsible for emotional regulation, behavior, and long-term memory; “Altered limbic structure in early life may lay the foundation for longer term patterns of neural dysfunction, and hold implications for understanding the psychiatric and psychobiological consequences of traumatic
stress on the developing brain.” (Marusak et al., 2016, p.509) Art serves as a portal that carries information toward the pre-frontal cortex, the area of the brain that is crucial towards consciousness introspection. This process develops the opportunity for the individual to become aware of the root cause of their condition. By understanding the forces that fuel behaviors and emotions, light is shed on behavioral patterns and mental health challenges. Increasing such insight, also grants room for redefining the relationship with these patterns and challenges, and lessens the agency of these forces over people’s lives. In other words, increasing conscious awareness around root cause of motivations serves as a gateway towards modifying behavioral and emotional patterns that fuel mental health challenges. Both yoga and visual art pave avenues leading towards this cognitive and visceral advancement, as well as, healing.

In order to support the notion that art and yoga may increase insight toward a person’s treatment goals, it is the opinion of this writer that it is useful to understand the way the mind and body store memory. As previously mentioned, the limbic system is the area that supports emotional regulation, memory, motivation and arousal. The two areas of limbic brain that are crucial to the way the brain stores memory are the amygdala and hippocampus. The amygdala is responsible for placing meaning on emotions, as well as highly charged emotional memories. The hippocampus creates a cognitive chart of experiences and then places experiences in to long-term perspective. Together, the amygdala and hippocampus influence how information is composed into explicit and implicit memory. Explicit memory, also known as declarative memory, is associated with the left hemisphere of the brain that controls oral and written communication. As Duros and Crowley (2014) explained, it is the “More complex type of memory, that involves the recall of many different aspects of a situation, and is easily verbalized.” (p.239) This is the area of the brain that is activated when a patient, for instance,
describes their artwork using verbal communication. Explicit memory also compromises facts, perceptions and ideas; brain researchers have identified explicit memory as “Episodic, factual, and autobiographical.” (Tripp, 2007, p.177)

On the other hand, there is implicit memory, or otherwise known as, non-declarative memory. It is also the part of the brain that is associated with the right hemisphere and where traumatic experiences are encoded. This is also the reason why individuals who suffered traumatic experience in their lifetime are unable to access this information in order to verbally express their trauma. Talwar (2007) highlighted that according to Levine (1997) “PTSD in a highly activated, incomplete, biological response to threat, frozen in time, and that trauma gets ‘locked’ in the body.” (Talwar, 2007, p.24) Talwar further supports this notion by indicating that studies have shown that “When people relive their traumatic experience, the frontal lobes become impaired and, as a result, they have trouble thinking and speaking.” (Wylies, 2004, p. 39; Talwar, 2007, p.24). This is where the role of art therapy and yoga becomes crucial. “Successful art therapy can serve to integrate right and left-brain functions that, in turn, help integrate experiences, especially on a non-verbal level.” (McNamee, 2003, 2004, 2005; Talwar, 2007, p. 22)

Processes indicated in this thesis present visual art as a form of tangible action. Results from this method experience, paired with research data presented in this literature review, highlight various ways art therapy and yoga serve as an access point towards connecting with information that lives beneath conscious grounds. Findings from a recent study at the Thomas Jefferson University indicated that art therapy yields a “Connection between the body–mind and creativity” and therefore has a positive impact in the realm of the quality of life. (Talwar, 2007,
p.24) This thesis reinforces these findings by showing the efficiency of visual expression within safe parameters, which in turn activates silenced parts of the mind. Through this introspective process, suppressed emotions may be brought to conscious awareness, therefore increasing insight around etiology of substance abuse and mental illnesses. Neuroscience studies that emphasize the connection between art and cognition highlight that “The brain’s frontal-anterior subcortical loops are activated during the execution of artwork.” (Talwar, 2007, p.24)

Siegel (1999) stated that, “Human connections shape the neural connections from which the mind emerges.” (p.2) By expanding our awareness of how these neural connections impact one’s current state of being, one may develop the ability to choose how to respond to these internal stimuli. Interventions such as art therapy and mindfulness-based practices, provide avenues to enhance such awareness by observing internal processes within a present moment. Gibbons (2015) suggests that art-making has the “Ability to create a shift in brain functioning” in a similar way that “Yoga techniques cultivate activities that elicit calm and focus.” (p. 26) This union between internal and external existence, defines perceptions and interactions with those perceptions. Van Der Kolk (2014) noted that by simply breathing, something oftentimes done mindlessly, one has the power to influence the nervous system. He further explains that upon inhalation the sympathetic nervous system is activated which energizes the mind and body, as opposed to exhalation which activates the parasympathetic system and relaxes the mind and body; when both are balanced then so is the heart rate variability. Heart rate variability is quite vital in thinking about impulse control he explained; “When our autonomic nervous system is well balanced, we have a reasonable degree of control, over our response to minor frustrations and disappointments, enabling us to calmly asses what is going on when we feel insulted or left out.” (p.267) He continues to highlight that an “Effective arousal modulation gives us control
over our impulses and emotions. Individuals with poorly modulated autonomic nervous systems are easily thrown off balance, both mentally and physically.” (p.267) This research offers useful insights in terms of behavioral and emotional processes, and especially for those who suffer from PTSD, addiction and other mental illnesses. As Brown (2018) argued, “It’s much easier to talk about what we want and need than it is to talk about the fears, feelings and scarcity that get the way.” (p.84) Mindfulness practices and expressive arts therapies demand our full attention and therefore, encourage us to interact with our internal processes as they are in that moment. As cited by Duros and Crowley (2014). Jon Kabat Zinn defined mindfulness “As the practice of paying attention, in the present, on purpose.” (p.242) The expressive arts, as noted by Duros and Crowley (2014), invites individuals to “Use a variety of forms of creative expression as a means of exploring their inner experience.” (p.242) Since both practices invite the individual to explore their inner processes, the marriage between the two enhances the introspective experience.

It is the opinion of this writer that creating space for individuals to reflect on their condition/s in a safe space, allows them to see their full-potential beyond their illness. It provides an introspective avenue that honors the root of the person’s condition, which oftentimes is due to traumatic life experiences. Research has shown that many mental illnesses, including substance abuse, is correlated to trauma. “Increasing evidence supports the role of childhood trauma in the etiology of psychosis but underlying mechanisms are poorly understood. Early maltreatment has been linked to dissociative symptoms in psychosis patients.” (Christine Braehler, et al., 2013, P.36) Consequently, individuals become involved in self-medicating behaviors that aim to silence their symptoms. For example, brain development for infants who experienced neglect or other traumatic experiences in early life, will impact the “Infant’s affect-regulating system, which is neurally conditioned, and which later helps regulate other attachment functions.” (Hart
Therefore, an adult with untreated childhood trauma will continue to search for ways to fulfil this unmet need. This may result in substance abuse or other mental health conditions. As stated by Fisher (2000), “Addictive behavior begins as a survival strategy as a way to numb, wall off intrusive memories, self-soothe, increase hypervigilance, combat depression, or facilitate dissociating.” (p.1) Fisher (2000) divided these automatic responses or symptoms into four categories. The categories are re-enactment symptoms; persistent expectation of danger; hyperarousal symptoms and numbing symptoms. These categories support the notion that a person behavior and substance choice rely on the symptoms they are battling. For example, a person with re-enactment symptoms who is attracted to dangerous situations, self-harming or promiscuous behaviors, are often involved with drugs such as alcohol and cocaine. Fisher (2000) suggested that this connection is due to the effect of these substances, which “Decrease shame and guilt, and they also decrease the likelihood of the trauma memories breaking through by ensuring that the patient is on an endorphin or adrenaline ‘high’ much of the time.” (p.2) Individuals who present with trauma symptoms such as persistent expectation of danger, lean towards alcohol and marijuana abuse if the goal is to decrease hypervigilance and cocaine if the goal is to increase hypervigilance. According to Fisher alcohol and marijuana reduce hypervigilance or “the chronic fear of danger”, which in turn, allows a person to sleep better, maintain relationships and complete daily tasks. (Fisher, 2000, p.3) On the other hand, cocaine increases “Hypervigilance and feelings of power and control, thereby decreasing anxiety in the exactly opposite way. (Fisher, 2000, p.3) Hyperarousal symptoms manifest due to flashback, visceral memories and nightmares. These symptoms oftentimes trigger substance abuse relapse in order to numb these trauma side-effects. Fisher noted that a “Trauma patient will have used alcohol and marijuana to induce relaxation and numbing effects or to act as a
‘chemical barrier’ or to facilitate their ability to dissociate.” (Fisher, 2000, p.3) Another example is “restricting food intake and overeating” or use of opiates in order to keep “Intrusive symptoms at bay and for dampening rage and aggression.” (Fisher, 2000, p.3) Lastly, “Numbing or hyperarousal symptoms include dissociative symptoms because of their role in helping trauma patients to get sufficient distance from the intrusive symptoms.” (Fisher, 2000, p.3) In this case, patients might increase hypervigilance to increase the “Sense of well-being and the feelings of being truly ‘alive’ which are so compromised by the numbing symptoms.” (Fisher, 2000, p.3) Moreover, the author also argued that “Depressive numbing often leads to suicidal despair or to self-injury, the use of stimulants to ‘fight’ numbing symptoms may have been paradoxical way of trying to stay safe.” (Fisher, 2000, p.3)

Fisher’s (2000) trauma-symptom mapping, in correlation with behaviors and substance abuse, shed light on the importance of raised awareness around the underlaying reasons behind a person’s mental health conditions and substance abuse. In term of therapeutic interventions, this awareness is crucial and may be seen as the foundation of a person’s treatment goals by honoring the root cause of the condition at hand. “Just as everything about our minds is caused by our brains, everything about our brains is ultimately caused by our evolutionary history. For human beings, nurture is our nature. The capacity for culture is part of our biology, and the drive to learn is our most important and central instinct.” (Hart & Susan, 2008, p.21; Gopnik, Meltzoff, & Kuhl, 1999, p. 8) Siegel (2006) stated that “The brain is a social organ and our relationships with one another are not a luxury but an essential nutrient for our survival” (p. 211). Van Der Kolk (2014) highlighted that “Research has shown that people who’ve been abused as children often feel sensations (such as abdominal pain) that have no obvious physical cause; they hear voices warning of danger or accusing them of heinous crimes” (p.25). Shore (2014) argued that “Each hemisphere of the brain is responsible for
divergent functions” and that the relationship between the two regions is vital for balanced functioning. “In other words, the hemispheres support each-other and their harmony is needed for optimal functioning of individuals and of civilization.” (p.2) Siegel (1999) also reinforced the idea that “By organizing the self across past, present, and future, the integrating mind creates a sense of coherence and continuity.” (p.9) Through these view-points that reinforce the way that biology, life events and interpersonal relationships shape pathology and not the other way around, it is possible to treat the root of the person’s condition as opposed to their symptoms. This approach encourages long-term wellness, rather than a momentary solution to elevating symptoms.

Van Der Kolk (2014) stated “One does not have to be a combat soldier, or visit a refugee camp in Syria or the Congo to encounter trauma. Trauma happens to us, to our friends, and our families, and our neighbors.” (p. 1) A research study at the Center for Disease Control and Prevention concluded with the following: “One in five Americans was sexually molested as a child; one in four was beaten by a parent to the point of a mark being left on their body; and one in three couples engages in physical violence.” (Van Der Kolk, 2014, p.1) These findings, regarding the commonality of trauma, are crucial in treatment planning. By questioning the individual’s history, prior to their current state, it might be possible to illustrate a viewpoint that supports their process towards recovery. Moreover, it is the belief of this writer that understanding the core root of each condition, ignites long lasting possibilities for reversing neurological damages, unhealthy behavioral and emotional conditioning, as well as, strengthen interpersonal and intrapersonal connections.
Further research on trauma treatment, as noted by Duros and Crowley (2014) reinforced that trauma lives “deep in the core of the brain and body.” (p.237) They suggested that current research regarding the efficiency of trauma treatment, must include an integrative model that supports engaging both hemispheres of the brain. This model examines the union between “Traditional therapy modalities with those that focus on calming the nervous system such as yoga, mindfulness, imagery, expressive arts and eye movement desensitization and reprocessing.” (p.237) Hass-Cohen and Findlay (2015) proposed that “Art therapy is used to promote bilateral brain integration; right hemisphere stimulation is promoted through sensory art experientials while the left hemisphere is activated through verbal discussion. Balancing verbal and nonverbal processes support neural integration and stress reduction.” (p.331)

In term of personality disorders, such as Borderline Personality Disorder, Hass-Cohen and Findlay (2015) stated that the “Feelings of emptiness and other symptoms experienced by clients suffering with BPD may originate from trauma(s) occurring during the preverbal stage of childhood development.” (p.144) Hass-Cohen and Findlay (2015) then suggested that the process of “Art-making, as a nonverbal process, allows these individuals a method of communication that transcends words.” (p.144) Van Der Kolk (2014) has stated that yoga and “Intensive meditation has a positive effect on exactly those brain areas that are critical for physiological self-regulation.” Mindfulness-based practices such as yoga, not only increase relaxation, but also a sense of safety and connection with one’s own body. This embodied sense of safety, the author continues, has been shown to fortify the ability to transcend memories that “previously overwhelmed” his patients “into language.” (p.275) Art and mindfulness-based practices such as yoga and meditation, work in similar ways physiologically, as well as, psychologically. Both target the internal processes that portray the person’s external presentation. Since these internal
processes are not always readily available through verbal communication, art and yoga unveil the realm of introspection that in non-verbal. By offering tangible form to these abstract processes, that potentially, precede the visible symptoms it is the opinion of this writer that we may limit misdiagnoses and improve the efficiency of a person’s treatment. Hass-Cohen (2015) noted, “Art therapy approach highlights a mind-body practice that can help organize, integrate and enhance the complexity of intrapersonal and interpersonal interactions” (p. 38).

From a neurological lens, “Neuroimaging studies of traumatized patients show that dissociation occurs when patients are asked to remember their traumatic experience. The left frontal cortex – particularly the Broca’s area, which is responsible for speech-remains inactive.” On the other hand, the right hemisphere and “particularly the area around the amygdala” that supports “Emotional and automatic arousal – lights up.” (Rauch et al, 1994; Bremner et al., 1992; Talwar, 2007, p.24) Additionally, trauma impacts the “Limbic system and non-verbal region of the brain, which only marginally employed in thinking and cognition.” When a person relives their traumatic experiences, studies have shown that the “Frontal lobes becomes impaired and as a result, they have trouble thinking and speaking.” (Talwar, 2007, p.24) The above reinforces the idea that individuals who lived through traumatic events have limited insight to their condition and therefore, verbal communication holds a restricted range of self-expression during treatment. Art therapy, however, stimulates the same part of the brain that is responsible for trauma affect and emotional regulation. During an art therapy session, the individual engages the right hemisphere during the art-making process and the left hemisphere through cognitive processing of the artwork. Hass-Cohen and Carr (2008) stated that, “Art-making affirms abilities used to express internal conditions, while reinforcing their presence, and increasing the client’s confidence at predicting outcomes.” (p.83) Through the “Sensory and especially visual
processes, novel stimuli, active feedback, pragmatic problem-solving, emotion, expressivity, and the contextual ability to address and reduce stress and threat—all characteristic of art therapy contexts—were discussed as evocators of neurotransmitters.” (Hass-Cohen & Carr, 2008, p.88) Furthermore, “By engaging intrinsic communication processes facilitated by neurotransmitters and hormones, art therapy seems poised to enable positive therapeutic changes while possibly enhancing synaptic plasticity and creating multi-tiered psychological outcomes.” (Hass-Cohen & Carr, 2008, p.89) For instance, art therapy has shown to stimulate a hormone called Acetylcholine (ACh) that controls arousal and attention processing “In multiple anatomical regions supporting learning and memory.” (Gil, Connors, and Amitai 1997; Hass-Cohen & Carr, 2008) ACh is attributed to control emotional regulation, problem-solving abilities and long-term memory functioning. Since “ACh is activated by visual and novel stimuli, this neurotransmitter may stimulate change processes operating during art therapy.” (Hass-Cohen & Carr, 2008, p.82) Moreover, “During learning, ACh hastily activates different neurotransmitter systems that help improve memory and comprehension.” (McIntyre, Marriott, and Gold 2003, p.81) On the other hand, “Presynaptic ACh stimulates release of several neurotransmitters: norepinephrine, GABA (gamma-aminobutyric acid) and serotonin, in the hippocampus (HC), a structure essential for explicit or consciously accessible memory functions.” (McIntyre, Marriott, and Gold 2003, p.81) Additional example is the connection between Dopamine (DA) and art therapy. Hass-Cohen and Carr (2008) suggested that inherent qualities of a therapeutic art-making process such as “Feeling a sense of reward, pleasure, or thrill while achieving a predicted goal, like an art piece” is due to the release of Dopamine in the brain. (p.82)

This insight offers rich content in treatment consideration, not limited to diagnoses such as PTSD. In a study, examining the effects of art therapy with schizophrenic patients, results
demonstrated increased interpersonal and intrapersonal connections; “A main finding of this study was that art therapy gave rise to an experienced stronger sense of self.” (Teglbjaerg, 2011, p.316) Patients continued with their primary treatment during this study, which included their daily medication dosage. Post painting, patients were able to identify themselves as the person who created the image, which gave rise to an anatomical realization as the “creator of something.” (Teglbjaerg, 2011, p.316) Teglbjaerg (2011) reported, one patient stated “I had created something, not just negative thoughts. I had really created something positive. It makes me happy.” (p.316) Another patient reported that through art therapy this patient became his own person outside of his mental health condition. This study also suggested that the “The process of painting demanded full presence and awareness of colors, light and shape.” (Teglbjaerg, 2011, p.316) Encouraging the patients’ full attention through painting, allowed them to be connected to the present moment, as well as, enhanced their orientation status – becoming more aware of their environment, context and time. This increased sense of “Presence-being was characterized by diminished anxiety and paranoid thinking while being absorbed in painting.” (Teglbjaerg, 2011, p.316) Lastly, Teglbjaerg (2011) noted that patients “Experienced painting as a joyful activity in which they were allowed to be crazy and experiment with new solutions in a playful way.” (p.317) Patients reported that their painting problem-solving skills improved their ability to problem solve outside of therapeutic parameters. This parallel process enhanced their sense of autonomy and therefore, strengthened their social skills, as well as, reduced their isolative behaviors. Finally, the “Symptoms of schizophrenia are claimed to be a result of weakness in the very primary pre-verbal self, also called the minimal self.” Patients disclosed that art therapy reduced this sense of “minimal self”, which “Provides new understanding of art therapy and its impact on patients with schizophrenia.” (Teglbjaerg, 2011, p.317)
An additional study by Griffith, et al., (2018) assessing for the implications of art therapy with psychiatric patients, also indicated positive results. Prior to this study, patients reported that their main struggle in treatment planning was “The lack of meaningful communication with providers.” (Griffith, et al., 2018, p.42) In this study, patients were asked to create an art installation that was used to encourage a personal reflection on the notion of a healthy mind. One measuring tool utilized in this study was the patients’ ability to reflect on themes such as “Introspection, physicality, cognition, socialization, openness, and calm” as Griffith, et al. (2018) stated. (p.42) Patients reported that this process increased their awareness and insight towards meeting their treatment goals. Furthermore, this study addressed the participants’ concern in terms of the communication gap between providers and patients; results suggested that “Arts collaborations can be tailored to promote self-expression and to facilitate the meaningful communication so important in participatory decision making between patients and providers in recover-oriented approaches.” (Griffith, et al., 2018, p.47). Montag et al. (2014) stated that “Art therapy in psychotic people can help to restore orientation and structure within internal and external experiences, and the artistic ‘externalization’ of inner states or experiences can become subject to cautious distancing and reality-testing.” (p.1) Once again, this statement exemplifies the way art therapy invites a person to consider themselves outside of their illness and explore their potential beyond their mental health limitations.

In a study by Mandić-Gajić (2018) examining the correlation between art therapy and substance abuse, the following conclusions were gathered. As a result of these art therapy sessions, individuals reported an increase in meeting their treatment goals and enhanced motivation to continue abstinence post-discharge. Mandić-Gajić noted that the study participant “Continued drawing houses as a theme of the following sessions till his obvious visuospatial
impairments were repaired.” (p.224) Additionally, results indicated an increased insight into the patient’s cognitive impairment.

**Method**

The below method was conceived in order to further elaborate on the results presented in the above literature review. Gathering existing data regarding the benefits of art therapy and mindfulness practices in mental health treatment, served as a foundation towards the development of the following method.

**Setting and Participants**

This method included art and mindfulness groups that incorporated visual art and yoga at my field placement site. The site offers short-term inpatient treatment for mental illnesses and substance abuse recovery. Participants varied in cultural backgrounds and ranged between fourteen to sixty years of age. The time span of this method lasted for a year and during this timeframe I led four groups three days per week.

**Method Procedure**

The structure of each group incorporated a brief introduction including first name and last initial, check-in question and a mood rating from a scale of 1 being low mood and 10 being a high mood. The check-in question related to the theme we worked with that day to inspire thought around that topic; few examples of questions we have incorporated to the introduction were: where in your body do you currently feel tension? What makes you feel empowered?
Identify a time you have felt supported? Identify a time you have felt safe? Share one or two qualities about your life that motivate you towards reaching your goals?

Post introduction, I guided patients through three deep breaths, as well as, a series of gentle chair yoga poses. As we transitioned from our introduction to the guided breathing and chair yoga, I asked the group to find a comfortable seat. I suggested sitting towards the edge of their chair in order to encourage an upright posture. The language I chose during our body scan and guided breathing was crucial. Since I have noticed that language choices are important, especially with patients who were detoxing or are hyper-religious. That being said, the way I would instruct the next steps varied depended on the group dynamic and diagnoses. After finding a comfortable seat, I suggested a yoga mudra that is a hand gesture that in yogic philosophy supports different spiritual meanings. The mudra I recommended was Sankalpa mudra, which in Sanskrit stands for connection with the highest truth and a vow. The mudra includes placing one palm on top of the other, as well as, connecting the tips of the thumbs as shown in figure 1.; figure 1. also displays my personal creative response to this portion of the method.

Figure 1. “Sankulpa Mudra”
It is important to note that when offering this mudra, I would aim to be culturally sensitive to Buddhist philosophy and explain that this is a poor translation from Sanskrit to English. In the event that group member took further interest in the mudra, I would further elaborate and define my personal connection with the Sankulpa mudra as a part of my daily routine.

I began by presenting the Sankulpa mudra as an opportunity to set an intention for our time together in group or beyond. I invited the group to bring their attention to the floor and find a spot to focus on in order to draw their attention inward and notice their senses. I asked them to observe what they were smelling, hearing, tasting, seeing and touching. While paying attention to their senses, I also invited the group to scan from head to toe and observe any sensations along the way without placing these sensations on a spectrum of good or bad, but rather witness and shed light on their current state. Furthermore, since a body scan exercise may provoke much emotions, during this time, I also asked the participants to allow their feelings and thoughts to drift like clouds, with no attachment, as well as, invite their intention back to mind.

We then continued on to the breathing exercise which I instructed as follow: begin to pay attention to your natural breathing and allow this to be a reminder that you’re human, which arrives with limitations and imperfections. As a collective, take a deep breath in through the nose and exhale all the air out of the month. Second breath in, inhale something that nourishes you and with an exhale let something go. Third breath, with an inhale, take in a color and with an exhale, spread that color across the room. Then, scan through the body and observe if anything has shifted after the breathing exercise. I then asked the group to slowly open their eyes and bring awareness to their surrounding and body by turning their heads to the right and scanning all the way through to the left side.
After the breathing grounding technique, we considered another exploration of embodiment through chair yoga. The process included a short series of modified yoga poses using the support of a chair. Once we completed the yoga sequence, I proposed the theme we would be working with, paired with a quote relating to the topic. Here are some topics we considered during groups, empowerment, acceptance, self-love, compassion, healing, safety, non-attachment, commitment gratitude. After highlighting the group topic, I offered a reflective quote; for empowerment, the quote was by Dr. Steve Maraboli (2017) who wrote, “We all make mistakes, have struggled, and event regret things in our past. But you are not your mistakes, you are not your struggles and you are here now with the power to shape your day and your future.” (para. 1) On the topic of non-attachment, the phrase we used was, imagine your feelings and thoughts are simply clouds in the sky, drifting and moving by. On gratitude, we incorporated the following quote by Melody Beattle (2017), “Gratitude turns what we have into enough.” (para. 4) On the topic of acceptance, we incorporated the words, inhaled the future and exhaled the past, which was also used during opening and closing guided breathing. Figures 2. and 3. featured below, are examples of cards created for each group with themes and quotes we focused on throughout this method.
To further examine the personal association each patient shared with the group theme, I incorporated an art directive. For empowerment, the group created empowerment chains using a wooden pendant where the participants wrote one or two parts of their life story that helped them feel empowered. They then tied the pendant on to a string and personalized it by adding beads of various colors and textures (see figure 4. And 5. For examples of my creative response to this directive). In working with the theme of non-attachment, the participants used clay to increase awareness around their dominant emotions. Using a pencil, I asked each patient to carve into the clay an emotion that they feel quite often. I then asked each patient to mold a shape that represents that emotion. They then discussed the first emotion briefly and then continued with the second portion of the directive, which was to flatten their shape and carve another emotion, as well as, create another shape to symbolize this second emotion. They were able to focus on two to three emotions, which patients reported allowed them to feel a sense of catharsis as a
result of creating a tangible figure to identify their emotions. Patients also reported feeling more agency over these emotions by naming their dominant emotions and deconstructing the word they created to define these emotions. In order words, through this sensory exploration of internal processes, patients were then able to increase their understanding of emotions that influence their impulses and other behaviors. The goal of this directive was to enhance awareness on how emotions influence thoughts and behaviors. This goal offers room to build coping skills in order to delay impulsivity rooted in response to irrational emotions and thoughts.

In a group on acceptance, the group explored the connection between each patient’s treatment goals to the concept acceptance. They were invited to represent aspects of their lives that are challenging for them to accept using oil pastel and colored pencils, as well as, white cardstock paper. The group was asked to consider the colors and shapes associated with these challenges using the presented materials, and using writing was also an option offered. The final step of this art directive was to tear the paper and use the pieces to create a shape that represented their future. They then glued the pieces onto another pieces of paper and added words and shapes to the new image that symbolizes aspirations for the future.

A group topic I found to be most effective in terms of increased insight and motivation towards treatment goals, was a goal mapping group using an image of a tree as a metaphor. First, I asked each member to draw an image of a tree that they identified with, it did not have to be a realistic tree, but rather a tree that represents who they are. The following prompt was to draw or write aspects about their lives that allow them to feel grounded as the base of the tree. The tree truck symbolized how they feel or where they are in this present moment, the branches symbolized their short-term goals and the space beyond the branches symbolized their long-term goals. The art supplies offered were various colors of 11” X 14” cardstock paper, colored
pencils, gel pens and oil pastels. They were free to express their interpretation of each element of the tree as instructed using either writing or visual imagery. Almost every member integrated their current treatment plan goals, as well as, noted that they plan on hanging their tree by their bed as a daily inspiration.

In a group on compassion, 4” X 6” postcards were used as well as, watercolors and watercolor pencils, to create two letters, one for themselves and the other for someone else. In the letter I asked the patients to write something to themselves they have never expressed. On the second postcard, patients were asked to write a letter to someone else and address anything they have avoided expressing in their past. On the back of each postcard each patient created and image that symbolized what they wrote.

Each group lasted approximately forty-five minutes to an hour depending on the unit and time of day. The opening portion of group included a five to seven-minutes introduction including check in question and mood rating. Followed by guided breathing and chair yoga, which held ten minutes of group time. The art process lasted fifteen minutes and the post art discussion on what they created lasted approximately ten minutes. Group closing included a guided breathing exercise and a check out mood rating to measure the difference between patient’s mood from beginning of group and after group. To support the efficiency of these groups, the results of each group were recorded in a separate document. This document included the group directive, the unit, date, patient mood ratings, as well as any additional comments stated by patients in response to the directive. This process of data recording allowed for an opportunity to review the results of each group and the way these results progressed overtime on the same unit with different individuals.
Purpose

The intention behind these groups was to invite each patient to reflect on their current process in recovery. The chosen themes related to the hospital’s treatment plan in order to encourage a continuity in the patients’ treatment. Additionally, noteworthy elements of each group were documented based on behavior standouts and patient comments in relevance to their artwork and beyond. These notes were documented in the unit’s group chart that was reviewed daily by clinicians on each unit. As for my own personal reflective process, I maintained a journal that included creative responses to groups, as well as, an outline of the group structure and content (see figures 6., 7. 8. and 9.) In addition to a creative group journal, I experimented with the art directive prior to group each day (see figures 10., 11., 12. and 13.). For instance, figures 4.and 5. feature this process of personal experimenting with the concept of empowerment and “empowerment chains” directive. The words on the “empowerment chains”, shown in figure 4. and 5., represent examples of supports that might provide a sense of empowerment and security within a person’s treatment journey.
Figure 6.

Figure 7.

Figure 8.

Figure 9.
Figure 10. Smudge mandalas with collage

Figure 11. Smudge mandalas

Figure 12. Collage; “Recovered vs. Not Recovered”

Figure 13. Postcards
Results

As a group leader, a witness and space holder I have learned that art therapy and yoga encouraged ways of facing challenges through humility and authenticity. Both of these therapeutic avenues provided room for each individual to reflect, as well as, gain insight towards meeting their treatment goals. Through observation, it appeared that through linking a theme with visual art, patients were able to discuss their condition with more clarity and acceptance. It is the opinion of this writer that combining yoga as a grounding tool and visual art as an introspective pathway promoted emotional regulation, reduced response to internal stimuli, increased personal connection, as well as, sense of support amongst group members. Overall, as a result of groups, it was observed by staff that patients were witnessed to support one another, to be able to build a sense of hope and community through the group dynamic, as well as, to reduce anxiety, and enhance mood and self-esteem.

For instance, one female patient who was diagnosed with Borderline Personality Disorder, as well as, Bipolar I Disorder would often burst into laughter during groups in ways considered to be inappropriate. During these moments when asked to take a deep breath she was able to be re-directed and return to group activity. The same patient has shown improvement in her ability to discuss her mental health through the group art directive. In group, she created a rainbow that was contained by two brackets to describe her emotions. She later on stated that a person who has control over their emotions, lives within those brackets. She further elaborated and noted that since her emotional range is not contained due to her mental health condition she often feels as though her emotions control her mood and behavior. Another male patient who was diagnosed with Paranoid Schizophrenia has been able to enhance his agency over his internal stimuli and other symptoms using deep breathing. This was evidence by his
improvement in speech, in his ability to answer questions appropriately, his ability to stay in group for a longer period and reduced times he would present with paranoid behaviors such as look outside the window and express a paranoid statement. On the dual diagnosis unit, a patient openly discusses the voices she hears. This patient was diagnosed with Major Depressive Disorder and Schizoaffective, Bipolar Type. In a group on intention-setting, she discussed her intention to commit suicide due to the guidance of her voices. This information allowed the expressive therapies department to work with her to develop a relationship with her voices, which included coping skills to delay her response to their requests. A patient who was diagnosed with PTSD and Substance Abuse Disorder, was able to create artwork to motivate her towards continued treatment during and after treatment. She would often express her outmost gratitude to other group members for holding space for her to share her past openly, which she was only able to do through her artwork and writing.

A female patient who was diagnosed with Schizophrenia, has shown an improvement in her ability to be consistent with her thoughts and actions through art. Given the severity of this patient’s condition, art supplies were offered, and the only prompt offered was to draw how she feels. In one of our sessions, this patient drew a scribble using blue oil pastel and then mixed the blue color with an orange oil pastel. This patient then stated that her favorite color was brown, which is the resulted color when mixing orange and blue.

Lastly, in a group on dominant feelings and thoughts clay was used to explore the relationship with one own internal dialogue and stimuli. The group was composed of two patients one male and one female. The male patient would often present with an extremely flat affect and the female as low-functioning in terms of her cognitive abilities. Each person was asked to carve a dominant emotion or thought in the clay and then mold the clay into a shape that
represents that thought or emotion. This was repeated this several times and each time the patients appeared more invested in the process. At the end of group both expressed an increase in their understanding of these emotions and thoughts, and a sense of catharsis

**Discussion**

Method processes indicated similar findings to information reported in the above literature review. For instance, several method participants who were seeking treatment for substance abuse, reported an increase in insight toward their treatment; this outcome was also noted in the Mandić-Gajić (2018) article presented in the literature review. Additionally, parallel processes were found between the Tegljaerg, (2011) article and this method result with psychiatry patients. Patients stated that through art therapy and mindfulness group they were able to reduce the amount of times they responded to internal stimuli, as well as identified an improvement in their sense of autonomy and self-confidence. Conclusions drawn from this method also presented similar results to the ones highlighted in the literature review with regards to mood and impulsivity. Through art therapy and mindfulness practices such as breathing exercises, patients noticed an improvement in their stress level and were able set their concerns aside while in group.

The aim of this method was to invite each patient to explore the depth of their full potential, despite certain limitations such as mental health challenges. As previously mentioned, results of this method have shown an increase in patients’ motivation towards meeting their treatment goals and in their ability to reflect on personal characteristics other than their mental illness or addiction. Through visual art and mindfulness exercises, individuals who were a part of
this method were also able to develop coping skills they may carry with them post hospitalization. As the evolution of mental health treatment continues to transcend beyond traditional therapeutic avenues, so does the efficiency of ongoing healing and wellness beyond hospital parameters.

Moving forward, to further examine the challenges and advances of this method, the next step would be to implement this method within different settings. This thesis describes results of this method with acute conditions at an inpatient hospitalization level, which might be different if implemented within other settings. For instance, to further assess for the efficiency of this method with the same population, it would be beneficial to examine the results within outpatient programs and non-profit organizations. Ideally, this comparison would serve as a gateway to tailor each directive to best meet the population’s functioning and treatment needs.
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