

Running Title: MINDFULNESS-BASED ART THERAPY ACTIVITIES FOR ANXIETY

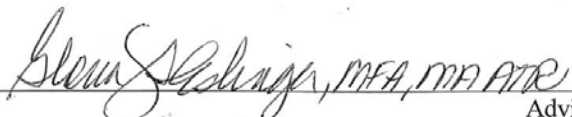
Mindfulness-Based Art Therapy Activities (MBAT) as a Way to Reduce Anxiety in Young Adults

By


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University of Wisconsin – Superior

A Thesis Submitted to the Graduate Faculty in Partial Fulfilment
of the Requirements for the Degree of M.A. in Art Therapy



Advisor



Second Reader



Dean

University of Wisconsin - Superior

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ABSTRACT

According to the DSM-V (2013), Anxiety Disorders are those that are characterized by features of excessive fear and anxiety that are related to behavioral disturbances (p.189). Studies have shown that this disorder is among the most common in the US, and it affects people of all ages indistinctly. As a consequence, there are many available treatment options; however, it has been proven that mindfulness-based Art therapy activities can help in reducing anxiety, stress and improving the quality of life on patients that decide to try it. The mindful awareness that art can cultivate and the engagement in the present moment offers the patients the opportunity to be an external observer and, at the same time, an internal part of the experience. Consequently, the aim of this paper is to prove the positive effects of Mindfulness-based Art Therapy Activities (MBAT) in reducing anxiety features in young adults attending college.

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INTRODUCTION

*Seek not to have that everything should happen as you wish,
But wish for everything to happen as it actually does happen,
and you will be serene.*

—*Epictetus*

The mental health field has been broadly explored in the past century and many theories on what they are, how someone can get them and how to prevent them have arisen with the time. Each one of these theories have different approaches; however, they all follow the same purpose, find “the cure.” As stated by the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5) (2013), a mental disorder is “a syndrome characterized by clinically significant disturbance in an individual’s condition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (p.20). Therefore, it can be said that a mental health issue is not the result of one event. Genetics, environment and lifestyle are among the main factors that would determine if someone develops a mental health condition or not (NAMI, 2018). As an example, a stressful job or a traumatic event in life can make some people more prone to develop it. On the other hand, biochemical or brain related processes may have an influence as well.

As the world is emerging and becoming more connected, diverse knowledge from ancient cultures arrived to new lands. Words as meditation and present-focused were now spoken in places that did not exist before. Yet, they were still connected to a religious connotation; therefore, avoided at some level (Rappaport, 2014). After some time, two pioneers in the mental health field created a new path and called it Art Therapy. Edith Kramer and Margaret Naumburg started to use the innate healing properties of art to treat patients with a mental issue, and they were obtaining positive results (Moon, 2017). Consequently, the world became more open and the stigma around the mental illnesses was decreasing. That is when a definition for mindfulness appeared and was combined with the healing nature of arts

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It is now that mindfulness practices and artistic processes have been mixed to be used as one treatment for people who suffer from a mental issue. The reason why it works and explanations of the concepts will be deeply explained as part of a research of the efficacy of Mindfulness-Based Art Therapy activities (MBAT) on young adults of ages from 18 to 25, facing anxiety.

UNDERSTANDING ANXIETY

Anxiety disorders are complex diseases, which often occur in combination with major depression, alcohol use disorder, or general medical conditions. Because of their high prevalence, anxiety disorders impose a high social and economic burden. According to the National Alliance of Mental Illness, anxiety disorders are among the most common mental health concerns in the United States. An estimated 18% of the adult population and 8% of children and teenagers in the U.S. experience an anxiety disorder (NAMI, 2017). This phenomenon is affecting more and more people as the time goes on. In this era, where there is less free time and more time for work and responsibilities, the stress levels increase; therefore, there are more anxiety diagnoses. It is important then to understand the meaning of this continuously growing phenomena. As stated by Rudy Nydegger (2012), anxiety is a result of the perception of threat or danger and is open to wide misinterpretation or distortion. When the intensity and duration of the fear is disproportionate to the perceived threat, anxiety is considered maladaptive and unhealthy (p.1). On the words of the DSM-V (2013), anxiety disorders are defined as “those that share features of excessive fear and anxiety and related behavioral disturbances.... The anxiety disorders differ from one another in the types of objects or situations that induce feelings of fear, anxiety, or avoidance behavior, and the associate cognitive ideation” (p.189). In the majority of cases, anxiety is about worrying about future issues that might happen or exaggerating a perceived threat.

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The symptoms identified for an anxiety disorder are: excessive worry that is difficult to control about a number of events or activities, restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbances (difficult falling or staying asleep, or restless, unsatisfying sleep), some of the physical symptoms include sweating, dry mouth, hot flashes or chills, dizziness, heart palpitations, trembling and nausea (American Psychiatric Association & American Psychiatric Association DSM-5 Task Force, 2013, p.222) (Nydegger, 2012, p.2). On the other hand, gender is a highly relevant factor when it comes to diagnosing anxiety. Women tend to suffer more from anxiety than men, and the reasons behind that statement are not simple. Research suggests that fluctuations on the levels of female reproductive hormones and cycles may have an effect (Nydegger, 2012, p.30). Also, women tend to be more predisposed to anxiety for a variety of biological, psychological, and cultural factors. Nydegger (2012) says that, “Society considers women as less assertive and more likely to express their fears, which increases the likelihood of developing anxiety, or acknowledging it, more often than men. Also, there seems to be a genetic role that affects the probability of an anxiety disorder developing” (p.31). Conversely, men are less likely to be diagnosed with an Anxiety Disorder. As stated by Nydegger (2012) also, “significant numbers of men do experience problems with anxiety, but they often choose not to seek help due to the stigma of having a condition that implies weakness or frailty... Also, they are more likely to self-medicate with alcohol and /or drugs, which can mask or distort symptoms of anxiety and lead to a misdiagnosis” (p.31). This is the reason why it is difficult for professionals to recognize symptoms of anxiety in men patients.

THEORIES DEVELOPED

Anxiety diagnosis are occurring more and more with the time; however, the reasons why it occurs have been widely studied. There are studies on biological reasons, where it is proposed that genetics, brain structures and neurotransmitters have an effect on it. Additionally, there are

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psychological approaches that explain the occurrence of anxiety such as, psychodynamic approaches, humanistic and existential approaches, behavioral approaches, and cognitive approaches.

Biological theories:

Genetics:

Genes are the base of our existence, they are the ones that determine our characteristics and give us individuality. Our genes are passed through generations in a family; therefore, diseases and other conditions can be passed from one generation to the other as well. There is evidence from a number of studies that say that families that have demonstrated having various specific types of Anxiety Disorders are more likely to be related to someone who suffers the same disorder than them, as compared with someone from the general public (Nydegger, 2012, p.50). Other studies support the involvement of a relatively large number of small-effect gene variants in the inclination to anxiety disorders, a notion shared with other psychiatric diseases, such as Schizophrenia and Major Depression Disorder (Sokolowska & Hovatta, 2013).

Nevertheless, Anxiety Disorders are complex diseases caused by a combination of genetic and environmental factors. One of the challenges to understanding the role of genetics in anxiety disorders is that increased rates of psychological problems in family members of anxiety patients may be due to similar environments, observational learning, or other non-biological, psychological or social factors (Nydegger, 2012, p.50). Hence, rather than directly inheriting an Anxiety Disorder, people inherit the predisposition for developing one.

Brain Structure and Neurotransmitters within the CNS:

The brain structure as well as the neurotransmitters have an effect on the developing of an Anxiety Disorder. There is a consensus among researchers and theorists about the crucial role of the amygdala as well

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as the anterior cingulate cortex and the insula, in the pathophysiology of an Anxiety Disorder. Also there is increased speculation that some Central Nervous System structures may be the underlying causal factor involved in the etiology of the condition (Nydegger, 2012, p.52). As a matter of fact, the neurotransmitter systems most frequently associated with anxiety include gamma-aminobutyric acid (GABA). However, the same system may not be involved in each type of anxiety disorder. Norepinephrine or noradrenalin, serotonin, corticotrophic releasing factor, and dopamine are also involved in the development of the disorder (Nydegger, 2012, p.53).

Henceforth, genetic factors may be involved, and in some cases brain systems or processes might be responsible too. On the other hand, environmental factors can increase the likelihood of developing an Anxiety Disorder. Subsequently, considering all the information regarding genetics, brain structures and neurotransmitters, it is easy to conclude that anxiety disorders are due to biological factors; however, other theories have been studied as well.

Psychological theories:

Psychodynamic Approaches:

As stated by Nydegger (2012), the psychodynamic theorists typically look to a person's experiences in early life that are recorded in the subconscious mind as the primary causes of anxiety (p.54). Freud's theories are the most well-known and influential in this matter. His central theory of anxiety is that it is the result of the perception of an external threat or danger and that therefore it is learned (Morris, 1973). He states that anxiety is based on the concept of being overwhelmed by those forces over which we feel we have no control (Nydegger, 2012, p.55). Therefore, this fear of overstimulation is the basis of all anxiety. Freud postulated three basic types of anxiety: Reality anxiety, based on a realistic threat in the environment that the ego assesses and concludes is a realistic possibility of overwhelming undesirable stimuli. Neurotic

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Anxiety, is based on a conflict between the ego and the id; the fear of the ego of being overwhelmed by id impulses. Moral Anxiety, the fear that is produced when a person does, think, or imagined something that violates the standards of the superego, and this is generally referred to as guilt (Nydegger, 2012, p.55).

Humanistic and Existential Approaches:

The humanistic approach states that understanding behavior by reducing it to simple instincts and learned behaviors does not do justice to the complexity of the human experience, thoughts, feelings, and actions (Nydegger, 2012, p.56). Therefore, it should be approached based on the individual's goals and expectations for the future. Carl Rogers, one of the main humanistic psychologists, stated a model of anxiety that says that the Self is the fundamental structure of personality and the core of who we are and who we will become as a person, when our experiences are consistent with the Self, then they are viewed as good and healthy, while those inconsistent with the Self are considered bad and uncomfortable. When the difference between the Self and our experiences grow, the inconsistency produces feelings of anxiety (Nydegger, 2012, p.57). On the other hand, existentialists have a similar approach as humanists; however, they put more emphasis on the importance of choice and responsibility as well as the vital necessity of free will. Nydegger (2012) says that for existentialists the basis of anxiety is inauthenticity, and instead of considering it an illness, they consider it as an experience that results from the choices one makes throughout life and that one of those choices is to continue feeling anxious (p.58).

Behavioral Approaches:

The behavioral approach has different perspectives on why a person develops an anxiety disorder. One of them is that abnormal behavior, just as normal behavior, can be acquired through learning and conditioning, and can be treated using the same types of learning approaches. Classical conditioning could explain how learned fear reactions are acquired when people respond to a stimulus that is paired with a

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fearful event. The explanation for why they persist over time is that when a person withdraws from the feared stimulus, thereby reducing the anxiety, the person feels better, reinforcing the avoidance behavior (Nydegger, 2012, p.58).

Nonetheless, to other researchers, this theory was too limited, opening space for other psychologist to keep exploring the field. B.F. Skinner developed a model called “operant conditioning” based on the idea that reinforcement increases the probability that the response will occur again, meaning that behavior can be shaped by its consequences. The reinforcement can be divided into two: positive reinforcement, meaning that a positive outcome is introduced after a specific behavior; and negative reinforcement, meaning the removal of a negative outcome after the behavior takes place (Nydegger, 2012, p.59).

Among other theories, there is also Albert Bandura’s research. He demonstrated that during observational learning, people can acquire complex behaviors by simply observing another person’s behavior or the consequences of the behavior. Also, Seligman (1971), stated that some fears are not learned through association, but have an evolutionary value and it is meant to protect the species; therefore, they account for a rapid and easy acquisition of some learned fear reactions. (Nydegger, 2012, p.60)

Cognitive Approaches:

Cognitive theorists focus upon attention, perception, and thinking, and how these processes affect the development and/or maintenance of anxiety. Rudy Nydegger (2012), explains that most of the cognitive models of Anxiety Disorders have emphasized the role of selective information processing, and research has shown that this bias can occur very quickly and with very little information (p.61). Therefore, when an Anxiety Disorder develops, it is an indication that treatment should focus on the biases or the dysfunctional ways of thinking.

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In addition, the cognitive theorists suggest that Anxiety Disorders are characterized by an attentional bias for threatening information and toward frightening interpretations of ambiguous information. Also, the memory bias that favors the recalling of threatening information can trigger other types of Anxiety Disorders, such as Panic Disorder. On the other hand, the attentional bias toward negative social cues serve as the causal of Social Anxiety (Nydegger, 2012, p.63). In conclusion, by addressing to the biases explained before and teaching to focus less on the cues that suggest danger, a person can reduce their traits of anxiety. However, although helpful, cognitive factors alone do not explain everything about the causes of anxiety, other factors should be taken into consideration in order to make sense of the complexity of Anxiety.

WHAT IS ART THERAPY?

Art has always been a part of our world, since the beginning of time, the civilizations had used art as a way to express themselves and leave a mark in history. In a way, art has always had a therapeutic connotation; however, is throughout time that the concepts of art and psychology were put together. As stated by Moon (2017), “Art therapy is a hybrid discipline based primarily on the fields of art and psychology, drawing characteristics from each parent to evolve a unique new entity” (p.32). It was around the mid-forties, when the psychologist Margaret Naumburg, one of the pioneers in the field, began to document her work and refer to it as Art therapy. As stated in *The Art Therapy Journal* (n.d.), “Naumburg’s work was based on the idea of using art to release the unconscious by encouraging free association.” According to the psychologist, the resulting artwork was considered a symbolic speech, and later the therapist would encourage the patient to interpret and analyze it. Meanwhile, Dr. Edith Kramer, another pioneer in the Art therapy field, founded the Art therapy program at New York around 1944, starting the first generation of art therapists. (*The Art Therapy Journal*, n.d.). It is like this that

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later in time, many hospitals and mental health institutions began to include Art therapy in their programs. As they were observing how this form of therapy would promote emotional, developmental, and growth in patients, the discipline kept growing until what it is now.

According to the American Art Therapy Association (AATA) (2017), Art therapy is defined as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.” This definition reflects the continuous evolving of the field across time. Art therapy is not confined to the plastic arts only; it has been expanded to drama therapy, music therapy, bibliotherapy, and includes any other kind of art known. The purpose of Art therapy is to promote the healing process by using an art media as a catalyst in order to help the client work through any issue. As stated by Ann Cattanach in her book “Process in the Arts Therapies” (1999), during an Art therapy session, the clients are not talking, they are exploring issues and experiences through the medium of an art form. It is this intentional use of the art form as healing process which makes the interventions therapeutic rather than simply participations in dance, music, drama, play or art, for their own sakes (p.7). It is in the process of interpreting after creating where the real magic occurs, new neuronal pathways are formed, the healing process begins.

HOW DOES ART THERAPY WORK?

As specified before, Art therapy can be defined as a form of therapy in which creating images and/or objects plays a key role in the developing of the therapeutic relationship. David Edwards (2014) says that human communication may take many forms; however, it cannot be entirely reduced to words. Knowing how to express love or hate, to experience trauma or to suffer depression may involve far more than just finding the “right” words. Some experiences and emotional states are beyond words (p.6). Hence,

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Art therapy involves both, the process and the product of image making, from plain scribbling through a more sophisticated work, and the establishment of a therapeutic relationship between the therapist and the client.

Furthermore, the aims of Art therapy vary according to the individual, and it might change as the therapeutic relationship develops. Edwards (2014) explains that, “for one person the process of Art therapy might involve the art therapist encouraging them to share and explore an emotional difficulty through the creation of images and discussion, whereas for another client it may be directed towards enabling them to hold a crayon and make a mark, thereby developing new ways of giving form to previously unexpressed feelings” (p.5). It is within the supportive environment created by the therapist and the client that it becomes possible for individuals to create art with the explicit purpose of exploring and sharing the meaning these may have for them; and it is by these means, the client may gain a better understanding of themselves and the nature of their difficulties.

In regards of the functioning of Art therapy, Edwards (2014), has given five reasons why it is beneficial. Firstly, the process of making images, thinking and feeling in images, which amongst other things involve the use of the imagination and the taking of risks, can further a person’s emotional growth, self-esteem, psychological and social integration. Secondly, through making images and objects it is possible to externalize and objectify experience so that it becomes possible to reflect upon it. Thirdly, for some clients the images and objects they create may help to hold or contain feelings that might otherwise be experienced as unbearable. Also, it is through symbols that we are able to give shape or form to our experience of the world; it may provide the basis for self-understanding and emotional growth. Finally, the physical nature of an artwork provides a lasting record of the imaginative processes that produced it, meaning that the permanence of the artwork, may be especially useful in enabling the

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art therapist and the individual to follow and reflect upon changes occurring during the course of therapy (p.7-14).

WHAT IS MINDFULNESS?

Mindfulness is a translation from the Pali terms *sati* and *sampañā*, which mean *awareness*, *attention* and *remembering* (Germer, Siegel, & Fulton, 2013, p.5). According to Rappaport, (2014) in his book “Mindfulness and the Arts Therapies: Theory and Practice”; mindfulness can be defined as “a practice of bringing awareness to the present moment with an attitude of acceptance and non-judgment” (p.32). A person that is mindful is constantly aware of his or her surroundings as well as the feelings and emotions that appear in a certain moment. Someone that practices mindfulness is focused on the present, either pleasant or painful, and is able to accept it as it is to later move on to the next experience.

Mindfulness is not necessarily connected to spirituality or religion. Today, ancient mindfulness practices are being adapted to nonspiritual contexts as psychotherapy or education, in response to the numerous clinically standardized applications of mindfulness and meditation practices (Rappaport, 2014, p. 24). Mindfulness is being used to bring calmness to a person’s mind; especially when he or she is going through difficult moments. So, in times where the number of people diagnosed with a mental health issue is increasing, bringing up mindful practices can be of much aid.

According to Germer *et all* (2013), there is a two-component model of mindfulness. The first one involves the self-regulation of attention so that it is maintained on immediate experience. (p.7) In that way, there is an increased acknowledgement of the events that are happening in the present moment. The second one involves adopting a particular orientation towards one’s experience that is characterized

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by curiosity, openness, and acceptance (Germer *et al*, 2013, p.7). Therefore, from the mindfulness perspective, acceptance refers to the ability to allow one's own experience to be just as what it is in the present moment, accepting them as they arise. As Germer *et al* (2013) also states, "acceptance is not about endorsing bad behaviors; rather, moment-to-moment acceptance is a prerequisite for behavior change" (p.7). This intentional reorientation involves being more receptive to any experience and do not dwell in any memory or situation, but welcome it.

Hence, a short definition of mindfulness can be awareness of present experiences with acceptance. These three components work together to create a state of mindfulness; however, the presence of one element does not necessarily imply the others. As Germer *et al* (2013), explains:

"Our awareness may be absorbed in the past rather than the present, such as in blind rage about perceiving injustice. We may also have awareness, without acceptance, such as in the experience of shame. Likewise, acceptance can exist without awareness, as in the premature forgiveness; and present-centeredness without awareness may arise in a moment of intoxication. Therapist can use these three elements as a measure of mindfulness in themselves and in their patients" (p.8).

Consequently, it is necessary to understand that a mindful practice needs to have the three elements mentioned above in order to guarantee an optimal result.

HOW DOES MINDFULNESS WORK?

Mindfulness is intentionally bringing awareness to the present moment where a person has complete consciousness of their experiences. According to Shapiro (2009), during this process a person is able to dis-identify from the contents of consciousness, as thoughts, emotions, value judgments, and

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view his or her moment-by-moment experience with greater clarity and objectivity (p.94). He calls this process *reperceiving*, because it involves a fundamental shift in perspective. So, rather than being immersed in the drama of one's personal life story, a person is able to give a step back and simply witness it. Then, the problem previously perceived as the "subject" is now the "object," and a person can handle it in a different way.

Through the process of intentionally focusing attention in a nonjudgmental way, the mindfulness practitioner begins to strengthen the so called "observing self." To the extent that a person is able to observe the contents of his or her own consciousness, and no longer be completely embedded in or fused in it (Shapiro, 2009, p. 96). For example, if a person is able to see a problem, then that person is no longer part of that problem; therefore, that person becomes bigger than the problem, whether the problem is pain, depression, or anxiety. Thus, through reperceiving, the stories about who we are, what we like or dislike, or what has happened to us, become simply stories. In this way, a deep change in one's relationship between thoughts and emotions is created; having as a result more clarity, perspective and objectivity.

However, reperceiving and detaching should not be confused. As explained by Shauna L. Shapiro (2009), reperceiving facilitates greater distance in terms of clarity; creating a deep knowing and intimacy with whatever arises moment by moment, and yet this does not translate as disconnection or dissociation (p.104). Therefore, through reperceiving one is actually able to deeply experience each event of the mind and body with greater richness and depth, without clinging to it or identifying with it. It is in this way that a person experiences what is, instead of a commentary or story about what they think it is. This can be referred to as intimate detachment not apathy or indifference.

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Furthermore, reperceiving and the shift in perspective promoted, may lead to additional mechanisms that contribute to the positive changes in a person's lives. Shapiro (2009) state that there are four among the main ones: self-regulation, clarification of values, cognitive, emotional and behavioral flexibility, and exposure (p.98).

To begin with, self-regulation is the process by which systems maintain stability of functioning and adaptability to change. Reperceiving interrupts automatic maladaptive habits. People become less controlled by certain emotions or thoughts; as a consequence, they are less likely to automatically follow them with typical reactive patterns (Shapiro, 2009, p.99). Through reperceiving, anxiety is used as information instead of state of mind. The individuals are able to go through the emotion and choose to self-regulate in ways that result positive for themselves.

Next, clarification of values happens when people are able to recognize what is truly meaningful and valuable for them. When they are able to separate from their former values and reflect on them with greater objectivity, they have the opportunity to rediscover and choose values that may be truer for them (Shapiro, 2009, p.100). This intentional awareness can help people change their behaviors and choose those that agree more with their interests, needs, and values.

Subsequently, cognitive, emotional and behavioral flexibility refers to the capacity of people to see a situation and their own internal reactions to it with greater clarity and be able to respond with greater freedom of choice, in less conditioned and automatic ways (Shapiro, 2009, p.100). Reperceiving enables the capacity to observe one's internal commentary about any given experience as it is, and allows a person to respond appropriately. Reactive thoughts, emotions, and/or behaviors triggered by prior habits are no longer performed.

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Lastly, exposure is the capacity of a person to face the habitual tendency to avoid or deny difficult emotional states, thereby increasing exposure to such states (Shapiro, 2009, p.100). By encountering thoughts or emotions previously hidden, a person is able to act with more objectivity, work through them and let them go instead of having them as a part of their lives.

MINDFULNESS-BASED ART THERAPY (MBAT)

It can be said that mindfulness and Art therapy were always connected. Since the use of art in rituals, to the holding of a brush, it is necessary to be focused on the present in order to obtain the outcome that we want. According to Rappaport (2014), mindfulness as a part of Art therapy can be looked at from two perspectives; the first one is the processes inherent within the arts that cultivate mindful awareness and engagement in the present moment. The second one is the application of mindfulness practices to the art therapies (p.32). Every art form offers the opportunity to be both, an internal observer or completely absorbed into the present-moment experience. For example, while an artist is creating, there is a sense of being immersed in the process, the mind gets quiet and the experience of being in the present moment begins. At some point, the artist steps away from his or her creation to see it. This act implies becoming also the observer and makes the artistic process a mindful one as well.

However, healing through art is not something that occurs after some kind of analytical process. As Rappaport (2014) says; the deeper, more complicated, and persistent difficulties are understood, accepted, and transformed when artistic practices engage these forces and give them a different place in our lives (p.40). Being able to step away from a problem, focus on the process of creation and then see the problem represented in an art piece is what makes art a healing practice. Moreover, Sitzman (2014)

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states that art activities can facilitate deep insight and mindfulness (p.7). Therefore, they help with the understanding of underlying thoughts or emotions as they emerge in the conscious mind.

Art can be therapeutic in any way that is presented; the mere process of creating is considered beneficial. The relaxation, concentration, and opening to what is happening within oneself is part of the complex manifestation of the individual's inner self. However, as stated by Laury Rappaport (2014), there are different parts that conform the artistic healing:

The first one is movement. This is the basis of any expression, and it can be compared to the concentration on the breath in sitting meditation. (Rappaport, 2014, p.41). Whenever an individual starts an art piece, the first thing to do is focus on how the tools or the materials move and interact with one another.

The second part is repetition. It is often encouraged in every art form as a way of relaxing, letting go, and concentrating on what is being done rather than thinking about what will come next (Rappaport, 2014, p.42). The repetition of simple marks and gestures provides the opportunity to be completely focused on the present moment, in this way, the marks acquire a new meaning and they are no longer just marks, but a goal to achieve.

The third factor is embracing the shadows. Every individual has a side of their psyche that is imperfect and often concealed; nevertheless, it is also readily existing just at or near the surface (Rappaport, 2014, p.42). Being able to recognize and accept that fearful part of oneself is a key element in a person's growth. These shadow elements are often a sign to pay attention to, and use as help to create. In this aspect, art can deepen or even expand conventional mindfulness practices through the observing of the consciousness.

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Finally, the fourth element is the notion of being in the present moment. When a person is mentally located elsewhere instead of the now, he or she is prevented from self-discovery. This mindless state of mind can keep an individual attached to preconceptions and preoccupations that are carried around, rather than allowing them to step into the creative action (Rappaport, 2014, p.42). When someone is constantly located in the past or the future, a misconnection with themselves occur. The art making starts being about the final product or a preconceived idea rather than the mere process; thus, growth, development as well as positive outcomes are stopped.

For example, Sitzman (2014) talks about pointillism, photography and mandalas as mindfulness-based activities that foster growth, insight and learning (p.7). Pointillism is a theory or practice in art of applying small strokes or dots of color to a surface so that from a distance they blend together and create an image (Merriam-Webster, 2019). Kathleen Sitzman (2014) says that this technique provides opportunities for contemplation, exploration, free expression, learning, and feeling (p.8). Therefore, focusing on the process of creation and dot-making sets the mind in the present moment, making room for an attitude of compassionate curiosity and peace of mind.

Moreover, mandalas have a similar purpose; they are manmade or natural forms in which there is a central focal point around which multiple elements are arranged. This structure evokes clarity and beauty, and the natural boundary provided by the arrangement of elements around the central point provides unity and offers the possibility of adding additional layers without altering the central point (Sitzman, 2014, p.9). Hence, envisioning an issue as a central point and then adding the different aspects of this issue around that central point will help each person to organize their understanding into unique and meaningful configurations. On the other hand, some might prefer to search for and document/take photographs of existing images to evoke the same sensations explained before (Sitzman, 2014, p.10). This technique also offers another approach for visual exploration, learning and healing.

HOW DO MINDFULNESS-BASED ART THERAPY ACTIVITIES FUNCTION ON ADULT PATIENTS?

The Mindfulness-Based Art Therapy (MBAT) intervention is conceptually rooted in the principles of self-regulation theory. Self-regulation theory explains how people cope with and adapt to, stressful situations such as health problems or threats (Leventhal et al., 1984, 1992) (Monti *et al.*, 2006). This model is based on two modes of information processing: the first one, objective representation of the problem in cognitive terms; and the second one, subjective representation of the problem in emotional terms. Therefore, MBAT is designed to provide specific skills for self-regulation in a way that involves focused attention and acceptance of oneself in the present moment, allowing conscious observation of the actual experience and the emotional response to it.

Another aspect of MBAT is that it provides concrete tasks for expressing representations in a tangible and personally meaningful manner (Monti *et al.*, 2006). A recent clinical trial of an Art therapy intervention with hospitalized children with posttraumatic stress disorder supports the way in which MBAT utilizes specific art tasks. In that study it was shown that Art therapy tasks could be designed in a way that may integrate brain pathways related to distressing experiences, providing a mechanism for stress reduction (Chapman *et al.*, 2001).

Additionally, the MBAT intervention may enhance the nonverbal process of identifying and organizing internal and external representations (Monti *et al.*, 2006). The process orientation in mindfulness practice and art making supports the potential transformation of threat schemas, thereby advancing more adaptive coping.

The MBAT format is intended to integrate verbal and non-verbal modes of information processing for the purpose of facilitating healthful self-regulation.

CASE STUDIES

As I was working on my graduate career, I was placed in one my most motivating practicum locations: The Gender Equity Resource Center (GERC). This center is part of the UW-Superior campus, and an open space that creates a safe environment within the campus community to provide programs and resources that empower students of all genders and sexual identities. As I was working in the center, I continuously saw that depression, anxiety and stress were the most common struggles there. Many college students are anxious about themselves, their relationships, and their future; with academic performance being one of several sources of stress. Following, there are three case studies and reviews that highlight the effectiveness of Mindfulness-Based Art Therapy (MBAT) activities on young adults of ages 18 to 24 years attending college, featuring anxiety characteristics on their behavior. The case studies will show how feelings of stress, restlessness and anxiety are lessened; and calmness and resolution are brought up. All of which, will ultimately allow for a regained sense of positivism, and move towards a peaceful state of mind. The names of the clients have been changed to maintain their privacy.

Case Study 1: Gender Equity Resource Center (GERC) – Draw your utopia

Justine is a client that would occasionally come to the center to hang out with friends and participate in the Art therapy sessions. She had told me that she was diagnosed with Generalized Anxiety Disorder and that she owned a therapy pet that helped her manage her distress. Some of the features spotted in her were: shallow breathing, excessive worry difficult to control, difficulty concentrating, sleep disturbances and overall stress.

Mindfulness-Based Art Therapy Activities were used with her to help her calm down her stress and anxiety levels, as well as to help her regain focus on her classes. An Art therapy project that was done with her was called “Draw your utopia.” The finished artwork is shown in figure 1.

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Figure 1: "Happiness Land" pencil drawing

Justine named her utopia "Happiness land." The description of her art work described a place high on the sky next to the clouds. Big butterflies, caterpillars and bees would be flying around. The city would have a planetarium to see the stars and other planets at night, and a Ferris wheel, where she would ride by herself all the time and never get off. In this city the sun would always be bright and in order for the people to live there, they would have to wear a special gear that would help them stay afloat. Finally, under the city would be paint of all the colors dripping down for those that were living under the city; in this way, happiness can be spread for those who can't live up there too. By the end of the explanation of her artwork, Justine's breathing had slowed down to the point where she felt sleepy and according to her words, ready for a nap.

Review:

Justine was diagnosed with General Anxiety Disorder and she was also dealing with the stress of being a college student. Different events in her life had led her anxiety levels to rise, causing her restless nights, lack of concentration and an agitated breathing. As stated by Monti and Peterson (2003), drawing

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is a mindfulness-based intervention designed to promote observation and awareness of the present moment to later be expressed through art making. On the other hand, Holly Rogers (2016) says that, when a person engages all their senses to imagine a place or experience, the brain and the rest of the nervous system acts as if the experience is real (p.121). Hence, when these two techniques are combined, they create an effective tool to manage anxiety and stress.

As explained on the Merriam-Webster (2019), “a utopia is an imagined place for ideal perfection” Justine created her utopia based on things she liked and made her feel happy. This thought brought her mind and her senses to a calmer where she could rest whenever she felt tired. Additionally, the fact that she had to draw it, brought a meditative state of mind, where she had to focus on the marks being done by the pencil and the shapes being formed on the paper. The combination of drawing and using active imagination had a positive effect in Justine’s anxiety. On that day, after the session, her breathing got slower, also she said that she felt relaxed and sleepy, as opposite as earlier, when she entered to the center.

Case Study 2: Gender Equity Resource Center (GERC) - “Problem-Solution” mandala

Jessica is a sophomore student that would come to the center for Art therapy sessions weekly. During the sessions she would talk about the many things she had to do and how worried she was about not finishing them on time. One of the sessions done with her was about creating a mandala based on a problem and a way to solve it. At the beginning of the session Jessica said that she felt tired and couldn’t think on a problem to solve; nevertheless, she wanted to draw something. I gave her the paper with the circular shape and she started to work on it. While she was creating the mandala she said that she thought on a problem. Her thought process was as follows:

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“The problem is represented by the yellow circle in the middle; it is the center of the mandala and the one that stands out the most. The concentric lines are the ones that connect everything and are the beginning of the problem. The pink stripe that follows are lines that are chaotic and intertwined because they represent the problem repressing itself. Then, the blue stripe has small lines that are close to each other, in friction with one another because there is no solution to the problem, everything is encapsulated. Thirdly, the green stripe that comes after has more separated lines, signifying that the problem has begun to clarify, everything is not so chaotic anymore. After that, is the purple, from that point to the orange stripe, the lines start to look differently, more open and curvy, representing the openness to find a solution to the problem. Next, comes a gap before the brown line appears. The brown is the most prominent color, it represents a divisor line between staying inside the problem and getting out of it. It is in that point where the oppression of the problem is determined; from there to the middle, the problem is being repressed. The brown marks off the ending of the problem and the negativity and the beginning of the solution. The light blue lines that come after are drawn like thorns, if you come too close they will hurt you. Then comes the yellow stripe, that means calmness, the problem has started to clarify more. Finally comes the white stripe, that represents having found the solution to the problem.”

The figure 2 is the art work created.



Figure 2: “Problem-Solution” Mandala drawing

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Review:

Jessica came in that day with clear signs of stress and anxiety: tired, worrying about future events and with a distracted mind looking for a moment of relief. Although the activity didn't seem to "suit" her at the beginning, she found relief by drawing the mandala and a better insight later. As explained earlier, the circular shape of a mandala is design to evoke clearness and nonverbal understanding. Its boundaries provide a sense of unity and completeness; in addition, its symmetry allows the inclusion of additional layers as ideas and understandings develop (Sitzman, 2014, p.12). When Jessica started the project, she didn't have a clear idea of what she was going to work on. However, as she continued drawing, she started to envision her problem as the central point of the mandala; then added other aspects of it around that central point. This process helped her to organize and deepen her thoughts in a cohesive and meaningful way, leading to a better understanding of her problem as well as of herself.

Case Study 3: Gender Equity Resource Center (GERC) - "Fill the blank" Scribble

Jordan is a client that comes almost every week to the center and likes to participate on the Art therapy sessions. He has shown signs of anxiety such as feelings of being overwhelmed, difficulty concentrating, dizziness, problems falling asleep and has suffered panic attacks in the past. On one of the sessions, we worked on a MBAT activity; I asked him to do a scribble on a piece of paper; then, color in between, draw a pattern, or find a figure on it. The materials used were white paper and crayons. He was quiet and serious at the beginning of the session, also had an agitated breathing and a restless foot; however, as he continued coloring the patterns, his breathing slowed down. He focused more on the rainbow pattern and wanted to create another artwork using it. As he was coloring he became more talkative; he shared stories about his high school art teacher and his life at home, there was even some

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laughter included. At the end of the session, Jordan seemed more content, had a softer look and his breathing was softer. The art work created is shown on figures 3 and 4.



Figure 3: Scribble-based artwork



Figure 4: Pattern-based artwork

Review:

Scribbling is considered a mindfulness-based activity and it is meant to enhance the person's creativity as well as decrease levels of stress. As explained earlier by Rappaport (2014), it comprises the four elements that conform the artistic healing. The first one is focus on how the tools or the materials move and interact with one another, this can be compared to the concentration on the breath in sitting meditation. The second one is repetition, used as a way of relaxing, letting go, and concentrating on what is being done rather than thinking about what will come next. The third one is the observing of the consciousness and embracing of the shadows. Being able to recognize and accept that imperfect part of oneself is a key element in a person's growth. Finally, the fourth one is the notion of being in the present moment, allowing the person to step into the creative action (p.41-42). Moreover, as stated by Curry and Kasser (2005), the creation of patterns provides structure and direction; as a consequence, brings the participants into a meditative-like state that help reduce their anxiety. So, it is assumable that if anxiety

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can be compared with an “inner chaos,” these structured, somewhat complex drawings would help to organize that chaos, therefore causing some relieve.

These two concepts lead to the conclusion that using scribbling and pattern design as a Mindfulness-Based Art Therapy activity engendered a reduction of the anxiety symptoms in Jordan. On that day, he came in with clear signs of distress. After working on the project, his symptoms clearly lessened. His mood improved considerably; he was able to engage in a conversation, his agitation disappeared, his breathing went back to normal and his foot wasn't unconsciously moving anymore.

CONCLUSIONS

All the ideas, facts and concepts presented in this paper contribute to the conclusion that Mindfulness-Based Art Therapy (MBAT) activities are effective means to reduce the symptoms of anxiety, specifically in young adults. The experience of anxiety is common to all humans and, for many, can lead to problems such as phobias, panic disorder, or generalized anxiety disorder. However, young adults attending college seem to be more affected by this issue. Pressure for academic success, new relationships and uncertainty about the future are some of the several sources of stress for them. Consequently, those suffering from day-to-day anxiety can benefit from the healing properties of art as a mindful activity.

Indeed, the use of art can facilitate profound insight and mindfulness in a person. MBAT activities engender the capacity of being in the present moment and deepens the connection between the mind and the body. Therefore, when the mind enters into a calmer state, the external physical symptoms lessen as well. As proven in the case studies, after participating in an MBAT activity, the students that

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had anxiety features at the beginning, reduced their symptoms and were able to continue with their days normally. The explanation after this phenomenon is that through the use of art, a person can focus their attention in the present; consequently, they are able to intentionally accept a situation as it is, and step back from it in order to observe it. This process is what makes this approach healing and can help people overcome their conditions and have a peaceful state of mind.

There is still much to be explored and researched; however, the only hope after presenting this paper, is that a better understanding and appreciation for the Mindfulness-Based Art Therapy activities is gained. It is known that art by itself can be healing, but combined with the advantageous effects of mindfulness, they create a much more effective tool to overcome anxiety, or any other issue for the matter. As an old Buddhist saying states, “*Our life is shaped by our mind, for we become what we think.*” It is by reconnecting the mind and the body as a unity that a person can achieve balance in life, heal and reach happiness, that at the end of the day is the final goal.

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