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La Pausa Sagrada: Embodiment of Relational-Cultural Mindfulness -

Development of a Method

Capstone Thesis

Lesley University

May 4, 2023

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Expressive Arts Therapy

Doctor E Kellogg

Abstract

This paper addresses the history, theory, and practices in relational-cultural therapy (RCT), mindfulness, and phototherapy, the theoretical and philosophical foundations upon which I developed a method integrating related practices and approaches. The method combined relational cultural mindfulness, mindful photography, and phototherapy for promoting stress reduction and well-being in Mexican mothers of children with developmental disabilities.

Research shows that parents of children with disabilities such as autism spectrum disorder (ASD) experience even greater amounts of parental stress, due to the child behavior problems presented in children with ASD and the holistic impact they have on family life (Torbet et al., 2019).

Extensive research measuring the effects of mindfulness practices on mental health support that mindfulness practices foster a variety of positive health outcomes, such as the reduction of stress, anxiety, and depression, and increased in self-awareness and self-regulation. With this increase in self and interoceptive awareness, empowerment and resilience are other therapeutic benefits, as the practice of phototherapy engages individual and collective processes of decision making, reflection, and dialogue. This phototherapy and mindfulness-based expressive arts therapy intervention sought to promote stress reduction, self-care, and well-being in mothers of children with autism spectrum disorder and Down syndrome.

Keywords: Phototherapy, mother, children, developmental disabilities, mindfulness, self-compassion, relational-cultural therapy, method, cross-cultural, group therapy

Author Identity Statement: The author identifies as a middle-class, able-bodied, bisexual cisgender White woman and New York native of German and Dutch ancestry.

La Pausa Sagrada: Embodiment of Relational-Cultural Mindfulness -

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Introduction

This year was my first experience working with mothers of children with developmental disabilities. Because I was working cross-culturally as a white foreigner and US citizen, interning with a community mental health nonprofit organization in Mexico and facilitating group therapy in my second language (Spanish), I tried to go into it with cultural humility and little to no expectations. I had not identified at the outset that mindfulness-based practices or therapies would be used regularly in sessions. After learning more about the mothers' needs for emotional regulation tools and stress reduction, I began to integrate mindfulness meditation with the hopes that it would help develop tools to support the mothers' needs.

Alongside this process, I began my personal mindfulness meditation and self-compassion practice, which has subsequently nurtured my ability to provide mindful therapeutic presence (Geller & Greenberg, 2023) in my facilitation of the group therapy sessions. I thought that meditation and conscious breathing practices could help the mothers find more compassion for themselves, to help support them through the challenges they had experienced and of which they persevered forward. The phrase, “seguir adelante” was a repeated comment shared in the group throughout the 7-month duration in which we worked together. This phrase holds a lot of cultural significance; in the group it was a circular, mirrored phrase that seemed to affirm the group and promote their resilience. *Seguir adelante* in Spanish translates to “keep going,” or “keep moving forward.”

Throughout my experience I oriented my counseling and facilitation in relational-cultural therapy (Jordan, 2018) and other critically conscious theories (Talwar, 2010) as my guiding framework of ethos and work ethic as a clinical mental health counseling and expressive arts therapy intern. I observed that culturally adapted arts interventions can act as vehicles to carry the stories and testimonies of participants' lived experiences (French et al., 2012). While working collaboratively with the mothers and acknowledging our cultural differences, I developed culturally responsive, mindful therapeutic photography interventions that centered the participants' culture and surrounding relevant sociocultural factors (Hook et al., 2017), as well as stress reduction and well-being through mindfulness and self-expression within a community.

Photography is an art form and therapeutic tool that can be adapted for both mindfulness and empowerment (Budig et al., 2018; Jackson, 2022). As well, mindfulness practices and phototherapy can be used in expressive arts interventions that are “culturally adapted” and “consistent with the cultural worldview” (Hook et al., 2017, p. 24) of the client population. Artistic processes in therapy have “the distinct benefit of being oriented toward multiplicity” and there is a dynamism that naturally occurs during the creative process, as images emerge from the subconscious through these conversations with symbol, metaphor, and amongst images (Ginicola, 2012; Stevens & Spears, 2009, p. 14). Photography and phototherapy engage with personal symbols (Peljhan, 2015) and these images, an extension of our psyches, capture and make visible our perceptions and values. One's relationship to an image interrelates with their culture, history, and worldview, as one's relationship to images connects to their “perception in relation with objects, concepts and places” (Krauss, 1982, p. 42). Phototherapy offers people an

experience of pausing with awareness in the present (Gibson, 2018; Howarth, 2022), and remembering and reauthoring our personal stories (Martin, 2009).

The following capstone thesis is an overview of the practices and theories across the theories and practices of phototherapy, relational-therapy, and mindfulness. These frameworks and practices formed the foundation of this mindfulness and expressive arts therapy-based intervention as part of a 7-month weekly group for mothers of children with developmental disabilities. Jordan (2018) describes relational-cultural mindfulness as:

a particular kind of mindfulness that suggests we not only extend our awareness and attunement to the passing parade of images and thoughts in our minds and feelings in our bodies but that we also bring the meditational attitude of presence to our relational worlds (p. 99).

This intervention embodied relational-cultural mindfulness in an expressive arts therapeutic intervention based in phototherapy. The communities in Jalisco and Veracruz, Mexico, with whom I've worked from September 2021 to May 2023, have shown enthusiasm and interest in mindfulness-based practices, such as meditation, creative arts therapies, and mindfulness-based therapies (Geller & Greenberg, 2023; Kabat-Zinn, 2005; Neff & Germer, 2018). Mindfulness-based expressive arts therapy interventions have resonated with Latinx participants of various sociocultural and socioeconomic backgrounds and have proved useful to them, judging by the participant feedback I've received. Last year I worked with a community arts organization in Guadalajara creating, facilitating, and assisting with community expressive arts therapy workshops and experiential training in creative arts therapies. In my final year of the expressive therapies Master of Arts program I worked as a clinical intern offering expressive arts therapy

sessions, online and in-person, at a community mental health nonprofit organization (an *asociación civil*, or civil association). The civil association with whom I interned offers integrative mental health services to middle and low-income residents in Veracruz, Mexico. As a clinical intern with this association, I facilitated one-on-one, family, and group expressive arts therapy sessions, founded in methods and approaches informed by relational-cultural therapy (RCT, Jordan, 2018), person-centered therapy (Rogers, 1951), and mindfulness meditation as an integral part of my praxis in therapeutic sessions.

Working cross-culturally as a White, U.S. native, and clinician in-training and facilitating sessions in my second language (Spanish), I found it of special importance to practice cultural humility (Hook et al., 2017) and to facilitate culturally responsive therapies and interventions (Talwar, 2010). Cultural humility, an ongoing practice of “openness, self-awareness, egoless[ness], supportive interactions, self-reflection and self-critique” (Foronda et al., 2016, p. 2) have argued are some of the ways one can embody cultural humility in praxis. Phototherapy, relational-cultural therapy, and mindfulness practices are considered adaptable and culturally responsive approaches (Jordan, 2018; Parrella & Loewenthal, 2013; Peljhan & Zelić, 2015; Weiser, n.d.) that nurture empowerment, resilience, and self-awareness (Gibson, 2018; Nunez, 2009).

Phototherapeutic interventions facilitated within a therapeutic framework informed by critically conscious theories (Talwar, 2010) such as relational-cultural theory (RCT) (Jordan, 2018a; Miller & Stiver, 1997) invite participants an opportunity to construct and redefine knowledge (Talwar, 2010) as well as build community. The decision-making process that is engaged when creating a photograph or image has the potential to facilitate healing and personal

growth (Peljhan, 2015, p. 60). As they are outcomes of choices made in the process of creating them, “all photographs are constructions” (Martin, 2013, as cited in Loewenthal, 2013, p. 70). Creating images engages self-reflection, affirming identity and lived experience (Gibson, 2018; Loewenthal, 2013; Weiser, 1999).

Throughout the duration of the expressive arts therapy group sessions I facilitated, I created interventions using relational-cultural therapy (Jordan, 2018) as an over-arching framework while integrating practices from both mindfulness and phototherapy (Fryear, 1983; Stewart, 1979; Walker, 1982; Weiser, 1999) with mothers of children with developmental disabilities. My capstone thesis provides an overview of the theories and approaches found in relational-cultural therapy (Jordan, 2018; Miller & Stiver, 1997) and mindfulness-based therapies, such as mindfulness-based stress reduction (Kabat-Zinn, 1979; 1990) and mindful self-compassion (Neff & Germer, 2018) to support mothers of children with different abilities in culturally responsive interventions that can help reduce their levels of stress and promote their overall well-being through interventions in expressive arts therapy with a focus on techniques belonging to phototherapy (Martin & Spence, 1985; Nunez, 2009; Weiser, 1999) and mindfulness-based therapies (Baer, 2003; Bishop et al., 2004).

Literature Review

Phototherapy

Photography is known as a medium that has a relationship with time, mortality, and light. To create a photograph is to choose a moment in which there is a decisive moment (Cartier-Bresson, 1952) and the image-maker chooses a frame, an area of focus. The French semiotician, literary theorist, critic, and philosopher Roland Barthes wrote in his seminal work on the study of

photographs, *Camera Lucida* (Barthes, 1980) that photographs are tangible evidence of moments that have been lived. Photographs can act as these memory clues (Halkola, 2013; Loewenthal, 2013; Schacter, 1996) and provide an expanse of information in relationship to the images and their representations of the dynamic and relationships between the subject(s), the image maker, the environment, or era, and more (Loewenthal, 2013). This frame becomes an externalization of the internal experience of the photographer. When the photographer is also the subject, there is an opportunity to author and re-author stories and internal images; *relational images* (Jordan, 2009), constructions and reconstructions of personal narrative, identity, and self-concept (Martin & Spence, 1985; Martin, 2001; Nunez, 2009). Through creating photographs and sharing images, a sense of agency, personal introspection, and community building is facilitated through practices and interventions in phototherapy (Gibson, 2018).

Artist, photographer, phototherapy pioneer and founding theorist Weiser (1999) defined phototherapy as “a therapeutic method (under the guidance of an educated therapist) representing the use of photography within the psychotherapeutic or advisory context as a medium to promote communication, emotions, memories, and association” (Weiser, 1999, as cited in Peljhan & Zelić, 2015, p. 32). According to Weiser (1999; n.d.),

phototherapy techniques are “therapy practices that use people's personal snapshots, family albums, and pictures taken by others (and the feelings, thoughts, memories, and associations these photos evoke) as catalysts to deepen insight and enhance communication during their therapy or counseling sessions (conducted by trained mental health professionals) (p. 3) in ways not possible using words alone.

Phototherapy can be facilitated in a client-led manner. Photographs used in the therapeutic process can act as useful tools “with people for whom verbal communication or interaction is physically limited,” therefore it holds particular relevance for application in “special education, multicultural, and other complex settings where people have been socially excluded or marginalized, often for misunderstanding nonverbal cues” (Weiser, 2015e, p. 11). Phototherapy can be “very empowering, in applications with situations of social exclusion – as well as beneficial in diversity training, conflict resolution, divorce mediation, and other related fields” (p. 11). A modality of particular interest, photography is not only an accessible medium to the population with whom I collaborated, but has also been shown to promote self-reflection, meaning-making, resilience, and personal empowerment (Gibson, 2018; Jackson, 2022; Loewenthal, 2015), supporting clients’ wellbeing through creative therapeutic processes based in phototherapy.

Theories and Methods

Weiser (1999) developed five main methods in phototherapy: the projective process, self-portraiture, portraits in collaboration with others, reflecting upon the images created, and photo systems (the use of archives and family albums), defining each of their processes as therapeutic techniques (Loewenthal, 2013; Weiser, 1999). “Phototherapy has been used successfully with clients with a variety of presenting concerns including substance abuse, depressive disorders, posttraumatic stress disorder, eating disorders, anxiety disorders, and other chronic mental illness” (Ginicola, 2012, p. 2). Photography and phototherapy engage with personal symbols (Peljhan, 2015) and these images, belonging to our subconscious and conscious minds, relate

with our social and cultural relations in life and can aid as tools in counseling and treatment (Ginicola, 2012).

Self-Portraiture

The self-portrait is a portrait of the photographer or image-maker that they made of themselves. Self-portraits can be ambient and abstract. Self-portraiture can be a way to be with emotions, states and identities and raw emotions (Nunez, 2009) and make “deep contact with them” (p. 97). Therapeutic practices in photography, in particular phototherapeutic self-portraiture invites “making visible the complexity and contradictions of our own stories” (p. 97) and in “re-enacting memories, key scenarios with emotional resonance and imagining possible futures” (p. 97), much agency is generated through the process of preparing, conceptualizing, and creating new images, new representations. In constructing images there is much freedom in what the imagemaker chooses to make visible, thereby offering the individual an opportunity to construct a narrative or be the author of one. In the process of posing for a photograph of which the photographer is the subject, there is an internal dialogue (Nunez, 2013) unfolding, as the subject faces themselves and the camera, in a relationship that is deeply intrapersonal. Weiser (2009) considered the process of photographing to be an action following the impulses of the subconscious mind and considered all photographs to be a kind of self-portrait (Loewenthal, 2013; Weiser, 1999).

Rosy Martin, photographer, author, therapist, and the creator of *re-enactment phototherapy* (Martin & Spence, 1985) refers to self-portraiture as a form of play (Martin, 2009) and a space to “give form to their desires and fears” (p. 74). The self is complex and therefore so is the portrait; the dimensions of the self can be explored, and roles tried on (Martin, 2009)

through expression, clothing, posture, gesture, and other stylistic or logistical choices. Through embodying parts of the self that the person tends to reject or not give any attention to or relegate to repression for functionality, a reclamation or affirmation of self can be facilitated. “The multiple meanings of the self-portrait work contribute to the union of the different aspects of the self” (Nunez, 2013, p. 105), making phototherapy a therapeutic practice that is pluralistic and psychodynamic in nature.

Self-portraiture, portraiture, and photography in general offer the opportunity to construct an image and engage in a process of representing identities and expressions where words are not able to reach. As the contributions of artist and phototherapy pioneer Jo Spence (1986) demonstrated, self-portraiture can be a tool for healing and identity affirmation, reconstructing images (Gibson, 2018) and “challenging the mythologies of others who have attached stories to old images, and therefore defined identity” (Gibson, 2018, p. 83; Spence, 1986). Martin (2001) writes that in re-enactment photography, the subject is viewed as the “site of the articulation of representations, inscriptions and meanings can be explored in the freedom of the potential offered by re-enacting, playing with and subverting identities, rather than seemingly being fixed, defined and contained by them” (Martin, 2001) and the process invites the participants to “make visible what it is to be subjected to and subject of the discourses within society” (p. 1).

Martin and Spence’s re-enactment photography method (Martin & Spence, 1985) uses self-portraiture as an instrument with which to integrate, embrace, see their “multiple selves” through engaging both “embodiment and ownership” (Martin, 2001), which Martin states form the foundation of the practice. “Embodiment and ownership are fundamental to re-enactment phototherapy. The aim is for clients to eventually own their own histories, their pains, distresses,

and traumas, previously denied and disavowed” (p. 1). Through explorations in self-portraiture, caregivers and mothers of children with disabilities, and other groups who experience elevated levels of stress (Eisenhower et al., 2005; Harper et al., 2013; Hwang et al., 2015) in their day-to-day lives can use photography as a way to practice a moment of mindfulness, or what mindfulness teacher, author, and clinical psychologist Tara Brach (2003) refers to as “the sacred pause” (*la pausa sagrada* in Spanish), the act of “pausing as a part of the healthy rhythm of our lives” (p. 49) to offer a space for the energy to flow through and express itself. In the act of photography, and in this case, self-portraiture, and re-enactment phototherapy (Martin, 2001), we can contact the subconscious material, multiple selves, and unearth layers of perspective and through dialogue facilitate change (Ginicola, 2012; Stewart, 1979).

Techniques and Approaches in Phototherapy

The projective process involves “projecting, decoding, and reconstruction of the emotional contents of a photograph” (Peljhan & Zelić, 2015, p. 43), and uses photographs to channel the expression of one’s own perception and values. Self-portraits, another of Weiser’s five main techniques of phototherapy (Weiser, 1999) offer a space to dialogue with one’s self-image and self-concept through constructing a representation of self. Self-portraits “offer us a lot of possibilities to confront ourselves” (Peljhan & Zelić, 2015, p. 44) which can offer a lot to the therapeutic process. Various techniques and approaches were explored, including interventions involving group members receiving a weekly creative, somewhat flexible prompt or theme from which to interpret to create images, or what Weiser (1999) refers to as *metaphors of self-construction* (Weiser, 1999, p. 228). Metaphors of self-construction are usually the participants’ own photographs which are images holding values, culture, meaning, questions, and

relationships for the individual, yet the stories and representations in their images reach beyond their own associations to the others' constructions of meaning (Weiser, 1999; Gibson, 2018).

Mindfulness

Mindfulness meditation, considered both a way of being, practice, and a mind/body methodology and practice of paying attention to moment-by-moment experience (Kabat-Zinn, 2003; 2011b) was developed out of the Buddhist tradition of meditation practices which have been practiced for more than 25 centuries (Baminiwatta & Solangaarachchi, 2021). Mindfulness is the practice of continually bringing one's attention to the present-moment experience with non-judgmental, kind, gentle attention (Kabat-Zinn, 2003, 2005a; Gibbons, S., personal communication, March 9, 2023).

Mindfulness meditation practice involves eliciting a relaxation response through attention to breathing and then observing bodily parts and bodily sensations (the body scan technique) and all perceptions, thoughts, emotions, and internal experiences through an open and accepting focus. The goal of mindfulness meditation is ultimately the acceptance of experience and the release of suffering (Geller & Greenberg, 2012, p. 3). According to Bishop et al. (2004), mindfulness practice is being with a “nonelaborative, nonjudgmental, present- entered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged” (p. 232). Mindfulness is inspired and grounded in Buddhist practices from the East, though most of the literature has been from Western countries (Baminiwatta & Solangaarachchi, 2021), with expanding mindfulness research across the world, including collaborations between research teams in the United States with Canada, Germany, and Switzerland, and a recent increase of research conducted in Turkey, Peru, Vietnam, and Pakistan,

with the greatest amount being in China (Baminiwatta & Solangaarachchi, 2021).

In the contemporary field of psychology and therapy/counseling, mindfulness is used “as an approach for increasing awareness and responding skillfully to mental processes that contribute to emotional distress and maladaptive behavior” (Verhaeghen & Aikman, 2022, p. 2). The word “mindfulness” corresponds to the translation of the original terms *smṛti* (from Sanskrit) or *sati* (Pali), which captures the capacity to retain an object in the mind, but in a broad sense also implies being aware of and attentive to the present moment” (Lutz et al., 2015, p. 4). When brought into clinical and other secular contexts, the Buddhist notion of contemplative practice as therapy (Sunakkhatta Sutta, as cited in Ñanamoli & Bodhi, 2009) facilitates cultural translation, allowing Buddhist techniques to be recontextualized within the personal goals and views of participants in modern-day mindfulness programs.

Mindfulness has been described as “non-elaborative, non-judgmental awareness” of present-moment experience (Kabat-Zinn, 2003, 2005a, 2011b) and Vago and Silbersweig’s (2012) research offers evidence that “mindfulness is more akin to a manifold (or even a cascade of processes) than to a singular construct” (Verhaeghen & Aikin, 2022, p. 1). After thousands of international research studies have been carried out, there are multiple models (Baer, 2003; Brown et al., 2007; Chiesa et al., 2013; Creswell & Lindsay, 2014; Grabovac et al., 2011; Hölzel et al., 2011; Segal et al., 2013; Shapiro et al., 2006; Verhaeghen & Aikin, 2022), which organize mindfulness research according to primarily three categories of mechanisms of change in individuals practicing mindfulness: Self (S)-awareness (A), self-regulation (R), and self-transcendence (T) (Vago & Silbersweig, 2012; Verhaeghen & Aikin, 2022). Vago and Silbersweig’s (2012) research supports that a change in self-regulation, including regulation of

emotions, heightened self-compassion, and increased nonattachment and acceptance, is associated with mindfulness practice (Vago & Silbersweig, 2012). These states of being are beneficial to caregivers of children who have autism spectrum disorder as well as other developmental disabilities, given that there are heightened levels of stress, anxiety, depression, and distress for this population (Harper, 2013; Hwang, 2015).

Additionally, the mothers with whom I worked in Veracruz and many other caregivers and families of children with special needs experience increased isolation and discrimination on behalf of the dominant group/society. This experience generates feelings of distress, anger, grief, and symptoms of anxiety and depression (DePape & Lindsay, 2014; Neece et al., 2015; Singh et al., 2012, Sivberg, 2002). Often, the needs of the child require the full attention of their parent or caregiver and their needs are naturally prioritized and take precedence over the parent or caregivers' physical needs (Chua & Shorey, 2022; DePape & Lindsay, 2014), as their needs require special medical, psychological, and educational supports. Mindfulness-based practices “include breath awareness meditation, body scan, walking meditation, yoga, didactic communication with an instructor, psychosocial support by group members, and attentive listening to inspirational texts (such as poetry)” (Kabat -Zinn, 1982; Kutz et al., 2015, p. 4) and there is considerable evidence that mindfulness practices, such as self-compassion practice and mindfulness meditation as well as “everyday mindfulness” (Kabat-Zinn, 2005a) increase emotional wellbeing and regulation (Zhang, 2013) and decrease parental stress in parents of children with developmental disabilities (Chua & Shorey, 2022; DePape & Lindsay, 2014).

Mindfulness-Based Stress Reduction

Neuroimaging studies reports illustrate the “functional and structural changes in a myriad of brain regions mainly involved in attention systems, emotion regulation, and self-referential processing” (Guendelman et al., 2017, p. 2). The positive effects of MBIs can be described as observing, describing, acting with awareness, non-judging of inner experiences, and non-reactivity to inner experiences (Baer et al., 2006). Created by Dr. Jon Kabat-Zinn in 1979 at the University of Massachusetts Memorial Medical School (Kabat Zinn, 2013), Mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 2011) is an 8-week mindfulness training program originally designed to help patients with their chronic pain management. Through the practice of mindfulness meditation, gentle movement exercises, and 45-60 minutes of daily mindfulness meditation practice, the robust breadth of internationally conducted mindfulness research supports that there are positive correlations between mindfulness practices and increased self-awareness, self-regulation, and attention control (Tang et al., 2015) as well as improvements in pain and stress management (Kabat-Zinn, 2005).

In various studies researching the effects of MBSR with parents of children with developmental disabilities and in particular Autism Spectrum Disorder (Beer et al., 2013; Bluth et al., 2013; Neece, 2013; Singh, 2014), results provided evidence that mindfulness training did help decrease levels of stress, anxiety, and reactivity in the parents, resulting in improvements in behavior in their children with ASD, which are frequently responses to the attitudes and manner of care they are receiving from their care providers (Hwang et al., 2015; Neece et al., 2012). Neece et al. (2012) carried out a longitudinal study that “confirmed a bi-directional relationship between child problem behaviors and parenting stress” (p. 2) and “suggested that problem

behaviors in children with ASD could be addressed by working directly on levels of parental stress through the use of stress management methods such as mindfulness meditation” (p. 2). In the weekly group therapy with the mothers of children with ASD and Down Syndrome whose children all attend the same school in the neighborhood of the community therapeutic center I interned at, I integrated practices and techniques gleaned from my personal training in MSBR (Kabat-Zinn, 1979; 2023) with clinical psychologist and UMass MBSR-certified mindfulness teacher Dr. Siobhan Gibbons, as well as practices inspired by the work of Kristen Neff and Chris Germer (2012), the co-creators of mindful self-compassion (Neff & Germer, 2012).

Mindful Self-Compassion

Mindful self-compassion (MSC) (Neff & Germer, 2012) is a mindfulness and self-compassion practice-based program developed by Kristin Neff and Christopher Germer in 2012. The practice of mindful self-compassion also involves offering a nonjudgmental presence in response to one’s pain, inadequacies, and failures, so that one’s experience is seen as part of the larger, universal human experience. Mindful self-compassion practice has three main components: mindful awareness, common humanity, and self-kindness (Neff & Germer, 2018). This practice has been proven to be a protective factor for families of children with disabilities such as ASD (Torbet et al., 2019), “Examples of core practices from the mindful self-compassion program include affectionate breathing, breathing in and out compassion, and loving kindness” (Geller & Greenberg, 2023, p. 18; Neff & Germer, 2018). The practice of compassion biophysically connects our minds to the mammalian care system in the body and helps to decrease the nervous system’s threat response (Neff & Germer, 2018). In self-compassion practice, one accompanies their own suffering, offering a compassionate and kind, non-

judgmental observation of themselves, the *experiencer* rather than of suffering itself, as practiced in mindfulness (Germer, 2021). Self-compassion has been extensively researched and evidence supports its correlation to positive impact on overall well-being and mental health (Bluth & Neff, 2018; Zessin et al., 2015). Self-compassion is the practice of being kind to oneself, treating oneself as if they would a very dear friend in times of challenge, faults, failures, errors, and imperfect moments (Neff, 2003a; 2003b). Physiologically, when the internal and mammalian system of caregiving is engaged, and “natural feel-good opiates” (Neff & Germer, 2018, p. 31), such as endorphins and oxytocin are released, supporting the nervous system in regulating and lowering its stress level and increasing its sense of safety (Neff & Germer, 2018). Neff & Vaso’s (2015) research found that self-compassion practice was correlated with:

indicators of well-being including life satisfaction, hope, and goal reengagement, and negatively associated with depression and parenting stress. Additionally, self-compassion positively predicted parental well-being and predicted lower levels of depression over and above the effects of child symptom severity in parents of children with ASD (p. 2).

Robust self-compassion research supports that self-compassion practices help to decrease distress and promote resilience, post-traumatic growth, and well-being in mothers and caregivers of children with autism spectrum disorder among other disabilities (Torbet et al., 2019; Wong et al., 2016; Zessin et al., 2015; Zhang et al., 2015).

Mindfulness and Therapeutic Presence

Geller and Greenberg’s (2002; 2012; 2023) research suggests that therapy is only effective and healing if the therapist offers the client a quality of embodied, therapeutic presence that resonates with the client as being present with them and their emerging, present-moment

experience (Geller et al., 2010). Geller and Greenberg (2023) developed an empirically validated model of therapeutic presence which involves the following qualities:

First, therapeutic presence is an embodied quality in the therapist being (a) grounded in one's body and an integrated sense of self; (b) fully immersed in the moment with the client, without judgment or expectations; (c) connected to a larger spaciousness, flow, and expansion of awareness beyond the self; and (d) compassionately with and for the client, in service of their healing process (p. 3).

Geller and Greenberg's (2023) theory of therapeutic presence states that it is through the work that unfolds in the session that the therapist is:

(a) receptively attuned to the verbal and bodily expression of clients' in-the-moment experience; (b) inwardly attuned and in contact with therapists' own bodily experience to access inner wisdom and intuition, professional knowledge, and resonance with clients' in-the-moment experience, history, and goals; and (c) extending to meet and make contact with the client in an empathic and congruent manner (p. 3).

Lastly, therapeutic presence is also "creating the conditions for presence to arise, through cultivating being present (a) before therapy sessions and (b) in one's own life and relationships" (p. 3). This cultivation of presence can be practiced through mindfulness practice and training, which strengthens one's capacity to practice presence-centered awareness (Bishop et al., 2014; Geller & Greenberg, 2023), aiding the therapeutic alliance through a quality of presence which can promote "safety through the coregulation of affect, which increases clients' engagement in therapy, building a strong therapeutic alliance, as well as more internal sense of safety in relationships" (p. 4).

Mindfulness and Phototherapy With Mothers of Children with Special Needs

There are now numerous studies researching mindfulness for the reduction of stress in parents and/or caregivers of children with developmental disabilities. Eisenhower et al. (2005) and Harper et al. (2013)'s research shows that parents of children who are on the autism spectrum are vulnerable to heightened levels of stress. Other studies focused on stress in caregivers of children with developmental disabilities offer evidence of the connection between heightened levels of parental stress and child problem behaviors as the origin of their stress (Eisenhower et al., 2005; Harper et al. 2013; Hwang et al., 2015; Torbet et al., 2019). Caregivers of children with autism spectrum disorder (ASD) are shown to be four times more likely to experience greater levels of parental stress (Silva & Schalock, 2012), due to the child's problem behaviors and the challenges in managing them. This can result in social isolation of the caregivers and their children, as well as negatively impact the quality of caregivers' or parents' marriage and home life (Hwang et al., 2015; Siman-Tov & Kaniel, 2011). The literature supports the idea that mindfulness helps to alleviate psychological and physical suffering, including decreasing stress and symptoms of anxiety and depression (Kabat-Zinn et al., 2013).

Mindfulness has been proven to “reduce stress, tension, anxiety, and increase self-care, in part through the development of affect regulation” (Geller & Greenberg, 2023, p. 8; Shapiro et al., 2007). Mindfulness has been shown to help develop "a more realistic and/or objective outlook on the world and by extension the self” (Bishop et al., 2004; Brown et al., 2007; Verhaeghen & Aikman, 2022, p. 3). In studies researching mindfulness and mindful parenting and parental stress in caregivers of children with developmental disabilities (Beer et al., 2013; Bishop et al., 2007; Bluth, 2013), mindfulness has been found to “lower levels of depressive symptoms and

stress in parents of children with ASD” (Beer et al., 2013; Hwang, 2015, p. 2) and decrease over-reactivity (Oord et al., 2012). These “findings demonstrate its potential for addressing the psychological difficulties of parents of children with ASD and child problem behaviors” (Hwang et al., 2015, p. 3).

Phototherapy-based interventions framed by relational cultural theory invite group participants an opportunity for artistic inquiry and construction of knowledge (Talwar, 2010). Creating images can promote self-reflection, self-esteem building, and identity affirmation (Loewenthal, 2013) while promoting empowerment through the mutuality and authenticity of the therapeutic relationship (Jordan, 2018a) and agency of the group participants throughout the duration of the relational cultural mindfulness-based therapeutic photography therapeutic intervention. Through the process of self-observation and self-exploration (Peljhan, 2015) when deciding what to choose to photograph, a conscious awareness of the experience is engaged through more mindful awareness of the process in observation of one’s surroundings.

Working cross-culturally, I have practiced active, critical consciousness (Singh, 2020) of dynamics of power, culture, intersectionality, and self-reflexivity (Talwar, 2010) with the communities with whom I have been working with and supporting. I argue that combining relational cultural therapy, mindfulness and self-compassion-based practices, and phototherapy supports culturally responsive therapeutic interventions. These social justice theories (Singh, 2020) in counseling are relevant and applicable to expressive arts therapy, group therapy, cross-cultural therapy, and all work in the field of mental health (Sue, 2015). Throughout my experience facilitating the weekly expressive arts therapy group with mothers of children with disabilities, relational-cultural therapy (Jordan, 2018) provided a frame within which to approach

the guidance of the group and “mutual partnerships that address power imbalances” (Hook et al., 2017, p. 223) were formed, through consistency of shared, mutualistic group conversations as a group. Through “engaging with clients’ cultural identities” (p. 19), while acknowledging the multiplicity of identities existing within them and their interpretations of the therapeutic photography interventions, our collective understanding, “composed of individual (uniqueness), group, and universal dimensions” (Sue, 1996, p. 814), was deepened over the course of the weekly group sessions. Studies by Verhaeghen (2018) indicate that mindfulness practices positively correlate with positive psychological outcomes and that as a result of mindfulness meditation, “higher levels of self-regulation and self-transcendence” are fostered, “with self-regulation mediating part of the relationship between mindfulness and self-transcendence” (p. 142). Stress reduction was one of the primary therapeutic objectives in mind when creating the interventions, being that caregivers of children with ASD are prone to higher stress levels (Chua & Shorey, 2021; Torbet et al., 2019) and are susceptible to depressive symptoms (Singer, 2006) as well as various mental and physical health problems, including but not limited to: “headaches, insomnia, muscle pains, high blood pressure, arthritis and stomach ulcers” (Chua & Shorey, 2021, p. 1).

Sociocultural Context, Population, and Setting

There were 10 mothers at the beginning of the group therapy, when it started in October 2022. A few months later due to scheduling conflicts there were 9 participants, and all have children (between the ages of 6-18) who have been diagnosed with autism spectrum disorder or Down syndrome and attended the same local school, which neighbored the community therapeutic center I worked at. We met in an artisanal cabaña-style building, which was finishing

being built in the first weeks of my internship. This cabaña was constructed on the second floor of a residential home, and group sessions were held in the main room. Participants arrived between 9:15-9:30 a.m. and the group would last for 2 hours until 11:30. A range of expressive arts therapy interventions were used, exploring materials and modalities, and phototherapy became a more utilized modality from the middle of the 7-month expressive arts therapy and mindfulness therapy group. We sat in a circle and passed around a talking piece, which was a softened rose quartz crystal and was often placed in the center of the circle for participants to use when they wished to share something in the group. Ortiz et al. (2019) describes the relationship between mindfulness, accessibility, and relevant sociocultural factors:

Stressors associated with lower socioeconomic status, acculturation, and discrimination may increase vulnerability to anxiety and depression. Group mindfulness-based interventions have consistent and growing evidence that support their potential for improving mental health in a cost-effective manner. Mindfulness-based interventions aim to foster acceptance of unchangeable circumstances, which may be particularly useful for those with limited health care coverage or few economic resources. Additionally, it may be less stigmatizing for Latinos to attend a mindfulness group that simply focuses on stress management and reduction, relative to receiving a psychiatric diagnosis and being recommended individual psychotherapy (p. 2).

For two months the sessions were focused on group cohesion, trust-building, introduction to mindfulness and self-compassion practices, and expressive arts therapy for primarily stress reduction and integral wellness. In February 2023 I began to invite the group to take photographs with specific guidance. The first invitation was to bring a personal photograph (digital or a print

from their personal collection) representing a safe place, or a place that holds peace and tranquility for them. This intervention, an example of *using talking pictures* (Lowenthal, 2015), where personal photographs are used in therapy sessions as part of the therapy and/or treatment (Lowenthal, 2015), was accompanied by conversations in pairs, where participants exchanged stories about their images and took turns actively listening to their partner and sharing each of their chosen photographs. The second intervention, a week later, was an invitation to create between one and three images (digital photographs) that “momentos de pausa” (or “moments of pause”) from their daily life; images that represented mindful moments, or pauses from their day-to-day lived experience. Participants shared photographs taken with their cell phones of their “pauses” and got to know one another better through the choices each had made regarding their final image. One participant didn’t take a photograph but shared that she kept the image in their mind, as she didn’t want to photograph it but rather connect with the fullness of her surroundings, with more sensitivity and awareness. Another participant photographed natural beauty that was the context of a community engagement, however she noticed she was the only one taking a moment outside to appreciate it.

Relational-Cultural Therapy

Relational-cultural theory (RCT) (Jordan, 2018; Miller & Stiver, 1997) is a feminist theory and therapeutic approach that “places connection at the center of growth” (Jordan, 2000, p. 6) and emphasizes the importance of being in relationship, ideally in growth-fostering relationships (p. 7). In RCT, growth-fostering relationships are characterized by:

- (a) zest; an increase in energy; (b) increased self-knowledge and “clarity about one’s own experience, the other person, and the relationship; (c) creativity and productivity; (d)

a greater sense of worth; and (e) a desire for more connection (Miller & Stiver, 1997, as cited in Jordan, 2018, p. 7) that support mutuality and mutual empathy (Jordan, 2018).

As opposed to being founded in specific methods, techniques, and interventions, RCT, “depends more on an attitude and quality of mutual engagement” (Jordan, 2018, p. 41) and considers the experience of “isolation and chronic disconnection” (p. 41) as being what creates so much suffering leading people to seek therapeutic support. RCT promotes interdependence (p. 6), self-empathy, and relational resilience (p. 42) as well as “personal and societal sources of disempowerment” (p. 42).

Relational-cultural theory views culture as “an active agent in relational processes that shape human possibility” (Jordan, 2018, p. 27), and proposes that “mutual empathy and mutual empowerment are at the core of growth-fostering relationships” (p. 29). Critical and social justice-oriented theories such as RCT (Jordan, 2018; Miller & Stiver, 1997) share the therapeutic critical lens of the consideration of the impact and systemic oppression implicated by the greater sociocultural context (Jordan, Hartling, & Walker, 2004, as cited in Singh, 2020). Relational-cultural theory interconnects with critical theories and emphasizes mutuality, authenticity, empathy, relational resilience, and interdependence (Jordan, 2018), and sharing of power and empathy in the therapist-client relationship (Singh et al., 2020; Jordan, 2018). RCT strongly emphasizes mutuality, nurturing a relationship that is power-with rather than power-over, and critical and reflexive awareness of one’s own positionality and relationship to power and oppression (Jordan, 2018; Miller & Stiver, 1997).

Furthermore, RCT considers the “inner constructions and expectations we each create out of our experience in relationships” (Jordan 2018, p. 31; Miller & Stiver, 1997), informed and shaped by the experiences of past relationships, societal values, and constructs, and affirms that “chronic disconnections lead to negative relational images” (p. 31). These internally negotiated perceptions are developed early in life and influence one’s sense of self-worth and way of relating to the world. There are *dominant relational images*, beliefs and ideology that are held by the dominant and oppressive group, *controlling relational images*, stereotypes and ideology, “strategies of disconnection” (Walker, 2005, p. 54) that maintains a *power-over* (Jordan, 2018) culture and *discrepant relational images* (Jordan, 2018), which are alternative perspectives that the therapist can offer, which can support as pathways to consider other possible realities in response to one’s held negative relational images. Working from the therapeutic framework of RCT, the therapist accompanies the person to rework limiting, core, or negative relational images, which can motivate and foster personal growth and inspire “hope and relational possibility” of other angles of perspective and outcome in response to a given relational image that is not supporting the person’s wellbeing. When the client and therapist have collaborated to transform a limiting, negative, or *controlling relational image* (Jordan, 2018), or the dominant cultural group’s essentializing representations which operate to oppress and reinforce ethnic, racial, and cultural stereotypes “designed to disempower certain groups”, can be reshaped and reclaimed (Jordan, 2018, p. 34). When there is the change and reworking of a negative relational image, *relational mindfulness* or *relational awareness* has been cultivated through (re)-connection within the mutually empathic experience of reconstructing the relational image, developing both a sense of self-empathy and agency in the ability to connect in relationship and

modify one's relational perspective, or relational images (Surrey, 2005; Surrey & Eldridge, 2007; Jordan, 2018).

Methods

The methods used were practices drawn from mindfulness-based stress reduction (Kabat-Zinn, 2005a), self-compassion (Neff & Germer, 2018), and phototherapy (Gibson, 2018; Halkola, 2013; Martin & Spence, 1986; Loewenthal, 2013; Weiser, 1999). Though there is literature promoting the applications of intersectionality and critical theories in the expressive arts therapies (Hadley, 2013; Kuri, 2017; Talwar, 2010), there is a lack of literature speaking to cross-cultural, critically conscious community practices in expressive arts therapy practiced in Latin America. For this therapeutic intervention using therapeutic photography/phototherapy, I applied Martin's re-enactment phototherapy (Martin & Spence, 1985; Spence, 1986) and two of Weiser's *metaphors of self-construction* and *working with self-portraits* (Loewenthal, 2013, p.6; Weiser, 1999) as my technical foundation in developing mindfulness, phototherapy, and other expressive arts therapy interventions for the expressive arts therapy and mindfulness group I facilitated at my internship. The sessions would often, but not always, begin with a mindfulness meditation or present-body-awareness practice or an expressive arts warm-up activity based in writing, drawing, or movement. The attendance of the group members varied, depending on life factors most often relating to their childcare needs or the level of flexibility at their jobs. Over time, a core group of five participants developed. Nearing the end of the group therapy cycle or process, group members expressed their interest in meeting in an alternative supportive space to continue meeting past the last group therapy session, because the community support was very supportive to them. All materials during the expressive arts therapy sessions were provided,

unless it was a virtual session, which was not often but occurred two times, during holidays and times when most of the group was not available to meet, due to the school's schedule, or when making photographs. Participants used their cell phone cameras to take photos and find photos from their day-to-day life. The cellphone camera was seen to be an accessible tool; all mothers were able to access and use their cameras to participate in interventions, though not all mothers could read and write. The interventions used were communicated in multimodal ways, such as texting participants individually or explaining the artistic invitation in the weekly session prior to the next session in which the photographs would be shared and discussed. When exploring phototherapy, I invited participants to respond to an invitation to create images.

Alongside the mindfulness meditation practices in group sessions, I invited the mothers to create images in response to a theme or creative prompt. The themes and topics of the phototherapy invitations related to mindfulness and self-compassion practices, as well as self-care. The objective of the phototherapy, mindfulness, and expressive therapies interventions was to promote their stress reduction and sense of wellbeing and empowerment through self-expression in a communal affinity space with other mothers who shared similar challenges and lived experiences as (mostly single or solitary) mothers raising children with developmental disabilities.

Figure 1

Reposo (Rascón, 2014)



*Note. Reposo [Photograph] from *Que el santo tenga perfume y la vela no se apague* by Vasquez et al., 2016, Universidad Nacional Autónoma de México Ciudad Universitaria*

Results

I observed that the images shared among participants were carriers of stories, and could act as a transitional object (Winnicott, 1971), transmitting the story, emotion, relationship, through an intentional selection of visually projected information. I noticed that as time went on and the sessions went deeper with more trust being nurtured in each weekly session, members of the group experienced what Yalom (2005) refers to as a sense of *universality* (p. 6). Group members saw their lived experiences reflected in others' shared accounts, resulting in the therapeutic benefit of feeling a sense of acceptance and understanding by other members, as well as catharsis (Yalom, 2005). There was one session that seemed particularly powerful, wherein a participant expressed that during a projective process (Weiser, 1999), upon seeing the image (pictured above), she had been transported back to a memory and recollection of a version of herself that had been long forgotten. Through the projective process (Weiser, 1999) in viewing this found image (a postcard from a collection of postcards by Mexican photographers) (Rascón, 2014; Vasquez & Hernández, 2016), the image helped her connect with a strength of inner

knowing, remembering a younger version of herself and her true essence, which resonated in a portrait of another other than herself.

This year, mindfulness and compassion practices became integrated into my life, first introduced to me in therapy, later reinforced in hatha yoga and mindfulness meditation practice, initiated out of a need to resource myself in my personal healing journey. I participated in a mindfulness-based stress reduction training that I attended weekly during March and April 2023. Research supports that mindfulness and self-compassion practice strengthens therapists' ability to both attune and empathically, as well as increase their therapeutic presence and ability to self-regulate while relating (Bibeau et al., 2016; Block-Lerner et al., 2007; Galus, 2015; Germer, 2012; Gilbert, 2009a, 2009b; Shapiro & Izett, 2008).

It is a way of being genuinely with our own experience, with empathy, unconditional positive regard, and acceptance. Therapists' personal practice of mindfulness can help to cultivate qualities of therapeutic presence such as acceptance, empathy, compassion, and nonjudgmental awareness within oneself and, by extension, with the client (Geller & Greenberg, 2023, p. 2).

There were times where I wanted to “do” rather than “be” (Geller & Greenberg, 2023), where the needs of the group were clashing with my plans for the intervention (often unaware of until in the moment when what was emerging was not something I had envisioned or considered prior when planning the session), and my personal mindfulness practiced, cultivated as part of my personal self-care practice and practice for nurturing more “inner stability and grounding” (p. 6) and greater ability to “cultivate therapeutic presence” (p. 6) and the capacity to engage and resonate with the client's painful experience, and yet quickly return to a state of calm and

equilibrium” (p. 8). Daily informal mindfulness practice and mindfulness meditation have helped me practice deeper present-moment awareness, allowed me to tolerate the discomfort of moments of uncertainty and accept as well as respond non-reactively when strong emotions, pain, or discomfort arise in the therapeutic relationship with clients. In the mothers’ expressive arts therapy and mindfulness group therapy sessions I practiced mindful breathing, kind and nonjudgmental presence, and self-compassion as I felt the rise and fall of my own urges, desires, and grasping sensations to control or change the outcome or quality of the participation of the group.

Geller and Greenberg (2023) contend that the things that can act as “barriers to presence” (p. 262) are reflections of the therapist’s “lack of contact with oneself”, such as lack of acknowledgment of their “embodied self, emotions, and needs” (p. 262) and personal areas for further development, acknowledgment, understanding, and/or healing. I found that practicing mindfulness, both as a facilitator of meditations and my mindfulness meditation practice increased my ability to observe my internal, automatic, and vagal system responses (Geller & Porges, 2014) and be more flexible, embracing improvisation as a style of facilitation while following a general structure for sessions. I also noticed the development of *insight* (Siegel, 2010) the practice of both “internal awareness (insight) and [...] awareness of others (empathy)” (Geller & Greenberg, 2023, p. 10).

Romanelli & Tishby (2019) studied the connection between therapeutic presence and the practice of improvisation and trained social work graduate students in improvisational skills to help increase their therapeutic presence, flexibility, and collaborative tendency. The study’s results showed increases in the student-participants’ increased levels of all three (Romanelli &

Tishby, 2019). Geller and Porges (2014) regard therapeutic presence as being engaged with “prior to a session and meeting the client from this state of presence” (p. 179) and involving:

- (a) being grounded and in contact with one’s integrated and healthy self; (b) being open, receptive to, and immersed in what is poignant in the moment; and (c) having a larger sense of spaciousness and expansion of awareness and perception” offered to the client or group with “(d) the intention of being with and for the client in service of their healing process” (p. 179).

I believe the sense of safety experienced within the group was due to their shared identity and life experience in raising their children with developmental disabilities, the sense of community arising out of the group cohesion cultivated by the group members’ trust in sharing and expressing themselves, as well as the mindfulness meditation practiced in both the group therapy sessions and personally, in my daily meditation practice, yoga practice, and MBSR training. In reflection of tolerance of uncertainty and mindfulness practice’s support of being present in non-judgmental, gentle, kind, and accepting awareness (S. Gibbons, personal communication, 2023, March 10; Kabat-Zinn, 2011) there were moments of misattunement (Kossak, 2021) and/or rupture of safety or trust, where an unexpected element arose, and in these moments I made efforts to be present with what was emerging, and with flexibility and a sense of mindfulness and improvisation, collaborate with the participant to communicate and find a solution together and repair (Jordan, 2018).

RCT embraces empathic failures, which can occur when there are cultural, racial, linguistic, and/or ideological differences between clients and therapists. Furthermore, RCT promotes building a capacity for uncertainty (Jordan, 2018) and staying present during

uncertainty with clients while offering respect and a depth of thoughtfulness and consideration with respect to authenticity in the therapeutic relationship. In relational-cultural mindfulness there is special consideration given to the therapist's quality of presence as a change agent and collaborator within the therapeutic alliance (Jordan, 2018).

Discussion

Creating images can promote self-reflection, self-esteem building, and identity affirmation (Loewenthal, 2013) while promoting empowerment through the mutuality and authenticity of the therapeutic relationship (Jordan, 2010, 2018). Creating and sharing in a community and in tandem with mindfulness-based therapies or practices promotes stress reduction and overall well-being in mothers and caregivers of children with autism spectrum disorder and other developmental disabilities and chronic conditions. This short-term weekly expressive arts therapy group, anchored in mindfulness as its foundation and utilizing therapeutic photography in facilitator-led interventions and collaborative research promoted the agency of the group participants throughout the duration of the relational cultural mindfulness-based phototherapy group expressive arts therapy sessions. The sessions wherein participants received an invitation to make or find photographs which reflected responses to an invitation were successful in that the photographs were used as therapeutic tools, mediums, voices of the subconscious, and channels for communication via the visual information given in a singular frame; an image containing presence and absence of essential information about the participant, their lived experience and perspective. As an expressive arts therapist in-training I learned, through my own practice and direct experience, that mindfulness helps me ground and have more space to be present with what is emerging in a session.

Mindfulness practices can be taught to therapists to help sharpen their attention, self-regulation, and presence, and they can be taught to clients to help them self-regulate.

However, therapeutic presence is a quality that is specific to therapists in their way of being and relating in a therapy session, a type of mindfulness in relationship with clients, self, and the relationship between them” (Geller & Greenberg, 2023, p. 8).

In this phototherapy and mindfulness-based expressive arts therapy intervention, RCT was embodied through being present in the relational experience with the mothers and collaborating with them in creating a safe space that held mutual empathy, authenticity, and connection in relationship (Jordan, 2018). A key learning for me was that improvisation is being present with what is emerging, and that in present-moment awareness there is connection. As “mindfulness can help generate greater openness and receptivity as well as grounding in oneself so that the therapist can then experience the depth of relational presence with their client without feeling overwhelmed,” (Geller & Greenberg, 2023, p. 8), a trusting, relational therapeutic alliance can be cultivated. In this way, with a quality of full presence and participation (Miller & Stiver, 1997), mutuality can be nurtured while sharing in the group experience of the present moment. Through mindfulness and phototherapy-based therapeutic interventions, quality relationships, fostered through universality (Yalom, 2005) and relational presence (Jordan, 2018), facilitated self-expression and an increase in self-awareness and emotional regulation, subsequently lowering the stress in group participants and improving participants’ sense of overall well-being.

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