WHEN WORDS ARE NOT ENOUGH:
A LITERATURE REVIEW FOR MINDFULNESS BASED ART THERAPY

BY

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DEDICATION

For my son, Duncan, who has endured my piles of books, reams of papers, and academic angst: this academic quest and achievement has been for you and for me; for a better life filled with knowledge, freedom, and choice. It is also dedicated to anyone, and especially women, who want to change their lives for the better, in daring to dream of something more.
The undersigned certifies that she or he has read and recommends to the Graduate Centre for Applied Psychology, Athabasca University, a final project entitled *When words are not enough: A literature review for Mindfulness Based Art Therapy* submitted by Joanne Elliott in partial fulfillment of the requirements for the degree of Master of Counselling.

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The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled WHEN WORDS ARE NOT ENOUGH: A LITERATURE REVIEW FOR MINDFULNESS BASED ART THERAPY submitted by JOANNE L. ELLIOTT in partial fulfillment of the requirements for the degree of Master of Counselling.

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ABSTRACT

Over the past decade, there has been movement within the health care profession to integrate Mindfulness Based Interventions and Art Therapy with current therapies (such as Cognitive-Behaviour therapy, medicine, and psychiatry) at reputable medical facilities, hospitals, and agencies. Despite the diverse backgrounds, theoretically, the merging of mindfulness-based interventions and art therapy appears to be a bridge between psychoanalytic approaches and cognitive-behaviour approaches in psychological treatment. This review explored the merging of psychoanalytic and cognitive traditions as they move toward an increasingly holistic approach to treatment: one that addresses the many facets of a person. Implications towards the development of a more informed and reputable modality of mindfulness-based art therapy, as well as professional practice, emerged from this literature review.
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CHAPTER I

Overview

Art therapy is a psychological intervention that has its origins in the psychoanalytic tradition of Freud and Jung (Malchiodi, 1998). Through nonverbal expression, free association, introspection, spontaneous drawing, tapping into the unconscious, and use of imagery from dreams or imagination, art therapists assist individuals in becoming more aware and accepting of their thoughts, feelings, and perceptions, and to further enhance the consistency between internal cognitions and the external realities of life experiences (Landgarten, 1987; Malchiodi, 1990, 2003; McNiff, 1998; Naumberg, 1966, 1973). Art therapists have treated a wide variety of conditions, including physical and emotional trauma, sexual abuse, bipolar disorder, Alzheimer’s Disease, death of a loved one, and schizophrenia (Landgarten; Malchiodi; McNiff, 1981; Naumberg, 1966, 1973; Rubin, 1998). They have also helped people with eating disorders (Kristeller, Baer, & Quillian-Wolever, 2006; Kristeller & Hallet, 1999), worked with children and adults with verbalizing difficulties (Kramer, 1993; McNiff, 1981; Rubin, 1978), and assisted people living with a terminal illness in maintaining their dignity and identity (Devlin, 2006; Walsh & Weiss, 2003).

However, other psychological theories also offer useful treatments and interventions, and they represent and reflect traditions distinct or separate from psychoanalysis. Two prime examples are cognitive-behaviour therapy and mindfulness-based interventions. Cognitive-behaviour therapy was developed in reaction to psychoanalysis and has been used in treating depression, obsessive-compulsive disorder, anxiety, and personality disorders, among other conditions (Beck, 1976; Beck, Freeman, & Davis, 2004; Beck, Rush, Shaw, & Emery, 1979; Corsini & Wedding, 2005). In contrast, mindfulness comes from the Buddhist spiritual
tradition, and has recently been used in the West to treat such diverse conditions as anxiety, chronic pain, eating disorders, terminal illness, sleep disturbances, mood disturbances, self-care, depression, suicidal tendencies, and personality disorders (Baer, 2003, 2006).

Given that psychoanalysis, cognitive-behaviour therapy, and mindfulness are used to treat many of the same conditions, but stem from separate traditions, is it possible for these interventions to come together in a manner that combines their respective strengths? Stated more succinctly, can mindfulness, cognitive-behaviour therapy, and art therapy work together as a coherent intervention? This is the core issue I will pursue in this final paper.

To begin to address this issue, it is important to note that new research and advances in both cognitive-behaviour and art-therapy domains have allowed for some movement towards reconciliation between them. In seeking improved treatments for depression, cognitive-behaviour researchers have integrated new treatments concepts from both their empirical research and from mindfulness, which has resulted in some notable changes in theory and approach (Germer, Siegel, & Fulton, 2005; Segal, Williams, & Teasdale, 2002). Likewise, some researchers in art therapy are investigating spiritual aspects, such as mindfulness (Farelly-Hanson, 2001; Franklin, 1999, 2000), as well as empirical measures of treatment efficacy (Brooke, 2004). As a result, a hybrid modality called Mindfulness Based Art Therapy (MBAT) (Monti, 2004; Monti et al., 2005) has emerged that represents a blend of cognitive-behaviour, mindfulness, and art therapy interventions.

Rationale

To date, MBAT has been applied only in one patient group; specifically, Monti and colleagues (2005) used MBAT as a means of addressing the multi-faceted issues faced by women dealing with breast cancer. Their research and program development produced results
in keeping with those of other mindfulness-based interventions, which Baer (2003, 2006) described as rich in therapeutic potential but poor in empirical support (especially randomized control trials). Despite these optimistic but preliminary outcomes, still unclear are the possibilities of transposing MBAT to treating other psychological conditions and the conceptual foundation upon which MBAT rests.

As noted, MBAT is informed by the three separate traditions of cognitive-behaviour, mindfulness, and art therapy. In revisiting the central question of how these three traditions can be brought together and further understood as a coherent intervention, I contend that MBAT may provide a concrete answer. From my literature search investigations, MBAT appears to be a synthesis of these three traditions and is therefore a useful starting point for investigating the underlying key concepts necessary to found this hybrid intervention. Due to these traditions having largely been separate from each other until now, bringing them together is challenging due to their histories and yet encouraging in how the contemporary concepts come together.

Accordingly, I begin by reviewing the key concepts from each tradition, and reserve chapter II for cognitive-behaviour therapy, chapter III for mindfulness, and chapter IV for art therapy. In each chapter, I provide a brief historical context and then define these key ideas. In chapter V, I discuss how these concepts overlap and function together in a coherent manner. Finally, in the Appendix, I provide a practical manual that is based on the theoretical work presented in chapters II through V. This manual is intended as a guide for therapists wanting to investigate how to apply MBAT to other psychological conditions.

Literature Search Strategies
This paper is based in large part on journal articles, book chapters, and other readings uncovered through a series of literature searches. In particular, I searched relevant and available library collections, as well as databases through OVID and EBSCO, including PsychInfo, Psychology and Behavioural Sciences Collection, Academic Search Premier, Alternative Health Watch, Child Development & Adolescent Studies, CINAHL Plus with Full Text, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Mental Measurements Yearbook, World History Collection, Academic Search Complete, and Biomedical Reference Collection: Comprehensive, via the University of Calgary, Athabasca University, and University of British Columbia libraries. I searched the databases with the following keywords: mindfulness, Mindfulness Based Cognitive Therapy (MBCT), Mindfulness Based Stress Reduction (MBSR), Dialectical Behavioural Therapy (DBT), meditation, art therapy, creativity, and Mindfulness Based Art Therapy (MBAT).

These searches resulted in over 250 articles and books for MBSR in peer review medical and psychology journals as well as complimentary/allied health care journals and even some popular health magazines. Over 18,000 articles and books were found relating to meditation alone. There were over 100 articles and books found for MBCT. These articles were published in peer review psychology journals as well as in alternative/complimentary health care and popular health magazines. Over 3,000 articles and books were found relating to art therapy. These articles were published in peer review art therapy, medical, and psychiatric journals, as well as in some alternative/complimentary mental health care journals and magazines. Finally, two articles were found for MBAT. Only articles and books directly relevant to this literature review were used.
CHAPTER II
Cognitive-Behaviour Therapy

Key Concepts

Relevant to this literature review are several ideas recently introduced by researchers into cognitive-behaviour psychology, particularly in relationship to the treatment of depression. In furthering the work done by Aaron Beck, cognitive-behaviour researchers investigating depression, rumination, and memory discovered several important concepts. Segal et al. (2002) summarized these concepts as meta-cognition, and decentring.

A Context for the Key Concepts

In the 1960s and 1970s, Aaron Beck pioneered cognitive therapy as a time-limited treatment for depression (Beck, 1976; Corsini & Wedding, 2005). Prior to Beck, prevailing views of depression were that negative thinking (including themes of loss, failure, worthlessness, and rejection) were the result of underlying biological disturbance or psychodynamic conflict (Segal et al., 2002). However, Beck argued that the relation between thought and depression worked the other way as well; thoughts could induce depression and negative thinking could maintain and reinforce a mood-induced depression (Segal et al.). Psychologists adjusted their interventions to address negative thoughts and beliefs. Through further research, Beck and colleagues developed the Dysfunctional Attitude Scale (DAS) as a measurement tool (Weissman & Beck, 1978). Researchers investigating this tool discovered that dysfunctional attitudes of a patient when not depressed were not very different from those of someone who never experienced depression. The researchers concluded that persistent “dysfunctional attitudes and assumptions were not the cause of relapse” (Segal et al., p. 28).
Teasdale (1983, 1988) looked at the effect of mood on thoughts rather than at the effect of thoughts on mood. Teasdale’s (1988) research demonstrating a co-relation termed the differential activation hypothesis, which is the idea that sad moods are likely to reactivate the thinking styles associated with previous sad moods (Segal et al., 2002; Teasdale et al., 2000). These reactivated thought patterns usually involve global, negative self-assessments and judgments such as *I am worthless* and *I am stupid* (Teasdale, 1983, 1988). Segal et al. (2002) noted that mood induction experiments confirmed the hypothesis that mood could reactivate dysfunctional or negative thought patterns. This was particularly true for formerly depressed patients who, being primed for relapse, have a tendency to “react to small changes to mood with large changes in negative thinking” (Segal et al., 2002, p. 33). Teasdale (1983, 1988) noted that relapse can be induced through internal events, such as a thought, memory, or emotion, or through external events, such as an interpersonal situation or event.

The pattern of relapse was also explored by Nolen-Hoeksema and Morrow (1991), who found that coping styles and the persistence of the low mood and negative thoughts become factors in maintaining or recovering from a low mood. In this view, ruminative thinking is most culpable for maintaining negative thoughts and mood, and distractive thinking is most useful towards mood correction. Nolen-Hoeksema and Morrow found that participants who were asked to ruminate about their feelings in an effort to better understand themselves and their emotions showed a reduction in their ability to solve problems, as opposed to those who had been asked to distract themselves from the low thoughts and feelings. The distracters performed better on problem solving tasks, as measured by Means-Ends Problem Solving, than ruminators in the Nolen-Hoeksema and Morrow study.
Following up on these findings, Segal et al. (2002) developed a maintenance program for recovered depression patients. They incorporated ideas and theories such as decentring and meta-cognition. Other ideas were included from mindfulness-based interventions, but these will be discussed in chapter V. The concepts of decentring and meta-cognition are directly related to empirical research, and have since been of significant use to innovations in theory and practice.

Defining the Key Concepts

Through research on the relation between depression and dysfunctional thinking, researchers explored the bidirectional relation between mood-induced thinking and thought-induced mood in order to find a way to break the cycle of relapse and recovery for the patient (Teasdale et al., 2000). Two key concepts, for the purpose of Mindfulness Based Art Therapy, are decentring and meta-cognition.

Decentring and meta-cognition. Although the emphasis of standard cognitive treatment had been on challenging and changing thought content, Ingram and Hollon (1986) found that it is also possible to change the patients’ relation to their negative feelings and thoughts. That is, a patient could learn to mentally step back from their negative thoughts and feelings, observe them, and evaluate their accuracy and validity in comparison with other information. Ingram and Hollon termed this decentring or distancing. Through the process of decentring or distancing (Ingram & Hollon), patients could learn to observe their thoughts nonjudgmentally (Linehan, 1993) instead of evaluating and pushing them away. Rather than evaluating the negative thoughts as necessarily true or as fixed aspects of self, patients can learn to treat them as passing events in the mind, not as seemingly permanent or central (Ingram & Hollon; Segal et al., 2002). Ingram and Hollon suggested that teaching patients
how to engage a controlled mode of processing that is “meta-cognitive in nature and … typically referred to as ‘distancing’” (p. 272) might be a key to long-term effectiveness of cognitive therapy.

A relevant example of using meta-cognition and decentring is individuals who are poised for relapse into depression. With improved meta-cognition and decentring abilities, patients can have better control over their experiences rather than become controlled or overwhelmed by them. Segal et al. (2002) used the term meta-cognition to describe an achieved state of awareness separate from a self defined by thoughts and emotions.

Germer et al. (2005) described meta-cognition as like a thoughtful overseer in that the practitioner cultivates a being in the self as well as a separate monitoring of the self. The meta-cognitively developed aspect of self is likened to a more objective and sophisticated function of self-reflection (Germer et al.). Kabat-Zinn (1990, 2003a) noted that it is not the same as a dissociative unaware state. Rather, meta-cognition is to be understood as the antithesis of unawareness (Kabat-Zinn, 1990, 2002, 2003a). Segal et al. (2002) noted that through the cultivation of meta-cognition and decentring, individuals become more engaged in their lives, including situations and events of both joy and suffering (Linehan, 1993).

Researchers state that having the ability to decentre allows people to give themselves some measure of mental and emotional space between themselves and their thoughts, feelings, beliefs, and attitudes (Baer, 2005, 2006; Germer et al., 2005; Linehan, 1993; Segal et al., 2002). This space enables them to examine these phenomena for what they are and with more objectivity. Further, Teasdale, Segal, and Williams (1995) hypothesized that, through cultivation of meta-cognitive abilities, the cognitive resources vital for selective attention and short-term memory will be available for processing current experiences.
Patients can expend their limited cognitive resources on perceiving and encoding (processing) current events and experiences rather than on ruminating about worry and other unresolved concerns.

Segal et al. (2002) and Germer et al. (2005) emphasized this important shift in acknowledging that people are not their thoughts and moods. Thoughts and feelings happen to people as normal parts of life experiences; however, as Linehan (1993) pointed out, thoughts and feelings are not necessarily reflective of reality. Through practicing decentring skills and a meta-cognitive state of awareness, individuals reduce their risk of becoming caught up in thoughts, emotions, judgments, perspectives, and ruminations. Kabat-Zinn (1990, 2005) suggested that decentring gives patients the belief and capacity to increasingly regain awareness and control over their thoughts, emotions, body sensations, and reactions. This shift in perspective allows individuals to see themselves as capable of choice and control.

Relevance to MBAT

Key cognitive-behaviour concepts relevant to MBAT are defined in this chapter. In the following chapter, I discuss the key concepts from mindfulness that inform MBAT.
CHAPTER III

Mindfulness

Key Concepts

The original concept and definition of mindfulness is from an English translation of the Pali word *sati*, which connotes attention, awareness, and remembering (Germer, 2005; Germer et al., 2005). Pali was the language used 2,500 years ago to describe the Buddhist tradition, of which mindfulness was one of the core teachings. Germer et al. stated that the Buddhist practice of mindfulness is shaped around the present moment and nonattachment in order to promote better awareness of experiences as they are happening, wherein nonattachment refers to *without having vested interest* (Franklin, 1990). Practitioners of mindfulness are therefore less influenced by worries about the future, regrets from the past, anxieties about what might or might not happen, and the continuous racing of thoughts in their minds, all of which distract attention from what is really going on in the present moment. Germer et al. noted that this kind of mindful attention and awareness can be brought to many areas of experience, including the physical, rational, emotional, intuitive, behavioural, and interpersonal dimensions.

Based on this Buddhist philosophy of nonattachment and present moment awareness, mindfulness application has been adapted for the intervention called Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990, 1999, 2003b; Santorelli, 1999). This application of mindfulness is one that is easier for western minds to learn and understand and has demonstrated soundness in treating common and widespread ailments such as chronic pain, anxiety (Baer, 2003, 2006; Miller, Fletcher, & Kabat-Zinn, 1995), and cancer (Carlson, Speca, Patell, & Goodey, 2003; Miller, Rathus, Linehan, & Swenson, 2007; Monti, 2004;
Monti et al., 2005). Practitioners and researchers of Buddhist mindfulness meditation techniques have introduced four new ideas and concepts that are relevant to this review. These key ideas include witness observer, disinterest, acceptance, and no-self.

A Context for the Key Concepts

At the turn of the 20th century, practitioners of psychoanalysis were interested in aspects of self-reflection and alternate states of mind. Their research included investigations into consciousness, introspection, hypnosis, Zen philosophy, free association, and dream analysis (Germer et al., 2005). More specifically, James studied aspects of consciousness and introspection (James, 1884, 1890, 1902/n.d., 1904), while Jung studied Eastern philosophy (Campbell, 1971; Jung, 1961; Jung, von Franz, & Henderson, 1968), and Sigmund Freud briefly considered Buddhist psychology, to which he noted the oceanic feeling achieved in meditation (Germer et al.). However, Freud ultimately thought that Eastern philosophy was beyond the limits of his nature (Epstein, as cited in Germer et al.), and that the feelings achieved during meditation were attributable to being regressed. Instead, Freud focused on hypnosis and then on free association and dream analysis (Corsini & Wedding, 2005).

By the middle of the 20th century, there was great interest among researchers in the study of meditation (Kabat-Zinn, 1990; Segal et al., 2002). The influence of Zen, Buddhism, and concentrative meditation resulted in Benson’s (1975) development of innovative relaxation and biofeedback techniques for treating heart disease. Benson investigated the cognitive and behavioural effects of concentrative meditation and relaxation techniques as well as mind/body connections and the role of faith, meditation, forgiveness, and spirituality in health and healing.
Germer et al. (2005) noted that Benson’s seminal work had a large impact; in 1977, the American Psychiatric Association called for research into the clinical effectiveness of meditation as a result of that work. However, most of the research that followed studied concentrative meditation. It is important to note the distinction between concentrative meditation and mindfulness meditation as there are similarities and differences between mindfulness meditation and concentrative (Goleman, 1990; Kabat-Zinn, 1990) that are relevant to the understanding of key concepts for MBAT.

Concentrative Meditation Versus Mindfulness Meditation. Concentrative meditation is a style of meditation in which meditators keep their focus on an object with tight focus, like a laser beam, towards the goal of illumination and insight (Germer et al., 2005). The object of the concentrative focus may be internal, such as a mantra, image, area of the body, kinesthetic feeling, or the breath. The focus may also be external, such as an image/picture, mandala, candle flame, or spot on the floor or wall. If meditators become distracted, they bring the focus of attention gently back to the original object. Western versions of this type of meditation include the relaxation response (Benson, 1975), transcendental meditation, and bio-feedback (Kabat-Zinn, 1990). The benefits of concentrative meditation include the cultivation of a calm and unruffled mind that is detached from emotional and interpersonal involvement (Germer et al.).

In contrast, mindfulness meditation can be likened to a searchlight type of attention that captures a wide range of objects as they arise in awareness. These objects can be internal, such as emotions and thoughts, or external, such as situations and interactions in the day (Germer, 2005; Germer et al., 2005; Goleman, 1990). Mindfulness meditation allows practitioners to develop a less enmeshed, or disinterested (Franklin, 1999, 2000), relationship
with their thoughts and emotions. In doing so, practitioners develop a capacity for relaxed awareness in which conscious attention moves naturally and in the present moment as the elements of an experience change.

**Defining the Key Concepts**

Four key concepts, as related to Mindfulness Based Art Therapy, are important for understanding this type of meditation and the related health interventions. These concepts are disinterest, witness-observer, acceptance, and no-self (Franklin, 1999, 2000; Germer, 2005; Germer et al., 2005; Kabat-Zinn, 1990, 2002, 2005; Linehan, 1993; Segal et al., 2002).

**Disinterest.** This concept refers to the ability to distinguish between the self as separate from thoughts and emotions, which are often temporary and do not define the self permanently (Linehan, 1993; Nhat Hahn, 1975). An example is an angry person whose thoughts and behaviours are different from when he or she is calm or joyful. The ability to be disinterested in thoughts, emotions, values, and beliefs allows practitioners the increased ability to stay in the present moment situation and examine it more objectively. This capacity alters people’s relationship to themselves and gives them cognitive, emotional, and physiological skills to handle distressing situations. A result for the practitioner is improved self-efficacy, self-awareness, identity, mastery, and confidence (Kabat-Zinn, 2002).

**Witness observer.** The term witness observer is from the mindfulness and yoga traditions and is used to describe an achieved state of awareness separate from a self that thinks and feels everyday thoughts, emotions, memories, and desires (Germer et al., 2005). Witness observer is likened to a thoughtful overseer: both part of the self and separate from the self while monitoring the self (Germer et al.). As noted in chapter II regarding meta-cognition, this separate state is not the same as a dissociative or unaware; rather, it is its
antithesis (Kabat-Zinn, 1990, 2002). This paradox has been acknowledged in Buddhist tradition in that, through witness observer and disinterest, or decentring and meta-cognition (Segal et al., 2002), individuals become more engaged in their lives, including joy and suffering (Nhat Hahn, 1975).

Acceptance. Acceptance is defined as seeing things in a nonjudgmental, disinterested way. Its purpose is to enable a person to see the reality of a situation and to therefore act in more effective and appropriate ways (Linehan, 1993). The concept of acceptance is the opposite of suppressing, resisting, overpowering, and fixing. Acceptance is not about acquiescing or giving in to another’s wishes or giving up one’s own wishes; instead, it is concerned with being objective in an open-hearted way (Nhat Hahn, 1975; Segal et al., 2002). The Serenity Prayer is an example of learning to accept situations and people as they are in order to better see a situation and therefore deal effectively with it. This concept also allows for the ability to see what can be acted upon or changed, and what cannot.

Mindfulness-based interventions also incorporate body/mind interventions to help participants learn acceptance. In particular, they are taught gentle yoga positions, guided meditations, silent meditations, and body scan meditations as means to assist the participants to become re-acquainted with their bodies, physiological sensations, and their body/mind connection (Kabat-Zinn, 1990, 2003a). Further, participants often require drawing on the concept of acceptance as they become re-acquainted with their bodies and senses, and also to soothe their self-judgment and self-criticism about their body and sensations, such as pain.

No-Self. The definition of self in Buddhist philosophy is less individualistic; sense of self is developed as part of being in a clan, in society, and in nature (Germer et al., 2005). The ultimate defining of self through Buddhist meditation practice is to cultivate no-self.
Contrary to what it sounds like, it is not a nihilistic philosophy; rather, it is intended as a “total psychological, emotional, moral, and spiritual emancipation, commonly called ‘enlightenment’” (Fulton & Siegel, 2005, p. 40). In mindfulness practice, this enlightenment is about understanding the nature of mind, self, and being.

Buddhism teaches that life is an illusion, or Maya, and that in order to see reality more truthfully, we must remove the veils of illusion (Kabat-Zinn, 2002; Watson, Batchelor, & Claxton, 1999). Buddhists subscribe to the belief that people do not see reality truthfully; rather, it is filtered through the lenses of individual needs, desires, experiences, hopes, and experience. Using Western terminology, people interpret the world around them and their sense of self through schemas, which distorts what is really there through the belief that their thoughts and beliefs are truths rather than interpretations and delusions (Germer, 2005; Kabat-Zinn, 1990, 2003a, 2003b; Linehan, 1993; Nhat Hahn, 1975). This creates incongruities between our internal and external realities. Jung noted that “our way of looking at things is conditioned by what we are” (Corsini & Wedding, 2005, p. 101).

Relevance to MBAT

I have defined and discussed key mindfulness concepts as relevant to MBAT in this chapter. Two of the main theoretical building blocks of MBAT have now been covered in this literature review. In the following chapter, I discuss the key concepts from art therapy, the third major building block.
CHAPTER IV

Art Therapy

Key Concepts

Art therapists suggest that art-based therapies are effective because they tap into creativity and internal resources (such as resiliency) that facilitate self-awareness, stress reduction, and healing (Franklin, 1999, 2000; Jung, 1961; Malchiodi, 1998; McNiff, 1998; Worrall, 2006). Patients are encouraged to engage in creativity, spontaneity, and self-expression (Adamson, 1990; Allen, 1995, 2001; Malchiodi & Cattaneo, 1988; McNiff, 1981, 1992; Moon, 1992). Key ideas and concepts that art therapists draw upon are nonjudgmental acceptance, witnessing and awareness, creative process and flow, holding and transitional space, silence, and nonverbal communication.

A Context for the Key Concepts

Before the 20th century, artists and writers were interested in the connections between art and mental health. Winner (1982) noted that following the 19th century romantic movement, early 20th century artists were concerned with art’s capacity to express the inner condition of humans. Likewise, psychiatrists like Emil Kraepelin and Karl Jaspers were increasingly interested in the connection between imagery, art process, and pathology, in the belief that drawings by patients could be used as aids in understanding psychopathology (Malchiodi, 1998; McNiff, 1981). Ambroise Tardieu wrote a book about artistic characteristics that he believed were attributable to insanity (Malchiodi).

In 1888, Paul-Max Simon, known as the father of art and psychiatry, collected artworks by his patients (MacGregor, 1983, 1989). Simon is credited with being one of the first psychiatrists to put together a comprehensive collection of drawing and paintings by
mentally ill patients. His studies and collection influenced the diagnostic aspect of drawings wherein symptoms and artwork content could be related (MacGregor, 1983).

Freud and Jung were also interested in this connection between visual images and the inner psyche. Freud noticed that some of his patients could draw their dreams, but not describe them with words (Malchiodi, 1998). However, he was less interested in artistic and creative processes than in talk therapy and free association (Corsini & Wedding, 2005). Jung, on the other hand, believed that the arts offered a means of accessing feelings and self-understanding (Campbell, 1971; Jung, 1961; Malchiodi). Furthermore, he believed that not bringing such items forth could be detrimental to one’s well-being, attitudes, actions, and behaviours (Campbell, 1971; Hillman, 1976; Jung). As such, anything imagery-based was useful to improving self-awareness and well-being.

During the 1920s, psychiatrist and art historian Hans Prinzhorn collected the drawings, paintings, and sculptures of patients in asylums. Prinzhorn (1922/1972) was less interested in the product and related psychopathology and more interested in the creative process (MacGregor, 1989; Prinzhorn, 1922/1972). Prinzhorn was convinced that a fundamental human drive was towards self-expression and communication, and that this drive included the urge to play, decorate, create symbols, and organize ideas into visual form (Malchiodi, 1998). Prinzhorn (1922/1972) discovered, through his work with schizophrenic patients, that the inner world is not necessarily congruent with outer functioning. Like Jung, Prinzhorn believed that the creative drive and process were inherent to the human condition, mentally healthy or not, and that art was an innate way to achieve psychological health and integration (Malchiodi).

Defining the Key Concepts
Nonjudgmental acceptance. Nonjudgmental acceptance is the attitude with which therapists treat the art imagery produced by clients (Franklin, 1990; London, 1989; McNiff, 1992, 1998). Art therapists do this in order to provide a safe, nonjudgmental environment in which the client can produce imagery and meaning, regardless of how emotionally loaded it is. It is a requirement that the artwork be seen, observed, discussed, and understood by the client and therapist (McNiff, 1998). Therapists are to be non-judgmental, and to look upon the art work with an esthetic attitude, which is defined as the “disinterested and sympathetic attention to and contemplation of any object of awareness whatsoever, for its own sake alone” (Stolnitz, 1960, p.35). Franklin notes that this is like the contemplative term disinterested, wherein a viewer regards an object with suspended judgment and classification in favor of learning about it for its inherent qualities. With regard to the art work by a client, the art is considered from a point of view that lets the images exist on their own terms, ready to be infused with projected meaning by the viewer (Franklin). Another version of this is Tolstoy’s death of the author, which means that only the viewer or audience can infuse the image with personal meaning (Stolnitz; Winner, 1982). In the therapeutic context, both the therapist and client are the audience, depending on the perspective.

Witnessing and awareness. Malchiodi (1998) noted that the word therapy comes from the Greek word therapeia, meaning to be attentive to. Attention and awareness through creativity, art process, and art product are infused with meaning-making through client-generated impressions, specifically with free-associated words, evoked memories, and stories or narratives (White, 1995; White & Epston, 1990). Freud (1961) was the first to write about the importance of sustained awareness in the therapy room. Therapists have noted that this awareness is integral to maintaining a
psychologically and emotionally safe space for creativity and the art process (Crary, 1999; Franklin, 1999; Winnicott, 1971). In art therapy, witnessing and sustained awareness are relevant in three relationships in the therapeutic setting: (a) patients’ relationships to themselves (Franklin), (b) patients’ relationships to the art image (McNiff, 1992), and (c) the therapist’s relationship to the patient (Franklin).

With regard to the latter, Franklin noted that the role of the therapist as a nonjudgmental witness to the process and product of the patient is deemed a critical aspect of the alliance. The therapist is witness to both the art process of the client and the art product, wherein witnessing the art (creative) process is a means of bringing hidden aspects of self into awareness, thereby stimulating transformation, integration, and synthesis (Kramer, 1993; Ulman, 2001; Ulman & Dachinger, 1996), and witnessing the art product involves authentic expression, free-association, communication, and the resultant meanings and narratives (Naumburg, 1973). The art therapist models the role of the witness observer, another mindfulness-based concept discussed in chapter III, by holding the therapeutic space for the client in a way that allows the art process to happen, the art product to emerge, and the client to form meaning (McNiff, 1998; Winnicott, 1971).

**Creative process and flow.** London (1989) and McNiff (1998) suggest that creativity is helpful towards regaining and maintaining mental health and in dealing with difficult life situations. Rogers (1993) stated that creativity engages curiosity, possibility, and learning to go with the flow. They noted that creativity stimulates a passion for self-discovery; a willingness to be open to new experiences, possibilities, concepts and beliefs; and the ability to increasingly tolerate and be comfortable with ambiguity (London; McNiff; Rogers).
The process has four stages: preparation, incubation, illumination, and verification (Rossi, 2002). Through the creative process, it is possible for a person to experiment with new meanings and possibilities (White, 1995). In doing so, new perspectives, ideas, narratives, solutions, and actions can be considered without committing to one until ready (White, 1995; White & Epston, 1990). In art therapy, the use of the stages of creativity are useful to know and respect because they indicate that something is happening below the surface of consciousness and verbal descriptions. Even when the art therapy session closes, these stages of creativity can remain active.

Rossi (2002) describes the process of preparation in an individual’s life as being one in which they become aware of being static in some aspect of their life: they are bored, depressed, stuck, or lost, and that novelty of some sort that expands the individual’s sense of self and living is required. Rossi (2002) notes that in the incubation stage, an individual can become increasingly aware of their inner world: their values, ruts, modes, assumptions. When unaware, an individual remains beholden to his or her state-dependant memory, learning, and behaviours: in other words, the individual is on auto-pilot or in a state of mindlessness (Germer et al., 2005; Segal et al., 2002). Remaining unaware of these cognitions, emotions, behaviours, values, and assumptions, an individual can remain stuck and unable to create change. Increased awareness, along with creative capacities, improves the possibility of illumination: a new thought, solution, assumption, or behaviour, for example. Work done in the art and creative process in therapy can be carried in the mind of the client afterward, with some degree of increased awareness. Rossi (2002) argues that this process happens even at a more implicit level and in smaller increments, thereby contributing over time to more robust and flexible effects. Finally, verification stage involves an
individual becoming more aware of new ideas in the forms of hunches, solutions, gut
instinct, inner guidance, and so on (Rossi, 2002). New, more effective thoughts and
behaviours can be tried out, which may have first been tried out in the art work.

Flow is an aspect of creativity that describes an in-the-moment state of being in which
nothing external seems to matter (Czikszentmihalyi, 1996). Czikszentmihalyi described flow
as a state of engagement in an activity characterized by being in the present moment in a way
that is nonjudgmental and attentive to a loved activity and in which there is a loss of sense of
self or ego transcendence and a loss of a sense of time. Maslow (1968) noted that creativity
and flow are important ingredients in self-actualization. When an individual’s basic needs,
such as safety, physiological satisfaction, belongingness, and esteem, have been met,
creativity in the individual’s life cultivates self-awareness, spontaneity, and a clearer
perception of reality. Further, it increases capacity for the qualities found in creativity, like
resilience, tolerance for ambiguity, openness to new experiences both good and bad, and
possibility (Jung, 1961; Maslow, 1968; Rogers, 1961).

*Holding space and transitional space*. This concept has always been part of the
privacy of the therapeutic alliance. The concept of a holding or transitional space, as
expanded upon by Winnicott (1953, 1971) and Keeney (1990), refers to a temporary state
and place in which subjective and objective realities are bridged. By suspending these two
within the safety of the therapeutic alliance and room, the two can be more objectively
explored towards the goal of bringing them more closely in line with each other (Winnicott,

When a safe and nonjudgmental environment is assured, distressing and irrational
thoughts and emotions can be considered without judgment, and the client can contemplate
new meaning and solution possibilities. The client can also develop resilience (Worrall, 2006), practice tolerance for ambiguity, engaging creativity and flow, and integrating new material and insight (Malchiodi, 1998; McNiff, 1981, 1992, 1998; Moon, 1992, 1997). There are many ways in which this holding space can be produced, including: (a) a personal meditative practice in which the inner space for contemplating and awareness is gradually strengthened and broadened, (b) a therapeutic process in which the inner space for contemplating and awareness is developed as a result of therapist and client interaction, and (c) through art or creative expression in which the inner space for contemplation and awareness naturally happens (Franklin, 1999, 2000).

Silence in the environment. Silence provides an opportunity for listening to one’s mind and body in a state that is relatively free from distractors and psychological defenses. It offers an opportunity for improving self-understanding (Kabat-Zinn, 1990). Silence can be difficult for many people, and may be too intense at first. It is useful to help the client slowly become accustomed to the silence associated with the art process (e.g., with music in the background).

Silence naturally happens when a client enters the creative flow state (Cziksentmihalyi, 1996). Spontaneous art process is a creative flow state in which distressful thoughts and emotions are displaced into the resulting artwork (McNiff, 1981, 1992, 1998). Part of the holding of the space function requires the therapist to make sure that the client does not become overwhelmed by the intensity of the creative process generated by the silence. If a therapist plays background music to accustom clients to silence, as clients enter the flow state, or creative process, they may cease to hear the music and simply be in the timeless moment as described by Cziksentmihalyi.
Nonverbal communication. Art therapists recognize the value of various areas of communication and language, but place emphasis on nonverbal forms such as visual metaphor, symbolic representation, symbolic reenactment, narrative, and body language, including play re-enactment. Terr (1994) and McDougal (1989) argued that this expression also plays out at unconscious levels of traumatic memory re-creation symbolically. Therapists in their witnessing and awareness role will notice these symbolic re-enactments and will then help patients to become better aware of their habits and mind/body connection and to work through the reenactment in symbolic form towards completing the cycle of making new meaning (Levine, 1997).

Relevance to MBAT

I have now discussed key concepts from all three of the main theories informing the theoretical foundation of MBAT. In the following chapter, I provide a synthesis of these theories as they inform MBAT.
CHAPTER V

Synthesis

Through chapters II to IV, I defined key concepts from the three main theoretical foundation stones of Mindfulness Based Art Therapy (MBAT): art therapy, mindfulness, and cognitive-behaviour. At the beginning of this literature review, I posed the question: How can these three traditions be brought together and further understood as a coherent intervention? I further conjectured that MBAT could be an answer to this question. In this chapter, I discuss how these concepts overlap and function together in a coherent manner. These concepts are: (a) nonverbal communication, (b) holding space, (c) silence, (d) disinterest and decentering, (e) witness observer and meta-cognition, (f) nonjudgmental acceptance, and (g) mindfulness meditation and creative flow.

Overlap of Key Concepts

Nonverbal communication. By one estimate, human communication is 7% words, vocal tone is 38%, and body language is 55% (Mehrabian, 1971). Psychosomatic psychology, play therapy, and mind/body therapies all address the communication and language of the body. Mental health professionals often look for discrepancies between verbal and nonverbal communications in their patients, who are typically unaware that their body gestures belie their words. Similarly, therapists may communicate conflicting messages. For both therapists and clients, becoming better aware of such possibilities and better aware of the import of their thoughts, verbalizations, and body language will increase communication effectiveness, self-awareness, and message congruency.

Towards the goal of increased self-awareness and verbal/body message congruency, mindfulness practices encourage cognitive, somatic, and emotion awareness. Mindfulness
interventions teach clients/practitioners how to use a body scan and gentle hatha yoga postures to increase awareness of their body and senses (Kabat-Zinn, 1990; Segal et al., 2002). Practitioners of mindfulness can learn to reduce self-criticism and unhappiness with their bodies, leading to an increasingly satisfactory relationship between their physical and psychological selves. Body scans and gentle hatha yoga postures are also methods practitioners can use to become better aware of tension, pain, and habits in their bodies and to gain increased awareness of personal attitudes towards their physical appearance.

Art therapy typically places emphasis on the nonverbal aspect of communication: metaphor, symbolic representation, symbolic re-enactment, narrative, and body language, including re-enactment through play. Art therapists recognize that children express and communicate through play, art, creation, and imagination. Many experiences in life are not easily put into words; perhaps the victim is too young, the experience is filled with mixed sensations, pain, or both, or the experience is beyond understanding, such as sometimes occurs in trauma. Levine (1997), McDougal (1989), and Terr (1994) discussed how unconscious levels of traumatic memory can be played out in symbolic expression during re-creation.

It is the job of therapists to notice these symbolic re-enactments and to help clients to work through re-enactments in symbolic form, thereby completing the re-enactment cycle, making new endings and meanings (Levine, 1997), and becoming better aware of their body/mind connection through noticing emotional, somatic, and cognitive habits and incongruence. Art therapy also adapts to multicultural language barriers because the art, including the symbol, metaphor, imagery, and creative process, belongs to clients, as does the forming of meaning.
Part of Mindfulness Based Cognitive Therapy (MBCT) and Dialectical Behavioral Therapy (DBT) are adapted versions of cognitive-behaviour therapy that address words and thoughts directly. Linehan’s (1993) DBT, like MBCT, is an intervention that draws from cognitive-behaviour and mindfulness, with skills directed towards the treatment of addictions and borderline personality disorder. MBCT and DBT have developed skills to better enable a person to communicate replies, needs, and wants. DBT in particular offers these skills through the Interpersonal Effectiveness module (Linehan, 1993). Through this module, clients are taught how to increase their awareness of what they are communicating, both through verbal and body language, and to then improve the congruency and effectiveness of their communication. Mindfulness skills are integral to this development.

Through mindfulness, the cultivation of meta-awareness gives clients the opportunity to be increasingly aware of their thoughts, emotions, body language, and verbalizations as they are happening. Through the cultivation of mindfulness and meta-awareness, clients and therapists alike can become better attuned to their own communications, reactions, thoughts, and moods, as well as to those of others. Practitioners of mindfulness become increasingly sensitive to their body reactions; facial and shoulder tension, for example, can be noticed and relaxed on purpose, thereby having a direct effect on the practitioner’s interpersonal communications, personal levels of distress, and even thinking patterns. For example, in noticing tension, patients can make an effort to relax those muscles and take deeper, slower breaths to bring about a shift from their sympathetic nervous system (fight or flight) to their parasympathetic one (Doige, 2007).

Holding (transitional) space. As noted in chapter IV, a holding space is a safe, nonjudgmental environment that is necessary in the event that distressing and irrational
thoughts and emotions occur during a therapy session, so that they can be examined and dealt with. This concept has always been part of the privacy of the therapeutic alliance and is a necessary ethical concern for patient and therapist alike. In the therapeutic setting, the holding space is both in the room between the therapist and the patient, and in the patient’s mind, either cultivated internally though meditation or externally through art and creative process. In art therapy, the art product is considered to be a container, otherwise known as a holding or transitional space, and is a place in which projection, transference, and transition can occur (Winnicott, 1971). The cultivation of this space in the patient’s head is described in the literature as distinctive in its aesthetic, imaginal, and metaphoric qualities, with subjective/objective and internal/external in coexisting (McNiff, 1992, 1998).

It is in this space that imagination, play, reenactment, and reintegration of the patient’s nonintegrated aspects of self take place (Levine, 1997). Art therapists are trained to be attentive to the repeated images and play. The art process and product, when understood as a holding space, can tolerate diverse elements in coexistence (e.g., confidence and fear), which can help with making sense of disparate thoughts and beliefs (Moon, 1995; Moon, 2002; Wadeson, 1980).

The operation of this space can be clearly seen in examples from the trauma literature in which clients, both child and adult, were observed to reenact traumatic experiences through their behaviours, play, and art (Levine, 1997; Malchiodi, 1990; McDougal, 1989; Rubin, 1978). If left undisturbed in the play or art so that they can maintain their self-created holding space, clients will extend the play and reenactment from victim to perpetrator in a search for mastery over the experience for meaning and for experiential resolution (Levine, 1997; Malchiodi, 1990; McDougal, 1989; Rubin, 1978, 1984). Re-experiencing and symbolic
reenactment of any magnitude of intensity within this transitional space may be characteristic of healing (McNiff, 1981, 1998). When the reenactment progresses to a point of resolution rather than truncation or repression, acceptance and reintegration of the offensive and threatening psychic material gives way to other imagery and play (Levine, 1997)

The mindfulness part of MBCT and MBSR represents the patient’s holding (transitional) space or container, which is thought to encompass both the mind and the body. Furthermore, the container is considered to be within the self. Both MBCT and DBT include options and activities for distraction and self-soothing extensions of self as container in order to facilitate better handling of difficult, stressful, or anxiety producing situations or thoughts (Germer et al. 2005; Kabat-Zinn, 1990; Linehan, 1993; Segal et al., 2002). As part of therapy, it is necessary, for both the patient and the therapist, that the self (personality structure) be developed and cultivated to withstand distress, strong emotions, and impulses, as well as to experience both pleasant and unpleasant thoughts and memories. In doing so, and in staying with the present moment whether it is distressful or not, clients and therapists have more psychological and emotional space from which to observe more truthfully and accurately the difference between external situation and internal interpretation realities in order to bring them into greater congruence.

Silence. Having established a safe environment or holding space for therapy to take place, silence in the mind needs to be developed. Often, people use noise and distractions, either consciously or unconsciously, to keep issues at bay that need to be dealt with. Silence dissolves these barriers. Researchers and practitioners of mindfulness-based interventions note that when clients first engage in meditation and silence, the clients notice that it is difficult to settle their minds. Researchers of mindfulness-based interventions teach that what
clients will first encounter in the silence is a jumpy, wandering, inattentive state of mind (Kabat-Zinn, 1990; Linehan, 1993; Segal et al., 2002).

Kristeller et al. (2006) noted that, during a day-long silence retreat that was part of an MBSR program in which there were no distractions to mask unresolved thoughts, memories, emotions, judgments, issues, and situations, some participants found the silence enjoyable. Others, however, found sitting in silence to be difficult due to unmediated exposure to their jumpy mind, obtrusive thoughts, unresolved memories, and emotions. Silence can be a useful cognitive behavioural skill in terms of exposure and awareness to one’s own thoughts, as well as using it mindfully as a way to be with these thoughts and emotions, but without acting upon them. Art expression can be another way in which tension due to silence and exposure to thoughts and emotions can be diffused and externalized for further expression or examination. It is the role of therapists, then, to make sure that the client does not become overwhelmed by the emotional intensity by using strategies such as music softly playing in the background.

Silence happens naturally during art therapy as the result of the client (or artist) entering a creative flow state (Czikszentmihalyi, 1996). As clients enter into the creative process, they will typically cease to hear music or be aware of other aides, and will enter an altered state of awareness that includes a sense of loss of time and self. Distress and emotions that arise will be displaced into the artwork. As the client is brought out of the creative state after having put distressing emotions and issues into an art image, it is imperative for therapists be aware of this and to allow time for clients to come back into the realities of the day.
Dis-interest and decentring. Having created a container and achieved silence, the clients or therapists require skills to deal with their jumpy, inattentive state of mind and the thoughts, emotions, and somatic sensations found therein. Dis-interest and decentring are those skills.

Dis-interest is the term for the skill in the context of Buddhist meditative practices and it refers to a process of distinguishing between the self and thoughts and emotions, such that the practitioner has no vested interest in a particular situation, perspective, or outcome, and ultimately, no-self. The concept of no-self is not in keeping with the Western value of individualism, but is in keeping with the concept that people do not see reality objectively because truth is filtered through lenses of individual needs, desires, and experiences that create incongruities and suffering between an individual’s internal and external realities.

Dis-interest is inherent in the art therapy process as is subsequent dialogue with the resultant image (Franklin, 1999; McNiff, 1998; Moon, 1997). Staying with the process is akin to practicing being in the present-moment while allowing latent, unconscious (implicit, symbolic, nonverbal) memories and experiences to come forth for more objective observation. Projected aspects of the art image, made explicit through self-generated meaning by the client, become recognized and accepted at a more conscious level of awareness, and are then re-integrated using cognitive processes. Psychic material that is not ready for recognition remains suspended in the artwork until the client processes it.

Decentring is a cognitive application of the Buddhist concept of dis-interest. Thoughts, emotions, beliefs, and perspectives are part of human experience, but they are not permanent and can be adapted. Emotions and thoughts come and go and do not permanently define the self and identity (Linehan, 1993; Nhat Hahn, 1975). Being able to decentre from
their thoughts, emotions, perspectives, beliefs, and values will allow clients to be increasingly aware of them and to better select which to foster and act upon. In addition, clients will also be better able to more objectively examine situations (Hayes, Follette, & Linehan, 2004; Miller et al., 2007). The capacity of clients to decentre alters their relationship to themselves and gives them increased cognitive, emotional, and physiological skills with which to handle distressing situations (Segal et al., 2002). In doing so, clients improve their self-efficacy, self-awareness, identity, mastery, and self-confidence (Kabat-Zinn, 2002).

Decentring is also applicable to art therapists in that they must look at the imagery in a dis-interested way in order to better see and be open to the art images’ meanings and truths that will be brought to light by the client (Franklin, 1999; McNiff, 1981, 1992). This same injunction would apply to a cognitive-behaviour therapist who also need to listen to the words of their clients in a decentred way.

Decentring is a key component in Mindfulness Based Cognitive Therapy (Segal et al., 2002) and Mindfulness Based Stress Reduction (Kabat-Zinn, 1990). Kabat-Zinn (1990, 2005) noted that, as clients practice decentring skills, they are increasingly able to regain awareness and control over their cognitions, emotions, body sensations, and reactions. Segal et al. added the mindfulness version of dis-interest, including awareness with open-hearted acceptance of their own decentring concept. They noted that this amendment was a critical component of the success of their MBCT program for depression (Segal et al.).

Unlike art therapy, where patients have a creative process through which to direct unconscious thoughts and emotions to a transitional object, the practice of decentring in the cognitive context is kept internal and personal, unless brought forward by a therapist who
teaches mindfulness meditation techniques designed to assist clients in improving their decentring and acceptance capabilities. These same skills need to be taught to clients in art therapy in the non-art creation portion of the therapy process so that clients can further observe, notice, and bring difficult or implicit cognitions, emotions, memories, and beliefs into awareness with acceptance (Germer et al., 2005; Kabat-Zinn, 1990, 2002; Linehan, 1993; Segal et al., 2002).

Witness observer and meta-cognition. As discussed in chapters II and III, witness observer and meta-cognition have been likened to a thoughtful overseer as both part of the self and as separate from the self as it monitors it. The term witness observer comes from the mindfulness and yoga traditions and refers to an achieved separate state of awareness that is apart from the self that is defined by thoughts and emotions. Meta-cognition is a therapeutic application of the witness observer state in the context of cognitive-behaviour therapy, and it refers to the recognition of awareness of experiences, including attention, thoughts, emotions, and somatic sensations (Segal et al., 2002). Recent studies presented evidence that these skills are useful towards improving attention, awareness, and novelty, and reducing habituation and inattentiveness (Germer et al., 2005).

In art therapy, the witness observer is a more useful concept than is meta-cognition. Often, for example, clients doing artwork describe the process as one in which they are scribes on conduit for the creation of the images that emerge at the same time that a part of the client seems to be observing the process (Winner, 1982; Franklin, 1999). In other words, while clients acknowledge that they are doing the artwork, they are also often surprised at the images produced (McNiff, 1992).
The term *witness observer* can also be applied to the many relationships that emerge in the art therapy setting: (1) clients to themselves, (2) clients to the artwork, and (3) therapists to clients. The latter relationship might be considered a surrogate witness observer in that, within the therapy session, the therapist’s role is to maintain the therapeutic holding space with sustained awareness, nonjudgment, and acceptance (Winnicott, 1971; Creary, 1999). Franklin (2000) and McNiff (1992, 1998) deemed the art process and product a critical aspect of this alliance.

*Acceptance*. Acceptance is the act of seeing in a nonjudgmental, decentred way in order to better see the reality of a situation and to therefore act in a more effective and appropriate way (Linehan, 1993). Acceptance is conceptually the opposite of suppressing, resisting, overpowering, denying, fixing, or immediately resolving. It is concerned with being objective and open to information and situations rather than acquiescing or giving in to another person’s wishes or opinions. In addition, Levine (1997) noted that memories, experiences, and thoughts are nonlinear and nontemporal and that conflicts from the past remain as unresolved issues in the here and now. Nonjudgmental acceptance of traumatic memories and emotions is an important, perhaps critical, component of healing. Rather than forensically investigating a client’s past, as was done in early psychoanalysis, or denying the deep impact of unresolved events, as was done by cognitive-behaviour therapy, that which remains unresolved and in need of readdressing can be dealt with in new ways with the integration of the concept of acceptance.

In art therapy, acceptance means embracing that which comes forth in the art process and production. Acceptance by both client and therapist is critical for seeing, observing, discussing, and understanding the psychically loaded imagery that emerges into the safe
holding space. An extension of the idea of acceptance applies to the therapist, whose role it is to act as a guide and tracker. The role of being with and following the lead of clients through their experiences through images, symbolism, and metaphor in the present moment is already part of the art therapy process.

*Creative process and flow.* As discussed in chapter IV, London (1989) and McNiff (1992) suggested that creativity is useful for regaining and maintaining mental health. Through creativity, individuals practice many useful qualities necessary in managing difficult life situations: resilience (Worrall, 2006), spontaneity, curiosity, tolerance for ambiguity, and willingness to be open to new experiences, perspectives, meanings, concepts, and realities (London, 1989; McNiff, 1992; Rogers, 1993). These qualities and skills are naturally practiced when one is in a creative flow state.

The aspect of creativity that is called *flow* is the transitional, Zen-like state of being engaged in the present moment with a lost sense of self and time. It is through the creative process and being in this flow state that clients can more easily experiment with new meanings and possibilities. In doing so, new perspectives, ideas, solutions, and actions can be considered without committing to one until clients are ready to accept and reintegrate them. This concept is consistent with the mindfulness idea that there is not one fixed reality or truth and that thoughts are not facts; rather, there are many perspectives on reality and human existence that can coexist and overlap (Kabat-Zinn, 1990; White, 1995). As such, the creative process and flow state are important ingredients towards self-actualization (Maslow, 1968) and are where transition and transformation take place for clients.

In art therapy, therapists create an open noncritical, nonjudgmental, and nonhostile environment for clients in order to foster a creative flow state. In doing so, therapists create
an atmosphere of acceptance for spontaneous art process and product. In this context, the art process becomes a transitional space and the art image becomes a transitional object. Through interacting with the art image (transitional object) within the creative flow state, clients can play out and become aware of pressing issues. Through the creative process, art therapists and their clients are able to enter a suspended world in which to explore, in a nonjudgmental manner rife with possibilities, pressing issues and concerns for clients.

The process of creativity as described in this section seems to have strong overlap with the practice of meditation. The mindfulness practices in MBCT, MBSR, and DBT cultivate being in the present moment, which can also produce a sense of timelessness. This is amplified when the practitioner is engaged in mindfulness meditation. The results are similar to that of the creative process and flow as the practitioner experiences an increasing awareness and openness to experiences both good and bad, an increasing awareness of beliefs and values, including associated self-talk and inner narratives, taking control of meaning, and cultivating a sense of empathy and self-efficacy (Kabat-Zinn, 1990). As with the creative process, mindfulness practice cultivates the ability to suspend reactivity, to be with both external and internal realities in order to objectively see them more clearly and truthfully.

Summary

In this Synthesis, I have provided a discussion regarding the overlap of the key concepts from cognitive-behaviour therapy, mindfulness-based interventions, and art therapy. In this discussion, I have been able to present the underlying concepts relevant to Mindfulness Based Art Therapy. In doing so, I have addressed the initial question stated at
the beginning of this paper: *How can cognitive-behaviour therapy, mindfulness, and art therapy be brought together and understood as a coherent intervention?*

From this investigation into how these key concepts meet, it is clear that there are ways in which these three separate psychological traditions can come together. There is still more research required to bring these interventions together from both theoretical and practical points of view. I addressed some of the theoretical issues in this paper, and in the appendix, I include a manual for more general MBAT application, and further research.
References


APPENDIX

A Manual for the Application of the
Mindfulness Based Art Therapy (MBAT) Intervention Program

At the beginning of this literature review, I posed two questions for investigation. The first question, *How can cognitive-behaviour therapy, mindfulness, and art therapy be brought together and understood as a coherent intervention?* How this has already been done on a limited basis is shown in chapters II to IV in which the key concepts that are relevant to a Mindfulness Based Art Therapy (MBAT) were discussed.

The synthesis in chapter V is a theoretical context for addressing the second question posed (*Is it possible to apply MBAT to treat other psychological conditions?*), as the study by Monti and colleagues (2005) addressed only one specific group. This question has been addressed in the form of an eight-week MBAT Intervention Program that is based on the information gathered in this literature review. The program is an application of Mindfulness Based Art Therapy and is presented in the form of a manual for its application.

Therapists in different psychological traditions have natural limitations due to the underlying theories and constraints of the theory. The MBAT Intervention Program eliminates many of these limitations because it draws on the strengths of three different healing traditions. Its application can be adjusted to the needs of clients who, for example, may be ready for more cognitive intervention as opposed to needing a more self-expressive intervention through the arts component of the program.

The advantage of the application of any MBAT program is the wider perspective gained of a client’s issues - the feelings, thoughts, and beliefs that are at the root of the client’s maladaptive behaviour - in a way that the three existing traditions alone cannot.
Through MBAT, three healing traditions of cognitive-behavior, mindfulness, and art therapy are applied together in a way that is like bringing puzzle pieces together to create a larger image that more holistically reflects aspects of clients’ self-awareness and self-expression when words, or pictures or mindfulness, are not enough to convey their experiences.

This manual consists of: (a) prerequisites for applying the program, (b) the presentation of a generalized eight-week MBAT intervention program, (c) a brief discussion of who is likely to benefit from this intervention, and (d) a discussion of future initiatives.

Underlying Concepts for the MBAT Program

Hybrid modality. The Mindfulness Based Art Therapy Intervention Program is a hybrid modality. It is based on the MBAT program used by Monti et al. (2005) to treat cancer patients and is combined with elements of the Mindfulness Based Cognitive Therapy (MBCT) program used by Segal et al. (2002) in treating depression. All of these are informed by the Mindfulness Based Stress Reduction program (MBSR) (Kabat-Zinn, 1990) used for a variety of clinical treatments (Baer, 2003)

The MBSR component includes the practice of mindfulness breathing, meditation, and cultivation of awareness through exercises such as the body scan, sitting meditations, gentle hatha yoga exercises, and walking meditations. The home assignments include mindfulness meditation for 6 days at 30 minutes, body scan, and sitting meditation.

The MBCT component includes lessons that teach participants skills for dealing more effectively with their thoughts, feelings, memories, physical sensations, and daily events. These skills include decentering, mindful being (rather than doing), awareness of cognitions and emotions in the present moment, acceptance, and letting go.
The Mindful Art Activity component includes making an art assignment in a spontaneous manner, both verbal and nonverbal tasks, and exploration of present moment experience and learning related to experiential and cognitive elements of the MBSR curriculum.

**Acceptance and the therapeutic alliance.** The working alliance is integral to any therapeutic success. To establish such an alliance, the therapist actively creates a safe environment through fostering qualities such as trust, confidentiality, sustained attention, empathy, respect, good listening skills, and providing appropriate feedback (Norcross, 2002). Key to these qualities in general and the MBAT program in particular is the concept of acceptance, as previously discussed. The application of this intervention program is flexible because of its key underlying concepts of working alliance and client-directedness (such as the client’s perceptions, motivation, responsibility, beliefs, values, and established goals) (Duncan & Miller, 2000).

**Holding (transitional) space.** A holding or transitional space is the result of creating the therapeutic alliance. This holding space is fundamental to supporting smaller holding spaces, such as the therapist/client holding space, in order to get to the transition object (art image), the therapist/client holding space in the context of ongoing guidance and mindfulness skills development, and the therapist/client holding space in the context of cognitive examination of issues. These holding spaces overlap with each other in that the art and mindfulness transition spaces and objects provide deep material for cognitive examination and development.

**Creative process, flow state, and silence.** It is in the two holding spaces (the therapeutic alliance and art process) that creativity and flow state can be engaged for
cathartic self-expression of pressing issues and a space for considering possibilities of meaning and alternative solutions. Often, silence emerges when a client is in this creative, flow state; silence often emerges in mindfulness meditation practice and provides a situation in which the meditator gets to better know himself or herself.

**Decentring and meta-cognition.** Decentring and meta-cognition skills are used to reduce emotional and cognitive attachment to difficult issues as well as reduce the impact of those issues. Both are part of meta-awareness, which, when cultivated, is used to improve emotional, physiological, cognitive, and behavioural self-awareness. Combining decentring and meta-cognition with mindful breathing techniques can be a powerful therapeutic combination in the MBAT therapeutic process.

**Mind/body connections and nonverbal communication.** Mind/body connections are important because of the nonverbal communication they produce through the art process, yoga exercises, meditations, and mindfulness body scan. A function of the art object is to produce nonverbal language in the form of metaphoric visual narratives and symbolic re-enactments, as well as body and facial gestures. These nonverbal communications and connections, when recognized and accepted, are a first step towards the goals of better self-acceptance and self-understanding.

Table 1

*General Format for the Eight-Week MBAT Intervention Program*

<table>
<thead>
<tr>
<th>Week</th>
<th>Theme</th>
<th>Mindfulness-based component</th>
<th>Mindful art activity component</th>
<th>Homework component</th>
</tr>
</thead>
</table>


| 1 | Automatic pilot and ways of perceiving | Introduction to program and intervention | Introduction of art therapy and materials | Body Scan (record reactions, sensations) |
|   | Raisin meditation; Introduction to body scan meditation | Homework assignment | Assignment: Draw picture of yourself (Self-portrait assessment: SPA) | Choose one activity in daily life to deliberately bring mindfulness awareness to |
|   | Handout(s) |  | Discussion and journaling on the art | Eat one meal mindfully |

| 2 | Dealing with barriers & distractions | Attitudinal foundations of mindfulness | Mindful exploration of available art materials | Body Scan (record reactions, sensations) |
|   | Anchoring attention on the breath (AOB) | Homework review | Awareness around sensory stimulus and response | 10-15 minutes of mindful breathing each day |
|   | Choice to try and play with new materials (non-directive) | New lesson and new homework | Discussion and journaling on the art | Choose a different daily activity each day to bring mindful awareness to |
|   | Handouts |  |  | Eat one meal mindfully |
|   |  |  |  | Fill in pleasant events calendar |
|   |  |  |  | Keep a visual journal for doodles and sketches |
| 3 | Mindfulness of the breath and meditation | Gentle yoga and walking meditation | Exploring mind and body relationship: pre- and post-assessment of mind/body relationship before and after gentle yoga | Body Scan (record reactions, sensations) on odd days |
| | Homework review | New lesson and new homework | Discussion and journaling on the art at the end | On even days, complete the recorded yoga instructions |
| | Handouts | | | Fill in unpleasant events calendar |
| | | | | Keep a visual journal for doodles and sketches |

<p>| 4 | Staying present and stress reduction | Gentle yoga and sitting meditation on well-being and loving-kindness | Creative problem solving and imagining self-care: transforming emotional and physical pain (as represented in the art) with the addition of self-soothing imagery in to the picture | Guided meditation for 6 of the next 7 days (record sensations) |
| | Homework review | New lesson and new homework | Discussion and journaling on the art | Three-minute breathing space practice (pre-scheduled) |
| | Handouts | | | Three-minute breathing space practice (in times of duress) |
| | | | | Keep a visual journal for doodles and sketches |</p>
<table>
<thead>
<tr>
<th>5</th>
<th>Allowing and letting be: mindful of pleasant and unpleasant experiences</th>
<th>Gentle yoga and sitting meditation on acceptance and expanding awareness</th>
<th>Exploration/expansion of meditation practice experience through collage. Two art pieces to accomplish: one that expresses something from the unpleasant schedule and one that expresses something from the pleasant schedule</th>
<th>Guided sitting meditation on odd days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homework review</td>
<td></td>
<td></td>
<td>Silent sitting meditation on even days</td>
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<tr>
<td></td>
<td>New lesson and new homework</td>
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<td></td>
<td>Three-minute breathing space practice (pre-scheduled)</td>
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<td></td>
<td>Handouts</td>
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<td>Discussion and journaling on the art</td>
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<td>Three-minute breathing space practice (in times of duress)</td>
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<td>Keep a visual journal for doodles and sketches</td>
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</tbody>
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<table>
<thead>
<tr>
<th>6</th>
<th>Thoughts are not facts</th>
<th>Meditation with awareness of breath, body, sounds, and thoughts</th>
<th>Creative problem solving and imagining self-care - at least two artworks: one that expresses or represents something unpleasant or stressful for them, and one that expresses or represents a personal strength or something pleasant. Possibly a third spontaneous picture as a possible new synthesis of stress and strength around a problem or issue</th>
<th>Practice of individually chosen daily meditations (silence, guided, body scan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homework review</td>
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<td></td>
<td>Three-minute breathing space practice (pre-scheduled)</td>
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<td></td>
<td></td>
<td>Discussion and journaling on the art</td>
</tr>
</tbody>
</table>
### General format for each session

Each week follows a predictable routine. It is important that, before the start of the session, therapists have already grounded and calmed themselves.

1. **Opening Mindfulness Meditation Exercise.** This will be either the body scan exercise, in which participants follow a guided meditation that directs their attention to the sensations in their bodies, or a seated meditation. When working with children, this portion...
will be adapted for time and skill level, and even mindfulness-based games can be used (Miller, Rathus, & Linehan, 2007).

(2) Homework review. Guide a review of the homework assigned the previous week. It is expected that all participants will do the work and bring the sheets in for discussion.

(3) New lesson. Follow the homework review with the new lesson and exercise for the week. Give out any handouts and the homework assignment for the new lesson.

(4) Mindfulness art activity. Give participants at least 45 minutes to do this part. During the art activity, encourage participants to practice their mindfulness skills and notice what is happening in their mind and body while engaged in the art process. Participants may become deeply engrossed in the art process (flow state), and may therefore have moments of not being aware. Encourage them to notice this, along with their other observations, nonjudgmentally. Give participants 15-minutes notice before the art time ends.

(5) Session close. Conduct a brief mindfulness breathing exercise. As a final closing exercise, encourage participants to make a nonjudgmental statement about the class.

The Eight-Week MBAT Program Details

For purposes of understanding the rationale behind and the focus of each week, I present a week-by-week breakdown of the basic program in order to succinctly describe the activities and goals of each week. This MBAT template is based on the MBAT program used by Monti and colleagues (2005) to treat cancer patients, and also the MBCT program used by Segal et al. (2002) to treat patients with clinical depression. All handouts listed below can be found in the Mindfulness Based Stress Reduction program by Kabat-Zinn (1990) and in the Mindfulness Based Cognitive Therapy program by Segal et al. (2002).
Purpose and aim of the MBAT eight-week program. The general MBAT program will have some core aims and then, depending on the group, there will be more specific purposes. The general goals of MBAT are to help participants: (a) improve their present-moment self-awareness (emotionally, somatically, cognitively, behaviourally), (b) cultivate nonjudgmental mindfulness skills, (c) express large emotions and issues, (d) understand and reintegrate their experiences in healthier and more effective ways, (e) learn more effective skills and responses to their day-to-day thoughts, feelings, and events, and (f) increase their self-identity and self-expression.

Week 1: Automatic pilot – new ways of seeing. In this first week, participants are introduced to becoming aware of being on auto-pilot from time to time. Auto-pilot refers to a passive state of mind in which the mind’s attention is caught by distractions, thoughts, memories, and feelings (Segal et al., 2002; Smith & Peterson, 2007). As such, participants are given an introduction to being more aware of their cognitions, body sensations, and emotional reactions. In becoming aware of auto-pilot, participants begin to bring awareness to the state of their mind, which is often wandering, preoccupied with issues, worries, fantasies, hopes, and tasks.

The components of this week’s session include:

(a) Introduction and Questionnaire. Give participants an introduction to the program and ask them to fill in the Mindfulness-Quality of Life Questionnaire.

(b) Opening Mindfulness Exercises. Conduct observational meditation on a raisin and an introduction to the body scan (Kabat-Zinn, 1990; Segal et al., pp. 112-113). The raisin meditation is an introduction to mindful observation using the senses.
The body scan is a guided meditation that is used to acquaint participants with their body sensations and thoughts.

(c) Mindfulness Based Cognitive Therapy Component. Teach participants about auto-pilot and restless, unaware mind states. Ask them to try to just notice their thoughts and sensations, to just watch and let their thoughts go. Ask participants to nonjudgmentally notice if their mind wanders off into a daydream, and to bring their awareness back to the present task. This exercise begins to acquaint participants with the concepts of decentring and acceptance (Segal et al., 2002).

(d) Mindful Art Activity: Familiarize participants with art materials and tell them that the emphasis of the art-making is on spontaneity and nonjudgment rather than skill and technical ability. This might help reduce anxiety about the produced art image. Ask participants to draw a picture of themselves based on the Self-Portrait Assessment (SPA). Allocate time at the end of the art activity for discussion and/or journaling about the process and image produced.

(e) Handouts. Include a summary for Week 1, Automatic Pilot (Segal et al., 2002. p. 122), and Foundations of Mindfulness Practice (Smith & Peterson, 2007, p. 3).

(f) Homework Assignment. Include daily practice of the guided body scan meditation and choosing one activity in daily life to deliberately bring mindfulness awareness to (e.g., eat one meal mindfully) (Kabat-Zinn, 1990; Smith & Peterson, 2007). Ask participants to keep a daily record of doing these activities and to provide some description of their experiences. Encourage them to keep a visual journal for doodles and sketches through the week.
(g) Closing Mindfulness Exercise. Guide participants through a breathing exercise. Encourage them to make a nonjudgmental statement about the class.

*Week 2: Dealing with barriers and distractions.* When starting a mindfulness-based or art-based program, participants might run into many barriers, such as self-judgment, anxiety, exposure to unpleasant thoughts and sensations, or mind-wandering. Reassure the participants that such reactions are normal and encourage them to observe, acknowledge, and accept these reactions nonjudgmentally. Teach participants that sometimes just “being” rather than “doing” in a mindful way can be helpful when confronting barriers. In doing so, they begin to give themselves space from their thoughts, feelings, memories, and body sensations. They also begin to cultivate a more objective and accepting relationship to these mental and physical events.

The components of this week’s session include:

(a) Opening Mindfulness Exercise. This is a therapist-led guided meditation called a body scan and is used to practice sustained present moment attention and body awareness (Kabat-Zinn, 1990).

(b) Mindfulness Based Cognitive Therapy Component. Teach participants to anchor their breath, which refers to establishing mindful awareness of their breathing to which they should return to upon noticing being distracted by thoughts, emotions, or body sensations. Introduce several attitudinal foundations of mindfulness: being rather than doing, acceptance, and being in the present moment (Monti et al., 2005; Segal et al., 2002).

(c) Mindful Art Activity. Ask participants to mindfully explore art materials, such as coloured pencils, markers, pastels, watercolour crayons, and paint (Monti et al.,
Encourage them to be playful and spontaneous with the new materials, while developing awareness to sensory stimuli and responses. Allocate time at the end of the art activity for discussion and/or journaling about the process and image produced.

(d) Handouts. Include a summary for Week 2, Dealing with Barriers, Mindfulness and the Breath, The Breath, Homework Record Form, and Pleasant Events Calendar (Segal et al., 2002, pp. 148-156), as well as Dealing with Distractions (Smith & Peterson, 2007, p 20-22).

(e) Homework Assignment. Include daily practice of the guided body scan meditation (Smith, 2007), practicing mindful breathing for 10 to 15 minutes per day, choosing a different daily activity to bring mindful awareness to, eating one meal mindfully, and filling in the pleasant events calendar. Along with keeping track of their homework with the Homework Record, encourage participants to keep a visual journal for doodles and sketches through the week.

(f) Closing Mindfulness Exercise. Guide participants through a breathing exercise. Encourage them to make a nonjudgmental statement about the class.

*Week 3: Mindfulness of the breath and meditation.* During this week, remind participants of being aware of thoughts, emotions, and body sensations, as well as being rather than doing. They may notice with greater awareness the scattered nature of their mind and their prior lack of awareness around their thought content, emotions, and body sensations. In learning about anchoring their breath, participants learn to become more focused, gathered, aware, and in control. They learn to use their breath as an anchor that they can return to when they notice that their mind has wandered. Further, in developing increased
awareness to their body, participants can gain new perspective on their experiences and thoughts and have another means by which to intentionally change an emotional state (Kabat-Zinn, 1990; Segal et al., 2002; Smith & Peterson, 2007).

The components of this week’s session include:

(a) Opening Mindfulness Exercise. Include therapist-led gentle yoga postures and then a walking meditation (Kabat-Zinn, 1990; Segal et al., 2002, 179; Smith & Peterson, 2007, pp. 38-42).

(b) Mindfulness Based Cognitive Therapy Component. Participants are taught with more depth about what meditation is and different forms of mindful meditation, including sitting meditation, mindful walking, mindful stretching. Participants are reminded of the critical role of mindful breathing. Participants are also taught about how to become increasingly mindful toward unpleasant and pleasant events and experiences, and how to deal with them. (Segal et al., 2002, Chapter 8; Smith & Peterson, 2007, pp. 16-19).

(c) Mindful Art Activity. Ask participants to explore the mind and body relation by doing pre- and post-assessments of the mind/body relationship before and after gentle yoga (Monti et al., 2005). Time is allocated at the end of the art activity for discussion and/or journaling about the process and image produced.

(d) Handouts. Include a summary of Session 3, Breathing Space (Segal et al., 2002, p. 174), The Three Minute Breathing Space, Sitting Meditation, and the Unpleasant Events Calendar (Segal et al., 2002, pp. 183-188), as well as Pleasure, Pain, and Happiness (Smith & Peterson, 2007, pp. 16-19).
(e) Homework Assignment. Ask participants to practice the guided body scan meditation on odd days (Smith, 2007) and to record the resulting reactions and sensations. On even days, have them complete the yoga instructions on side 2 of the tape and record the resultant reactions and sensations. Encourage participants to keep a visual journal for doodles and sketches through the week.

(f) Closing Mindfulness Exercise. Guide participants through a breathing exercise. Encourage them to make a nonjudgmental statement about the class.

Week 4: Staying present and stress response. Week 4 builds on the concepts and skills learned in weeks 1 to 3. The purpose of week 4 is for participants to learn about staying present to an experience that is either internal (e.g., distressing thought, emotion, or memory) or external (e.g., difficult daily event, situation, or relationship) so that their attention does not get caught up in ruminating, judging, suppressing, rejecting, avoiding, catastrophizing, or reacting impulsively. Also teach them about cultivating receptive attention in order to deal more openly with internal and external situations. Through cultivating awareness and receptive attention, participants learn to be more aware of and attentive to themselves, their situations, and their relationships.

The components of this week’s session include:

(a) Opening Mindfulness Exercise. Follow therapist-led gentle yoga postures with a sitting meditation on cultivating receptive attention through a mindful seeing or hearing exercise (Kabat-Zinn, 1990; Segal et al., 2002).

(b) Mindfulness Based Cognitive Therapy Component. Teach participants that being attached to some things (thoughts, beliefs, situations, memories) or avoiding others contributes to the scatteredness of their minds. They are, therefore, more
likely to be in a state of non-awareness, with a wandering, or restless, mind and body. This is the opposite of staying present. It is through the cultivation of awareness of mind and body that participants can become more aware of and attentive to themselves, their situations, and their relationships (Segal et al., 2002, Chapter 9). Participants are also shown the Stress Reaction Cycle as well as Coping with Stress: Responding versus Reacting (Smith & Peterson, 2007, pp. 33-34).

(c) Mindful Art Activity: Have participants do an exercise in creative problem-solving and imagining of self-care. Ask them to visually communicate an emotional and physical pain into an image as part of the practice of staying present to something unpleasant. Then ask participants to add self-care, or self-soothing, imagery into the image. Also ask them to consider adding a possible alternate perspective into the image (Monti et al., 2005). Allocate time at the end of the art activity for discussion and/or journaling about the process and image produced.

(d) Handouts. Include a summary of Session 4, Homework Record Form (Segal et al., 2002, pp. 214-217), Sitting Meditation: Mindfulness of Sound and Thoughts (pp. 191-192), and Wild Geese (p. 198), as well as the Stress Reaction Cycle and Coping with Stress:Responding versus Reacting (Smith & Peterson, 2007, pp. 33-34).

(e) Homework Assignment. For six out of the following seven days, ask participants to practice the guided sitting meditation (Smith, 2007) and to record the resulting reactions and sensations. Also ask them to practice the Three-Minute Breathing
Space at three pre-selected times each day, as well as at times of distress or unpleasant feeling. Encourage participants to keep a visual journal for doodles and sketches through the week.

(f) Closing Mindfulness Exercise. Guide participants through a breathing exercise and encourage them to make a nonjudgmental statement about the class.

*Week 5: Allowing and letting be.* During this week, teach participants about cultivating new perspectives and relationships to particular thoughts, emotions, or behaviours, rather than remaining avoidant, suppressive, or fearful of them. Being able to allow in new perspectives and relations requires first accepting what is already existing and present. Acceptance is a key component of letting things be as they are.

The components of this week’s session include:

(a) Opening Mindfulness Exercise. This is a therapist-led guided meditation on acceptance and expanding awareness (e.g., loving-kindness meditation or sounds exploration) (Kabat-Zinn, 1990).

(b) Mindfulness Based Cognitive Therapy Component. Teach participants about letting internal and external events, such as thoughts, emotions, events, memories, and situations, be as they are. The benefit of cultivating this type of awareness is to learn to see these events more objectively, which should make subsequent actions and thoughts more realistic and effective. The quality and skill of acceptance is important in bringing unwanted experiences, feelings, and thoughts into awareness. Rather than reacting automatically or impulsively, participants learn to gain control over the unwanted experiences through accepting them, objectively learning about them, and then intentionally trying out new
perspectives, conclusions, thoughts, and behaviours (Linehan, 1993; Segal et al., 2002, Chapter 10).

(c) Mindful Art Activity. Use a collage exercise to help participants explore their meditation experiences visually. They are to accomplish two art pieces: one that expresses something from their unpleasant schedule (or something stressful) and one that expresses something from their pleasant schedule (or something soothing) (Monti et al., 2005). Allocate time at the end of the art activity for discussion and/or journaling about the process and image produced.

(d) Handouts. Include a summary of Session 5, Using the Breathing Space – Extended Instructions, and the Homework Record Form (Segal et al., 2002, pp. 240-243).

(e) Homework Assignment. Ask participants to practice the guided sitting meditation on odd days (Smith, 2007) and to record the resulting reactions and sensations. Ask them to practice silent meditation on even days. Also ask them to practice the Three-Minute Breathing Space at three pre-selected times each day, as well as at times of distress or unpleasant feeling. Also, encourage them to keep a visual journal for doodles and sketches through the week.

(f) Closing Mindfulness Exercise. Guide participants through a breathing exercise. Encourage them to make a nonjudgmental statement about the class.

_Week 6: Thoughts are not facts._ Over the weeks, participants have been bringing increased awareness to their thoughts, emotions, and body sensations, and have therefore begun shifting their relationship to these internal and external events to one of increased awareness, control, and choice over how to interpret and react. In week 6, participants learn
that thoughts are not facts. Rather, thoughts and feelings are things people have, and not permanent fixtures of their identities.

The components of this week’s session include:

(a) Opening Mindfulness Exercise. This is a therapist-led meditation on awareness of breath, body, sounds, and thoughts (Kabat-Zinn, 1990).

(b) Mindfulness Based Cognitive Therapy Component. In learning that thoughts are not facts, participants will learn that they can give themselves some breathing space between themselves and their thoughts and emotions. In doing so, they can begin to challenge old perspectives with more objective ones and challenge reactionary behaviours with more effective ones. (Segal et al., 2002, Chapter 11).

(c) Mindfulness Art Activity. Ask participants to do two artworks: one that expresses or represents something stressful for them, and one that expresses or represents a personal strength. They can also make a third artwork: a spontaneous picture as a possible new synthesis of stress and strength around a problem or issue. Allocate time at the end of the art activity for discussion and/or journaling about the process and image produced.

(d) Handouts. Include a summary of Session 6, Ways You Can See Your Thoughts Differently, Homework Recording Form, When You Become Aware of Negative Thoughts, and Relating to Thoughts (Segal et al., 2002, pp. 262-268), as well as Communication and Practicing with Pain and Suffering (Smith & Peterson, 2007, pp. 43-47).

(e) Homework Assignment. Ask participants to amend their daily meditation practice to their own selections from the CD (Smith, 2007) for a minimum of 40 minutes.
per day. Also ask them to practice the Three-Minute Breathing Space at three pre-selected times each day, as well as at times of distress or unpleasant feeling. Tell participants to notice when they use breathing as an anchor to either handle a situation as it is happening or as a means of dealing with something later. Encourage participants to keep a visual journal for doodles and sketches through the week (Segal et al., 2002, pp. 262-268).

(f) Closing Mindfulness Exercise. Guide participants through a breathing exercise. Encourage them to make a nonjudgmental statement about the class.

Week 7: Taking care. Teach participants how they can put their new skills and creative self-expression into everyday restorative action. Over the first six weeks, participants have learned new ways and perspectives with which to be with themselves, their thoughts, their emotions, their body sensations, and their life situations. They will have gotten to know themselves better through the mindfulness skills and mindful art activities. Participants will have learned more about their own minds, habitual thinking and assumptions (mind tapes), events that are unpleasant, and activities that they enjoy. Encourage them to continue cultivating such awareness in an ongoing routine after the eight-week group is concluded.

The components of this week’s session include:

(a) Opening Mindfulness Exercise. This is a therapist-led meditation on awareness of breath, body, sounds, and thoughts (Kabat-Zinn, 1990).

(b) Mindfulness Based Cognitive Therapy Component: Over the weeks, each participant has become better acquainted with their own mind, habitual thinking patterns, and assumptions. Emotionally, each has learned about events that are
both pleasant and unpleasant for them. They have been taught about and have experienced new ways and perspectives with which to be with their thoughts, emotions, body sensations, and life situations. As part of the transition from classroom direction to taking care of themselves on their own, the participants are asked to engage in an evening or afternoon, as the case may be, of silent retreat. They will be involved in a variety of guided and silent meditations.

(c) Mindful Art Activity: During the silent retreat, participants have an opportunity to draw on their mindful skills and self-expression in an open studio. The open studio is a time and space where the participants have the opportunity for free art, which is spontaneous art-making with the available art materials. This is also part of the transition from classroom direction to taking care of themselves more independently. At the end of the art activity, there should be time for discussion and/or journaling about the process and images.

(d) Handouts. Include a summary of Session 7, How Can I Best Take Care of Myself and Homework Record Form (Segal et al., 2002, pp. 285-287). Other handouts can include Diet: The Course of Our Life, Hints and Suggestions for Mindfulness of Food and Eating, Relaxation for Anytime of Day, and Suggestions, Hints, & Reminders for Keeping up the Practice (Smith & Peterson, 2007, pp. 50-55).

(e) Homework Assignment. Identical to the homework assigned for Week 6.

(f) Closing Mindfulness Exercise. Guide participants through a breathing exercise. Encourage them to make a nonjudgmental statement about the class.

**Week 8: Continuing the practice.** In this final session, therapists and participants will review and discuss what has been learned in the program, as well as do a final self-portrait,
just as they did in week 1, based on the Self-Portrait Assessment (SPA) tool. This session concludes the eight-week program.

The components of this week’s session include:

(a) Opening Mindfulness Exercise: This is therapist-led gentle yoga and guided meditation (Kabat-Zinn, 1990).

(b) Mindfulness Based Cognitive Therapy Component. This session is a good opportunity to take stock of the material that was covered in the entire course, as well as to discuss the participants’ original expectations, what kept them adhering to the program, what was most difficult, what was most helpful, and what has changed for them. Participants can also discuss what strategies from MBCT they will keep in place for themselves to maintain their ongoing personal development and a reason for this ongoing cultivation (Segal et al., 2002, Chapter 13).

(c) Mindfulness Art Activity. Ask participants to draw a picture of themselves (based on the Self-portrait Assessment, SPA). Have them bring out the first self-portrait they did at the beginning of the program and notice differences and similarities between the two in terms of content, materials, beliefs, thoughts, emotions, and so on. Ask participants to share their reflections with the others. Allocate time at the end of the art activity for discussion and/or journaling about the process and image produced.

(d) Homework Assignment. Ask participants to complete the Mindfulness-Quality of Life Questionnaire again. Ask for their reflections on the process and encourage them to continue using their visual journals for doodles and sketches and other
record keeping. Give participants a blank set of all the forms, and encouraged
them to keep the handouts to record meditations for ongoing use.

(e) Closing Mindfulness Exercise. Guide participants through an observation
meditation on a small object, such as a bead or a marble, which they will then take
with them as a token and reminder of their group experience. Encourage
participants to make a final nonjudgmental statement about the class.

Notes on Application of the Program

This program is relatively generic. It can be modified several ways in light of the time
available (e.g., an all-day workshop versus an 8- or 10-week program). It can also be
modified and specialized for: (a) adults, adolescents, or children or (b) an illness or condition
being treated (e.g., eating disorders or cancer).

The mindfulness meditation exercises. These will be either the body scan exercise, in
which participants follow a guided meditation that directs their attention to the sensations of
their bodies, or a seated meditation, in which participants increase awareness of their
thoughts.

The mindful art activity. Give participants at least 45 minutes for this activity.
Participants are encouraged to practice their mindfulness skills and to notice what is
happening in their mind and body while engaged in the art process. Participants may become
deeply engrossed in the art process and achieve a flow state, and therefore have moments of
not being aware. Encourage them to achieve both flow and awareness states. Give
participants 15 minutes notice of the art time ending.

The homework review. Guide a review of the homework assigned the previous week.
It is expected that all participants will do the work and bring the sheets for discussion.
Following the homework review, a new lesson and exercise are covered and assigned for the following week. Handouts for the assignments are handed out.

*Respect for the art image and meaning.* In a group setting, the therapist expands the holding space to ensure safety and confidentiality among the group members. Specific to MBAT, it is critical for therapists and participants to recognize that the images produced are extremely personal and exposing for the client. In group situations, then, all participants need to practice nonjudgment, acceptance, and confidentiality towards themselves, the artworks, and the other clients. Instruct group members to not impose their own meaning on another’s artwork; acceptance applies to the work of others as well as to their own. Instead, as necessary, they may talk about the work of others from their own perspective and related meaning. The benefit is the provision of alternative ideas, information, and illuminative thoughts for others to consider, but this should never interrupt or overshadow the participant’s own meaning.

When using MBAT with individual clients, therapists can also offer, but never impose, their own alternative perspective. They can ask questions that help guide clients towards further exploration and meaning of the image or issue. The therapist, in this role, is considered to be guiding and tracking the client in a noninvasive way.

*Initial interviews.* The MBAT therapist will need to do initial interviews of potential participants ahead of time in order to better know some of the background and pressing concerns of each individual. It is important for the group to be reasonably homogenous in terms of the range of issues and concerns for ease of administering the program and so that the participants start out at roughly the same levels of knowledge and skill.
Therapists should also make sure that each participant has some form of support system, and if necessary, an individual therapist. MBAT therapists should also explain to individuals a bit about the program and the commitment needed. They should ascertain whether a participant is equipped (i.e., has the physical and mental capability) to be part of the program or not (e.g., is the potential participant actively doing drugs or too unstable).

**Measurement.** Participants will be asked to fill out questionnaires at the start and end of the program that are in keeping with mindfulness and art therapy research. During weeks 1 and 8, participants will be asked to fill in the Mindfulness-Quality of Life Questionnaire as well as two self-portraits based on the art therapy assessment tool, Self-Portrait Assessment (SPA).

**Participants: Adults, adolescents, and children.** Special consideration must be given to the age of the participants in a group or the age of an individual being worked with. Adults can handle longer periods of time with didactic modules, skills learning, art process, talking about the art image, and practicing mindfulness skills. They are also better able to understand difficult and abstract concepts, whereas adolescents and children are less able to do so. Children might require games to teach and reinforce the cognitive and mindfulness skills being taught. There are more resources emerging on this topic (Mindfulness in Education Network, 2007).

Adults may require more assistance than children in letting themselves get into the art process and creative flow. Children are naturally predisposed to play, imagination, and art. Adolescents may be in between, depending on their age. Usually, adolescents are entering a mastery phase of art skills and image rendering; that is, they want to draw realistically. As
such, art projects for each age group will require attention and planning on the part of the therapist.

A useful guide for determining how to develop the MBAT Intervention program to meet the needs of the various participants and applications is through the investigative and review work by Baer (2003, 2006), who reviewed studies that were done using Mindfulness Based Stress Reduction (MBSR), Mindfulness Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT), and Acceptance and Commitment Therapy (ACT). In general, MBSR appears to be more effective for stress and anxiety reduction, coping with chronic pain, and very emotional and difficult illnesses, such as cancer (Baer, 2006). Mindfulness Based Cognitive Therapy appears to be more effective for treating depression in both adults and children, anxiety (both adults and children), and eating disorders (Baer, 2006). Dialectical Behavioral Therapy appears to be useful for treating eating disorders, borderline personality, and adolescents with suicidal tendencies (Baer, 2006; Linehan, 1993).

Therapist training. In both art therapy and mindfulness training, therapists are encouraged to be attentive to and maintain their own well-being. Further, in both modalities, therapists are required to have been personally exposed to the intervention practices. In art therapy training, students are exposed to art media and interventions. In mindfulness training, students are given comprehensive training in meditation, mindful awareness, and breathing skills. Art therapists are encouraged to maintain their art journals or art practice along with other self-care initiatives, while mindfulness therapists, for their part, are encouraged to maintain their own ongoing mindful and meditation practices. Experiential training in all three is required of a therapist or therapist team who is delivering the MBAT Intervention Program.
**Therapist self-care.** Therapists practicing MBAT are likewise encouraged to maintain self-care with a mindfulness and/or art practice. One of the main reasons for this is that there will be times when the therapist must respond with an intuitive, experiential answer, rather than intellectual knowledge. Segal et al. (2002) provided an example that knowing about swimming alone, or about the physics of a solid body in liquid, does not have the same breadth as actually knowing how to swim. This lends further credibility to the therapist and modality.

**Applications of MBAT and the MBAT Intervention Program**

Given the hybrid nature of MBAT, it is not immediately apparent as to what applications it is not amenable to in psychotherapy and self-improvement programs. The MBAT program, as set up as an eight-week program in this literature review, is limited by its eight-week format. Its application could be expanded. An example of this could be matching it with the Dialectical Behavioral Therapy (DBT), which is a program that can last 16 or more weeks.

**Future Development and Research Initiatives**

Further study regarding how MBAT can be applied and modified for specific groups and mental health concerns is ongoing in a variety of ways and contexts.

*Randomized control trials and measurement.* If the literature on this subject is any indication of what is to come in the future, there will be a proliferation of randomized, controlled studies investigating the efficacy of the intervention, using a variety of measures ranging from pencil and paper questionnaires to fMRI scans (Baer, 2003, 2006; Davidson, Kabat-Zinn, Schumacher, et al., 2003; Lazar, 2005; Lazar, Kerr, et al., 2005; Salmon, Sephton, et al., 2004; Singer, 2007). Likewise, as recommended by Brooke (2004), art
therapy will benefit from developing its own measurement tools for both assessment and efficacy. Art therapy can also gain from adopting research techniques used in mindfulness-based research, as they measure quality of life in an empirically valid manner. Art therapy and mindfulness approaches have much in common in terms of the mind and body connection, which might provide a guiding light for how to improve and conduct research that both satisfies scientific investigation and philosophical integrity of the expressive arts in healing.

By matching up established assessment tools from the mindfulness-based interventions with established art therapy assessment tools, future research can be conducted into the development of measurement tools for MBAT in a way that does not compromise the philosophical autonomy and tradition of art therapy, but is still attentive to the requirements of empiricism.

Art therapy. Art therapists have, in general, rarely been in favour of empirical measures. To address this problem, training programs for art therapists will need to incorporate coursework related to qualitative and quantitative measures, introductory statistics, and the use of assessment tools, including reputable ones devised by art therapists. This is necessary if the following generations of art therapists are to further the evidence for art therapy efficacy beyond single case studies and to provide art therapists with respectable data when justifying grant applications, funding, and more budget allotment. It is also necessary for the therapist who wants to become an MBAT therapist to be in favour of developing these kinds of measurement.

The next generation of art therapists trained in this way may or may not choose to engage in the therapist-as-researcher model, but they will at least have knowledge and
language that will benefit them when talking with other health care providers. This kind of training will further the development of a needed common language with which to communicate with other psychotherapeutic modalities and professionals.

Mindfulness-based interventions. Empirical research is already well underway for mindfulness-based interventions. Keeping up to date on current findings would be very useful towards a deepened understanding of this intervention and its role in the therapeutic process: what is does, how to do it, and what might be going on in the brain and body. Knowledge of this is essential for the MBAT therapist.

Mindfulness research is being brought to many populations and issues. Baer (2003, 2006) noted the promise of this intervention, but also called for more randomized control studies so that researchers and practitioners can determine the efficacy of MBAT when compared to other treatments, experimental controls, or both. An area for future research is to follow up on qualitative and quantitative measures of the secondary benefits of mindfulness practice, such as resilience, self-efficacy, self-awareness, and empathy (Kabat-Zinn, 2002). These qualities are also cultivated in art therapy (Worrall, 2006). These overlapping results may be of interest to therapists.

Conceptual development. The concepts that define MBAT and how they work together to create a therapeutic modality need to be consolidated into a model or theory that describes this therapeutic intervention. There appears to be enough theoretical information to do that, and studies can then be designed to test the tenants of the model.

Final Thoughts

To return and respond to the initial two questions posed at the start of the paper, it does indeed appear that cognitive-behaviour, mindfulness, and art therapy can be integrated
as an effective intervention that draws on the strengths of each tradition. Through key concepts such as decentring/dis-interest, meta-cognition/witness observer, nonjudgmental acceptance, creative process/flow, silence, holding space, and nonverbal communication, these three traditions begin to be brought together towards the goal of meeting clients’ biopsychosocial needs.

After preliminary investigation, the MBAT intervention is able to address strong emotions, difficult memories, and ineffective cognitions, as well as assist a client to improve their self-awareness and self-efficacy, tolerate and accept difficult situations, react more effectively in dealing with the situations, and learn new ways of coping. Importantly, therapists using MBAT can work with clients both verbally and non-verbally and in appropriate ways. When literal words are not enough to convey or solve a problem, visual narratives, metaphors, creative self-expression, and body language can be of great assistance in bringing awareness to these large, latent, or difficult memories, experiences, and implicit beliefs. More concrete words can be put to the experience afterward at the appropriate time.

Emerging from this manual and the literature review informing it are at least two main paths for research to pursue. First, MBAT is an intervention with a theoretical foundation that requires further development and elaboration. Researchers in MBAT can draw upon the empirical foundation that has been established for mindfulness-based interventions for self-measurement, as well as for therapist training and self-care. Researchers in MBAT can also draw on empirical research methods to improve their understanding of the art therapy, creativity, narrative, non-verbal (body/mind), and holding space components.
Secondly, MBAT is an intervention with multiple practical possibilities. Due to this inherent flexibility, MBAT can be adjusted in order to better suit the group or individual being treated. Research must then be done to provide more concrete guidelines and manuals for conditions of mental health concern and age. MBAT therapists with specific expertise in various areas, such as cancer, eating disorders, and addictions, would be invaluable towards researching, developing, and implementing effective MBAT programs, for both group and individual needs, and with specific and relevant exercises, handouts, and homework.

The program presented in this appendix is a starting point for future research and practice initiatives. The literature review provides a foundation for further theoretical research and development. The manual represents a first step towards integrating and distilling the core essentials for the MBAT program. Together, the literature review and manual are intended to set a foundation for future research.
References


