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Spring 5-18-2019

## Art Therapy Blossoms: Developing Floral Design in Art Therapy for Adults with Anxiety

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Art Therapy Blossoms;  
Developing Floral Design in Art Therapy for Adults with Anxiety  
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5/5/19

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### **Abstract**

The aim of this research is to explore the relationship of floral design principles and art therapy. My central concern started around adults who are not treated, undiagnosed, and who are in pre or post treatment for anxiety disorders and comorbid disorders. Literature supports the use of nature-based materials used in art therapy treatments of specific populations. A therapeutic community engagement project for adults with anxiety was explored which transformed into a developed method for an expressive therapies group for adults diagnosed with obsessive compulsive disorder. Behavioral and cultural community theoretical stances, as well as clinical experiences, and personal and artistic learning informed the outlined method of nature-based materials into the design for an art therapy method in a residential hospital setting. The purpose of this work was to create a method to inform, clarify, and add new knowledge to my understanding of using nature-based materials within art therapy treatment for adults diagnosed with obsessive compulsive disorder (OCD). This paper illustrates a six-phase process of supporting and maintaining professional mental health practices of integrating art therapy treatments within a behavioral treatment program for adults diagnosed with OCD.

**Keywords:** *Art Therapy, Floral Design, Obsessive Compulsive Disorder, Underserved, Community, Mindfulness, Nature, Memory, Senses, Creativity, Expressive Arts Therapy*

### Introduction

I am a tall, able-bodied, white, 30-year old, heterosexual, upper middle economic status, atheist female, with a hidden physical disability. Generally life is far easier for me due the systemic power imbalances of racism, ageism, ableism, sexism, classism, genderism, etc. Ethically, it is my duty to confront my identity, this privilege, and use this power in ways to voice advocacy for underserved and oppressed social identities. I have discovered that through thorough and continuous work on my personal resistances, I have served as a more open-minded, inclusive, and ethical clinician and person. My goal was and continues to have an ongoing practiced understanding of privilege, power, and oppression to underly all the decisions I make as I create and continue to develop this thesis project.

Currently, I am interning at a residential hospital that treats individuals diagnosed with obsessive compulsive disorder (OCD). *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013) characterizes OCD by the presence of obsessions and / or compulsions (p. 235). These persistent intrusive symptoms cause and/or aim to prevent and suppress anxiety or distress through often time-consuming, repetitive behaviors (compulsions) and / or thoughts (obsessions) (American Psychiatric Association, 2013), p. 237). The patients' insight to their OCD ranges from good to absent (American Psychiatric Association, 2013, p. 237). Individuals with OCD have common themes such as incompleteness, not just right feelings, disgust, and anxiety which may reinforce avoidance behaviors of people, places, and things (American Psychiatric Association, 2013, p. 239). The etiology of OCD is unknown. Research indicates that minority populations are underserved in North American clinical trials of OCD (Fernandez de la cruz et al., 2015). The work at the hospital focuses on distress tolerance and increased acceptance of feelings when confronting

their symptoms using treatments such as cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), and acceptance and commitment therapy (ACT).

Once the patient finishes treatment at the program there is on average a 60% reduction of symptoms (N. Van Kirk, personal communication, December 13<sup>th</sup>, 2018). However, these individuals still suffer from 40% of OCD symptoms. The waitlist for treatment is never-ending as well. I am also concerned with the number of people that cannot afford the program costs. I ask, what supportive measures are available for relapse prevention? The community at my site is very strong and I worry about how the individuals might find support within their own home and social communities? How do clients or anyone learn to remember coping strategies, emotional regulation, and acceptance of feelings? It is also important to consider who is left out of treatment altogether due to economic status and limited access to resources.

According to Anxiety and Depression Association of America (2018) there are approximately 40 million adults in the United States age 18 and older, or 18.1% of the population every year, with an anxiety disorder. That is about 1 in every 5 people and only 36% of the population with anxiety disorders who are receiving treatment (Anxiety and Depression Association of America, 2018). Muskin (2018) discussed how doctors are not asking their patients what they do to take care of themselves because of the stigma against complementary and alternative medicines that may be conceptualized as “weird” or “bad” and not evidence-based. At my site, when a patient is discharged, I observe expressed feelings of concerned from the patients who will miss the group support and who do not receive the same support at home. This concern for group support among those in termination is echoed in Perryman and Keller’s (2009) research of floratherapy. These concerns served as the ground for exploring nature-based materials in art therapy.

Working as a florist for almost fifteen years, I have incorporated floral design into a personal form of expression. Flowers have an ability to reflect my mood as well as connect to specific personal memories. Fulfilling flower orders requires me to be mindful of a variety of feelings from condolences, happiness, longing, etc. The joy I receive in this job is from having continual opportunities to experience nature. I am grateful to experience the tactile variety of each flower, each being unique and has different ways it needs to be handled. Also, color, scent, symmetry, imperfections, petal-count, and texture all lend to how I compose a feeling. It is through this impermanent medium that I have discovered an acknowledgement, acceptance, and cycling of common universal feelings. Although, as a florist in this western society, I am the only one permitted to touch the decorative and expensive flowers. It is a tragedy that the arrangement I made composed of fragrant rosemary, mint, and white roses might hardly be touched and might only be expected to sit on a table. The scent from some flowers are only released by touch. The enormous sensory quality of each flower may be missed by the person receiving the flowers. I asked myself, how could I share this experience?

Floral design has a carbon footprint. A beautiful flower will not sell if it has one bruised petal. This leaves about one to two stems per bunch of ten stems of flowers to be thrown away. The amount of waste that comes out of this business is extraordinary which is why I went into learning sustainable floral design practices for the past seven years. Before starting my graduate degree I volunteered to work with an organization composed of participants from the community to create new bouquets from imperfect donated flowers to donate to nursing homes. Flowers and plants are an underutilized resource and inaccessible as an artistic medium due to their costliness.

Grounded in concerns for accessible treatment, I searched for community support, motivation theories, and sustainability. It is also concerning to not know the answers to who or

how materials may be sourced to be used to make art. Questioning where our art materials come from is just as important as questioning the sourcing of food that goes in our body.

Communicating feelings through my art and through my floral design that connect me to who, where, and the meaning of my existence. I was curious to combine nature-based resources, my personal floral design skillset, creative expression, and sustainability, as a form of alternative art therapy treatment for adults with anxiety. I wondered if there could be a bridge that connects this greater sense of purpose among individuals to connect to serving community, self, and life in a meaningful and value-based way. I was also curious about how the growing use of technology might be distancing human connection to nature and the effects on emotional and physical well-being.

### **Literature Review**

Literature I reviewed supported the thesis in areas where I felt stuck, moments I could go deeper, as well as balancing the structure and cohesiveness of gathering all of this information. The history of using flowers and plants to benefit health is rich and has been extensively used among a variety of cultures. Natural materials used in treatment has benefitted individuals with neurocognitive disorders, emotional and behavioral dysregulation, and anxiety. Quantitative, qualitative, and arts-based research on the use of nature-based therapeutic interventions reported increased motivation and restored memory.

### **Flowers as Healing**

Perryman and Keller (2009) stated, “historically, flowers have been used therapeutically to help people seek wellness and personal growth” (p. 335). Their research describes how Egyptian doctors prescribed patients to walk in gardens, while also describing contemporary trends in horticulture therapy (Perryman & Keller, 2009). Perryman and Keller (2009) presented

Louise Lessure's development of flora therapy in a state hospital in 1971, where she taught clients how to nurture flowers and grow a garden. More success came with Kathleen Silberstein's use of horticultural therapy with geriatric patients in 1999 (Perryman & Keller, 2009). Perryman and Keller (2009) continue the work of Cantrell's 1997 study by creating a 5-session group process using flowers as a creative medium. This floratherapy group was grounded in Natalie Rogers principles of expressive arts, which includes achieving personal growth through self-awareness, self-understanding, and insight (Perryman & Keller, 2009, p. 340). This work also assumes that personal growth stems from everyone's innate ability to be creative (Perryman & Keller, 2009, p. 340). Met's pitcher, Pedro Martinez, weeds past gender stereotypes and proclaims how his Connecticut flower garden "emptied his worries," while also connected him to his cultural roots from the Dominican Republic (Macur, 2006, para. 18). Perhaps a sense of pleasure and joy is the reward from spending time handling natural materials?

Scientific, physiological, and the natural history of flowers has also been researched. Huss, Yosef, and Zaccai (2018) discussed how tending to flowers is an example of the embodied phenomenology between the interaction of how our bodies connect to the world. Huss, Yosef, and Zaccai (2018) argued how flowers may evoke positive emotions because they predict areas of land that might be able to grow food, find ripe fruit, and be used for medicine. Flowers direct humans to areas where they can live healthy (Huss, Yosef, & Zaccai, 2018). With grocery stores supplying all of our food to us, there is no need to search. The evolutionary motivation to use flowers and plants for simply decoration has lessened to a level that limits the sensory interaction. There appears to be a deprivation of interaction of natural-materials in today's world.

Mochizuko-Kawai, Kotani, Mochizuki, and Yamakawa (2018) furthered the use of floral design through using a structured floral arranging (SFA) intervention to promote motivation.

They had based this research after results of participants of Mochizuko-Kawai et al.'s (2008) study using SFA with adults with neurocognitive disorders and found that participation doubled in comparison to other daily activities (e.g., singing, cooking, and light exercise). SFA and horticultural therapy has been argued by Lee and Kim (2008) and Pereira (2009) to improve psychiatric symptoms as well as increased motivation towards treatment (Mochizuko-Kawai et al., 2018). Lee, Oh, Jang, and Lee (2018) strengthen the validity of using horticultural-related activities (HRAs) in treatment for decreasing cortisol in elementary school children with “maladjustment” HRAs included floral arranging, planting, and flower pressing. A qualitative research project explored the experiences of six women in a retirement home who participated in floratherapy group sessions. Additionally, Perryman and Keller (2009) described floratherapy as “a unique form of an expressive therapy that uses fresh flowers as a medium for communication, promotes relational concepts of nurturance, growth and development” (p. 334).

Throughout history benefits for continued research on the effects of natural materials used in treatment of mental health have been evident. The presence of nature-based materials in treatment might decrease anxiety, while the resource is being underutilized. Through this research, themes of anthropomorphism, motivation, and compliance towards treatment, restoring autobiographical memories, and stimulating the five senses arise. The cost for the materials was not discussed in these articles. The development of incorporating floral design into art therapy treatment can be grounded in a tremendous amount of qualitative, quantitative, and arts-based literature which suggests how it might support expressive therapy for adults with anxiety.

### **Methods**

This entire process began in the Fall of 2018 with the question, “What is your relationship to the thesis project?” Unsure of how I felt, I responded with a black-out poem as

seen in Figure 1. I noticed my thoughts were scattered on the subject. Narrowing down thoughts, through the black-out poem created a feeling of comprehension and sense of control, while accepting my feelings of being fearful of this arduous task. Words from the poem in Figure 1 are observably energetic play between balancing choices, risks, and colors. I related to the upright posture of the seahorse and its “upward, kneeling over, shoots backward, swings upright again” movement, as I inferred that this process might take a substantial number of perspectives, angles, and approaches to explore. The poem reminds me of the feeling of optimism, confusion, and eagerness as I approached the thesis.

### **Six-Phase Process**

Fortunately, in my research course I was introduced to the Moon and Hoffman (2014) article that provided a comprehensive outline for the art therapy graduate student to use six-phase process as a means to access new knowledge, specifically in identifying the research question, conducting a process of data analysis, and embodying and performing achieved learning (p.172). I used their outline to inform components of my ambiguous thesis goal that refined my research question, developed methods of data analysis, and guided arts-based research.

The first phase in Moon and Hoffman’s (2014) article described how the students must complete a master’s course in art therapy research. Finishing the research course supported my understanding of qualitative, quantitative, and arts-based research to establish well-grounded evidence to my goal. The previous literature section of this thesis represents this learning. Moving into the second phase, I immersed myself in a search for deeper knowledge regarding my focal question (Moon & Hoffman, 2014, p. 173). I continued by researching local community centers that might offer space for me to host a floral arts-based therapeutic workshop. I based this on preliminary reviews of literature that have carried out data analysis that appeared valid

and reliable. Specifically, I thought to adapt methods from Warson, Taukchiray, and Barbour's (2015) research which was ethically comprised of an advisory committee led by the tribal leaders who assisted with the research design workshop format and facilitation along with methods of qualitative analysis, findings, and interpretations. I had appreciated this work because of the way the facilitators fully empowered the participants to oversee all planning and interpretation of the designed method. Given the history of the traumatization of Native Americans throughout the centuries I felt that this article demonstrated how to effectively gain consent and respectfully while also gaining meaningful and supportive results.

Additionally, I presented my curiosity of the dynamic of using structured floral arrangements in art therapy with adults with anxiety disorders in a poster presentation to my research class. I was advised to develop three directive options to approach the workshops. The three directive options I would select from were to choose a flower to represent the self, create an arrangement as a gift, or choose a flower to tell a story. This variation would allow me to be more flexible with the population while offering the participants the power of choice.

**The Setting.** Initially, I chose to do a community project to address the population who may be untreated for anxiety. I wanted to create this project in a setting of the community that physically surrounds me. I researched community centers close to my home. I thought that being a student I could use this as a positive way to connect to my neighbors and contribute to my community. I visited a local meditation center and sat into a morning meeting. The meditation center seemed appropriate because of the alignment of meditation with the art of floral design principles as well as the meditation that is explored from DBT at my internship site. The meditation meeting was two hours long from 10am to 12pm and the first hour was a guided mediation, while the second hour was a lecture on meditation which included scripts from Kriya

Yoga, a “definite scientific technique for attaining direct personal experience of God” (Boston Center of Self-Realization Fellowship, 2018). The site also seeks to “awaken greater understanding of the harmony underlying all true religions, and a fuller expression in this world of the love that unites all people when they realize their oneness in God” (Boston Center of Self-Realization Fellowship, 2018). This site appeared particularly useful to me because I value their idea to be inclusive in their approach to finding understanding of harmony and expression through using love as a uniting factor for the world. However, my resistance to this site’s goals towards their desire of being inclusive to “all religions,” assumes that people must have a religion, while it also assumes people must have any relationship with a “God.” I felt like an outsider because I do not believe in God. Focusing on my own work to connect, accept, and understand this resistance seemed appropriate to my intention to work through my own resistances. I thought this could be the setting for my workshop as it would deepen my understanding of combining secular and non-secular approaches to art therapy workshops at community centers.

**Community Workshop.** My plan was to use flowers by acquiring donations from supermarkets and event florists who were throwing away imperfect or discarded flowers. I wrote emails to the closest flower shops and supermarkets to acquire these flowers. While awaiting responses I developed my plan of the workshop project to have flowers set up in a few buckets for the participants along with clippers, scissors, and inexpensive vases. Materials I needed for adapting the SFA approach included flowers, buckets, trash bags, clippers, paper towels, inexpensive small vases, access to water, tables, chairs, a broom and a dust pan. The cost for these items would be determined on how much I could find as second-hand items and donations.

I would also need the number of participants, a signup sheet, and a specific scheduled date of the workshop.

Each participant would have been provided two patterns as suggestions for floral arranging as well as a list of instructions with basic floral design principles, adapted from Mochizuko-Kawai, Kotani, Mochizuki, and Yamakawa's (2018). Ethical and considerate adaptations of Mochizuko-Kawai, Kotani, Mochizuki, and Yamakawa (2018) SFAs would be catered to the community population that I would have been working with by further research and reaching out to the community center's staff. Mochizuko-Kawai, Kotani, Mochizuki, and Yamakawa (2018) offered their participants the opportunity to take the arrangement home, however, this research discussed the need to learn more about interpersonal relationships. Therefore, I thought I would encourage the participants to either take the arrangements home, give them away, or offer them to a collaborative onsite installation. The information that I would gather for my capstone thesis would solely to be my reflection and personal subjective interpretation. All identifying information in the communities I worked with would be kept confidential.

**Organizing New Knowledge.** For the third phase, I planned to collect and organize the data specifically through simulating the same experience the participants were prompted, by creating arrangements of my own, while reflecting on the experience of the workshop. I would use photography to document the work I created. New knowledge would be acquired by having an exhibition of the art works and creating a final art piece that reflects my observations and rely on the audience's interpretation as well as the guiding community. My hope was that this project might provide me with a new understanding, metaphors, and opportunity to reflect on how

nature-based materials might be used to support individuals in the community who might be suffering from anxiety.

Within the fourth phase, I would continue to analyze literature that seeks current ideas and relevant research. In the fifth phase, I identified the capstone option that suits my multi-modal learning style. A poster presentation of my art responses was also scheduled. Moon and Hoffman's (2014) sixth and final phase was a summary in the form of an essay to provide the history, theory, literature and professional practice surrounding the thesis. This thesis is that final phase which explores the use of nature-based materials in art therapy for adults with anxiety.

**Adapting.** Toward the end of planning this method, I received responses back about leftover flower donations. These responses included how donations would only be made to non-profits, leftover flowers were already being donated, or that they would be happy to build the partnership after the Valentine's day holiday. This method was going to be harder than I thought to acquire the leftover flowers within the timeframe for finishing the thesis. I had not thought about how my lack of relationship to local florists would be the determining factor. I felt disappointed yet more interested to create a method that would be adaptable and accessible for any art therapist to explore. I discussed this dilemma with my supervisor and an emphasis on foraging for natural greens and flowers would be possible in the Spring months which again did not suit my timeline.

The deadline for the thesis approached quickly and nature-based found materials became the medium for the project. Peers, supervisors, and professors all echoed the enthusiasm for my new broadened approach using untraditional materials used in art therapy. This fueled the new strategy of the project. I began to try to use the resources which I already had by looking at place, people, materials, and time. I sought to use my established community, my friendships,

already donated materials, and the rural setting of the hospital that I am interning to practice this work.

Having been familiar with the hospital setting in which I had already been interning at from August 2018, I decided that community could be broader to include work and internship for which I spend three days a week plus additional planning hours. I adapted my research to develop a single day project for the expressive therapies groups I had been running. Feeling confident with the cultural norms and treatment styles of the site, I devised a nature-based art therapy method to run in three separate groups on three consecutive days. This adjustment supported my time frame of completing this thesis, by using my current team of professionals to stand as the advisory committee for this work.

### **Results**

The individuals who attend my mandatory 50-minute weekly expressive therapies group have all been diagnosed with obsessive compulsive disorder (OCD). They have varied intake dates and their ages range from 18 to 70 years old.. The method I developed took place in the first week of February. The participants were already familiar with the rationale for expressive therapies group because I had facilitated these groups since the start of their admit date. The rationale of the groups is to target OCD symptoms through cognitive restructuring, psychoeducation, integrated into multimodal directives of self-expression. The hospital is in a rural setting and we were in an adaptive multipurpose dining room. It had just snowed and was sunny weather for all three groups. The structure of the group aligned with my typical check in, warm-up, experiential, and closing. I also run this group with a co-leader who attended two of the three groups. The first group holds approximately 8 people, the second holds 15, and the third holds about 10. People are assigned to these groups at random. The groups are mixed with

generally equal ratio of male to female and the majority of the clients are observably white, as is the treatment team.

### **Interdisciplinary Treatment**

Working with the team of professionals at this site, I made effort to sit in to other groups that might align with themes of motivation. A motivation group occurs once a week for individuals. Attending this group, I worked closely with the facilitator to integrate the themes of their work into co-constructing my nature-based materials art therapy group intervention. The spectrum of intrinsic motivation to external motivation influenced the theme. The directive also roots in theories of Acceptance and Commitment Therapy (ACT) used at my internship site which treats OCD. I paid close attention to motivation, thought diffusion, and values. ACT's aim is "to help you live a rich, full and meaningful life, while effectively handling the pain that inevitably comes your way" (Harris, 2007, p. 97). Seeking an altruistic community support for one another is what I sought to include as it contributes to a value-based practice that aligns with ACT principles.

Meeting with a consultant has guided this work. My consultant was a co-founder of integrating the expressive therapies into the behavioral treatment at my internship site. She is also my current group supervisor and I felt that she is already an incorporated member of my community. I thought she would be an appropriate consultant because she has experience integrating yoga practices into expressive therapies, which is similar in the way that it pairs an outside profession with art therapy. We met weekly for group supervision as well as additional hours to privately discuss my thesis goals. Surprisingly, we found similar histories in the floral design industry. My consultant had suggestions to target specific symptoms while clarifying key take-aways of what I will be observing, such as the multi-sensory component, mindfulness, and

self-soothing techniques. She also advised me to look in to the use of metaphor, physiological effects of breathing in natural environments, as well as directive ideas such as exploring the emotions an object has and how it aligns with a positive feeling or intention. Our discussion moved into future sites in which this might be sought after including contract work at nursing homes. I thought about how floral design might be suitable for populations who express interest and prior experiences with gardening, the outdoors, and appreciation of nature in general.

### **Multi-Modal Method**

The design for this method stem was sourced from new research to align with the population with OCD. I developed goals from Caldwell's (1994) book *Getting Our Bodies Back*. She emphasized the importance of the therapist to be a nurturing, supportive, challenging, reflective, playful, and space provider (Caldwell, 1994, p.79). The multisensory approach included changing the effects of the environment. My intention was to create space for feelings to be held. I took this literally and thought it would be important to claim space outside to hold the feelings. I was also eager to explore what it is that stops an individual from allowing one to fully give space to oneself to feel. How does this limit our experience of life? What boundaries are created when we do not give space to feel? I also intended to practice appreciating any feelings that might come up for the group.

**Location, Materials, and Directive.** With the desire to use flowers as a source of natural medium to use with the group, I peered out at the rural grounds of the hospital. The effects of winter felt uninviting with possible freezing temperatures and snow covering the ground. The only way to make this natural materials idea work would be for me to broaden my idea of what materials could be used. I had been practicing coaching using mindfulness and the five senses in the cognitive behavioral treatment's exposure response prevention sessions since the fall. During

these outdoor walks I noticed that there was an abundant amount of resources that existed on my site, even with the snow. Pockets of green moss, sticks, rocks, pine needles, snow, and litter, might all serve to inspire creativity. I would incorporate this idea of the outdoor found object to stand for the natural materials. Ikebana floral design principles employ this type of broadened approach that allows the artist an array of materials to represent a feeling. It might be a rock, a vase, a single branch that conveys the message. I was curious to see what materials were chosen by the patients. I would checking in with all three groups, to make sure there was an overall agreement to move the start of the session outside.

The method began with a single word check-in. Then I asked the groups if they were interested to move the start of the session outside. Once outside, the group would begin with a moderately active warm-up in which patients would attune our bodies to the same rhythm and exploring a deepening mindfulness to the physical body (Caldwell, 1997, p. 74). I had the group circle up to create a boundary and a contained space. Caldwell (1997) discussed how boundaries must be made so the body's energy can be held (p. 73). She continued to describe how there are addictions to movement, behavior, belief, and substances, that are often used to create the boundary for an intuitive sense to create safety, while avoiding feeling one's energy going into the unknown territory. I observed the group to be reacting with average willingness, effort, and activity. Next, I had the group practice deepening their breath. Caldwell (1997) wrote how deep breathing is meant "to release any constrictions and make physical space within the body, provided more oxygen, and space to allow bodily sensations and deeper feelings" (p.73). Based on my experience in a movement and healing dance with adults' course, I invited the group to move in various ways throughout the space; walking in a circle together, backwards in the circle, in any direction, and then to a place they had never noticed before. In this space, I guided the

group through 5-senses for a minute, then I invited the group to move to a space that they really liked. Caldwell (1997) discussed owning the space and taking a creative role in being responsible for one's own experience (p.72). This prompt was also meant to align with the hospital's past week of motivational groups that were learning about intrinsic motivation. I observed group A to be considerably willing to explore with average and constant movement.

At this point of the intervention I led the groups through a mindful minute, inviting them to explore their five senses and deep breathing. Beil (2018) described forest bathing as a "fully focused body-mind experience incorporating the use of all five senses and interaction with the surrounding landscape" (para. 2). In this outdoor space I suggested the patients to select an object they liked from their chosen spot. I chose to use this wording because I wanted the group to use a phenomenological approach to their chosen item. According to Franklin (2010), "Objects are not created for their own sake but rather for communal bonding; hence, social connections are reinforced through object use during rituals conceived to support collective needs. Communal ritual becomes a galvanizing adhesive that helps culture form and evolve" (p. 161). Exploring an object of interest aligns with the site's ACT principles of exploring self-meaning and values.

Once the group had selected their object we went back inside and I invited the group to use their object to create a sculpture to express, expand, and clarify the feelings from a problem they had experienced in the past week. This aligns with Harris (2007) who described ACT lessons of expansion of a feeling (p. 97). I also offered the group to approach this process without expectations and to play, aligning with acceptance. Then I asked if they noticed judgment, then are they willing to continue with the creative process? Each patient received an 8.5" x 11" piece of chipboard, which they were invited to use to be the platform for their

sculpture. Other materials offered were selected based on the intention of found object, which included donations of toilet paper and paper towel rolls, videotapes, cassettes, a gallon jug of glue, stick glue, recycled paper, and masking tape. I spent a few minutes demonstrating ways in which the materials might be manipulated: videotapes could be broken to use the film inside, cardboard rolls could be taped together, and paper could be used making balls and paper mache. I offered 10 minutes to create the sculpture. I observed constant movement and participation, while patients kept their work within the platform space.

After 10 minutes, I checked in with the group and asked how much time was needed until we spent time reflecting. I created a piece of my own quickly in the groups A and B, see Figure 2 and Figure 3. My work represents the challenges I face as the group leader in Figure 2 as my leaf is hidden in the tunnel. I remember feeling that it is difficult to be authentically present when I am still learning how to run expressive therapy group effectively. The string had been a playful element that I told the group it was the icing on my dessert. While I created my art I modelled using a variety of the materials in different ways. Figure 2 shows the tiny stick I collected sitting in a paper nest-like shape. I remember feeling that the problem I confronted was to create and hold a safe space for the group to feel vulnerable. I intentionally made the pieces related to challenges I faced as the art therapist in the group. I remember feeling it might be useful to create a piece that portrays my “problems” as a group leader in a transparent form of communicating my role to the patients. Edith Kramer (2000) wrote, “art therapists must also command a ‘Third hand’, a hand that helps the creative process along without being intrusive, without distorting meaning or imposing pictorial ideas or preferences alien to the client” (p. 48). I kept an open ear and eye for individuals who needed a material or supply to support their creative process.

Feniger-Schaal, Hart, Lotan, Koren-Karie, and Noy (2018) utilized the Mirror Game to “promote participants ability to enter and remain in a state of togetherness” (p. 1). The mirror game connects a person’s movements to others in a non-verbal manner. It is used in drama and dance therapy in which the participants pair up to take turns leading and following movements. I adapted the Mirror Game to offer communication through movement as a response to the art. Sean McNiff also used this approach in his Art Therapy Studio elective course where he asked people to “pair up and give two-minute movement responses to each other’s artwork” (S. McNiff, personal communication, January, 2018). He also gave examples of how this may be done, modelling various forms of movement expressions. Mirroring movements helps to be more open and shifts the viewpoint. Movement responses offered each individual varied outer perspectives of their artwork, a chance to be reflective, as well as find tacit knowledge through being creative.

As the group came to a collective finish on their sculptures, I offered time for the movement to respond to the work. We rearranged the space to make room for our movement. Each patient was invited to place their sculpture in the center of the circle on a cleared table to receive a movement response from the group. I demonstrated what this might look like and I invited the patients to look closer, all around the object, and then create their movement response. At the start of the movement reflection I also requested the group to hold their verbal reflections until the end, honoring silence, and allowing the movements to speak. I invited the patients to stand in the middle of the circle when they felt compelled to create a response movement. The artist who made the sculpture was directed to stand next to their piece and witness the others’ movement responses. These responses felt random and natural. Each person in most groups had a response. I observed moments when someone vocalized their discomfort

and others gave encouragement to take a closer look which would be a “good enough” movement response, targeting perfectionism. I felt that throughout all three groups the movement responses ranged from simple to complex, short to long, and held a spectrum of emotions.

After we cycled through each sculpture individually, we closed the group with a verbal word or phrase to reflect on the experience. All patients were observed to participate. Patients were responsible for taking their sculptures with them at the end of the session and encouraged to handle their art in a manner that was most helpful and useful to their treatment. I observed patients throw away their sculptures as well as bring them out of the space, while others placed their pieces on display in the room.

The results concluded with extending and continuing to explore relevant research to learn more about OCD behavioral treatment. I was specifically interested to look at more DBT, ACT, and trauma-informed care. In addition, I continued to reflect from the group by making collage and poetry that responded to a problem I felt strongly about from the past week. When I presented this work, see Figure 4 and 5 to my group supervision, I felt embarrassed and vulnerable yet honest. This taught me to make sure to always use language that invites and offers opportunities to share about vulnerable topics yet respects when individuals decide not to share their art work. I also presented the collages to artists in my community who I felt completely different, confident, and comfortable so much that I expressed my desire to create a body of work to exhibit with them based on these pieces. This led me into think about boundaries and who we might share our vulnerabilities, which may be in small groups, one to one, or to a large audience.

Overall, response to the adjusted found object intervention was successful. Throughout all groups the affect presented as reluctant, yet willing. Group C extended their group to go over

time by allowing each person to receive the movement responses from the group. Clients were observably more flexible and focused on values associated with listening to others, creating space for each other, and valuing the holding space for feelings to occur. The client's practiced motivational language when a person was struggling to offer a movement response. This encouragement varied from allowing silence, still space, or specific words, phrases and attuned movement. This art therapy intervention appeared to empower the group to work independently on their own self-expression, share vulnerabilities with the group, and receive and give authentic feedback.

### **Discussion**

The process of researching literature, theories, clinical experiences, and art-based research all informed an appropriate method that related to the relationship of floral design principles in art therapy for adults with OCD. I continue to be eager to explore how this nature based resources might be added to a multi-sensory art therapy treatment and how it can be utilized in an inclusive community setting. Learning came in practicing being adaptive and flexible as well as understanding the needs as well as limitations of using these natural materials for populations who suffer from OCD and comorbid disorders. More learning was found in discovering how culture is defined, while recognizing my privilege, access to resources, and individualistic culture. I am curious to explore more research surrounding the use of found materials used in art therapy.

### **Limitations**

My feeling with the directive I posed to address a problem felt uncomfortable and confrontational. I had an internal struggle in which I felt unsure if this would be safe for the group to look at. I felt my anxiety increase as I mentioned the problem directive to the group.

Keeping “the problem” focused within the timeframe of the client’s past week might have been useful as it created a boundary. It is useful for me to consider counter transference with how I confront my own “problems”. I wonder how it may have affected those with any trauma history. Attending to trauma history, it is essential to be trauma informed with this and any population being served. More research into creating safe parameters for this group to address a “problem” is needed surrounding appropriate “trauma-informed care” (Edwards, 2017, p. A1). Through supervision I was able to adjust the wording to offer more options for the client to decide what they felt comfortable confronting. Words I used to rephrase “problem” included exposure, internal/external conflict, or challenge. I also opened the intention up to the group to feel free to change to suit what they needed in the moment.

### **Addressing OCD Symptoms.**

Symptoms of OCD were targeted as patients explored acceptance of uncertainty rather than black and white thinking. While in this grey area, I observed the patients look at me as they sat in uncomfortable moments. I felt that in these moments, I hadn’t prepared anything to say so I left the moment silent. Reflecting after the groups, I found my mind exploring metaphors of inside and outside of the self within the context of space and self. I am curious about how metaphor might be used within treatment for adults with OCD. Further research into the use of incorporating metaphors in art therapy might be useful.

Mochizuko-Kawai et al.’s (2008) research observed no difference in the motivation of participants who used colored sticks from those who used flowers, so I thought any materials might work too. Yet, I was interested to mimic the space for floral arranging. This space sits in a similar position that I developed in this method where the work sits in front of the artist on a table and uses three-dimensional materials. I also noticed that the 20 minutes of time it takes me

to create a floral arrangement that is approximately 12” x 12” compares to the amount of time I offered the group to create personal sculptures. I had originally wanted a variety of different flowers for the patients to have a multi-textural and sensory experience. I matched this multi-textural approach by including materials that spanned a continuum of fluidity, as seen in the film and thread, to rigid, as seen with the tapes and cassettes. I was also interested in the element of surprise. Flowers would assumingly be a medium not often used in art therapy which paralleled the found materials.

Another symptom this method addressed was practicing engaging in social situations rather than isolating and avoiding. Conversation about how the piece from nature related to the donated materials would also be useful to gain new understanding of self to other as well as explicitly developing an identity and values. Clarify, expand, and express on feelings from that moment were words based out of ACT principles of “expansion.” The group identified a “problem.” It felt useful to confront problems as it occurs in exposure response prevention (ERP), a coached hour when a patient is exposed to distressing stimulus with the goal of accepting unwanted feelings, thoughts, bodily sensations. The idea of ERP is to learn to accept the distress while not engaging in compulsions or ritualistic behaviors. I had noticed when doing exposures that I had to constantly coach the clients to explore the feelings that might have been ignored or avoided due to OCD symptoms. Rephrasing the “problem” to take control and actively problem solve was my goal. Thought diffusion occurred in the movement responses and allowed individuals a new perspective.

Heckwold, Bergland, and Mouratidis’ (2014) research described how dialectical behavioral therapy has been paired with art therapy. They emphasized how art provides space for the outlet of a behavior in response to feelings to be held and is socially acceptable (p. 331).

The method I designed had an observably similar idea to Heckwolf et al. (2014) stated how art therapy acts by “bridging your internal reality and connection with the world around” (p. 332). As each person received a movement response, every person received connection that weaved intrapersonal relationships between interpersonal relationships. Heckwolf et al. (2014) discussed the bi-lateral activation of the brain when pairing verbal and art therapy, linking to emotional regulation, and decrease in stress. Specific and measurable interventions that focus on clinical goals is needed to combine DBT and art therapy theory, research, and practice.

Looking at integrating more DBT language into this work would serve the population, as Heckwolf et al. (2014) suggested. This research indicates how emphasis of the language of radical acceptance with statements such as “lovingly recognize and accept the feelings and letting go of judgement.” I discovered that minimizing variables in my use of language was useful towards clarity in my observations, especially since I was trying something new. . Emotional regulation and problem solving might also be introduced as a productive way to integrate language. This method might serve the population by the addition of breathing skills that the clients are learning in other groups. Diaphragmatic breathing is the most observable taught breathing method used at the site. The expressive therapy group would be a useful place to practice using these skills. Psychoeducation on the physiological effects of deep breathing and benefits of fresh air would also be useful for this population. For the future, I might seek more advisory staff to integrate these ideas.

### **Formulation**

Introducing found natural materials into the art therapy process helped me connect to the site in an authentic way. I felt I was able to address motivation to treatment in a way that supported the population through expressive therapy. It is possible to use found natural materials

to address OCD treatment goals. Creativity soared in the art therapy intervention I developed, while the art I created offered deepened insight. Participation was observably enthusiastic throughout the entire process. Questions about how to manipulate a material, such as using the old tapes, provided a problem that could be solved in a variety of ways. This intervention observably felt like the individuals gained confidence, flexibility, thought diffusion, and developed interpersonal relationships. This case was limited due to quantity of interventions and further incorporation of nature-based materials at different times of the year might be useful to study with adults with OCD.

**Future Work.** Further research into trauma related motivational interviewing skills might be necessary for the group therapy process. Also, circling back to my main point in this work was to identify the areas of growth within my identity to work in parallel with the clients. It might be useful to connect back to the areas of resistance? How do I work through these challenges? How can I use this parallel process to serve my clients? I also think it is important to consider my initial thoughts of finding community rather than noticing the community that I have which I didn't recognize. Growing up in the US, I am taught to praise my individualism rather than collectivist community. As well as being a female, I am still learning that my role can be a vocal leader, although accepting this is somewhat difficult. These barriers are really important to constantly and actively address as systemic influences creates imbalance. Lastly, I continue to work on myself as I learn systemic power imbalances of privilege, power, and oppression.

**Validation of Feelings and Abilities.** Participants expressed vulnerabilities. I might find better ways to validate feelings. It is also important for me to consider my privileged ability. I am able to move in most directions and stand for a long period of time. This movement work

required individuals to stand for over 10 minutes. It might be useful to prepare for ways to modify the movement if someone was unable to participate due to a difference in ability. It is important to always strive to notice, reflect, and respond to what is it addressed, where I am, and who I am in context to the identity of the clients. Research indicates that feelings are stored in the body (Caldwell, 1996). Mindfulness practices offer individuals the chance to connect with their bodies and practice noticing (Caldwell, 1996). Further, attunement through movement offers individuals to connect on a non-verbal manner (Kossak, 2015). Reminders to practice this work without expectations and to play with the process is necessary to support symptoms of OCD.

**Six-Phase Method.** This six-phase developed method offers a guide for the art therapists' masters level education toward mental health counseling in expressive therapy. These phases helped me to organize this process that leads up to the research of literature, development of a method, and arts-based research. I used it to learn to open myself up to new approaches as well as staying organized and thoughtful throughout the process. More structures like Moon and Hoffman's (2014) phases should be made available for art therapy education. Lesley University's blackboard was also a valuable resource throughout this process to find articles and guidance on writing the thesis. I will continue to strive to use new materials and to use resources available.

### **Love for Flowers**

My love and passion towards using flowers for healing and well-being is still a goal that I am looking forward to pursuing in community settings. I look forward to the possibilities of new knowledge and learning, such as considering the issue of not being able to source flowers. The Bureau of Labor Statistics presents the top industries, such as the performing arts, sports, and

similar events, that pay the most for the floral industry. This industry be a good way to acquire leftover flowers. The resource of land is plentiful at my site and a working garden might also be a way to acquire flowers. Conversations with my supervisor supported digging into the land and utilizing any of the natural materials to help patient care and nature appreciation.

At the end of this thesis, I discovered a monthly nature group at another unit. It felt effortless the way that I was invited over and patient care was communicated over enthusiasm for floral design. It reminds me of a book called *Founding Gardeners*, which described how the founding Father's met together to exchange seeds for gardening while also accomplishing writing the United States Constitution (Wulf, 2011). Research indicates horticultural related activities might support women-friendly employment, native ecology, sustainability, and flowers and plants that contribute to culture of the site, bridging units together, as well as employment (Agoramoorthy & Hsu, 2012). Establishing this acknowledgement and openness to the public to treat anxiety appears to be the most accessible and suitable direction to point individuals who suffer from anxiety and depression.

### **Love for Self and Community**

This work continually asks me to work with my intuitive sense, listening to how my body responds and using that as a tool to find valuable insight to the client's connection with other. Using clinical, peer, and group supervision has supported my ability to process this work through communicating thoughts and feelings necessary to the establishing a competent practice. Learning to seek and open up space inside myself was a challenge. I felt a sense of failure for not having acquired flowers for the intervention. However, the more I opened to being flexible and adaptive, the more I was able to access support in everything that makes up my community. I feel tremendously grateful for all the people that supported me through this process and continue

to connect and collaborate. Moments in this method where I noticed that I successfully made space were in offering the clients a number of perspectives within the group, by going outside and inside, using a private card board platform, and clearing a table while rearranging the tables in the room. I notice now that these were all lessons I have learned in graduate school as forms of giving space, focus, and attention to the feelings, thoughts, and behaviors to take stage.



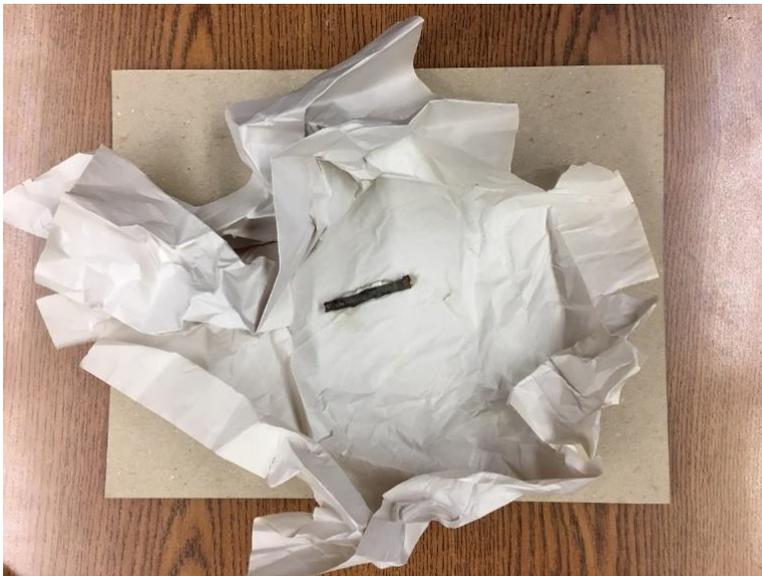
Figure 1. My relationship to thesis process. This figure illustrates the process of journaling for thesis.

Colorful, vocal  
 Explain differences  
 As thought to be too busy  
 Providing care  
 Emphasis on choosing  
 I reasoned this understanding  
 Then perhaps seahorses  
 Seahorses in the lab  
 Repeatedly I  
 Contrary to predictions  
 Obvious, determined  
 Give way, active, develop special forms  
 An eager seahorse, aims snout  
 Target through  
 Upward, kneeling over, shoots backward, swings upright again  
 Between risks

Almost tame  
May refuse to release  
Submit  
Color flattening on the seabed  
All seahorses studied  
Answer these questions, I needed to study a whole community of seahorses  
Off I went



*Figure 2.* My Glazed Cave. This figure illustrates the multi media used for the sculptures.



*Figure 3.* Nurturing myself. Nature-based found object with sculpture.



Figure 4. My Best Self. Collage using old issue magazines.



*Figure 5. Open the Drapes. Collage using old issue magazines.*

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*THESIS APPROVAL FORM*

Lesley University Graduate School of Arts & Social Sciences  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Katharine Lagreze

Type of Project: Thesis

Title: Art Therapy Blossoms: Developing Floral Design in Art Therapy for Adults with Anxiety

Date of Graduation: May 18<sup>th</sup>, 2019 In the  
judgment of the following signatory this thesis meets the academic standards that have been  
established for the above degree.

Thesis Advisor: Elizabeth Kellogg