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## Expressive Therapies and Resiliency – Resistance in Mental Health: A Literature Review

Gabrielle Lopez  
glopez4@lesley.edu

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**Expressive Therapies and Resiliency – Resistance in Mental Health: A Literature Review**

Capstone Thesis

Lesley University

May 5, 2023

Gabrielle E. Lopez

Clinical Mental Health Counseling: Expressive Arts Specialization

Rebecca Zarate, Ph.D., LCAT, MT-BC, AVPT

### **Abstract**

This review evaluates the current literature on psychological resistance amongst human service professionals experiencing burnout and the effect of Expressive Arts interventions on resiliency. Concepts include identifying the main symptoms, risk factors, causes, and treatments for burnout in education faculty, medical staff, and clinicians. Qualitative, quantitative, and meta-analysis studies are included to identify the most prevalent intervention frameworks for reducing stress including Arts-Based and Mindfulness-compassion based techniques. The effectiveness of Arts-based tools on strengthening identity, self-esteem, emotional regulation, and meaning-making in combating burnout is presented. Based on analysis of the literature, the author proposes a three-step intervention framework for utilizing the arts in burnout interventions for the well-being of human service professionals and their clientele.

*Keywords:* Expressive Art Therapy, Resilience, Resistance, Burnout, Mindfulness, Compassion-Based, Human Service Professionals, Clinicians, Teachers

## Expressive Therapies and Resiliency-Resistance in Mental Health: A Literature Review

### Introduction

Due to the rise of the COVID-19 virus, more organizations are recognizing the “systemic lack of safeguards for the health, safety and wellbeing of health workers” (World Health Organization, 2022, para. 2) and the clientele they serve. According to Dr. Maria Neira, Director of Climate Change and Health, “even before the COVID-19 pandemic, the health sector was among the most hazardous sectors to work in.” (World Health Organization, 2022, para. 2) This identifies a drastic increase in burnout symptoms amongst health care workers reporting “from 41 to 52 percent in pooled estimates” (World Health Organization, 2022, para. 3) from the pandemic alone. To evaluate this rise in burnout, researchers developed experimental studies to evaluate burnout, prevalent factors that increase burnout, and methods to combat the effects of burnout.

At the core of burnout and other mental health related distress is resistance. Resistance is defined as the inability to change or adapt. Resiliency, on the other hand, is defined as the ability to recover quickly from difficult external influences (adaptability). According to the literature, those with higher resistance and lower resiliency appeared to be more negatively affected by external conditions. Those with lower resistance and higher resiliency appeared to be less negatively impacted. Of particular concern are themes of work-related stress severity, low self-esteem, negative views, and limitations to well-being practices. Professionals that demonstrated higher abilities to adapt, however, were able to better combat stressors from external conditions. (Culshaw, 2019; Iancu et al., 2017; Killian, 2008; Malyn et al. 2020; McKay & Sappa, 2020).

The severity of symptoms caused by high-stress work environments such as healthcare professions is statistically correlated to increased malpractice and clientele harm, increased

conflict, and increased susceptibility to personal emotional and mental harm (such as second-hand trauma) (Killian, 2008). Analyzing the root causes of the heightened manifested stress of professionals in the workplace and the ways in which to best combat this stress internally may aid in substantially shifting work environments, personal wellness outside of work, and the overall quality of care received by clientele (Amarantou et al., 2018; Ho et al., 2021).

### **Method**

Access to the literature was received through the “Lesley Library Database” including database titles such as ProQuest Central, ScienceDirect, SAGE Journals, and Directory of Open Access Journals. Boolean keychain searches within the databases included key phrases such as “burnout interventions amongst clinicians,” “Resistance and burnout,” and “arts-based burnout interventions.” Additional sources including public website articles were retrieved using a Google search engine to examine the current definitions, general psychological knowledge, and world statistics accessible to the public. The literature was evaluated and organized within the following content categories: Arts-based interventions, Non-arts based Interventions, Informative Articles, and Author Reflections. The Arts-based intervention folder contained three subcategories: Arts-based Research, Arts-based Qualitative Data, and Arts-based Quantitative Data. The Non-Arts based Interventions folder contained two subcategories: Non-Arts based Qualitative Data and Non-Arts based Quantitative Data. The Informative Articles folder included the following subcategories: Resistance, Resiliency, Burnout-Statistics, and Meta-analysis. The Author Reflections folder consisted of the following categories: Audio-files, Art Journal, and Mind-maps. Each sub-folder contained dated documents consisting of .mp3, .jpg, and .doc media files. Theme coding methods were utilized to retrieve connections within the datum including the following categories: Arts-based Intervention Methods, Psychological Resistance, Psychological

Resiliency, Identity and Narrative, Safety and Trust, and Interpersonal Support. Coding methods included color-coding themes within the text on the organizer application, Zotero. Text was then transferred into a word document under the perspective themes for content and connection analysis cross-datum. Coded text included findings from the ‘Author Reflections’ folder to aid in analysis process, however, was not included in this literature review. This transcribed data was used to gain insight into connections amongst the research, ideas for future research directions, and to refer to the author’s experiential knowledge for further conceptualization.

## **Psychological Resistance**

### *Resistance As a Response to Change*

When discussing resistance in holistic wellness, what is addressed is one’s resistance to change. Hurst (2016) describes change as “a movement..from A to B in whatever domain A and B are thought to belong” (p.136). This movement can be a movement in thought, idea, or perspective just as in a movement in physical space. Change can be physically demonstrated and perceived by others, acting as evidence for proofing or documenting change (for example, someone walking across the street). A movement in thought, however, is less readily apparent to both the objective witness and the individual witness. A change internally such as thought or emotional state can manifest physically through one’s body language, behaviors, and actions (Sutton, 2020).

A movement in thought can be demonstrated through behavioral shifts, indicating that one’s perception has changed. If one’s perceptions had not moved, the individual would continue previous behavioral patterns. Unchanging reliance on previous behavioral patterns may lead to stagnation and a cycle of repeated actions due to repeated and unmoving thought patterns

(Sutton, 2020). Hurst (2016) raises that a current state of being will remain if a physical or internal change does not occur. For human development to progress throughout the lifespan, however, change is required to meet evolving external necessities and responsibilities (Hurst, 2016). One's ability to change or move is defined as one's capacity to adapt. (Hurst, 2016). To maintain physical and emotional well-being through transitions and periods of change, humans rely on coping mechanisms.

### ***Resistance and Coping with External Change***

Coping mechanisms or coping is any way in which the body or mind maintains proper functioning during fluctuations of stress caused from external stimuli (Sutton, 2020). To process and overcome these stressors, human beings have a natural system that develops reactions to cope, adapt, and overall survive stressors/perceived threats. In all living things, this is an inherent response of defense against stimuli to maximize one's capacity of survival (Sutton, 2020). According to Friedman (2015), a part of the brain referred to as the basolateral nucleus of the amygdala activates when presented with the stressing stimuli and sends neuron signals to begin the SSDF process. This process results in defensive physical reactivity causing autonomic changes such as heavy breathing and rapid heart rate, neuroendocrine, and muscular changes such as freezing, fighting, or flight behaviors (Friedman, 2015). Friedman (2015) explains that when one experiences moderate or low stress levels, the body produces inhibitory neurons to suppress and control the SDR process so that the person's physical and emotional responses are equal to that of the stressor. With high levels of stress such as life-threatening situations and consistent stress exposure, however, these inhibitory neurons are not released which causes the SDR process to be continuously activated. This continuous activation takes a significant emotional and physical toll on the body that may result in exhaustion, emotional shutdown

(apathy), and symptoms related to anxiety and panic pathologies (examples such as hypervigilance, dissociation, and lack of focus) (Friedman, 2015). As a result, depressive and burnout symptoms from consistent high-stress exposure is the body's attempt to preserve energy for daily task completion to an extreme (the body's 'autopilot').

### ***Resistance's Role in Maladaptive Behavior***

In early-life, humans are equipped with basic stress-relieving abilities to regulate the body such as crying and physical comfort-seeking. Over the lifespan, one's stress-relieving abilities become more of a cognitive and internal process as the development of emotional awareness and metacognition increases (Sutton, 2020). According to Sutton (2020), developed coping mechanisms to relieve stress can be categorized as follows: Active (problem solving, support seeking, planning, reframing), accommodative (revaluating expectations and intentions of a situation such as forgiving or compromising), emotional (regulating emotional stress responses), behavioral (behavioral action for stress management such as breathing, walking, and hobbies), and cognitive (mental activities for stress management such as reflecting on benefits, bigger picture perspectives, and positive outcomes). In normative circumstances, a person will develop and utilize several of these coping strategies in context with the presented circumstance. According to Sutton (2020), a variance in coping tools allows one to be flexible in applying healthy and effective strategies as needed. Without this flexibility, however, adaptation to consistently changing life stressors is obstructed as learning new forms of stress-relieving capabilities is limited (Sutton, 2020). This phenomenon leads to what is known as maladaptive behaviors to cope with stress.

### ***Maladaptive Coping and Behaviors***

Maladaptive coping mechanisms are characterized as mental, physical, and/or emotional behaviors that prevent one from shifting negative patterns and lead to negative outcomes (Sutton, 2020). According to Sutton (2020), these coping mechanisms are associated with denial and avoidance tactics that manifest in common ways such as procrastination, self-isolation and physical avoidance, drug use, self-harm, rumination, emotional numbing, escape, intrusive thoughts, daydreaming, binge-eating, risk-taking behaviors, sensitization (such as excessive worrying or rehearsing of future events), and safety behaviors (relying on something or someone to cope to an unhealthy degree). The function of maladaptive behavior, as with any coping mechanism, is to relieve stressors and overcome obstacles to survive. Maladaptive behaviors, however, are temporary in relieving stress and are not solutions to the internal fears, ideas, and concerns that are causing distress (Sutton, 2020). If one is resistant to utilizing longer-term and more effective coping strategies, these temporary adaptive strategies may lead to a longer-term reliance on temporary solutions to maintain a sense of control (Sutton, 2020). This continuous resistance to growth stunts the human ability to adapt, leaving an individual in a perpetual state of resistance and stagnation (Sutton, 2020).

### ***Consequences of Maladaptive Behaviors***

According to Sutton (2020), unchanging negative outcomes because of unchanging temporary behaviors to cope can cause longer-term psychological and physical distress depending on the frequency and severity of its impact. This cycle of behaviors can result in long-term avoidance of situations, events, and people that restrict growth and learning as well as one's ability to meet psychological and physical necessities. This avoidance does not allow one to face challenging situations that are a necessary aspect of human development in order to learn new lessons and grow (Sutton, 2020). Growth is a form of change that is necessary and presents

further distress as individuals get older if one lacks the internal and external resources to aid in the growing process. Increased distress from this lack of external and internal resources to cope with stressors have negative consequences over time such as reinforcing fear of situations and others, avoiding family and friendships that reduce social supports and resources, limit use and development of social skills necessary for interpersonal interactions, lower educational and professional achievement due to proactive and relationship avoidance, and avoiding difficult conversations that lessen assertive and advocating capabilities (Sutton, 2020). In present psychological literature, there is dialogue that suggests that maladaptive behaviors manifest through learned experiences such as overwhelming stress from trauma exposure or consistent environmental stressors (Friedman, 2015; Sutton, 2020). Research using psychobiological models suggests that human sensitivity to input from the environment in one's early life contributes to their sensitivity to environmental stimuli in adulthood (Sutton, 2020). This sensitivity then requires a proportionate coping response to stressful stimuli to function effectively. For many exposed to overwhelming stress in early development, proper coping strategies are often not modeled or learned by the time they reach adulthood (Sutton, 2020). Commonly used methods of learning such as "conditional compassion" (compassion given only when one accomplishes something) consequently increases judgement and shame when not able to accomplish a goal (Sutton, 2020). This increases stress, avoidance and unhealthy tactics that exponentially decrease productivity and is further reinforced by consistent exposure to unhealthy and stressful work environments (Sutton, 2020).

### **Resistance in Human Service Professions**

#### ***Burnout Symptoms in the Human Services***

According to Killian (2008), burnout is characterized under three main categories: emotional exhaustion, depersonalization, and a lack of self-efficacy (p. 33). This reflects the critically acclaimed burnout assessment tool, MBI-GS, that is administered to measure burnout symptoms using three main research categories: exhaustion, cynicism, and professional efficacy. Culshaw's art-based research study on teachers' stress experiences found the following symptomologies most prevalent: heightened embodied tension, negative effects, negative self-view, a reduced sense of control, and impaired performance as a result (Culshaw, 2019). Existing conceptualizations of struggling were found to be associated with declining performance and the idea of 'struggling' identified as a "problem" (Culshaw, 2019, p.268). In the qualitative portion of the article, "Helping Till it Hurts?," Killian (2008) identified the most prevalent burnout factors amongst therapists experiencing stress symptoms and their most common coping strategies. Individual interviews were administered with the following inquiry themes: stress recognition, job-related stress effect on personal and professional life, and coping skills. Findings of the therapists' datum included mood changes, bodily and sleep disturbances, and difficulty concentrating. Reports of "skewed" views of self and world appeared to greatly affect personal livelihood for clinicians including an account of struggling with partnership intimacy due to intrusive thoughts of client sexual violence narratives (Killian, 2008, p.35). This is further emphasized in the discussion section noting that participants appeared to display symptoms correlated to PTSD like those of their patients. Intrusive thoughts were reported to interfere with self-care initiatives and appeared to leave most clinicians in consistent states of anxiety while struggling to maintain peer relationships (Killian, 2008). According to the literature, personal intimacy contributes significantly to combating burnout and depression symptoms and can increase symptoms if not accessible (Sutton, 2020). It is inferred that in addition to work stress,

the long-term effects hinder self-care necessities that lower professionals' ability to regulate and cope with daily work-related stress.

### ***Risk Factors of Burnout Amongst Professionals***

In the literature, risk factors of burnout within the human service professions were consistent across studies. In the qualitative portion of the article, "Helping Till it Hurts?," Killian (2008) identified the most prevalent burnout risk factors amongst 20 clinical therapists in metropolitan Texas working with child sexual abuse survivors through coding individual interviews using HyperRESEARCH 2.7 software. Risk factors included social support, work environment, emotional self-awareness, and trauma history. According to Killian (2008), "All 20 therapists identified several key risk factors in developing work stress and compassion fatigue: High caseload demands and/or 'workaholism,' personal history of trauma, lack of regular access to supervision, lack of a supportive work environment, lack of supportive social network, social isolation, worldview (overabundance of optimism, or cynicism, etc.), and ability to recognize and meet one's own needs (i.e., self-awareness)" (pp.35,36). Clinicians expressed scheduling with supervisors to be brief and experiencing social isolation from lack of contact with others in the field who would understand the clinician experience (Killian, 2008). In this way, the clinical environment and structure limited clinicians' abilities to process, receive feedback and advice, and receive peer support. Another significant factor amongst human service professionals was second-hand trauma exposure through clients (Killian, 2008). Within outpatient and inpatient programs, trauma history and the severity of its contents is expected. In a study of outpatient mental health clients, 84% to 94% reported a history of traumatic exposure including child sexual abuse, domestic violence, combat zone exposure, and displacement (Killian, 2008). Killian (2008) states that exposure to detailed accounts of traumatic experiences over a 30-to-40-

hour normative work week can lead to “acute distress” and drastically increase burnout symptoms (p.33). It is mentioned that this exposure may cause secondary trauma or what some may refer to as ‘compassion fatigue’ (Killian, 2008). This is the opposite of the phenomenon of compassion satisfaction which allows helping professionals to feel effective in their role rather than feelings of hopelessness (Killian, 2008). Killian (2008) identifies one of the main differences between these phenomena to be views rooted in fear and anxiety versus views rooted in pleasure or happiness. Overlapping risk factors of burnout are echoed in other helping professions such as teaching. In the Meta-analysis, “The effectiveness of interventions aimed at reducing teacher burnout,” Iancu et al. (2017) analyzed the effectiveness of interventions aimed in reducing burnout amongst teaching faculty. Within this study, the authors identified that the most prevalent teaching stressors related to burnout were a result of the imbalance between teaching demands (such as problematic student behaviors and administrative demands) and teaching resources (such as school support personnel and the existence of instructional materials) (Iancu et al., 2017, p. 374). The self-reported data noted that the “main stressors included workload, the lack of cooperative time with colleagues, the lack of support from superiors, and the management of difficult students in the classroom” (Iancu et al., 2017, p. 374). Iancu et al. comments on the literature of teacher burnout stating that “some researchers suggested that the primary stressors of teachers are the socio-emotional demands of working with more than 30 students at once, and the fact that teachers have to make hundreds of decisions ‘on the fly’ each day” (Iancu et al., 2017, p. 374). This data identifies a lack of resources and time within organizations to receive the required emotional, mental, and physical necessities to perform job standards effectively.

### ***Breaking Negative Coping Cycles and Burnout***

According to the literature, long-term integration and intervention is often required to shift thought paradigms to obstruct maladaptive behavior cycles (Dekhordi et al., 2019; Hurst, 2016; Iancu et al., 2017; Sutton, 2020). According to Hurst (2016), “If the context of meaning changes too radically, the human subject is exposed to a wide range of such threats, leading to disorganization and to the death of the ego” (p.152). This can cause a range of disturbances from emotional, mental, and physical discomfort to severe emotional and physical disturbances. When exposed to disruption, maladaptive coping mechanisms and other resistance tactics may be activated because of radical shifts in meaning (Sutton, 2020). This exposure often occurs from an abrupt external shift in the environment that contradicts one’s internal meaning system and is often unexpected and/or unwanted (Sutton, 2020). Hurst (2016) proposes that to avoid this, “One can allow a new thought to enter one’s mind, or a new signifier to enter the discourse, because a space has been prepared for it within the psychoanalytic dialogue” (p.152). According to Sutton (2020), cognitive restructuring consists of replacing negative thought patterns with healthier and more productive ones to combat harmful outlooks that lead to unhealthy behaviors. This includes “thought stopping” which is “breaking or interrupting the cycle of negative thoughts as they arise that can help stop panic from spiraling and the domino effect of negative thoughts” (Sutton, 2020). This “spiraling” or rumination of negative thinking can exasperate an appropriate emotional response to an emotionally disproportionate response such as paranoia that negatively impacts the individual (Sutton, 2020). To motivate change, shame and self-judgement is commonly used to address one’s shortcomings and inadequacies (Culshaw, 2021; Sutton, 2020). This motivator is temporary and often unhelpful long-term as it triggers an adverse biological response through the release of stress hormones, cortisol, and norepinephrine (Sutton, 2020). Professor Keren Shechter LMHC expresses how this stress in the form of resistance effects

psychological growth stating, “Fear. Change is very scary. If the change is desirable, positive- it’s still scary because it’s not familiar. It’s the unknown. And even if you would come to therapy and consciously declare ‘I want to change’ the actual change is very scary” (K. Shechter, personal communication, March 7, 2023). Rather than increasing opportunity for positive changes, this stress response further increases one’s resistance to shift thought patterns by stunting cognitive flexibility and learning capabilities (Sutton, 2020).

The opposite phenomenon is stated in the literature to be self-compassion and self-esteem. Self-compassion releases oxytocin, a ‘feel-good’ neurotransmitter that reduces distress, increases feelings of safety, and helps form new connections. Sutton (2020) emphasizes, however, that “while some self-help literature tells us that self-esteem is crucial to our resilience and a happy life, there is a problem. Self-esteem requires success to prove our worth” (7 Techniques to Break Your Maladaptive Coping Patterns section, para.4). Excessive shame and self-judgement, such as found in depression or anxiety pathologies, lowers chances of “bouncing back” and thus lowers chances of being successful, proving capabilities and increasing self-esteem (Sutton, 2020, Psychologytoday.com’s Helpful Resources section, para. 6). With heightened levels of fear of failing due to feelings of unworthiness, avoidance behaviors are used to decrease unhealthy stress levels and thus drastically decreases chances of success (Sutton, 2020). Themes in the literature to decrease stress and increase accomplishment narratives to combat burnout include increasing positive narratives, self-awareness of present or previous behaviors/ideas, cognitive flexibility abilities, and self-compassion practices (Ho et al.,2021; Hurst, 2016; Iancu et al., 2017; Sutton, 2019; Sutton, 2020). These concepts are included in what is known as psychological resilience.

### **Psychological Resilience**

### ***Defining Resilience***

The definition of resilience is often conceptualized as physical material that “can return to its original state after being bent or stretched” (Sutton, 2019, What is Resilience and Why is it Important? section, para. 2). In context of human psychology, it is a person’s “capacity to remain flexible in [our] thoughts, feelings, and behaviors when faced by life disruption, or extended periods of pressure, so that [we] emerge from difficulty stronger, wiser, and more able” (Sutton, 2019, What is Resilience and Why is it Important? section, para. 2). According to Sutton (2019) from *Psychology Today*, having a “resilient mindset” is “a set of tools and skills to manage challenging times” (What are the Ten Resilience Skills? section, para. 6). Most prevalent “tools” or abilities consist of problem-solving abilities, goal setting, effective communication, emotional regulation, stress management, building a social support network, practicing self-care, developing positive and purposeful meaning, self-awareness, and adopting effective coping strategies (Sutton, 2019). Resilient individuals exhibit abilities to alter self-views as new abilities progress, able to alter priorities as necessary, able to return to pre-stressor functioning, limited disturbances following the stressor, and finding a new form of stability or homeostasis according to the change (Sutton, 2019).

### ***Resilience Techniques in Overcoming Resistance***

The current literature identified mindfulness, goal setting and personal achievement, and emotional regulation to be the most significant techniques to overcoming psychological resistance (Dehkordi et al. 2019; Hurst, 2016; McKay & Sappa, 2020; Sutton, 2019). According to Dehkordi et al. (2019), “Mindfulness is special purposive attention to the present time, without judgment and prejudice. It helps people avoid thinking about the past and future events, and experience just being in the present moment” (p.144). This maximizes productivity by

decreasing excessive mental and physical strain as well as increases the quality of one's recovery time (Dehkordi et al., 2019; Ho et al., 2021). Accomplishing tasks, large or small, boosts self-esteem and aids in emotional self-regulation techniques that are acclaimed to aid in preventing addiction and maladaptive behavioral relapses (Dehkordi et al., 2019; Sutton, 2020). Emotional regulation leads to clearer thinking enabling one to understand the self and others more effectively, resulting in greater self-advocacy, empathy, and access to aid through clear communication (Dehkordi et al., 2019). According to Hurst (2016), through reflexive analytic thinking, an individual can become aware of the content of their unconscious and thus better understand and resolve the various active internal conflicts within the psyche. Analysis of one's meaning system can ease stressors, resolve internal conflicts, and overcome mental blocks that hinder success (Hurst, 2016; McKay & Sappa, 2020; Sutton, 2019). This notion is reinforced by McKay & Sappa (2020) as they state that through self-analysis and understanding received through mindfulness practices, reframing becomes possible. The Iancu et al. (2017) meta-analysis, "The effectiveness of interventions aimed at reducing teacher burnout," further emphasizes this effectiveness of mindfulness techniques. Within the data, the most prevalent stress symptoms of elementary and high school teachers were recorded and analyzed using Comprehensive Meta-Analysis version 2.0 (Iancu et al., 2017). Within the intervention articles, the following intervention types were evaluated: cognitive behavioral therapy (CBT), mindfulness and relaxation, social-emotional skills, psychoeducational approach, social support, and professional development (Iancu et al., 2017). Amongst the CBT interventions at reducing teacher burnout, a series of stress management coping skill workshops aimed at preventing or mitigating teacher burnout were implemented including "a peer collaboration program designed to facilitate supportive, collegial interactions among teachers regarding work-related problems"

(Iancu et al. 2017, p.375). No statistically significant differences from baseline to post-treatment groups were found. Social-emotional skill building interventions targeted developing supportive teacher-student dynamics, student behavior management, and modeling and instructional skills for emotional and social learning. Results found significant effects in personal accomplishment, but not in other factors of burnout (Iancu et al., 2017, p. 376). Professional development strategies included “didactic lessons to provide explicit instruction to students to promote the development of emotional awareness and communication, self-regulation, social problem solving, and relationship management skills” (Iancu et al., 2017, p. 377). Half of professional development interventions produced no impact on emotional exhaustion and personal accomplishment whereas others demonstrated a decrease in emotional-physical exhaustion between the experimental group and the control group (Iancu et al., 2017, p. 377). Mindfulness-based interventions in reducing teacher burnout focused on awareness development to ease severity of stress reactivity and coping strategies. The reduction of burnout symptoms from baseline and post experiment amongst these interventions were large including significant improvements in emotional exhaustion and personal accomplishment. In the final conclusions, emotional exhaustion was alleviated by cognitive behavioral approaches ( $d = 0.20$ ; 95% CI  $-0.00, 0.41$ ;  $P = .049$ ) and those comprising of mindfulness/meditation techniques ( $d = 0.31$ ; 95% CI  $0.08, 0.54$ ;  $P = <0.01$ ) (Iancu et al., 2017, p. 376). According to this meta-analysis of burnout interventions for teachers between 1996 and 2016, It was concluded that mindfulness practices had the most significant effect on burnout symptoms (Iancu et al., 2017, p. 387-389).

## **Resilience and Mindfulness-Focused Expressive Arts Methods**

### ***Reflection and Self-Awareness***

In the literature, arts-based intervention techniques were analyzed to significantly aid reflection and self-awareness processing. According to Culshaw (2021), increasing technological culture (especially in the U.S.) is one that is “ocular centric” meaning that images and visual media are common influences that shape how a person sees themselves and others in this generation. The pace and amount of visual media content is large and fast-paced, leaving less time to reflect and process the meaning, feelings, and associations that come from viewing it (Culshaw, 2021). Using visual art mediums in therapy allows individuals the opportunity to slow down, process, and inquire information that allows self-awareness of one’s internal meaning-making system (Mckay & Sappa, 2020). Visual art mediums extend to any creative means that include the five senses. Mckay & Sappa (2020) describes their arts-based methods as “various teaching practices we employ, such as role play, body shaping, collage and drawing (p. 27). In the article, “Harnessing Creativity through Arts-Based Research to Support Teacher’s Identity Development,” Mckay & Sappa (2020) produced an art-based meta-analysis consisting of 23 articles identifying ways in which art-based processing supports teachers in professional identity formation. By creating visual media projects, participants were able to reflect their internal world views and meaning-making process in visual representations. This allowed greater access for the participant, peers, and clinicians to understand the way the creator saw the world, themselves, and others (Mckay & Sappa, 2020). The Mckay & Sappa (2020) meta-analysis found arts-based techniques in belief shifts to fit in the following categories: reflecting differently, becoming differently, being differently, and doing differently. Reflection and critical reflection were identified as key elements of healthy identity and self-esteem development through the arts process. Reflecting included arts-based reflection experiences and “the activation of different neural pathways to include emotional as well as cognitive responses” (Mckay & Sappa, 2020, p.

33). According to the authors, this “allowed [participants] to explore, reflect, understand, synthesize, and then re-present their teaching philosophies’ (Mckay & Sappa, 2020, p. 33). Previously held beliefs and practices of teaching personas often appeared to be not formed from their effectiveness in teaching, but from an unchallenged existence. This re-examination and reflexive process was the first step to Mckay & Sappa’s (2020) research category of “doing differently.” The authors from this meta-analysis reported finding that “the use of visual research..produced results..more richly expressive than would have been possible through more traditional approaches” (Mckay & Sappa, 2020, p. 34). “Becoming differently” included the ways in which the multiple dimensions of a teacher’s identity (including professional and personal) may be understood and balanced when these multiple dimensions overlap or contrast (Mckay & Sappa, 2020). Arts-based reflection appeared to intensify the awareness of past and present experiences by having tangible representations. For example, one of the studies utilized body mapping for narrative unpacking with music teachers allowing participants to recognize emotions linked to past experiences that were shaping the way they saw themselves and their teaching capabilities (Mckay & Sappa, 2020). One report included visualizing a future self that increased self-confidence and allowed for present encouragement and comfort (Mckay & Sappa, 2020, p. 34-37). In Culshaw’s study, “participants used collage mediums independently, at their own pace, and they [were] able to reflect, move pieces and rearrange as their thinking develops” (Culshaw, 2019, p. 271). McNiff (2008) claims that this method of processing elicits “more ‘meaningful insights [that] often come by surprise, unexpectedly and even against the will of the creator” (p.40). One reason for this level of insight being the acquirement of different types of knowledge outside the norm. For example, gaining knowledge through “speaking and writing” in normative American society is most common, especially within the human services that requires

a certain level of education completion (Culshaw, 2019). Unfamiliar methods such as artistic means allows hesitation, consistent reflection, and slowing down of the process that allows for deeper exploration, uncovering, and thus greater understanding of information less readily available than conscious thought (Culshaw, 2019). This was demonstrated in the Culshaw (2019) study using slow and methodical processing through layering art mediums like collage for arts-based self-inquiry and image analysis of the teacher experience. Image analysis was conducted and displayed in the article with the following categories: conceptual, symbolic, analytical, primary, secondary, context and content, and interpretation (Culshaw, 2019). In this way, “Collage, arts-based approach, further conceptualize ideas, meanings, and associations” where “participants [are] usually encouraged to explain the analogies and visual metaphors in their collages using their own subjectively contingent schemas. Metaphors emerge through the creation of collage and can help reveal how [we] construct reality” (Culshaw, 2021).

In the randomized control trial pilot study, “A Novel Mindful-Compassion Art-Based Therapy for Reducing Burnout and Promoting Resilience Among Healthcare Workers,” symptoms of burnout among adult hospice healthcare workers in Singapore and the effects of resilience and mindfulness-focused creative arts techniques were evaluated. Critically acclaimed questionnaire scales to measure burnout were administered that included measuring emotional regulation, self-compassion, attitude towards death, and quality of life (Ho et al., 2021, p.4). A non-experimental waitlist control group and immediate treatment group of 56 medical professionals (majority nurses) in total was implemented. Intervention design consisted of mindful-compassion art-based therapy interventions. Interventions included opening with mindfulness guided meditation, an expressive arts activity to center the theme, interactive lecture-style psychoeducation using visuals, creative reflexive writing for reflection and group

sharing, and breathing mindfulness techniques to close. Group themes and topics of psychoeducation focused on the following over a 6-week duration: Overview and Empowering Self-care, Understanding and Transforming stress, Inspirational caregiving, challenging caregiving, understanding loss and the impact of grief, renewing aspirations, and meaning reconstruction (Ho et al., 2021, p.4). Arts-based techniques consisted of pairing a specific art medium to a theme and prompt of evaluation such as creating a “mandala of self-care” and “mandala of meaning” of work, creating personally meaningful “symbols of strength,” “symbols of limitation,” “symbols of grief,” and community murals for support in understanding a community impacted patient loss (Ho et al., 2021, p.4). Emotional regulation improvements were found amongst the treatment group in addition to uncategorized benefits after a 12-week following-up of “an increased ability to observe [3.59 vs. 3.29;  $F(2, 56) = 6.09, P = .004, \eta^2 = 0.179$ ] and describe [3.34 vs. 3.00;  $F(2, 56) = 9.82, P < .001, \eta^2 = 0.260$ ] one’s internal and external experiences, elevated overall self-compassion [41.66 vs. 38.45;  $F(2, 56) = 10.80, P < .001, \eta^2 = 0.278$ ], greater mindful awareness [7.69 vs. 7.24;  $F(2, 56) = 4.10, P = 0.022, \eta^2 = 0.211$ ], enhanced interconnectedness to others [7.59 vs. 6.59;  $F(2, 56) = 7.48, P = 0.001, \eta^2 = 0.128$ ], and better quality of life [32.31 vs. 28.79;  $F(2, 56) = 11.89, P < .001, \eta^2 = 0.298$ ] among treatment group participants” (Ho et al., 2021, p. 6). As a result, mental exhaustion scales were enhanced after the 12-week period by a “5-fold increase in effect size” (Ho et al., 2021, p.11).

### ***Perspective Reframing and Well-being***

In the literature, a significant link between positive self-narratives and resiliency characteristics was identified (Ho et al., 2021; McKay & Sappa, 2020; Sutton, 2019; Sutton, 2020). According to the Sutton article (2020), creating a set of coping statements could aid clients in overcoming resistance in conflict and life challenges. Once written down, they can be

regularly repeated and used to frame the client's worries and difficulties in more positive ways. This reframing coincides with theories such as DBT, using language to reframe one's ideas and perspectives that may increase self-compassion, reduce resistance/stress, and thus increase a person's rate of success (McKay & Sappa, 2020; Sutton, 2019; Sutton, 2020). McKay & Sappa (2020) reinforces this idea using arts-based analysis stating that new forms of learning "can be assisted to find not only the image or vision of themselves as the teacher but the way forward to put that vision into practice; to negotiate the "prickly aspects" of the process" (p.37). By evaluating a person's resistance and the "discomfort associated with the unsettling of previously unexamined beliefs, values and attitudes," an individual can make desired behavioral and emotional shifts (McKay & Sappa, 2020, p. 37). McKay & Sappa (2020) conclude from their findings with struggling teachers that "feelings such as fear and inadequacy, but also hope and self-confidence were uncovered using arts-based reflection during periods of transformation." (p.37) Supported by Sutton (2020), this shift in self-esteem is crucial for combating feelings of inadequacy and fear. According to the meta-analysis conducted by McKay & Sappa (2020), there is a "strong agreement that arts-based practices can enable belief systems to be challenged as [our] identity is shaped and re-shaped" as "arts practices support different ways of thinking and acting" (p.37). In the mindfulness-compassion based intervention conducted by Ho et al. (2021), the treatment group of healthcare participants experienced significant emotional regulation improvements, higher resiliency traits, and higher quality of life scores from mindful-compassion based arts techniques that focused on reshaping perspectives. It is noted that in correlation to the statistical improvements in mood and affect, qualitative datum demonstrated perspective shifts in the way clinicians viewed themselves, their work, and the nature of the experience of struggling (Ho et al., 2021). This is demonstrated in a 28-year-old medical social

worker's reflective writing expression stating, "Stress may not be a bad thing, it can bring out the brilliance in people" (Hot et al., 2021, p.8). An increase in self-advocacy was demonstrated in a 54-year-old medical worker's shared account stating, "you are expected to fill up quite a lot of shoes... and that's why it's so important to put yourself first you know, and care for yourself first" (Ho et al., 2021, p.6). A 42-year-old nurse demonstrated transforming the meaning of the adverse event of losing a patient through her writing excerpt: "when all is drowning and sinking in adversity, we need to be still and persevere, to embrace the trapping moves and see them as a dance of life" (Ho et al., 2021, p.8) This perspective shift was reflected through a transformative art exercise where the nurse depicted an active volcano that she created into a lush forest within the treatment group (Ho et al., 2021).

### ***Identity and Well-being***

According to McKay & Sappa (2020), there is a "close relationship between professional identity, personal identity and emotions" (p.27). A teachers' identity development implies personal transformation and requires teachers to be able to question their own beliefs and ways to operate in order to reinforce personal agency and self-awareness (McKay & Sappa, 2020, p. 27). In the arts-based intervention study by McKay & Sappa (2020), "individuals [were] asked to be open to see and think differently – differently from the mainstream understanding or from how they are used to working – in order to enlarge their possibilities of action and their possible selves" (p.26). These interventions provided opportunities for thinking about the future and to see, think and act differently in order to find new solutions to solve problems and tasks (McKay & Sappa, 2020). Numerous learning processes related to identity development were used in arts-based practices described as "co-creative approaches to identity development" to encourage human service professionals to "take responsibility for their future pathway and professional

learning thereby supporting agency and wellbeing” (Mckay & Sappa, p. 38). The arts, in this way, was recognized in the literature for the abilities of symbolism and narrative that can be a descriptive tool to addressing this meaning making.

### ***Safety Barrier and Vulnerability***

In Arts-based intervention literature, safety and vulnerability appeared to be a significant and recurrent theme. The significance was demonstrated in the themes used as main organizing concepts found in the McKay & Sappa (2020) study post data collection: “wellbeing and vulnerability” and “trust and safety” (p.32). The literature demonstrated that “safe spaces” were essential for the full participation of participants as the arts-based practices were effectively impactful and required a trusted space to continue to move deeper into identity processing and understanding (Mckay & Sappa, 2020, p. 37).

In the Mayln qualitative study, “Reading and Writing for Wellbeing,” researchers explored the effects of therapeutic literary techniques on older adult wellness. According to Mayln et al. (2020), “The safety participants reported experiencing in the group allows for a level of authentic communication that participants may not have experienced in other parts of their lives” (p.720). This was demonstrated through a group member’s account stating, “They're not talking superficially [...] they're talking about how they feel, how they are, what's affecting them or they might want help with, and that's a very different level of engagement’ (Participant 9)” (Mayln et al., 2020, p.720). This reported safety appeared a key aspect in the participant’s ability to share experiences “without feeling pressure or judgement, and to listen to others with openness and empathy” (Mayln et al., 2020, p.720). Participant 10 reflected on their surprise at the receptiveness of the group stating, “I've been concerned that some of the stuff that I might

want to talk about would be, I suppose, upsetting to them, [...] but actually they've been very supportive and understanding and kind” (Mayln et al., 2020, p.720).

According to Mckay & Sappa (2020), this element of sharing and vulnerability took the form of “collective agency” that “revealed to help transform feelings of being marginalized on the fringes towards a shared understanding of belonging, affinity and empowerment” (p.37).

Mckay & Sappa (2020, p. 38) echoes this notion stating that, “Sharing critical incidents, taking risks, and being vulnerable provide necessary conditions for deep, intimate and transformative learning.” Killian (2008) in their study of clinicians and burnout fatigue stated that

“traumatization can disrupt a helping professional’s beliefs of their ‘world and interpersonal relationships’ such as their perception of safety and the ability to trust others” (p.33) This being a result of compassion fatigue and secondary trauma symptoms as a result of continuous trauma exposure in therapeutic client work. This inability to trust and perceptions of safety acts as a barrier to self-advocating to receive aid and rely on external support when necessary (Killian, 2008). However, as demonstrated in the arts-based intervention literature, the focus on space, safety, and expression through artistic means rather than speech may provide experiential learning to repair these viewpoints.

### ***Expressive Arts Group and Social Supports***

Arts-Based literature expressed ‘experience’ as a tool for accelerated therapeutic healing (Ho et al., 2021; Mayln & Wade, 2020; Mckay & Sappa, 2020). Mckay & Sappa (2020) stated how, “Arts-based practices open up spaces for doing things differently by moving beyond propositional or conceptual knowledge and bringing into focus experiential knowledge to express knowing in practical terms (p.32). The ability to think and adjust for multiple changing variables and shifts in environment and dynamics depends on one’s critically reflexive thinking

as well as the opportunities to experience differently (Mckay & Sappa, 2020, p.26). This is referred to in the article as “boundary crossing” when one experiences differently through interacting with others (Mckay & Sappa, 2020). Keren Shechter, a Professor at Lesley University and an LMHC Expressive Arts Therapist, emphasized individual growth through interaction commenting, “group is like a microcosm of the universe out there. It’s not this dyad client and therapist- there are many others. So, you get many mirrors, many different feedbacks about yourself” (K. Shechter, personal communication, March 7, 2023). The literature expresses, as Ho et al. (2021) describes the importance of a “communal platform for healthcare workers to periodically reflect on their own attitudes, feelings, and anxieties related to loss and grief, while being able to express and share their thoughts with their peers to build mutual respect, compassionate understanding, and collegial support” (p.2). In the Mayln & Wade (2020) study, qualitative data statements indicated that the reading and writing for well-being groups may provide participants with a corrective emotional experience of feeling significant and acknowledged, seen, and heard. This was demonstrated through a group members reflection stating, ‘If I’m feeling really bad [...] I can take my writing in, I can read it, and somebody will listen’ (Participant 2)” (Mayln & Wade, 2020, p.719). Participants discussed the importance of achieving something tangible and sharing such achievements through commentary such as, “I often feel unseen. So it would be me saying ‘hey look, here I am, this is what I’ve done’ (Participant 12)” (Mayln & Wade, 2020, p.719).

A common tool in the literature expressed doing this process through communal arts-based experientials such as through group mural paintings (Ho et al., 2020). The experiential in the Ho et al. (2021) study was described as, “A large group mural created jointly by all participants of an MCAT group together with the therapists were illustrated by their poem

entitled ‘Seasons of Life,’ ‘Let the fallen leaves be the nourishment for next spring, together in this journey of life’ (p.10). This experiential provided collective support on perspectives of life and death, the life cycle, and conceptions of death and rebirth (Ho et al., 2021, p.10). As a result, “A robust efficacy for burnout reduction and wellness promotion among healthcare workers” were found post intervention (Ho et al., 2021).

### **Discussion**

The literature demonstrates the significant benefit of self-analysis and self-regulation through reframing for combatting negative symptoms of burnout, depression, and anxiety. (Culshaw, 2019; Ho et al., 2022; McGrew & Bruininks, 1990; McKay & Sappa, 2020; Iancu et al., 2017). Key roots of burnout amongst teachers included lack of resources, lack of social support, lack of acknowledgement and negatives narratives around the role of teacher. (Culshaw, 2019; McGrew & Bruininks, 1990; McKay & Sappa, 2020; Iancu et al., 2017). Key roots of burnout amongst medical and mental health professionals identified as a lack of social support and overexposure to stressful situations. (Ho et al., 2022; Killian, 2008; McGrew & Bruininks, 1990; McKay & Sappa, 2020) Lacking in resources, social supports, and unmanageable workload an overlapping theme amongst the professions. Overall themes of stress reduction environmentally and internally to combat burnout were found. Increasing self-esteem appeared to be present in all burnout interventions. (Ho et al., 2022; Killian, 2008; McGrew & Bruininks, 1990; McKay & Sappa, 2020; Iancu et al., 2017) Substantial evidence of Mindful-Compassion based techniques significant reducing burnout symptoms for human service professionals compared to traditional methods such as Cognitive Behavioral and Professional Development was found. (Dehkordi et al., 2019; Ho et al. 2022; Iancu et al., 2017) Most effective techniques for burnout symptom reduction included emotional regulation and cognitive reframing. (Ho et

al., 2022; Killian, 2008; McKay & Sappa, 2020; ) Reflection and Narrative transformation techniques were utilized within both arts-based and non-arts based experientials to combat burnout symptoms. (Ho et al., 2022; Killian, 2008; McKay & Sappa, 2020; Iancu et al., 2017). Emotional regulation, reflection, and reframing appeared to be the main factors in decreasing stress symptoms across intervention articles. (Culshaw, 2019; Mayln et al., 2020; McKay & Sappa, 2020; Ho et al., 2022). Identified limitations consisted of environmental stressors within the organizations' foundation including lack of resources and lack of labor monitoring (Culshaw, 2019; Ho et al., 2022; McKay & Sappa, 2020; Iancu et al., 2017). Identified burnout and stress conditions included physical illnesses, significant fatigue, and symptoms related to depression and anxiety pathologies. (Ho et al., 2022; Killian, 2008; McKay & Sappa, 2020) Environmental, social, and self-inflicted pressure was identified to effect stress levels within datum totality. Mindfulness techniques appeared to aid in coping with environmental stressors and significantly decreasing self-induced stress. (Dehkordi et al., 2019; Ho et al. 2022; Iancu et al., 2017; Killian, 2008; Winston & Fage, 2019) Transformative creative processing and mindfulness focused interventions appeared to lead to positive shifts in perspective around stress-inducing events such as the loss of a patient. (Ho et al., 2022; Iancu et al., 2017). A decrease in burnout scales appeared to be correlated to these shifts in perspective. (Dehkordi et al., 2019; Ho et al., 2022; Iancu et al., 2017) According to these stated findings, reframing perspectives and emotional regulation techniques were the most prominent factors for combatting burnout and are categorized as mindfulness-based techniques. Symbolism, meaning, and meaning transformation were present in all arts-based burnout interventions and demonstrated effectiveness in conducting tasks of self-reflection for mindfulness and narrative transformations. (Culshaw, 2019; Ho et al., 2022; Inacu et al., 2017) This review found that the research focused on

interventions for reducing symptoms of burnout through internal abilities, however, did not further analyze work-related conditions outside of employees control. Within the literature, reports of unmanageable work conditions are expressed to be a significant factor for burnout outside of individual control such as rumination and lack of self-care practices (Ho et al., 2021; Killian, 2008; McKay & Sappa, 2020; Inacu et al., 2017). Further research and intervention on negative and positive work conditions for human services professionals is required.

### **A Proposed Framework of Perspective Reframing**

This author proposes a methodology centered around the process of perspective reframing using expressive arts tools, mindfulness-compassion theoretics, and imaginative techniques to reflect, understand, and shift meaning systems. This methodology consists of three main steps: reflecting, reimagining, and reintroducing.

#### **Reflecting**

Reflecting would focus on self-evaluation of one's internal and external experience as a service professional in the present. This evaluation period would include expressive techniques such as 3D art, collage, writing, or drama mediums to understand how the professionals perceive themselves, others, and the environment. With the aid of mindfulness-compassion techniques during periods of reflection, further insight may be acquired. Records of art is encouraged for later reflection to increase self-esteem through accomplishment recognition. Knowledge of experienced stress reduction through emotional regulation techniques may encourage continued personal use outside of interventions. Reflection through art, writing, or discussion on the differences in affect and accomplishment when mindfulness-compassion techniques are used

may increase motivation ‘to be and see’ differently. The focus for this motivation within the framework is based on not trying to “fix something wrong,” but to experience better.

### **Reimagining**

Reimagining focuses on “what could be” rather than “what is or was.” This would begin the focus on a goal(s) and growth narratives that aid in halting harmful anxiety rumination. Intervention themes may include “Creating a future self,” “What would life look like without an obstacle?,” and “What does the perfect day look like?” Through mindfulness practices and art reflection, one may become more aware of what is not in alignment with this goal/dream (including bodily sensations, effect of self or others, and accessibility to materials). Dreaming may increase knowledge of professionals’ individual needs and the obstacles that obstruct from acquiring them. Additionally, witnessing peers’ creative expressions and progress may allow adaptive capabilities through experiencing new possibilities and solutions. This being an act of change, movement, and the start of active growth.

### **Reintroducing**

In the step of “Reintroducing,” Arts-based interventions and experiential learning centered around experiencing key aspects needed to achieve goal development may increase higher chances of reaching the desired goal as well as increase hope in the possibility of success through experience. Keren Shechter states that experiences in client work such as group is “why [I] believe in group so much, group work is closer to reality or to the real world than what I perceive as individual work. There’s something very not real in the one closed, therapist and the client are not necessary like relationships outside.” (K. Shechter, personal communication, March 7, 2023) Experiencing new realities and sensations within a space that reflect real world dimensions such as in group may aid in increased feelings of goal achievement possibility. This

may also provide a space to practice self-advocacy, sharing or achieving small goals, gaining and providing skills amongst peers. This may make human professional's "dreams" tangible rather than fantastical. Examples of interventions may include roleplaying or writing scenarios with new outcomes, transforming dreams into interactive art through 3D objects, creating a story using "reflection" and "dream" art creations, and roleplaying as the "future self."

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***THESIS APPROVAL FORM***

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**Student's Name: Gabrielle E. Lopez**

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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: Dr. Rebecca Zarate MT-BC, AVPT, LCAT**

