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Self Determination Theory and Expressive Arts Therapy: A Path to Needs Satisfaction and Mindful Autonomous Motivation

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Self-Determination Theory and Expressive Arts Therapy: A Path to Needs Satisfaction and
Mindful Autonomous Motivation
Capstone Thesis

04/26/2023

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Expressive Arts Therapy

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Abstract

This literature explores supporting mindful autonomous motivation by meeting basic psychological needs using expressive arts therapies. Self-determination theory was created from the extensive research of two psychologists, Edward Deci and Richard Ryan. The theory proposes that an increase in well-being and personal growth can be achieved by meeting the psychological needs for competence, relatedness, and autonomy (Reeve & Lee, 2019, p. 102). This paper investigates how various theories in expressive art therapy can be used to support psychological need satisfaction. The examination includes the therapeutic relationship, the expressive therapies approach and examples of populations impacted by frustrated need satisfaction. The populations discussed in this literature review include ex-cult members, nonbinary youth, hospitalized children, and incarcerated women.

Keywords: self-determination theory, expressive arts therapy, autonomy, psychological needs, motivation

Self-Determination Theory and Expressive Arts Therapy: A Path to Needs Satisfaction and Mindful Autonomous Motivation

Why might a person surrender personal authority, consciously or unconsciously, to join a high demand group or cult? What are the conditions that make a person susceptible to surrendering their will to an extreme level of external commitment? How might an individual reclaim their ability to make autonomous decisions? These are the questions that originally inspired my curiosity and research about the experience of an individual in a high demand group. I became interested in the way “external contingencies are associated with diminished wellness and functioning” (Donald et al., 2019b, p. 1121). In recent news there has been an influx of media reporting on high demand groups such as multi-level marketing campaigns, politically focused assemblies, controversial gurus, charismatic self-help leaders on trial, hashtag movements, and documentaries about cult survivors.

A colloquial expression is often spoken regarding members of these communities referencing that they drank they Kool-Aid. This contemporary metaphor is in reference to the mass death that occurred at Jonestown by cyanide poisoning in 1978. The metaphor is used in both a positive and negative light, they “encompass loyalty and pride, as well as danger and death” (Moore, 2003, p. 93). The metaphor is applied quickly to various cult like situations in a way that overlooks the nuances of belonging to a group. Due to my own subscriptions to various high demand groups throughout my lifetime I am very curious about these nuances that are often ignored in mainstream conversation. This curiosity led me to take a deep dive in to cult research. Common themes emerged from my hours of listening to cult focused podcasts and interviews while commuting back and forth to work. These themes included the use of shared language,

power dynamics, longing for connection, and a shared belief in joining a good cause in relation to cult-like dynamics. “It’s really no coincidence that “cults” are having such a proverbial moment. The twenty-first century has produced a climate of sociopolitical unrest and mistrust of long-established institutions” (Montell, 2021, p. 21). A common desire for connection is shared by many, especially in the postmodern era. As institutions shift, new communities emerge catering to a variety of life interests such as careers, exercise, politics, spirituality, social justice, conspiracy theories, self-development, and even the field of therapy. To feel a sense of relatedness people might override their need for autonomy. How can practitioners of mental health counseling be aware of the influences that might exacerbate cult-like tendencies, or do the opposite by increasing autonomy?

While this thesis is not specifically about cult experiences, it did evolve from this curiosity and transformed into an inquiry about the ways in which an expressive arts therapist might support an individual’s autonomy to increase well-being. For cult survivors “healing requires that they regain a sense of autonomy around their decision-making and life choices” (Oblak, 2019, p. 3). This autonomy reclamation would be beneficial for survivors of any relational trauma and according to self-determination theory it is a key ingredient to psychological wellness, along with the need satisfaction for competence and relatedness. Using the framework of self-determination theory (SDT) I aim to weave the principles and theories of expressive arts therapy (EXAT) as an approach to support mindful autonomous motivation. The following literature review will investigate self-determination theory, expressive arts therapy principles, and the application of the two together as a pathway to increasing need satisfaction and regulated motivation.

Literature Review

Self-Determination Theory

Self-determination theory was created from the research of Edward Deci and Richard Ryan. The two psychologists focused on “the processes of self-motivation and healthy psychological development” (Ryan & Deci, 2000b, p. 68) as an enhancement of well-being. “At the core of their self-determination theory is the consideration of innate psychological needs and the degree to which persons are able to satisfy these basic needs as they pursue and attain their valued goals” (Hennessey, 2000, p. 1). The three basic needs identified through selfdetermination theory are competence, autonomy, and relatedness. “A psychological need is a subjective experience that is essential and necessary to experience, sustain, and promote personal growth, healthy development, and psychological well-being” (Reeve & Lee, 2019 p. 102). Defining competence, autonomy, and relatedness is necessary to increase the understanding of how to effectively satisfy these needs.

Competence

Deci and Ryan carefully define each psychological need with attention to detail. Starting with competence they state that “competence is not only functionally important, but it is also experientially significant to the self” (Ryan & Deci, 2018, p. 95). Competence relates to the acquisition of efficacy in a skill and the ability to perform an act with some level of confidence. Basic psychological needs researchers, Reeve and Lee, state that “the hallmarks of competence need satisfaction are experience of effectance, mastery, and making progress” (Reeve & Lee, 2019, p. 103). Deci and Ryan make sure to discern that performing a competent task does not inherently correlate to well-being. “Thus, to develop a true sense of perceived competence, people’s actions must be perceived as self-organized or initiated; in other words, people must

feel ownership of the activities at which they succeed” (Ryan & Deci, 2018, p. 95). The positive effects of competence are directly related to how autonomous a person feels when engaging with the task.

Autonomy

In SDT, autonomy is related to the self-directed choice that an individual must feel as a necessary component of well-being. “Autonomy concerns the extent to which people experience their behavior as volitional or as fully self-endorsed, rather than being coerced, compelled, or seduced by forces external to the self” (Ryan & Deci, 2018, p. 97). Examples of external forces may include relationships, business organizations, institutions, or other high demand groups. However, when a person willingly aligns with their behavior and choices, they feel themselves as congruent. Autonomy often springs from the idea of an integrated and regulated self, which takes a level of awareness, or mindfulness, of one’s choices. This is the opposite of heteronomy, or a state in which a person is feeling forced into their choices.

Often autonomy is confused with independence, a common Western value. Independence implies that a person can accomplish things on their own, without the help of another. Autonomy refers to making choices and taking actions that are self-endorsed and of one’s own free-will. In a lecture presented for the University of Missouri Department of Psychological studies in 2016 Ryan argued that a person can be either autonomously independent or autonomously dependent. He provided the example of an individual being dependent on their doctor for their health and doing so of one’s own volition. Ryan further argues that autonomy can be present in cultures that value independence and in cultures that value collectivism.

You can be autonomously individualistic, but you can also be autonomously collectivistic. If you really support the idea of the group being more important than the

self, then you are endorsing the values of collectivism, and if you live those values you are being autonomous in your collectivism. We actually find that it's easier for people to be autonomously collectivistic than autonomously individualistic because as it turns out collectivism satisfies more of our basic psychological needs (Mizzou Visual Productions, 10:59).

Even when a person is fully independent of their own volition and living in an individualistic society Ryan and Deci postulate that they would still need the third psychological need for relatedness to increase well-being.

Relatedness

Relatedness is a “need to feel supported and belonging to the group that is around them. Feeling rejected or ostracized, or otherwise excluded, interferes with motivation and with wellbeing in pretty fundamental ways” (Mizzou Visual Productions, 2016, 7:39). Relatedness is about connection and this need for connection or belonging is “especially critical to understanding people’s tendencies to internalize values and behaviors from their culture” (Ryan & Deci, 2018, p. 96). It is very probable that an individual might subscribe to the membership of a relationship, group, society, or institution through external or coercive control. In these circumstances agency may be thwarted, or unknowingly sacrificed, to meet the need for relatedness. This speaks again to the importance of autonomy. The connection a person participates in must be of their own volition for a positive impact on well-being to occur. In other words, the relationship needs to be consensual. Increased wellness occurs when the emotional bonds involve both the giving and receiving of benevolence with the important people in one’s life (Reeve & Lee, 2019).

SDT Taxonomy of Motivation

The three basic psychological needs work in relationship to each other to achieve increased welfare and psychological vitality. “The benefits of autonomy, competence, and relatedness need satisfaction are many, including enhanced engagement in one’s surroundings, personal growth, internalization, personality regulation, health, and well-being both biological and psychological” (Reeve & Lee, 2019 p. 103). With the three basic psychological needs in mind SDT looks at the characteristics of motivation to better understand when decisions are made from an individual’s volition, a true sense of autonomy, versus external motivations that engage with feelings of obligation or compliance. SDT explains the choices a person makes with in a continuum to help discern the difference between external and intrinsic motivations, and the variations in between. “Because of the functional and experiential differences between selfmotivation and external regulation, a major focus of SDT has been to supply a more differentiated approach to motivation” (Ryan & Deci, 2000, p. 69). These identified motivations start with an intrinsic locus of control, “a construct that has a history of more than sixty-five years in empirical psychology” (Ryan & Deci, 2018 p. 99). The phenomenon of intrinsic motivation is defined by the inherent impulse to engage in activities out of personal interest and enjoyment. This is the most autonomous form of motivation and the pleasure of participating in activities out of personal enjoyment can be felt immediately.

Moving from intrinsic motivation, the SDT taxonomy explores various forms of extrinsic motivation that include scaffold levels of autonomy. From this process of categorizing a mini theory in SDT was created known as cognitive evaluation theory (CET). CET “focuses on factors that facilitate or undermine intrinsic motivation” (Ryan & Deci, 2018, p. 124). Essentially this mini theory evaluates all the external consequences a person may encounter that influence

individual motivations. The category of extrinsic motivation closest to resembling intrinsic motivation is named by SDT as integrated regulation. For this type of motivation, a person engages with an activity because the behavior aligns with their core values and beliefs. One wholeheartedly endorses the behavior without any coercion from outside influences or behavioral rewards.

Next to integrated regulation in the taxonomy of extrinsic motivation is identified motivation. A group of researchers, including Deci, defined through a meta-analysis of motivation and mindfulness that “identified motivation describes a willing engagement in an activity because it is accepted as valuable and worthwhile, even if not inherently enjoyable” (Donald et al., 2020, p. 123). An individual who has an identified motivation will be choosing behaviors that yield a benefit aligned with their values, but may not be something they inherently enjoy doing, or even want to be doing. The individual is making an autonomous choice to receive the value aligned benefits. For example, a person may, of their own volition, choose to exercise because they feel it is in alignment with their value of physical health even though they don’t enjoy going to the gym.

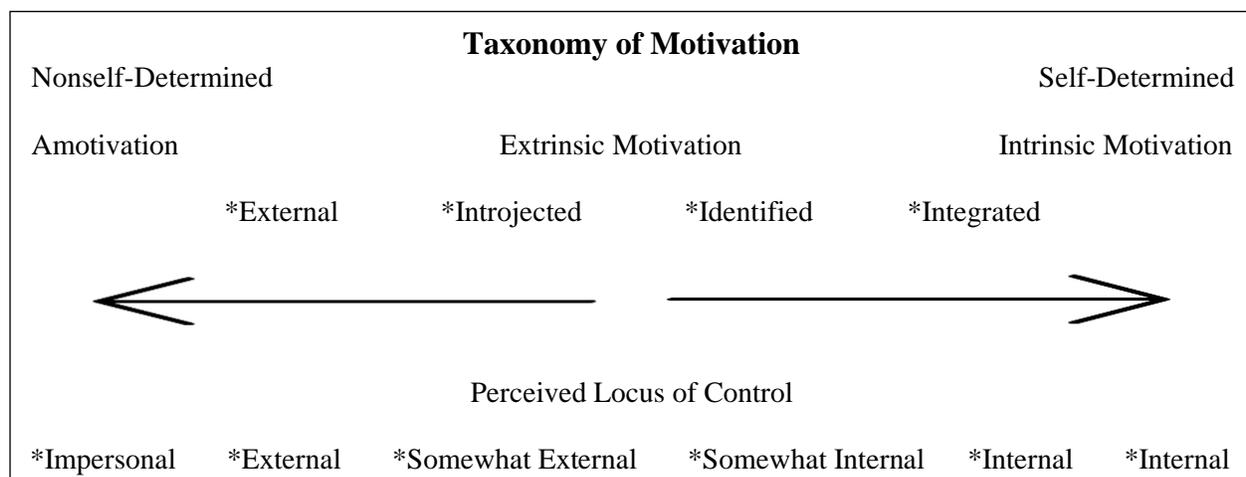
As autonomy lessens, the taxonomy moves from introjected and external regulation and motivations. Introjected motivation occurs when one takes decisions that are not fully of their own volition. Instead, internal forces respond to external situations to influence a person’s decision to participate in certain behaviors. Often this type of motivation happens to regulate self-esteem. This is where performing a task with competence to feel a sense of worthiness can be seen. An individual is not choosing the task because of inherent enjoyment but instead because they will receive praise that will enhance their feelings of worth and decrease feelings of insecurity. This type of motivation can also be driven by the desire to decrease internal

experiences such as guilt and anxiety. Introjected motivations are internally driven but they “still have an external perceived locus of control and are not really experienced as part of the self” (Ryan & Deci, 2000 p. 72).

The least autonomous, if autonomous at all, is motivation that is externally regulated. External motivation consists of “behaviors that are performed to satisfy an external demand or reward contingency. Individuals typically experience externally regulated behavior as controlled or alienated, and their actions have a perceived locus of causality” (Ryan & Deci, 2000p. 72). This category of motivation is controlled by influences that are outside of the individual and can create feelings of incongruence and obligation. It is important to note that this type of motivation can feel powerful as the “rewards and punishments tend to produce a strong affective response via that activation of the brain’s rewards and threat centers” (Donald et al., 2020, p. 124). Examples of this can be seen in high demand groups, business organizations, religious orders, and interpersonal relationships.

Last, SDT makes sure to name amotivation, which can easily be related to apathy. “Amotivation results from not valuing an activity, not feeling competent to do it, and not expecting it to yield a desired outcome” (Ryan & Deci, 2000). In these moments a person feels ineffective and there is no desire towards action. Amotivation can be a symptom in mental health diagnosis, such as major depressive disorder, although not limited too. “Humans are inherently motivated to grow and achieve and will fully commit and even engage in uninteresting tasks when their meaning and value is understood” (Stone et al., 2009, p. 77). Understanding the nuances of the various forms of motivations as well as the importance of psychological need satisfaction can help an expressive arts therapist create an environment that supports autonomy awareness and regulated forms of motivation.

SDT proposes that, when individuals are more autonomously engaged in the therapeutic process – that is, when they have a more internal perceived locus of causality for treatment, they will be more likely to integrate learning and behavior change, resulting in more positive outcomes (Ryan & Deci, 2008b, p. 187).



Based off graph (Ryan & Deci, 2000 p. 72)

Mindful Autonomy

For the purposes of this thesis mindfulness refers to the ability to sustain attention and awareness of one's choices and present experience. Ryan and Deci defined mindfulness in relationship to autonomy as “the open and receptive awareness of what is occurring both within people and within their context, facilitating greater autonomy and integrated-self-regulation” (Donald et al., 2020, p. 121). This is the general working definition I used to explore the idea of mindful autonomy for this literature review. It is important to first put the concept of mindfulness in to a brief historical and contemporary context.

Mindfulness practices in contemporary clinical culture is most often used as a secular approach to therapy. However, mindfulness was never intended to be bought and sold or “supposed to be about weight loss, better sex, helping children perform better in school, helping employees be more productive in the workplace, or even improving the functioning of anxious,

depressed people” (Harrington & Dunne, 2015, p. 621). In early Buddhist discourse the four establishments of mindfulness were a path to overcome suffering. The four establishments were said to “comprise the entire field of human experience: the body, feelings, states of mind, and dhammas,” which are the Buddhist teachings (Bodhi, 2023, para.2). This is a very simplified historical snapshot of deep spiritual teachings that are studied to “empower people to transcend the arbitrariness of imposed societal codes of conduct” (Harrington & Dunne, 2015, p. 622). Mindfulness in the context of therapy may not be aiming to elevate an individual to live outside of societal norms, but it can be argued that mindfulness practices in conjunction with psychology is aiming to reduce suffering. It is also important to consider if mindfulness is a coopted concept that has been taken out of context for the use of commodification. What ethical responsibility do clinical practitioners have to consider the cultural origins of a religious teaching being used in a therapeutic setting? Is there a better word or phrase to use instead of mindfulness that aligns with the field of psychology? In an article from the American Psychologist discussing mindfulness as therapy the authors state that “as the debate here continues, there is a risk that it (mindfulness) could become increasingly entrenched and polarizing, in ways that will likely serve no one” (Harrington & Dunne, 2015, p. 622). For the purposes of this thesis the term mindful autonomy will be used to refer to the ability to sustain non-judgmental attention and awareness of one’s choices, motivations, and present experience. I endorse that a much more indepth conversation about mindfulness in therapy is needed in future research. “An understanding of the philosophical and cultural foundation of mindfulness decreases the risk of cultural appropriation” (Garrison, 2021p. 393).

Within the framework of SDT it is postulated that with “greater mindfulness, individuals become more aware of internal phenomena such as emotions, impulses, and needs, as well as

external conditions such as seductions and pressures, and thus in a better position to engage in reflective choices and self-congruent actions” (Donald et al., 2020, p. 122). The ability to sustain awareness encourages and enhances what is described by SDT as integrated emotional regulation.

SDT research has been exploring a pathway that involves neither actively inhibiting feelings nor quickly seeking to reframe appraisals so as to alter what is felt, but rather first receptively allowing and then taking interest in emotional experiences and their meaning (Roth et al., 2019, p. 946).

An increase in mindfulness supports a person in being aware of their emotional states as sources of information from which they make behavioral decisions. This awareness allows for a person to discern if their choices and behaviors are self-endorsed or volitional. Mindfulness supports autonomy, which can result in a more integrated alignment of an individual’s values. This expanded awareness can permeate through the various forms of motivation helping to identify external and introjected motivations increasing autonomous decision making in daily activities. With mindfulness one can regulate the external and internal rewards and punishments activation that propel introjected and external motivation. Deci and his colleagues researched the association between mindfulness and SDT and concluded that “within SDT, mindfulness is postulated as a particularly important intraindividual resource that supports autonomy” (Donald et al., 2020, p. 121). A key part of this important support is the non-judgmental aspect of sustained attention to foster more autonomous states.

Mindful autonomy, therefore, for the purposes of this discussion, is an open and accepting awareness of one’s own self-endorsed choices. Through this process it is possible that an individual will gain awareness of when their choices are externalized or introjected helping

to facilitate possibilities for greater autonomy. “Mindfulness facilitates autonomous regulation in daily activities, affording people a greater sense of choice and flexibility” (Roth et al., 2019, p. 948). There are many obstacles that can inhibit this sense of volition often connected with emotional dysregulation, a state where “emotions are experienced as overwhelming and/or disorganizing, and hence, they interfere with effective functioning” (Roth et al., 2019, p. 947). Mindful autonomy can be encouraged through the expressive arts therapeutic approach “to the extent that the social environment provides for the nurturance of perceptions of competence, autonomy, and relatedness” (Markland et al., 2005) as a path to an integrated sense of self.

Expressive Arts Therapy with SDT

Expressive arts therapy informed by self-determination theory focuses on psychological needs satisfaction to support overall wellness. In a Ted Talk by Edward Deci, the co-founder of SDT, he encouraged the audience “don’t ask how you can motivate other people, that’s the wrong way to think about it. Instead ask how can you create the conditions with in which other people will motivate themselves” (TEDx Talks, 2012, 13:25). When a practitioner of expressive arts therapy prioritizes meeting the psychological needs of relatedness, competence, and autonomy it can create an environment that supports volitional motivation. An autonomy supportive environment listens to the perspective of another, encourages choice, allows for exploration to try new things, creates space to self-initiate, and is vigilant to provide a rationale if a specific directive is ever given (TEDx Talks, 2012). These factors of an autonomy supportive environment can be created and sustained through expressive arts therapies. “In the SDT model of psychotherapy people are understood to have basic psychological needs for autonomy, competence, and relatedness, the satisfaction of which is essential for optimal development and mental health” (Ryan & Deci, 2008b, p. 190).

Natalie Rogers, the founder of Person-Centered Expressive Arts and the Creative Connection process, outlines three therapeutic conditions that not only foster creativity, but also ensure meeting psychological needs. Two of these conditions were created by her father, Carl Rogers, and the third was included to address a specific need for expressive arts therapy. These three conditions are psychological safety, psychological freedom, and offering stimulating and challenging experiences (Rogers, 1993, p. 14). The needs Natalie and her father identified can be directly correlated to the three psychological needs SDT postulates. Psychological safety can be interpreted as relatedness, psychological freedom as autonomy, and offering stimulating and challenging experiences connects to the need for competence. In this section I will break down the various approaches an expressive arts therapist can employ to meet these needs and support mindful autonomy.

Relatedness

A therapeutic setting where an individual or group feels psychological safety is one where there is “acceptance, empathy, and nonjudgmental facilitation” (Rogers, 1993, p. 15). These attributes encourage relatedness, whereas coercion and pressure may frustrate psychological safety. In creating an autonomy supportive environment, the elements that support, and the elements that can frustrate relatedness, both need to be examined. Mitchell Kossak, PhD Expressive Therapies, describes the nurturing of relatedness as “the ability to stay centered, aligned, present, and alert to the moment that helps to create the therapeutic connection. It is in these moments that an alignment between therapist and client, or therapeutic attunement, begins to emerge” (Kossak, 2009, p. 14).

Relatedness is a psychological need that must be fulfilled beyond casual or transactional social contact. “It is the experiences that involve acceptance and support of the self that people

find the most relational” (Ryan & Deci, 2018, p. 296). The experience of relationship needs to be cultivated within the therapeutic dyad, or group, and encouraged through the client’s ability to connect to relationships where they feel acceptance, support, and belonging. Creating an autonomy supportive environment begins with “understanding and validating clients’ internal frame of reference” (Ryan & Deci, 2008, p. 188). This includes the practice of cultural humility and understanding the impact of the intersecting identities a client holds.

Expressive art therapy provides an opportunity for the client to engage with various art materials in the field of play as a source of learning about oneself. This is not possible to do in a relationship that is judgmental and dismissive of the individual’s lived experience. When a trustworthy relationship is created in the expressive arts therapeutic setting the exploration of intermodal play and movement can be used as “a language for the body and soul to speak through, a bridge to the interior world of self and between self and the world; it’s a way to build bridges and begin dialogues between the separated parts” (Levine & Halprin, 1999, p. 134). These bridges enhance the relatedness to oneself, and to others, and can only happen in the presence of the psychological safety that Natalie Rogers speaks of.

As an individual learns to self-regulate and attune to their own motivations and values the need for relatedness can be experienced through co-regulation. Cathy Malchiodi, the leading expert of trauma informed expressive arts therapy, explained that “while the term co-regulation began as a way to describe caregivers’ support for infants, it is now used to describe regulatory support that occurs within the context of caring relationships across the lifespan” (Malchiodi, 2022, p. 28). Expressive arts therapy provides multiple opportunities for this co-regulation to occur in the therapeutic setting including mirroring and entrainment. When the “rhythm of one’s

experience begins to synchronize with the rhythm of another” (Malchiodi, 2022, p. 29) it supports the relationship and therefore increases psychological safety.

Example of Frustrated Relatedness. When trust is not established it creates a prolific obstacle to artistic exploration and creative flow. This is especially true for populations who have experienced a severe disillusionment of trust and broken relatedness. An example of this can be seen in a study of a multimodal creative arts therapy intervention provided to ex-cult members. The aim of the study was focused on the idea that the creative arts can support the mental health needs of cult survivors through the experience of a flow state. The study was of a pilot workshop that was offered at an international cult conference. The workshop was developed to examine the therapeutic impact of creative arts on ex-cult members with a specific focus on the concept of flow state. The researchers designed the workshop based on a multimodal arts approach called Arts for the Blues (AfB). Very little information was provided about the AfB approach other than it employed a variety of creative modalities and is claimed to be based in psychological evidence. The specific evidence was not referenced. The flow state researchers hoped participants would engage with a “sense of being in the zone, fully engaged in a challenging yet enjoyable experience” (Parsons et al., 2021, p. 2).

The researchers attempted a mixed method approach including quantitative, qualitative, and arts based. Due to low participation the quantitative measurement using a heuristic self-rating scale was not seen as a validated instrument. Researchers pivoted by focusing their attention on the little qualitative data obtained through an interpretivist and inductive approach. Participants were recruited the day the AfB workshop was being presented at the cult conference. It was not until arrival that participants were aware of the choice to take part in a research study or to simply take the workshop. Ethical approval was granted by the University of Salford and

the researchers claimed there was not enough time for informed consent to be given prior to the conference, thus informed consent was provided at the start of the workshop (Parsons et al., 2021). This was problematic regarding the demographic the researchers were attempting to gain access to. The ex-cult members felt suspicious and concerned because they believed they were attending a workshop, not a research study. Immediately the opportunity for relatedness was thwarted before the workshop even began. This example stresses the importance of establishing a trusting relationship before entering deep states of artistic exploration. The arts can be used to build relatedness but must be approached with care and consideration to an individual's sense of agency.

Autonomy

Psychological freedom, or the freedom to make self-endorsed decisions, contributes to personal wellbeing and vitality. The conditions that support the psychological need for relatedness are not separate from autonomy. In fact, relatedness is nourished when autonomy is supported. It is possible to sacrifice autonomy for relatedness, but in doing so it will diminish psychological health. Thus, autonomy must be encouraged in the therapeutic relationship and throughout the engagement with expressive arts therapies. This includes having the autonomy and agency to express challenging thoughts, emotions, and expressions within a safe environment.

Awareness of the various forms of motivation is essential to understand when supporting autonomy in the therapeutic relationship. External and introjected motivations are often blocks to creativity because these motivations are focused on external approval or internal critiques. "An autonomy supportive environment facilitates the process of internalizing environmental demands and regulations so that they come to be experienced as personally meaningful and freely chosen

goals” (Zuroff et al., 2007, p. 138). The therapist has a responsibility to create a relationship that discourages looking to the therapeutic relationship for external rewards and punishments. At first glance this may seem easy, but when information is presented to a client to encourage change it must be done in a way “not to direct or pressure, but rather to enhance the person’s basis for making authentic choices” (Ryan & Deci, 2018, p. 452). When the arts are thoughtfully facilitated, they will encourage self-discovery and self-reflection aiding in self-awareness of one’s choices, or in other words mindful autonomy. Expressive arts therapist and author Carmen Richardson describes that “the process of creating offers resources such as self-exploration, inspiration, and connection with the body through the imagination and the senses. In turn, such resources create fresh perspectives and new ways of viewing oneself and develop new selfstories” (Richardson, 2015, p. 7).

Autonomy support in expressive arts therapy happens when a client feels safe to explore their choices. Exploration is how we learn as a child, and it often happens from intrinsic motivation. Providing an environment where an individual can make their own choices and follow their own artistic impulses can restore connection to one’s values. “Active exploration through the senses is a distinguished feature of most expressive arts therapy sessions” (Malchiodi, 2022, p. 30). Connecting to the senses as a form of awareness of one’s internal feelings as well as external stimuli supports the process of autonomy restoration.

Example of Autonomy Support in Practice. Through arts-based participatory action research (PAR) the voices of self-identified non-binary young adults were centered in a study about photo therapy. The research, with IBR approval, was facilitated by Dan Cosgrove, a white cisgender man. Cosgrove worked closely with a white non-binary research assistant who was unnamed. The research aimed to use the process of photography to answer an inquiry about “the

ways in which young people form identities and identity meanings that resist and transform hegemonic gender paradigms” (Cosgrove, 2020, p. 81).

Nine participants who self-identified as non-binary, young adults ages 18-25, were recruited through LGBTQ+ networks. Flyers were placed at a variety of college campuses and community organizations serving LGBTQ+ youth. A digital flyer was also created and shared via social media. Of the nine participants it is important to note that three of them knew each other outside of the study and had their own peer connection. There were also three participants who identified as people of color and the rest identified as white. These details limit the study to an in-depth analysis of a small group and the results cannot be used to generalize the experience of all non-binary people.

Participant coresearchers, and the two facilitators, had multiple meetings and organized a photo exhibit of their work. The meetings were used to journal, discuss, and develop important questions to be answered using the photographs. This method prompted participants to selfreflect and share their findings in recorded group conversations. Both Cosgrove and his assistant analyzed the recorded transcripts twice individually, then compared notes with each other and ran transcripts through ATLAS.

Results focused on what the non-binary participant coresearchers wished others knew about their lived experience. This included addressing the following identified stereotypes: nonbinary is a phase, it is only for white-androgynous people assigned female at birth, or it is just young people who want to be special. Common concerns were shared about being misgendered daily, lack of media representation, absence of adult non-binary role models, feeling forced to defend their identity, and erasure of identity. Results and photos were shared with invited guests from various health fields as a direct action for greater non-binary

affirmation. Participants would like to do another gallery show in the future specifically for youth. A shared theme of celebration was the psychological freedom to express oneself. This autonomy of expression was supported by the relatedness of the coresearchers, the freedom and agency to choose one's own image, and the opportunity to build competence in phototherapy through multiple meetings and a gallery show.

Competence

“As a psychological need, competence is not only functionally important, but it is also experientially significant to the self. Phenomenally, feelings of effectance nourish people's selves, whereas feelings of ineffectance threaten their feelings of agency” (Ryan & Deci, 2018, p. 95). In Natalie Rogers approach, the Creative Connection, supporting competence happens by offering stimulating and challenging experiences. “Carefully planned experiments or experiences designed to involve the individual in the expressive arts (if she chooses to take the opportunity) help her focus on the process of creating” (Rogers, 1993, p. 17). When supporting competence, the therapist is also supporting the client's learning by scaffolding the processes of both therapy and creativity in a way that strengthens efficacy.

The International Expressive Arts Therapy Association defines the expressive arts as combining “the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development” (*Who We Are / IEATA*, n.d.). To facilitate this growth and development an expressive arts therapist carefully plans experiences that focus on the process of creating and reflecting to increase competence in the therapeutic space. The Expressive Therapies Continuum, developed by Vija Lusebrink, offers a framework that can support the therapist in making decisions about materials and approaches to encourage feelings competence.

The ETC framework can help clinicians conceptualize treatment strategies that include making connections between previously blocked component processes to increase options for resourceful action, opening underused functions to improve flexibility in thought, emotion, and action, and reducing over dependence on a single component function that restricts emotional, behavioral, and cognitive options. (Hinz, 2019, p. 184) The ETC (expressive therapies continuum) supports clinicians in facilitating a therapeutic expressive arts experience in a way that matches the client's needs and provides a scaffold approach to increasing skills and confidence. "The ETC organizes media interactions into a developmental sequence of information processing and image formation from simple to complex" (Hinz, 2019, p. 4). The various levels of the ETC include kinesthetic/sensory, perceptual/affective, cognitive/symbolic, and the creative level. Each level includes a variety of media and activities that can serve to increase a client's competence in using the arts as a therapeutic process.

In alignment with SDT, the type of competence that increases well-being is that which is "self-organized or initiated; in other words, people must feel ownership of the activities at which they succeed" (Ryan & Deci, 2018, p. 95). This process of ownership can be compared to what Paolo Knill, co-founder of the field of expressive arts therapy, refers to as low skill/high sensitivity. In Knill's theoretical framework he stresses the importance of increasing awareness to the ways in which art media and material can shape expression by tuning in to the senses. "The facilitator who understands that a client's motivation toward artistic involvement is an essential part of professional work in expressive arts will need to master the concept of low skill/high sensitivity" (Knill et al., 2005, p. 99).

The act of increasing sensitivity includes developing awareness of one's emotions, choices, and motivations. The motivations that bring a person to expressive art therapies may be

varied, from external pressures, introjected thoughts, or potentially intrinsic reasons. In collaboration with art material literacy and encouragement of high sensitivity, competence is increased when the therapeutic goals and rationales are clearly communicated. Below is an example of competence support in relation to the process of dialoguing with images.

Example of Supporting Competence. A study was conducted in 2022 to research the use of the expressive arts-based method of dialoguing with images (DI) to further understand expressive arts theories grounded in each stage of the DI process. The study was conducted with families experiencing the impact of pediatric hematopoietic stem cell transplantation (HSCT) and was funded by the Children’s Hospital Research Institute of Manitoba. The research included six families, “two fathers, six mothers, one male partner, three HSCT recipients (821yrs), and three siblings” (Dusome et al., 2022, p. 1056). Approval of human ethics was granted by an unnamed university. Parent participants were provided with informed consent and children completed verbal and written assent. No specific information was provided about the recruitment process.

The authors of the study used great detail to support competence by outlining the four phases of the DI method; “1) containing the imaginative space within an outer and inner frame, 2) creating an embodied image: image work is an expressive, generative process, 3) a shared, participatory aesthetic interpretation and 4) crystallizing stories of illness” (Dusome et al., 2022, p. 1056). The DI method was used to explore what it was like for each family member to navigate the HSCT experience. Participants were interviewed twice before the DI method was employed. Confidence and empowerment were supported by providing participants with information weeks in advance. Participants were informed that they would be creating an artistic

representation of their HSCT journey. The researchers facilitated each phase of the DI process while recording family images and responses.

The overall research was grounded in “expressive arts theory, hermeneutics, and analytical art psychotherapy theory” (Dusome et al., 2022, p. 1055). The researchers did not provide any information about data collection or their own positionality. They did name the limitations of their study represented in the small sample size with no cultural diversity and inability to recruit “structurally disadvantaged” (Dusome et al., 2022, p. 1067) participants. Their strengths were pulled from their expertise in imaginal space holding, expressive arts expertise, and family system theories.

Researchers highlighted the value of the DI method to support families in expressing their relational and emotional experiences with hospitalization. An argument is made for using the research to develop clinical interventions and diversify health research using the DI method with other illnesses. Dialoguing with images also provided the families with mastery and competence of the process which led to awareness of the impact the illness was having on the family.

Emotional distress, physical illness, and other challenges can rob one of a sense of confidence, not only at the very core of who we are, but what we can eventually be achieve, and enjoy. Therefore, supporting personal empowerment and mastery are essential to enhancing resilience, reinforcing an internal locus of control and beliefs that one can successful address new challenges. (Malchiodi, 2022, p. 11)

Self-Determined Expressive Arts Therapy for Mindful Autonomy

As mentioned before, a client may come to expressive arts therapy for a variety of reasons encompassing the taxonomy of motivation. They may arrive due to externally regulated events, such as a court mandate or parent. Attendance may be for introjected reasons such as a need to soothe guilt or shame. The reason may be volitional, and an identified regulation oriented towards change to create a more integrated motivation. Last, some will come to therapy of full volition and with considerable intrinsic motivation. “Indeed, with a few exceptions, psychotherapy depends upon on an ongoing willingness of clients to recognize and work on specific and often multiple, problem areas in their lives” (Ryan & Deci, 2008, p. 187). The ongoing willingness of a client will wax and wane, and the expressive arts provide unique opportunities for motivations to become increasingly self-regulated and autonomous. In the SDT framework the therapist will first orient to the client’s perspectives through positive regard and not denying their experience (Ryan & Deci, 2008). Similar expressive arts therapies provide a space for a client to not only be received but to also decenter their experience so they can have the appropriate distance to see themselves. This process of decentering enhances the ability for self-regulation. With distance, mindfulness and awareness may be increased and “awareness is an important substrate of integration, and therefore a critical ingredient of autonomy development” (Schultz & Ryan, 2015, p. 85).

In expressive arts therapy the framework of decentering can be used to generate what Paulo Knill refers to as a “range of play,” essentially creating space for new solutions to emerge (Knill et al., 2005). “The process of decentering into the alternative world of the imagination takes the client and therapist into a realm of non-ordinary reality in which resources can be developed and new possibilities for action discovered” (Levine, 2015, p. 15). In this nonordinary

reality, there is an opportunity to develop mindful autonomy and increased awareness of one's own values. This can be achieved through the ETC and various intermodal experiences that illicit reflection and engagement from a client.

“Because mindfulness relates to one's capacity to openly attend to current internal and external experiences, it enables and supports the self-insight and the self-reflection necessary for ensuring one's values are in accordance with one's behavior” (Schultz & Ryan, 2015, p. 85). The tending to mindfulness can be cultivated through many modern approaches to expressive arts therapy in conjunction with polyvagal theory, trauma informed care, focus oriented art therapy, and storytelling (Malcholdi, 2022). In most forms of expressive arts therapy, a person is responding to the senses, both internal and external, by paying attention to the direct experience. “Both mindfulness and expressive arts therapy invite the practitioner into an open-ended investigation that strives not to attain a specific goal but to connect us to our personal voice and reality” (Daler, as cited in Malcholdi, 2022, p. 190). Connecting to one's authenticity supports autonomy, self-regulation and increases identified and integrated motivation and thus an individual is less likely to be controlled by external influences. Expressive arts therapy also encourage clients to explore intrinsic motivation as a mindful experience, allowing a person to connect deeper to their own volition. Expressive arts therapy as mindful autonomy support has important implications for a variety of populations.

In other words, one can only be highly autonomous when one is clearly aware of one's values and goals, and thus able to engage in behaviors that are congruent to one's true self, free from external pressures or internal distortions or judgements. (Schultz & Ryan, 2015, p. 85)

Populations

This thesis has thus far focused on the benefits of weaving self-determination theory with expressive arts therapy to support meeting psychological needs and mindful autonomy. The implications of this will vary across life domains, developmental considerations, and mental health diagnosis. Motivation is dynamic and it can fluctuate day to day, hour to hour. Yet, “domain specific need fulfillment has been linked to positive outcomes in a variety of settings including greater vitality and lower exhaustion and burnout in sports, persistence in school, involvement in volunteer work, and relationship satisfaction” (Milyavskaya & Koestner, 2011, p. 387).

Populations previously mentioned that benefited from autonomy-supportive environments include ex members of high demand groups, gender non-conforming youth, and hospitalized children and their families. In each demographic aspects of autonomy, relatedness, or competence had been frustrated or thwarted causing mistrust, identity suppression, or emotional disconnection. Autonomy restoration and psychological needs satisfaction using the expressive arts in some cases were proven to improve and increase overall wellbeing. There are many other populations that experience a lack of need satisfaction who might benefit from an SDT informed expressive arts therapy practices such as people who are incarcerated, survivors of domestic violence, and individuals experiencing macro and micro aggressions due to systemic injustices.

In an interview with Dr. Karen Estrella, my thesis consultant, we discussed the implications of autonomy supportive environments with incarcerated women and metropolitan high school students. Both populations benefit from opportunities that support autonomy, relatedness, and competence. For incarcerated women there are “so few choices and such little

freedom” within an environment where the indignity is pervasive (K. Estrella, personal communication, April 11, 2023). To promote need satisfactions through the expressive arts Dr. Estrella offers a weekly autonomy supportive card making studio that provides choice of materials, freedom of individual interpretation, and opportunities for skill shares amongst participants. There is also an important element of speaking the name of the recipient of the cards made as a sacred reminder that the women are connected to important relationships in their life. She recognizes that creativity is not something given by the therapist but lives within each individual. “I can bring hope, but not creativity. Creativity is available to all. Art belongs to all” (K. Estrella, personal communication, April 11, 2023).

Working with teenagers has its own unique relationship to autonomy as they are learning how to navigate identity and independence. It is a developmental task that can be supported through the expressive arts. Dr. Estrella described her approach as client led and informed by relational-cultural theory. Overall, there is a focusing on the therapeutic relationship, the relationship with others and culture, and the larger impact of society. “We must tackle the many ways our work continues to uphold the knowledge and perspectives of the dominant forms of both art and therapy” (Estrella, 2022, p. 5).

Discussion

The purpose of this literature review was to gain a deeper understanding of how expressive arts therapies can support the autonomous motivation postulated by self determination theory by meeting basic psychological needs and nurturing mindful autonomy. The research was birthed out of a desire to understand my personal experience of autonomy frustration within a high demand group. As the research evolved it moved beyond my own selfreflection and transformed into a contemplation of the idea that all humans on some level share similar basic

psychological needs. Finding language to explore common psychological drives across cultures and individual lived experiences is a practice in deepening my ability to nurture compassion and connection to others even when the differences feel accentuated.

While contemplating the universality of psychological needs I became more and more aware of how dominant cultural narratives create obstacles to need satisfaction for marginalized communities. “One of the basic premises of SDT is that it applies universally across cultures and domains. Previous research has confirmed that the key processes theorized by SDT are universal across cultures” (Milyavskaya & Koestner, 2011, p. 388). It feels important to include the discussion of systemic oppression when considering the universality of SDT. To me, a key part of systemic oppression is the denial of a group or individual’s need for autonomy, relatedness, and competence. As a cis-gender, white woman I have more access to need satisfaction within the dominant narrative in the United States and therefore a higher potential of unconscious bias when researching SDT. In future research it feels significant to go deeper in to uncovering these biases, examining the literature from multiple perspectives, and including a wider diversity of authors.

Expressive arts therapy is growing and increasingly acknowledging the current global culture in which we work. This acknowledgement requires that we question the impact of colonization, white supremacy, and capitalism – that is, structures of privilege and oppression – on our theories, training, research, and practice. (Estrella, 2022, p. 7) After months of research, I developed the awareness that there is an opportunity to apply SDT informed expressive arts therapy to help dismantle the harmful indoctrination of systemic oppression, which in many ways could be considered a cult or high demand group by definition.

Last, as I was learning about motivation, I developed curiosity about my own motivation for writing this thesis. During my research I discovered a word I had not previously known, eudaimonia. I learned that “specifically, by acting autonomously and pursuing intrinsic goals that people can live eudaimonically, with the rich positive experience that attends living well” (Schultz & Ryan, 2015, p. 81). The idea of eudaimonia comes from Aristotle’s philosophical musings on happiness. It essentially refers to the happiness correlated to living a more fulfilling life (*Eudaimonia: Definition, Meaning, & Examples*, n.d.). I find this fascinating because I personally did not immediately correlate happiness to writing this thesis.

During the process of researching, conceptualizing, and editing I was simultaneously doing my internship in expressive arts therapy at Children’s Hospital in Colorado. Every day I attended my internship I engaged with the arts in a way that supported autonomy for hospitalized patients in an effort to meet their psychological needs. In the process, I too felt that my psychological needs were being met. There were moments when engaging with expressive arts therapy that I could witness my identified, intrinsic, and integrated motivations at the forefront of the therapeutic and creative exploration. I also recognized the benefit of having relatedness with the staff and patients, as well as my competence and autonomy increasing as I ran my own groups and conducted individual sessions with patients and their families. These moments of witnessing my own mindful autonomy were what motivated me to continue to sit in front of the computer pouring hours of work into this thesis. The eudaimonia for me is in the process of completing a challenging task to fulfill my autonomous and meaningful goal, to become an expressive arts therapist.

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THESIS APPROVAL FORM
Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy

Student's Name: Sara Truitt

Type of Project: Thesis

Title: Self-Determination Theory and Expressive Arts Therapy: A Path to Needs Satisfaction and Mindful Autonomous Motivation

Date of Graduation: May 20, 2023

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

Thesis Advisor: E Kellogg, PhD