Self-Compassion Integrated Art therapy for Mothers during a Pandemic

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Self-Compassion Integrated Art therapy for Mothers during a Pandemic

A Literature Review
Capstone thesis
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Abstract

This thesis reviews literature related to parental mental health and the novel coronavirus (COVID-19). COVID-19 is a collective trauma in which individuals experience the trauma differently depending on race, gender, and class. Women’s experience of living during COVID-19 related to changes in the workplace, caretaking, and more. The pandemic influenced parents and notably mothers with increased stress, depression, grief, and anxiety. The practice of self-compassion reduces shame and self-criticism which are common experiences during parenting and trauma. Self-compassion and art therapy can aid in resiliency and make living during COVID-19 more comfortable. With a literature review, results yield the following conclusions: First art therapy provides an action-orientated approach to validating and expressing feelings, and second self-compassion increase moments of safety with internal cues during a pandemic. The paper concludes with a suggested 6-week group protocol combining self-compassion within art therapy for mothers during COVID-19. Keywords: self-compassion, COVID-19, stress, mothers, parents, art therapy, trauma, shame, self-care, mindfulness
Art Therapy Integrated Self-Compassion for Mothers during COVID-19

During the outbreak of the Coronavirus (COVID-19), while working as an essential employee in a mental health hospital and an alternative elementary school, I noticed frequent conversations about being gentle towards oneself, normalizing difficult emotions, and accepting pain. Compassion in therapy became an overarching theme. From first-hand experiences, I witnessed how women struggled with providing self-compassion. At the school, I discussed the challenges of COVID-19 with parents and guardians of children with mental health illnesses. Self-compassion principles became relevant while talking with scared clients in treatment, talking with exhausted staff working long hours, and talking to my anxious inner dialogue as I graduate during a global pandemic. Compassionate care teaches self-compassion. Compassion-focused therapy and self-compassion mindfulness teach how to promote warmth to oneself with specific skills. With exhaustion and stress, forming words became difficult. Words didn’t seem to make sense during an unprecedented time. Art-making does not require words to process pain. Self-compassion-based art therapy integrates being a friend to oneself rather than an enemy while using art tools.

In particular, mothers stood out as benefiting from self-compassion and art therapy groups to integrate the practice of self-compassion with action-orientated therapy. During the wake of the novel Coronavirus (COVID-19), daily life changed. For some work and school places transitioned to online. Other health care workers, grocery workers, postal workers, and other frontline workers risked their lives as an essential-employees. Many around the world lost their life to COVID-19 and the side effects of the virus. Families adapted during a time of suffering and loss. Parenting during the COVID-19 pandemic became especially complicated as typical activities shut down and grief became a common aspect of daily life. Gender norms
contributed to COVID-19's unique experience for women and specifically mothers. More women left jobs due to changes related to the pandemic (Alon et al., 2020; Bureau of Labor Statistics, 2021). Mothers of children experienced exhaustion, panic and, suffering. During the middle of COVID-19, mothers reported an increase in anxiety and depression symptoms (Alon et al., 2020; Davenport et al., 2020; Grose, J., et al., 2020). Mothers required support during this critical time.

Self-compassion researcher Kristin Neff is a mother of a son with special needs. Her experiences as a mother, in part, inspired her studies of self-compassion (Center for Mindful Self-Compassion, 2020). In moments of suffering, self-compassion practices provide supportive measures for increased mental health (K. Neff, 2003). In studies, self-compassion practices reduce levels of shame, decrease self-criticism, and increase self-acceptance (Gilbert & Procter, 2006; K. Neff, 2003). Self-compassion has the potential to integrate with the practices of art therapy for a mind and body connection (Joseph & Bance, 2020; Williams, 2018). The practice of self-compassion alongside art therapy may increase resiliency during the collective stress. Self-compassion and art therapy may provide supportive measures for caregivers of children during COVID-19. This paper includes a survey of the literature and a hypothesized treatment plan for mothers using art therapy with a self-compassion framework. The weekly group protocol overview follows inspiration from previous literature. Further research is needed for the efficacy of art therapy, self-compassion, and parenting.

Note on Language Choice

This paper will use the terms parent and mother most commonly. Other words include caregiver, guardian, parents, moms, and fathers. While understanding the limitations of the language that might exclude adoptive parents, step-parents, and foster parents, using parent and mother promotes ease of reading of the paper. Gender exists on a spectrum and this author notes
the limitations of language and studying gendered experiences in a binary framework (Dvorsky & Hughes, 2008). The information may be relevant for caregivers of children regardless of gender experience. This paper focused on articulating the experiences of mothers caring for school-age children under 18 during COVID-19. Additionally, COVID-19 affected marginalized communities at increased rates in diverse ways. Black, indigenous, and women of color encountered suffering at increased rates (Alon et al., 2020). A mother’s experience of COVID-19 is influenced by intersections of race, class, age, sexuality, location, and education.

Literature Review

Collective Trauma of COVID-19

On January 30, 2020, the World Health Organization declared COVID-19 to be a Public Health Emergency of International Concern (Sohrabi et al., 2020). COVID-19 is an ongoing historical event. Taylor (2020) called COVID 19 a collective trauma. The experience of trauma at the core is decontextualizing. Traumatic events disconnect oneself from reality itself. The trauma process directly relates to the defense of denial including denial of facts, implications, feelings, change, responsibility, and pain (Taylor, 2020). From a relational viewpoint, trauma disconnects oneself from one’s relationship of being in the world (Taylor, 2020). Trauma can also be understood as a common connection between people in a culture or society and a common factor of shared humanity (Taylor, 2020; Watson et al., 2020). As communities adapted to social distancing, wearing a mask, testing, and other changes, one's perspective of life and safety shifts within society. A collective trauma refers to psychological reactions to a traumatic event to an entire group of people (Hirschberger, 2018; Taylor, 2020). A collective trauma exists in a collective memory of a group of people. In future generations, a group of
people continues to process the trauma in an attempt to understand the event (Hirschberger, 2018). Individuals share experiences of living during COVID-19 while in community.

Disaster theory also helps one conceptualize reactions to COVID-19 (Watson et al., 2020). Watson et al., (2020) label COVID-19 as a disaster and a looming global crisis similar to climate warming. Common psychological reactions to disasters depend on the phases of the disaster. When this paper was written, the COVID-19 pandemic was ongoing. The community, defined in this paper as humanity in the United States, and further focused on mothers at home with school-age children, existed in the threat and impact stages of disaster phases (Flynn & Norwood, 2004). Common emotional experiences of the threat and impact stages are anxiety, grief, irritability, and fear for self and others. Behavioral responses to a disaster include insomnia, posture changes, hypervigilance, defensive humor, and ritualistic behaviors. Typical cognitive effects in response to a disaster include loss of memory, decrease in decision-making abilities, confusion, poor concentration, and decrease in attention spans. These can be compared to an overall decrease in executive functioning due to the loss of a sense of safety. As safety and life can feel uncertain during a disastrous time, existential questions often arise. Some normal spiritual responses to the COVID-19 pandemic are a crisis of faith, anger at spiritual leaders or higher powers, and an overall loss of meaning and purpose in one’s life (Doehring, 2019; Flynn & Norwood, 2004; Hirschberger, 2018). Acts of daily living became more complicated. COVID-19 influenced social, emotional, financial, and spiritual aspects of life. Experiencing stress contributes to cognitive, emotion, and physical exhaustion (Brown et al., 2020). The lack of safety contributes to stress. Stress can be understood as a response to the fight, flight, or freeze response related to nervous system responses according to polyvagal theory (Porges, 2017).
Stress affects health and wellbeing. Stress in the body decreases immune responses and increases the likelihood of mental illness. (Desbordes et al., 2012).

A framework to address caring during the COVID-19 pandemic requires considering systems-level changes (Watson et al., 2020). The COVID-19 pandemic makes other injustices more obvious such as health inequity, economic insecurity, and environmental injustice (Watson et al., 2020). As living during a time of COVID-19 is a collective experience, everyone experienced changes in routine. Still, individuals and communities are facing different challenges due to systemic barriers and differences in society. Race, gender, class, wealth disparity, location, religion, personality, age, occupation, and other unique factors of humanity contribute to separate experiences of living during COVID-19. Taylor (2020) uses the term situational factors to understand collective or ground traumas. situation factors include colonialism, slavery, racism, class, genocide, war, immigration, and misogyny (Taylor, 2020). Communities and individuals respond to trauma with adaptations to survive safety. Watson et al (2020) considered how health inequality, the climate crisis, and globalization impact marginalized people. Black Indigenous People of Color (BIPOC) have experienced greater death by COVID 19 in the United States (Taylor, 2020; Watson et al., 2020) Asian Americans have experienced increased acts of racism (Edara, 2020). Parents and guardians have had a disruption in caretaking. Health inequity and the climate crisis became clear as COVID unveiled differences in treatment and care across social classes (Watson et al., 2020).

In a time of great uncertainty and separation in physical distance, Germer (2020) acknowledges people are also recognizing this is a time of reckoning with the interdependence of humanity (Center for Mindful Self-Compassion, 2020). Taking care of everyone protects oneself as well. In a time of distance, remembering that actions of community protection are also acts of
self-protection such as washing hands, staying home, and wearing a mask. Germer (2020) imagines COVID-19 may be practice for the world considering the interdependent nature of other world crises like climate change (Center for Mindful Self-Compassion, 2020). This is a time of understanding how divisions are harmful and the world is interconnected in dependency. To aid global problems, people must recognize interdependence and have compassion for others. Care for the most vulnerable is important to everyone’s survival and well-being. One way to increase care for others is having care for oneself (Center for Mindful Self-Compassion, 2020; Germer & Neff, 2019). This is why self-compassion at an individual level and influences care for others for global changes. This thesis cannot fully and rightly acknowledge in detail all of the sufferings happening concurrently during COVID-19. Mothers of children at home are one population of many uniquely affected.

The economic downturn caused by COVID-19 has a profound implication for gender equality in the labor force. Before the pandemic, for the first time in the US, more women were employed than men (Grose, 2021). In September 2020, women left the workforce at four times the rate as men (Alon et al., 2020; Bureau of Labor Statistics, 2021). As of January 2021, about 4,637,000 women lost their jobs in the U.S. since the pandemic began. Of the women, between the ages 25-44, 32% attributed childcare as the reason for unemployment (Bureau of Labor Statistics, 2021). Now, the rate of women in the workforce is similar to the late 1980s (Grose, 2021). Typical recessions commonly affect men’s employment at higher rates. However, due to the nature of social distancing in response to COVID-19, many job settings that are typically staffed by women, experienced changes and closures. For example, women-centered work settings are retail, daycares, and schools. The recession-related to COVID-19 is unequally women-centered. Similarly, as many schools and daycare centers closed or went remote, child
care needs increase for families. Working mothers face difficult decisions and experiences. As women leave the workforce due to the pandemic, they are missing out on promotions, training, and job connections. Alon et al. (2020) predict women fall behind male co-workers in job skills and careered development, due to the high rates of returns of experience in the labor market. Women also miss out on paths toward higher-level jobs, a loss of social security, and other potential retirement income (Grose, 2021). The loss of income directly relates to greater stress. Research states the longer a person takes time away from the labor force, the harder it is to reenter the careers. In an article by NPR, Gogoi notes the “mom penalty” vs. the “dad premium” in explaining an influence of the gender pay gap (2020). Women typically earn less money at every education level. If women take time off work or decrease time, men continue to work and increase inexperience. (Bureau of Labor Statistics, 2021; Gogoi, 2020). In contrast, a benefit of the COVID-19 experience is the now-common practices of working remotely might offer greater flexibility for jobs in the future for women. For example, working from home decreases commute time and in-office hours.

**Caregiving during COVID-19**

As previously stated, COVID-19 affects women in specific ways. Related to common gender roles, women are often caregivers in the United States and work in caregiver settings such as schools, daycare centers, and hospitals (Alon et al., 2020). COVID-19 contributes to increased stress for caregivers. Stressors are increased with intersecting issues such as poverty, race, having a special needs child, and being a single parent (Grose, 2021). The collective experience of COVID-19 increases the potential for shared stressors with threats to people’s health, safety, and economic well-being (Brown et al., 2020). Gender norms and cultural differences increased stress for mothers of children. The New York Times curated a parenting series entitled “The
Primal Scream” starting in 2020 (Grose, J., et al., 2020). “The Primal Scream” is an ongoing project which documents the experiences of working mothers during the pandemic in the United States. Mothers share experiences such as the challenges of balancing work with family life or rather the reality of not being able to balance duties with other obligations. Part of “The Primal Scream” is providing a Primal Scream Line for moms during COVID-19 to “yell, laugh, cry or vent”, for a solid minute (Grose, J., et al., 2020). For example, one mother said, “I’m so sick of my goddam kids” and another “this pandemic has made me realize that maybe I’m not cut out to be a mother” (Grose, J., et al., 2020). The words speak to the emotional toll from the sixth load of laundry, another day inside, and constantly hearing “Mom” (Grose, J., et al., 2020). The realities of being a parent are difficult and COVID-19 has increased stress while decreasing options to destress.

Typically, one in seven women in the perinatal period of parenthood experience anxiety and depression (Davenport et al., 2020). Women who experience anxiety are at an increased risk of preterm delivery, received mother-infant body, and delays in cognitive/emotional development for the infant. A mother’s stress levels influence the well-being of the child (Cousineau et al., 2019; Desbordes et al., 2012). Treatment for anxiety and depression affects both the mother and children’s wellbeing. As stress seems to be increased across populations in COVID-19, parental stress must be cared for. In another survey, nearly 70 percent of mothers report worry and stress from the pandemic impacted their health (Grose, 2021). In a study (n=900) with 520 pregnant women and 380 mothers in the first year after having a baby, the probability of depression and anxiety levels increased to clinical levels during COVID-19 (Davenport et al., 2020). Of the women, most were American (n= 779) and white (n=736) with some higher education (n=520). Women completed questionnaires during the pandemic which
were compared to pre-pandemic data from recall in a cross-sectional experimental design. Scores for depression supported a moderate effect change. The levels of depression scores increased from 15% pre-pandemic to 40.7% of women self-reporting symptoms consistent with depression during the pandemic. 29% of women met the criteria for anxiety before the pandemic and in contrast, 72% of women met the criteria for anxiety during the pandemic. Physical activity seemed to reduce the likelihood of depressive symptoms during pregnancy and overall mental health. However, 64% of women reported less physical activity during quarantine. Estimates for depression and/or anxiety are typically about 14% of pregnant and postpartum women (Davenport et al., 2020). The increase in self-reported scores may highlight undiagnosed and untreated depression and anxiety.

According to Brown et al., the global increase in stress due to COVID-19 contributes to a higher likelihood of child abuse and neglect by caregivers (2020). Parental stress levels increase the likelihood of child maltreatment. COVID-19 contributes to stress at a community level, providing parents support and increasing perceived control are protective factors to decrease the likelihood of childhood maltreatment. Providing funding for parents out of jobs due to COVID-19 is mental health care. In a study (N=183) of parents with children under 18 years old in the United States, parents reported an increase in stress, anxiety, depressive symptoms related to COVID-19 (Brown et al., 2020). According to the New York Times, 69% of mothers said they’ve experienced negative health effects due to worry and stress during the pandemic, compared to 51% of fathers (Grose, J., et al., 2020). Parents with reported financial stress, high anxiety, and depressive symptoms were associated with an increase in the potential for child abuse. In contrast, parents with increased support and perceived control were associated with less potential for child abuse. Racial differences were not found in mental health risk, protective
factors, perceived stress, or child abuse potential (Brown et al., 2020). Reducing parental stress is important for parent and child wellbeing.

**Compassion in Psychology**

Compassion Focused Therapy (CFT) is part of the third wave of psychotherapies (Gilbert, 2009). The first wave was psychodynamic and the next wave was behavioral therapies such as cognitive-behavioral therapy (CBT). The third wave of psychotherapies focused on practices, skill-building, and conscious actions. Other examples of third-wave therapies are dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT), schema therapy, and mindfulness-based therapies. Compassion-focused therapy is part of positive psychology (Gilbert, 2009). Developed in the early 2000s, positive psychology at an individual level concerns itself on subjective experiences of well-being, satisfaction, hope, and positive individual traits. Positive psychology assumes stress is an aspect of living and considers how people relate to stress or what builds resilience (Huss, 2015). The core question is not diagnosing pathology but instead questioning how people cope well with conflicts. At a community level, positive psychology considers values that contribute towards a better sense of belonging, civility, tolerance, and work (Seligman & Csikszentmihalyi, 2000). Similarly considering self-compassion is connected to the positive psychology movement, at an individual level, self-compassion is being gentle to oneself to increase psychosocial well-being at a group level. However, focusing on an individual’s cognitions and behaviors can be reductive because of the simplistic solution for individuals rather than collective healing or system failures (Huss, 2015).

A few contemporary self-compassion researchers are Neff, Germer, Brach, and Gilbert. Neff and Brach were inspired to research compassion by practicing mediation and Buddhism. Self-compassion was originally presented as a practice originating in Buddhism by Neff in 2003.

Directing compassion to oneself is a step to acceptance rather than a focus for most of the history of Buddhism. Self-compassion is a unique contemporary practice distant from the spiritual practice of Buddhism.

For Neff, Self-Compassion is treating oneself like you would a friend (2003). Multiple perspectives of theorists have studied compassion. Mckay and Fanning (1992) as cited in Gilbert, (2009), interpreted compassion as an interaction of understanding, acceptance, and forgiveness. Compassion therapeutic engagement incorporates the therapist acting with compassion toward the client, the client experiences compassion and the therapist helps the client develop compassion self toward oneself (Gilbert, 2009). Compassion can also be interpreted from an evolutionary model of social mentality theory. In social mentality theory, animals and humans have role relationships that influence one another and activate physiological states of distress and well-being (Gilbert, 2012; Gilbert & Miles, 2000). Gilbert (2009) developed Compassion-focused therapy as a means to address shame and self-criticism. Compassion-focused therapy focuses on linking fears to safety strategies via the teaching practice of providing warmth for oneself (Gilbert, 2009). The lenses help people develop inner warmth and a sense of safety via
Compassion-focused therapy uses the metaphor that compassion is physiotherapy for the mind (Gilbert, 2009).

Compassion means to be with and self-compassion allows someone to separate oneself from suffering and practicing being a moment. Self-compassion holds two fundamental dualities of being tender and having accountability to allow healing (Center for Mindful Self-Compassion, 2020; Germer & Neff, 2019; Neff, 2003). One side feels like a “loving-connected presence” which promotes healing. The other side is an active fierce form of self-compassion which protects and motives onset into action to reduce suffering. A common response to stress or suffering is often questions of why is this happening to me and thinking something must be wrong. These questions lead to experiences of isolation, self-judgment, and self-criticism. These questions seem to be common reactions to COVID-19 such as, “why now?” and “Why me?”

Neff (2003) created a self-compassion scale with bipolar constructs related to the elements of her theoretical framework of self-compassion. The elements are kindness, common humanity, and mindfulness. On the scale, kindness opposes self-criticism. Common humanity exists in contrast to self-focus. Mindful acceptance of one's experiences opposes the concept of over-identification with painful thoughts and feelings. Mindfulness allows oneself to be with painful emotions instead of numbing or being lost in suffering. This takes an intentional practice or pausing to check in with difficulty or stress in a situation that will not overwhelm. Self-kindness relates to the act of holding oneself with love and without judgment. Self-kindness incorporates asking how I can care for myself and what might I need to soothe, comfort, and reassure which reduces suffering. The difference between self-compassion and pity is including common humanity. A perspective of common humanity recognizes life is not perfect, people are imperfect, and one’s experiences of suffering can be shared experiences in humanity. Common
humanity recognizes that pain is part of human history. For example, while some might feel resistance that COVID-19 should not be happening. Community humanity understands challenges and world suffering is common in the human experience in history. Self-compassion at the basic level is what do I need to feel safe and comfortable (Germer & Neff, 2019).

Additionally, self-compassion is a practice of acceptance. No one needs to “fix” oneself or to fix others. An attitude of compassion recognizes everyone does not need to change anything about oneself to be worthy, important, valuable or enough. (Brach, 2020; Center for Mindful Self-Compassion, 2020; Germer & Neff, 2019). Tara Brach calls radical compassion, living in one’s heart with vulnerability (Brach, 2020). Her acronym RAIN stands for recognize, allow, investigate, nurture which are skills to mentally welcome oneself to presence. RAIN develops mindfulness and compassion while decreasing emotional suffering. In Brach’s definition, accepting the moment with oneself fully is essential to compassion.

Neff, Kirkpatrick, and Rude explain self-compassion is not synonymous with self-esteem. Self-esteem can be defined as an overall feeling of self-worth which impacts psychological functioning (Neff & Vonk, 2009). Self-esteem is partly influenced by the outcome and results of endeavors while levels of self-compassion do not depend on results in life. For some in the pursuit of high self-esteem may engage in destruction to win at any cost. People who pursue high self-esteem may perceive negative feedback as untrue, biased and also blame others for misfortunes. High self-criticism might increase denial of reality and decrease accountability. A person might not accept their weaknesses or mistakes to maintain high self-esteem. Self-compassion increases self-accountability and accepts reality as it is. In a study (N=2,187), self-compassion predicted more consistent levels of psychological wellness compared to self-esteem and was less dependent on outcomes (Neff & Vonk, 2009). Self-compassion seems to be
inversely related to social comparison, self-consciousness, self-rumination, and anger (Neff & Vonk, 2009). In contrast, self-esteem was more strongly correlated with narcissism. In a second study (N=165) results indicated global self-esteem and self-compassion were both predictors of happiness, optimism, and positive affect. In summary according to Neff, Self-compassion relates to stable values, strength, lower levels of trauma symptoms and other mental illness, greater courage, and increased forgiveness. Self-esteem connects to levels of narcissism, is ever-changing, and depends on external success (Neff & Vonk, 2009). Compassion focuses on the importance of the process that than the task and encourages people to focus on effort than results (Gilbert, 2009). Compassion behaviors encourage acting with courage in moments of fear. Many people with high levels of shame and self-critical mindsets do not recognize the value of effort as much as the value of success or in essence winning. (Gilbert, 2009).

Self-compassion may be an antidote to compassion fatigue in addition to having a direct relationship to have compassion for others. Compassion fatigue refers to experiences of empathetic distress, burn-out, secondary trauma, and PTSD due to being with suffering. Compassion fatigue symptoms influence cognitive, emotional, spiritual, interpersonal, somatic, and work performance aspects in life (Figley, 2002). Figley (2002), and Lipsky (2009), refer to the importance of being aware of compassion fatigue and taking care of oneself to take care of others. Compassion fatigue may be understood as overextending oneself in the care of others (Germer & Neff, 2019). It is the responsibility of a caretaker to care for oneself and this care for oneself influences the capacity to aid others (Lipsky & Burk, 2009).

**Human Development, Biology, & Self-Compassion**

Compassion-focused therapy research suggests people with histories of early attachment adversity are less likely to experience kindness and warmth as positive experiences (Gilbert,
Often individuals with a history of neglect and abuse have higher levels of self-criticism and lower levels of self-compassion (Gilbert & Procter, 2006). When an individual grows up, feelings of reassurance are unexpected and can be perceived as frightening. In other words, when a person is used to criticism, compassion from others is difficult to comprehend. People with high levels of shame and self-criticism often find it distressing, scary, and uncomfortable to accept self-warmth and self-acceptance (Di Bello et al., 2020; Gilbert & Procter, 2006). Self-contempt and self-loathing contribute to mental health challenges. Typically people who score lower on self-compassion have a history of attachment insecurity, critical upbringing, abuse, and or neglect (Neff, 2003). In compassion therapy, the therapist will respond to reactions of compassion by normalizing, validating, and containing a range of feelings (Gilbert, 2009).

Clients and therapists might experience sadness and grief while practicing compassion towards oneself as the practice activates early attachment systems. A new practice of self-kindness may be considered scary or self-indulgent. If a person has not been provided consistent kindness, a person might not feel like they deserve self-compassion. Typical fears of self-compassion include the person might become lazy due to understanding the self-critic as a coach or the person feels unlovable or unworthy of receiving compassion. The therapist is responsible for challenging these beliefs to help the client embody self-acceptance (Gilbert, 2009).

Neurobiological principles support compassion as an internal cue to safety that regulates one's nervous system and reduces the stress response (Di Bello et al., 2020, Porges, 2017). The vagus nerve connects the brain to the heart. The brain-heart connection is studied with heart rate variability and called a vagal tone (Di Bello et al., 2020). When the vagal tone is higher, the rate decreases and indicates calmness, rest, and relations. Typically, in this high vagal tone state, the body can more easily regulate the immune response and cardiovascular system. In contrast, when
the vagal tone is lower, emotions are flat, low voice tone, and imbalanced heart rates. The oxytocin network is connected to the vagus nerve. Oxytocin is a hormone related to trust, safety, and caring. Oxytocin contributes to the ability to connect to others, empathy, and voice tone range. The vagus nerve is active when people feel compassion, witness the kindness of others, and hear music. With vagus nerve activation, the body can self-soothe and engage socially (Porges, 2017). The practice of speaking to oneself with compassion and receiving touch releases oxytocin (Neff, 2003). Self-compassion statements increase an internal sense of safety which is limited during COVID-19. Self-compassion also increases immune response which is particularly important during COVID-19 because of activation of the parasympathetic nervous system (Germer & Neff, 2019).

Neurological research results mixed support for the efficacy of compassion therapies. Di Bello et al., (2020) found that rate variability decreased following participation in compassion therapy groups. Heart rate variability is commonly a measurement used to study stress and a factor of wellbeing. Results indicated Compassion-Based Compassion Training (CBCT) with parents reduced cortisol levels in infants and young children (Poehlmann-Tynan et al., 2020). In a randomized controlled study by Poehlmann-Tynam et al., (2020) (n= 25) families participated in a CBCT group. Most of the parents had bachelor’s degrees, were white, and had a medium income. It is important to note the lack of diversity in the small sample size. However, this might not change the understanding of the results. After the group sessions, parental cortisol levels were not statistically different. There was a small effect change in a reduction in parenting stress based on interviews. Empathy practiced at home had greater improvements in physiological stress reactions, immune function, and neural acuity.
CBCT with parents reduced infants and young children's physiological stress while not changing the parent’s cortisol levels (Poehlmann-Tyan et al., 2020). The glucocorticoid hormone cortisol is a measurement of stress. The cortisol is released by the neuroendocrine system when the body expresses stress and measurement of activity from the hypothalamic-pituitary-adrenal (HPA) axis. Cortisol reactions are normal stress responses, but long-term stress impacts cortisol levels. Chronic stress and increases output of cortisol impacts the HPA axis and can impact brain development leading to dysregulated stress responses (Poehlmann-Tyan et al., 2020). Teaching parents ways to cope with stress enables children’s growth and reduces children’s stress response system later in life.

In summary self-compassion studies support self-compassion is associated with increased immunity response, life satisfaction, motivation, flexibility, and coping while decreasing depression, stress, shame, anxiety, fear of failure, suicidal ideation, traumatic symptoms, and burnout (Center for Mindful Self-Compassion, 2020; Germer & Neff, 2019). Self-compassion allows oneself to be gentle and firm in response to pain to increase a feeling of safety. Pain is a normal and common aspect of the human experience.

**Self-Compassion & Parenting**

Parenting has daily rewarding and challenging moments. This understanding holds to further depth for parents caring for a child with a chronic condition. Self-compassion research indicates self-compassion for parents with a child with special needs increases parental well-being. (Bohadana et al., 2019; Cousineau et al., 2019). Self-compassion during COVID-19 recognizes the need for psychological flexibility and self-care for psychosocial health (Coyne et al., 2020). Self-care and being flexible with oneself may increase family care. Following a traumatic experience people, it is common to feel an increase in levels of shame and guilt (E.
Beaumont et al., 2012). Research supports self-compassion is a helpful measure to decrease levels of shame and self-criticism. Alternatively, living during a pandemic creates unexpected new hardships in caring for another person. In-person support may no longer be safe to be considered. Schools have changed to be remote or different times. Common experiences like daycare, sports, and visiting relatives are no longer safe and create ethical choices. Compassion and mindfulness-based interventions (CMBIs) show promise in increasing resiliency towards parents (Cousineau et al., 2019). Resiliency can be defined as the ability to struggling well or facing hardships effectively by interacting with stress as an experience to learn from (Cousineau et al., 2019). Similar to the aforementioned description of post-traumatic growth, parents may experience more meaningful moments with positive outcomes alongside the distress of parenting with self-compassion and mindfulness approaches.

CMBIs teach adaptive stress appraisal and coping, emotion regulation, and compassionate attention (Cousineau et al., 2019). Self-compassion skills are an element of emotion regulation skills. When judged by other parents or in moments of guilt or shame with unsolicited advice or self-blame for not doing enough for their child, self-compassion practices like breathing with a hand over one's heart or personal self-supportive phases promote a sense of warmth and strength. Self-compassion and mental flexibility have been noted as important skills in responding to COVID-19 for health care workers and caregivers (Coyne et al., 2020). As explained earlier, CBCT practices may offer ways to reduce children’s stress levels and improve future brain wellbeing. As explained during COVID-19, parents face increased stress from caregiving without typical aspects of life. Parents are coping with the collective trauma while caring for children. Coyne et al., (2020), explain the principles to guide parents during COVID-
19: small things matter, everything interacts, patterns matter, meaning matters, people survive stronger together, and self-care is an act of love.

**Art Therapy**

Art therapy is an approach to psychotherapy that uses art experiences and art production in the therapeutic process to aid clients in meaning-making, resolving conflicts, and decreasing distress (Huss, 2015) Art therapists incorporate different therapeutic frameworks into therapy. Generally, art therapists believe the visual art and art-making process represent unconscious aspects of the mind. Art therapy practice includes body movement and sensory experiences with mark-making. While there exist many theories which can be applied to art therapy, this paper incorporates a transdisciplinary approach (Bucciarelli, 2016). A transdisciplinary framework values diversity, flexibility, and innovation which fosters autonomy, inclusion, and collaboration. Inspiration for specific elements of the group protocol at the end of the paper responds to aspects of existing literature on self-compassion informed art therapy.

As stated self-compassion is part of the positive psychology movement (Gilbert, 2009; Seligman & Csikszentmihalyi, 2000). Art therapy within a positive psychology framework incorporates art as a “concrete zone for envisioning solutions” (Huss, 2015, p. 81). Clients can connect with art as a zone for regulation, confronting negative thoughts, affirming self-concepts, investigating ideas, defining meaning, and changing perspectives of reality (Huss, 2015). Art emphasizes the mind-body connection in a holistic activity and regulates physiological and emotional experiences (Hass-Cohen & Clyde Findlay, 2009; Huss, 2015). Art making is an act of creative problem solving which allows for new perspectives in therapy. Criticism for positive psychology art therapy framework suggest the therapeutic practice is reduced to a way to change moods and focuses on the individual rather than systems causing oppression (Huss, 2015).
Self-compassion and art therapy are mind and body practices. In addition to positive psychology and a wider interdisciplinary framework, neurologically informed art therapy enhances the idea of self-compassion. Hass-Cohen & Clyde Findlay (2009) Art Therapy Relational Neuroscience (ATR-N) theory combines six principles: creative embodiment, relational resonating, expressing and communicating, adaptive responding, transformative integrating, and empathizing, and compassion or CREATE. The creative embodiment relates to the kinesthetic components of artistic movement, thoughts, and feelings. The inherent qualities of movement in art-making integrate memories and enhance healing. Relational resonating is the practice of authentic attunement with oneself and others in their emotions and experiences. Relational resonating uses validation to foster an earned secure base to adapt internal working models for healing. The creative space encourages feeling human in both brave success and happy accidents. This might be adapted to COVID-19 as the home space. Adaptive responding is the practice of problem-solving with materials, conversations, and emotions. Adaptive responding promotes the ability to cope with discomfort in different ways and have different perspectives on past stressors. Transformative integration is the combination of a trusting relationship with sensory experiences across time. Transformative integration involves balance, skill, hope, and change. Empathizing and compassion principles involve kindness toward the process, the art, and oneself. Empathizing and compassion start with acceptance of the process, oneself, and the art itself. With time accepting the process of internalization help a person practice acceptance of the world.

Self-Compassion and Art therapy

Five studies combining art therapy and compassion were found for the literature review. One additional study combined a creative integrative approach with compassion-focused
therapy. The five studies are from authors based in Canada (Beaumont, 2015) and (Williams, 2018), Singapore (Ho et.al, 2019), Spain and the Philippines (Joseph and Bance, 2019), the Netherlands (Haeyen & Heijman, 2020) and the United Kingdom (Lucre & Clapton, 2020). Two of the articles focus on theoretical frameworks. Three of the articles address practices for specific populations such as people with personality disorders, the genderqueer community, and children with histories of sexual abuse. Although different populations and ages, the articles share common themes of combining the ideas of compassion with the physical practice of art to increase capacities for compassion. The articles suggest art therapy enhances the embodied learning of self-compassion practice to facilitate greater change.

Beaumont (2015) suggests arts-based psychotherapy or Compassion-Oriented Art Therapy for gender-variant clients because self-compassion reduces shame and promotes well-being with the use of imagery. Self-compassion and art therapy were described as welcoming and supportive which are valuable qualities to working with parents. Art-making allowed gender-variant individuals to express aspects of their personhood which might be difficult to articulate with words and explore implicates understandings of identity (Beaumont, 2015).

Similar to Joseph and Bance (2019), Beaumont (2015) chose to use self-compassion informed treatment to reduce levels of shame, increase mind-body connection, and increase self-acceptance.

Williams (2018) combined mindfulness, self-compassion, and art therapy in the model called ONEBird. ONEBird involves psycho-education lessons, an experiential component with art-making, creative expression, and verbal integration within group therapy. (Williams, 2018). ONEBird emphasizes using art materials promotes emotion regulation. As Beaumont (2015) noted also, a core understanding of ONEBird is art-making makes internal experiences of oneself
that might be difficult to explain with verbal language externalized within art (Williams, 2018). This allows self-criticism and self-kindness to be acknowledged in a contained space with increased reflection. Williams (2018) believes the therapist's practice of mindfulness and self-compassion contributes to the success of practicing ONEBird with clients (Williams, 2018). Compassion-focused Visual Art Therapy (CVAT) guided IT'S NOT MY FAULT, an alternative model of self-compassion and art therapy created for girls who experience child sexual abuse in Kerala, India (Joseph & Bance, 2019, 2020). Joseph & Bance (2020) used CVAT with goals to decrease levels of shame and stress after the experiences of child sexual abuse. In the 2019 pilot and 2020 study, levels of shame decreased following the 13-week program (N=36). The goals of ONEBird are similar to the needs of parenting during a pandemic; such as, to reduce shame and reduce stress when words might be hard to form due to trauma (Alon et al., 2020; Brown et al., 2020; Coyne et al., 2020). For example, using the primal scream hotline, many mothers yelled or said they were too tired to yell which implies communicating needs and emotions is challenging (Grose, J., et al., 2020). Art therapy is a nonverbal process to express oneself.

A mindful-compassion art therapy (MCAT) protocol hypothesized the group practice would reduce caregiver burnout by increasing the ability to cope with stress (Ho et al., 2019). MCAT is a psycho-socio-spiritual intervention. MCAT is currently in the trial stage of research and the complete study is yet to be published at the time of this paper. MCAT takes inspiration from clinical supervision dynamics in a structured multimodal group intervention. The 6-week intervention includes one week for the topics of self-care, stress management, positive patient care, challenging patient care, loss grief, and professional purpose. While MCAT was not created specifically for parents, end-of-life care professionals and parents are both forms of caregivers. Themes such as self-care, stress, grief, and purpose parallel challenging themes during COVID-
MCAT seems structurally relevant protocol for mothers during COVID-19 with some adaptations like adjusting patient care to childcare.

Compassion Focused Art Therapy (CFAT) was created by Haeyen & Heijman (2020) for people diagnosed with personality disorders. Intervention mapping was used to develop the art therapy program. The goals of CFAT are to strengthen compassion skills for participants and increase emotion regulation (Haeyen & Heijman, 2020). People with personality disorders often have self-critical thoughts. Art-making can contribute to criticism of the art and at the same time, art-making practices play, welcoming messes, and adapting to the supplies. CFAT incorporates mindfulness, imagery, and emotional regulation systems similarly to the ONEBird model (2018). In contrast to the other discussed articles, CFAT directly relates to the CFT group protocol developed by Gilbert. Art therapy compliments Compassion-focused therapy; inner mental content is expressed externally and the inner thoughts or emotions become more manageable (Haeyen & Heijman, 2020). The article includes a specific breakdown and explanation of the 10-week program. Some of the practices inspired the group protocol included in this paper.

Lucre and Clapton (2020) shares themes with art therapy such as creativity, sensory stimulation, and the use of objects in therapy. However, one is cautioned that art therapy was not the core modality. The multi-sensory kit for compassion development was designed for people with attachment and rational trauma. Lucre & Clapton (2020) call creating a container of compassion tools or reminders a compassionate kitbag. The compassionate kitbag serves as a transitional object in a similar way as art from art therapy can (Huss, 2015). Attachment theory and Compassion-Focused Therapy believe transitional objects provide a sense of compassion, trust, and safety (Lucre & Clapton, 2020). Winnicott (1971:1) as cited in Lucre & Clapton (2020)
explains transitional objects are objects used to soothe oneself when the primary attachment figure is absent and act as a secure base. With development, the object is internalized and the need for the literal object reduces. Transitional objects in therapy can reduce levels of threat, anxiety, and increase emotion regulation in a ritual-like practice (Lucre & Clapton, 2020).

Like Compassion-focused Visual Art Therapy (CVAT), the compassionate kitbag was intended for people with early trauma (Joseph & Bance, 2019, 2020). In understanding early trauma is often difficult to process with verbal language, the multi-sensory aspect of the compassionate kitbag bypasses the need for verbal language by focusing on sensations. Multi-sensory stimulation increases the ability for learning and communicating. Literature supports multi-sensory elements increase a person’s perception of safety (Lucre & Clapton, 2020). The kitbag may include smells, music, imagery, and touch to represent reminders of self-compassion. Sensory aspects in therapy can regulate the nervous system such as the use of music to regulate breathing and the use of smells impacts memory recall (Lucre & Clapton, 2020; Porges, 2017). The language of “kitbag” refers to a concept from mountaineering as a kit created for survival with nourishment and to sustain one’s self on an adventure (Lucre & Clapton, 2020). Similarly, self-compassion takes curiosity to explore one’s life and requires practice (Lucre & Clapton, 2020). Parenting can also be considered an ever changing adventure that requires flexible skills.

The kitbag connects to components of art therapy like the sensory aspects, ability to be nonverbal, and transitional objects (Hass-Cohen & Clyde Findlay, 2009; Huss, 2015). Art therapists consider what sensations impact clients like the smell of paint, the feeling of wax crayons, and the sounds of clay. The use of sensory components and nonverbal processing enhances therapy. Hass-Cohen & Clyde Findlay (2009) discuss art as an object and “an anchor” to a sense of security and comfort (p.272). Art therapy has neurological understandings which
support the body movement and sensory components to aid treatment goals (Hass-Cohen & Clyde Findlay, 2009). The kitbag is similar to the previously mentioned self-compassion and art therapy articles with a focus on trauma like Joseph & Bance, (2019, 2020), safety like Beaumont (2015), and an activity within the therapy model like Williams (2018). Mothers can benefit from having sensory reminders for compassion, an increase in safety, and a reduction of stress via self-compassion.

**Discussion**

In summary, Covid-19 contributes to increased stress and mothers are suffering. The literature supports integrating self-compassion therapy and art therapy in a therapeutic model to reduce shame and increase resiliency during stress. Self-compassion and art therapy integration provided a possible framework that mitigates common trauma reactions like shame. There were no articles about art therapy and self-compassion groups for mothers found. This paper was a starting point to add to the field of art therapy and self-compassion literature. Further research is needed concerning art therapy, self-compassion, parenting, and collective trauma.

However, research notes the importance of community care during COVID-19. COVID-19 was defined as a collective trauma in which communities harmed by oppression faced increased death rates, suffering, and racism (Alon et. al, 2020, Edara, 2020, Taylor, 2020, Sohrabi et. al, 2020). While Gremer with the Center for Mindful Self-Compassion (2020) explained COVID-19 represents how people are interconnected and self-compassion can promote connection to others, the research is inconclusive (Anālayo & Dhammadinnā, 2021). For example, parental practice of self-compassion seems to decrease stress levels in children. Poehlmann-Tynan et. al, (2020) study supports self-compassion as having generational effects in increasing the care of children. One might suggest, community action is a greater protective
factor than self-compassion but, self-compassion is something mothers can immediately control which increases mental well-being. Therefore, self-compassion may make the process of living during a pandemic more tolerable and comfortable at an individual level (Beaumont et. al, 2012, Coyne et. al, 2020). This is to say self-compassion and art therapy are not a replacement for community care. Self-compassion and art therapy may be effective tools for individual mental health care. In essence, self-compassion is a practice that helps people care for themselves despite living during great pain and art therapy is an embodied practice of processing without the need for verbal words. Befriending oneself during challenges is a learnable skill that takes practice. Art therapy can help mothers access the ability to implement self-compassion with art-making with a mind-body connection.

This literature review has limitations regarding the information and analysis. COVID-19 continues to impact the world with school changes, COVID-19 related death, vaccine distribution, and medical accessibility. Consequently, research on COVID-19 is ongoing. The information from studies about parenting during COVID-19 will change. There is limited research across populations addressing art therapy and self-compassion with multicultural understandings. More research is needed regarding best practices for different economic groups, single parents, foster parents, biracial parents, and adoptive parents. The challenges of caregiving are likely to be similar yet uniquely exacerbated for separate groups. Self-compassion and art therapy may be adapted for caregivers who encounter similar challenges with shame, exhaustion, self-criticisms, and anxiety (Beaumont et. al, 2012, Coyne et. al, 2020). The efficacy of the group protocol would increase with additional studies. In transparency, the researcher is not a parent. The paper is inspired by brave parents. Further research is encouraged to continue to understand the efficacy of self-compassion, art therapy, and mother's experiences during times of stress.
There is a clear need to reduce stress levels for parents during COVID-19 (Grose, J., et al., 2020). This literature review described high levels of stress, experiences of exhaustion, and changes in work-life for mothers. The compassion research described how compassion can reduce stress and shame with a focus on self-kindness, common humanity, and mindfulness. The art therapy literature shared common themes of shame reduction, the value of nonverbal communication, and the use of sensory aspects for connection to the nervous system. Self-compassion combined with art therapy can aid in the care of mothers, yet there is no current protocol designed for mothers specifically.

**Self-Compassion Informed Art therapy for Mothers Protocol**

The following is a group protocol designed for mothers during COVID-19 integrating compassion with art therapy. The goal of the protocol is for participants will learn self-kindness practices, increase distress tolerance coping with acceptance, and decrease isolation. Self-compassion might mitigate the long-term effects of trauma by decreasing shame and promoting an internal sense of safety.

Inspired by self-compassion mindfulness and art therapy, I developed an art therapy protocol for mothers (See Figure 1.) The protocol takes inspiration from the self-compassion mindfulness definition by Kristin Neff. Specific warm-ups and art practices were adapted from the CFAT (Haeyen & Heijman, 2020) ONEbird framework (Williams, 2018), and Mindful Self-Compassion (MSC) (Germer & Neff, 2019). The protocol includes themes, mindful warm-ups, art experiences, suggested supplies, suggested discussion questions, and a closing self-soothing touch with an affirmation. With all the warm-ups, the activity prepares group members for the session in a practice of focusing on one thing at a time nonjudgmentally without attachment. Next, the group leader will introduce the week’s theme with a definition and an example of the
week’s concept. The art-making will continue to explore the topic. There are suggested art materials, however, the art protocols can adapt to fit the group’s supplies. The experience will shift depending on the supplies used. Next, a discussion welcomes the group to talk about the process. The discussion encourages connections between group members and meaning making. The group finishes in a closing activity of self-given touch each week for 2 minutes with a self-compassion mantra inspired from the self-compassion workbook. Group members notice painful moments in the creative process, meet themselves with kindness, and know they are not alone. When words seem inadequate for difficult moments or kindness seems complicated, art making allows group members to express themselves.

The information in this literature review provided a rationale for self-compassion and art therapy during COVID-19 for mothers. The practice of self-compassion requires noticing the pain oneself feels and responding with acceptance and careful comforting. Many other groups of people experience high levels of shame, isolation, self-criticism, and stress. The researcher encourages art therapists to use the group protocol and ideas presented to practice self-compassion integrated art therapy with mothers and other comparable groups in need of learning to befriend themselves. In a final reminder, promoting self-compassion in others deepens when one also practices self-compassion. The author hopes this literature review inspires others to incorporate a creative process while working on being kind to themselves during suffering. Art therapy is a valuable and important therapeutic approach that increases the ability to learn self-compassion in a mind-body practice.
Figure 1. Self-Compassion Art therapy Protocol for Mothers

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Warm-up</th>
<th>Art Experience</th>
<th>Supplies</th>
<th>Discussion</th>
<th>Closing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-compassion Introduction</td>
<td>Loving-kindness meditation</td>
<td>Notice body sensations, thoughts, and emotions. What’s your forecast if you were weather?</td>
<td>Watercolor, colored pencils, paper</td>
<td>If someone was in this, what would they have to keep themselves protected?</td>
<td>Cup one hand in the other Repeat: “I am human”</td>
</tr>
<tr>
<td>2</td>
<td>Mindfulness</td>
<td>Tearing paper</td>
<td>Draw affectionate breathing waves</td>
<td>Watercolors, pastels, paper, soft pastels, large paper</td>
<td>What surprised you? Can you describe your art?</td>
<td>Hold one fist over your heart and with the other hand cover the fist Repeat: “I accept me.”</td>
</tr>
<tr>
<td>2</td>
<td>Self-kindness</td>
<td>Self-Hand Massage</td>
<td>Create a representation of a moment of suffering on 1 paper, create a response back on another</td>
<td>2 pieces of papers, drawing supplies, watercolor, pens</td>
<td>What changed in the two artworks? Can you give your work a title?</td>
<td>Cross your arms and give a gentle squeeze Repeat: “I am enough”</td>
</tr>
<tr>
<td>4</td>
<td>Common Humanity</td>
<td>Alphabet poem of parenting</td>
<td>Create 3 gifts: something needed personally, in the group, and the world</td>
<td>Paper, writing tools, markers, colored pencils</td>
<td>What do you have in common with another person’s art?</td>
<td>Hold own hand Repeat: “Mistakes are part of living.”</td>
</tr>
<tr>
<td>5</td>
<td>Self-compassion Integration</td>
<td>How do I treat a friend? imagery</td>
<td>Shape a clay figure in a moment of stress, add things the figure needs</td>
<td>Clay, found objects, paper, clay tools</td>
<td>Can you describe the shape of the figure? What did you add to the figure?</td>
<td>Hold hands over heart Repeat: “I can give care to me”</td>
</tr>
<tr>
<td>6</td>
<td>Closing</td>
<td>Self-compassion for caregivers meditation</td>
<td>What does self-compassion look like? Feel like? Sound like? Create a visualization</td>
<td>Paper, colored pencils, paper, collage supplies, markers, air dry clay</td>
<td>What stood out to you in the process?</td>
<td>Option to choose a self-touch and mantra to close</td>
</tr>
</tbody>
</table>
References


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

Thesis Advisor: [Signature]