2024

**Mindfulness and Self-Compassion: Attuning skills in self-awareness to promote self-care for Art Therapy practitioners a mixed-methods study using a Mandala art directive and Acceptance Commitment Therapy (ACT)**

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https://doi.org/10.33015/dominican.edu/2024.AT.05

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This thesis, written under the direction of the candidate's thesis advisor and approved by the program chair, has been presented to and accepted by the Department of Art Therapy, at Dominican University of California, in partial fulfillment of the requirements for the degree of Master of Arts in Marriage and Family Therapy.

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Mindfulness and Self-Compassion: Attuning skills in self-awareness to promote self-care for Art Therapy practitioners a mixed-methods study using a Mandala art directive and Acceptance Commitment Therapy (ACT).

by

Janeth A. Padilla

A culminating thesis submitted to the faculty of Dominican University of California in partial fulfillment of the requirements for the degree of Master of Arts in Marriage and Family Therapy and Art Therapy

Dominican University of California
San Rafael, CA

2024
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Abstract

This study attempts to examine people in the mental health field, specifically, Art Therapists and graduate trainees who undergo many stressors in and out of the therapy space. Stressors like emotionally demanding situations with clients, to the demands of keeping up with proper work-related procedures, and needed educational requirements for practicing in the field can lead to burnout for practitioners and students in the field. Stress, burnout, and professional impairment are prevalent among mental health professionals and can have a negative impact on their clinical work, while engagement in self-care can help promote therapist well-being (Posluns & Gall, 2020). Research has indicated that the role of self-care can mitigate burnout symptoms particularly for those in the mental health field (Magruder, 2018). This study’s aim is to observe whether integrating mindfulness practices and therapeutic techniques like Acceptance Commitment Therapy (ACT) with a structured Mandala art directive can help Art Therapy professionals and students increase their level of focused awareness and help attune skills in self-care. This study will employ a Mixed Methods research design approach with both quantitative and qualitative research analysis. A Self-Care Assessment for Psychologists (SCAP) (Dorociak et al., 2017) scale will be used with a pre-directive survey and post-directive survey assessing the participants’ subjective experience and art work. It is the goal of this study to create more awareness for the art therapy and mental health field overall for improved self-care, well-being practices, and techniques.

Keywords: Self-Care, Art Therapy, Mindfulness, Self-Awareness, Acceptance and Commitment Therapy ACT, Focused Oriented Art Therapy FOAT, Self-Care Assessment for Psychologist SCAP, Mandala
Acknowledgements

I would like to deeply thank Victoria Dobbins, MA, Ph.D. candidate, Research Supervisor; Gwen Sanders, Ph.D., LMFT, ATR-BC, and Sarah E. Kremer, Ph.D., LPCC, ATR-BC for their dedication, support, and encouragement.

I am also grateful for my fellow Art Therapy psychology cohorts and the participants who were open in sharing their experience in this study.

Thank you to my family, especially my husband and children, and the special people in my life who have supported me on this journey, I am blessed and truly appreciative.
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Chapter I: Introduction

Practitioners are particularly at risk of burn-out due to vicarious trauma, emotional exhaustion, and overall stress which comes from working with clients, systems in the work place, and balancing professional careers and personal life. Research has indicated that the role of self-care can mitigate burnout symptoms particularly for those in the mental health field (Magruder, 2018). Magruder (2018) states that ongoing discussion has found that, “Burnout in the form of emotional exhaustion among mental health counselors, has been of particular interests due to the unique interpersonal nature of their work and the exposure to unique stressors for which many counselors are not equipped with the necessary resources or strategies to effectively cope” (p. 3). In a study Morse et al. (2012), found that the rate of burnout for mental health professionals ranged from 21% to 67%. Talbott (2021) proposes that because students will face these same types of situations and stressors it is imperative that the mental health field start to address self-care and create a culture around it to prevent burnout early on in graduate programs. According to Doran (2014), “self-care has been defined as providing adequate attention to one's own physical and psychological wellness (Beauchamp & Childress, 2001)”, however, they indicate that for many student trainees it is a difficult task to keep up with as their workload is intense during this time (p.48). Stress, burnout, and professional impairment are prevalent among mental health professionals and can have a negative impact on their clinical work, while engagement in self-care can help promote therapist well-being (Posluns & Gall, 2020). In addition, scientific evidence demonstrates that practices like mindfulness meditation reduces stress-related symptoms, strengthens parts of the prefrontal cortex related to concentration, develops empathy and positive emotion (Rappaport, 2014).
**Burnout and Vicarious Trauma**

People in the mental health field, especially, therapists and graduate trainees undergo many stressors in and out of the therapy space. These range from emotionally demanding situations with clients, to the demands of keeping up with proper work-related procedures, and needed educational requirements for practicing in the field. Posluns and Gall (2019) state, “mental health practitioners (e.g., counselors; psychotherapists) work in a culture of one-way caring (Guy, 2000) in which they are required to demonstrate empathy, compassion and patience, without the expectation of receiving such care in return from their clients” (p.1). The dynamics of therapist-client relationships and many other factors add on to the energy expended and efforts put forward that mental health practitioners have to endure. According to Posluns and Gall (2019), “Burnout is described in terms of emotional exhaustion, depersonalization (Killian, 2008), diminished self-efficacy (Stebnicki, 2007), and reduced personal accomplishment (Clark et al., 2009)” (p. 3). Burnout can lead to poor therapeutic effectiveness by the practitioner and “poor quality of life (Chang, 2014) as it is associated with a variety of mental and physical health problems, including headaches, muscular pain, and depression (Posluns & Gall, 2019, p. 3).

The compounding effects of psychological, emotional, and physical exhaustion experienced from burnout can lead to greater consequences. Posluns and Gall (2019), point out that, “Professional impairment is particularly increased for practitioners who work in the field of trauma…” (p.3). These impairments are also known as “vicarious traumatization”, “compassion fatigue”, and “empathy fatigue”. Vicarious trauma has been determined as an occupational hazard for professionals in the mental health field, Posluns and Gall (2019), indicate that all therapists bear witness to the human condition in which a big part of that is human suffering
which can in turn affect the therapist. As a result of this vulnerability in the work place their, “self-worth, identity, world view, basic beliefs, psychological needs, perception, and memory” may be hindered (Posluns & Gall, 2019, p. 3). It can also intercede with the practitioner’s initiatives towards professional development, personal growth, and holistic well-being (Posluns & Gall, 2019). For some, burnout and vicarious trauma can become so overwhelming that it can be potentially career ending where a practitioner may leave the field all together because they can’t take the pressures of their profession anymore (Bush, 2015).

**Self-Care**

Self-care is beneficial for the reduction of burnout symptoms and vicarious trauma, longevity in the field, and greater well-being over all. Posluns and Gall (2019) define self-care as the “ability to refill and refuel oneself in healthy ways” (p.4). These strategies help to lessen stress, anxiety, and the emotional reaction experienced when working with clients within a therapeutic capacity. Self-care strategies include engagement in practices that maintain and encourage physical, emotional and psychological well-being (Myers et al., 2012). In addition, self-care involves self-awareness and taking action to realign one’s needs and dedicating a conscious effort to engage in resources that will foster health and personal well-being (Posluns & Gall, 2019). Experienced practitioners engage in more self-care behaviors and report less stress than practitioners who are early on in their careers (Norcross & VandenBos, 2018). Self-care practices employed by practitioners help to address areas of self-awareness, life balance, cognitive flexibility, physical health, social support, and/ or spirituality (Posluns & Gall, 2019). Bush (2015) discusses two types of self-care, “Micro and Macro” self-care, both can be beneficial for individuals to engage in. Macro self-care are practices which most people usually think of like going to the gym or taking a vacation, whereas, Micro self-care practices are short
and simple practices that can be done in 1-2 minutes several times a day to help regulate and comeback to oneself.

**Acceptance and Commitment Therapy and Mindfulness**

A theoretical orientation that helps examine, re-align, and regulate oneself is Acceptance and Commitment Therapy (ACT). It focuses on acceptance and mindfulness strategies in conjunction with a commitment to specific goals and values to encourage psychological flexibility. It drives the person to take mindful action which is guided by core values while assessing what issues are happening in the present moment. It can provide opportunities for the individual to clear their mindset and come back in alignment to their desired goal and way of being. Rappaport (2014) states, that ACT teaches one to notice, accept, and welcome both positive and negative events or feelings. The notion of valued direction helps the individual become aware of what is important to understanding underlying values, and choosing or having committed action to align oneself. Mindfulness as Davis (2015) explains, is about paying attention to how things are in the present moment, when a person is mindful: they are usually open, receptive, and fully engaged. What mindfulness can do is help mentally distance oneself from negative reoccurring thoughts and learn to relate to the way one sees, perceives, and responds to life’s circumstance. Davis (2015) highlights, “secular mindfulness has been adopted in contemporary psychology to increase awareness, enhance coping and reduce stress and maladaptive behaviors” (p. 25).

The ACT Hexaflex therapy tool is central to guiding individuals through the core principles of the method in order to achieve psychological flexibility. The Hexaflex lays out six core therapeutic processes in ACT coming together. They are: contact with the present moment, defusion, acceptance, self-as-context, values, committed action (Harris, 2019). Davis (2015)
states, “dialogue around the Hexaflex seems to help clients anchor their thoughts in valued and meaningful directions” (p. 135). This experience helps enable people to accept the balance of positive and negative life experience and work with values that enables them to flourish in personally significant ways. It is with both mindfulness and cognitive mindfulness strategies, such as ACT, combined that they can aid in emotional regulation. Davis (2015) explains, when paired with the expressive medium of art, mindfulness and cognitive strategies can work together to provide a focused awareness of emotions and strategies for calming hyperarousal. In this case using mindfulness and ACT to promote self-awareness, improve emotional intelligence, re-align with values as a tool for self-care. In the same way that ACT allows the individual to observe their thoughts and re-center the individual in accordance to their values so can the Mandala which provides a space to project and reflect about the self and the inner world of the individual through art.

**Mandala**

The Mandala is an art tool to focus one’s energy, center the self, and find balance. It, “helps us draw on unconscious reservoirs of strength that make possible a reorientation to the external world” (Fincher, 2010, p. 24). Making a mandala helps to create a space and place of protection that the individual can identify with and create a particular focus in mind. Art when used in therapy can provide a holding space for emotions where individuals can experience, structure, and control emotions through things like the intentional use of the art materials or taking safe risks in exploration. Davis (2015) reinforces this and states, “the silent power of art, which, like mindfulness, engages inner mental life through a range of neurological processes that extend beyond ordinary reasoning” (p. 31).
Buchalter (2013) discusses that mandalas aimed at stress reduction help in the relaxation of clients and reduction of anxiety. Skills to cope with illness, fear, frustration, and relationship problems are acquired through the intention of reducing stress during the exploration of mandala making. The importance of positive thinking, self-processing, and self-talk to change erroneous thinking, over-generalizing, and labeling are attained in the process. Mandala work helps to understand the importance of being mindful which increases self-esteem, self-awareness and self-acceptance. Self-awareness is important for many reasons such as the improvement of judgement and identification of opportunities for personal growth and professional development and overall confidence.

**Focused Oriented Art Therapy (FOAT)**

Focusing is a mindfulness-based approach that integrates the mind and body practice of accepting and receiving one’s felt sense of an issue or experience while listening with the body’s wisdom and taking steps towards growth and healing. A Focusing Attitude creates a safe place for the self where all feeling, thoughts, emotions are welcome (Rappaport, 2009). The Focusing method was first taught by Eugene Gendlin (1981a), it was his view that his method could be combined with other methodologies (Rappaport, 2009). Using Focusing Oriented Art Therapy (FOAT) compliments the art process and allows for “self-awareness, growth, and therapeutic change” (Rappaport, 2009, p. 16). Art Therapy according to Rappaport (2009) combines, “an array of methods, tools, materials, and the understanding of the healing power of imagery to give visual expression to what Gendlin named the felt sense” (p.17). Focusing gives the frame work of a therapeutic approach that addresses the therapeutic relationship, the person, and the significance of listening as well as the experiential dimension, and demonstrates how change occurs (Rappaport, 2009). FOAT provides a step-by-step process to envision and engage the
individual towards holding space for themselves, to focus on their desired issue, to feel and awaken their inner knowing. It also requires the individual to accept and receive whatever response may come while processing and projecting that image or response onto their artwork.

**FOAT Instructions**

1. Clearing a space -helps to bring into awareness one’s feelings and bring oneself back to a moment of “All is Fine Place”.
2. Choose an issue or a felt sense – acknowledges something that needs to be worked on while noticing how the body responds.
3. Finding a handle or symbol – asking the individual to attach a symbol like an image, word, gesture, or sound to the felt sense.
4. Feeling how it resonates – acknowledging whether the symbol and felt sense belong together if not letting go and choosing another.
5. Asking how it feels – sitting with the felt sense and the symbol and imagining an inner dialogue with curiosity, openness, and resolution towards what is needed.
6. Receiving what arises and what may come to mind without judgement. Accepting the self, felt sense and body’s wisdom, and acknowledging what is needed.

**Purpose of Research**

Increasing awareness and self-care aligns with principles of ACT which focuses on strategies for achieving awareness and focused action to implement goals aligned with the values of the individual. Davis (2015) states that by becoming aware people start to change their relationships with stress, it becomes less of how one reacts to the external circumstance and more about one’s internal response to it. It is the goal of this study to create more awareness for the art therapy practitioners and student/ trainees and the mental health field overall on improved self-
care, well-being practices and techniques. This research would be beneficial for students engaging in learning to become mental health professionals and already established therapists and professionals practicing in the field who are interested in avoiding burnout, increasing self-care and well-being. Some proposed positive outcomes for this population will be increased self-awareness, effectiveness with clients and studies, elevated mood, realignment with values and goals, and a decrease in stress.

**Research Questions**

The student researcher will explore whether the following research question; can mindfulness practice informed through a perspective of ACT and a Mandala art directive help art therapy professionals and students increase their level of focused awareness, re-align themselves with their core values and goals to help attune skills in self-care? As well as, can attuning skills in self-awareness and mindfulness help mental health professionals and grad students in the art therapy field to promote self-care for future use? The proposed hypothesis is that the modalities of Mindfulness, ACT, and the Mandala directive will facilitate a positive increase in self-awareness and improved self-care for participants.

**Conclusion**

In this study the practice of Mindfulness, Acceptance and Commitment Therapy (ACT), and Art Therapy will be explored to promote self-care for persons in the mental health field and in particular among Art Therapy professionals and grad students. Combining these modalities will be explored in order to examine if participants feel alleviated from symptoms of stress or burnout and if mindfulness and the practice of bringing awareness to the present moment and re-aligning the self are achieved. As part of this study a structured Mandala art directive with a guided Focusing-Oriented Art Therapy FOAT process and the ACT Hexaflex dynamic therapy
tool will be implemented in an effort to increase levels of focused awareness and improve skills and goals for self-care.
Chapter II: Literature Review

Art Therapy

Art Therapy is a mental health profession defined by the American Art Therapy Association (AATA) as a field “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” (AATA, 2017, para. 1). Furthermore, AATA details that “Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change” (AATA, 2017, para. 2). Art Therapists are trained in the visual arts and in mental health practices, they work with varying populations in which they regularly engage in image making and the observation of client art-work and process. They guide and often are witness to the varying unconscious material, medical or mental health disorders, dilemmas, traumas or painful situations of their clients which can arise in the client’s art work and in the therapy room. They become containers of these expressions and hold space while ensuring that the safety of their client is upheld by following ethical guidelines, scope of practice, and creating the environment for emotional and psychological safety.

Art therapists use art itself as a “safe container”, which Rappaport (2009) details as, “Art [being] strong and flexible enough to hold and contain the entire range of human experience – pain, fear, anger, hatred, shame, as well as love, joy, compassion, and peace” (p. 68). Other key concepts that the use of art therapy facilitates are: art’s ability to express beyond words, expressions of the unconscious and conscious through art, catharsis or release of feelings, witnessing- both the inner witness and being seen in the therapy space, capturing the whole of an
experience, body and mind integration, and connection with the inner creator (Rappaport, 2009). Art Therapists know how to attend to all of this as well as the varying benefits or uses of different media, understanding the power behind image making, and observing psychological processes that happen during artistic expression.

Mindfulness and art therapy have gone hand in hand through the ages as the use of art has been used to enhance spiritual rituals, religious practices, and promote healing and transformation across many civilizations. Engaging in the art process offers the opportunity to access one’s inner witness and to be engrossed in the present-moment experience (Rappaport, 2014). Art facilitates many ways of knowing which according to Carolan and Stafford (2018), can “activate the mind-body and help to integrate the whole person in the process of discovery” (p. 22). This holism quality gives a full spectrum of understanding and communication of psychological information that contributes towards the re-balancing of the individual and the human experience (Carolan & Stafford, 2018). Backos (2018), describes art therapists as embodying the role of healers, who for ages have “play[ed] important roles in all religions and cultures – priest, shaman, doctor, chief, witch, elder, and psychotherapist” (p. 4). Healers like art therapists participate in the process of healing and guiding others on their own journey towards self-actualization and wellness by fostering fulfilling relationships and through meaningful work inspired by art making (Backos, 2018).

**Mental Health Field and Self-Care**

A literature review done by Posluns and Gall (2020) indicates the importance of taking a proactive approach to self-care and incorporating education on self-care in clinical training programs and with professional organizations within the mental health field. Sawicki (2019) found in a study conducted with mental health workers that they were affected by their work at
an emotional and physical level which was interdependent to the length of time in the field, their own personal history of trauma or the strength of their support systems. It was also found that there is a disconnect between workers who experience vicarious trauma, their personal self-care and the meaning of self-care itself. Burnout is prevalent among mental health workers due to the emotional labor that is indicative of therapeutic work (Mann, 2004). The literature points to emotional exhaustion, moderate depression, mild anxiety, and strained relationships as the common symptomology of a psychotherapist immersing themselves in the, “inner worlds of distressed and distressing people” (Norcross, 2000, p.710).

Numerous empirical studies support the need for self-care for mental health professionals as there is an increasing need to become more aware of the effects of stress through the nature of their work and the importance of employing preventative measures. A study by Dattilio (2015), member of the Department of Psychiatry, Harvard Medical School states that, it has been recognized that psychologist and mental health professionals tend to neglect their own mental health despite promoting an awareness of health and well-being for others. Dattilio (2015) details a study among clinical psychologist trainees where, “281 subjects in the United Kingdom, 59% reported clinically significant levels of psychological distress and 75% reported moderate to high stress levels as a result of clinical training” (p. 393). Additional studies conducted in the United States, polled 260 members of the American Psychological Association asking them about stressors that affected them during the course of their work. Dattilio (2015) reports, “The most frequent areas of stress were burnout, countertransference, vicarious traumatization, personal losses, problems with collecting fees and conflicts with co-workers” (p. 393). Members of the same study were asked about their own psychotherapy and an admitted 59% of them said they could have benefited from treatment at one point in their lives but failed to seek it. Practitioners
in the field who do not take proper steps to addressing their stress could develop burnout which contains many components of compassion fatigue, emotional exhaustion, and lack of personal accomplishment.

Self-care is not directly addressed in some codes of ethics but the idea of competence is, which is why self-care is important to consider. Efforts need to be employed to ensure that graduate school trainees in the mental health field become aware of these potential pitfalls and risk factors involved in their future profession. Posluns and Gall (2020), state “Many accredited training programs are neither fully attending to the needs of students, nor upholding the ethical obligations for self-care required by professional associations” (p.13). They contend that this type of neglect may lead to the potential for harm for student trainees and for the clients they work with. According to Posluns and Gall (2020), current literature suggests that a preventive approach towards employing self-care can help to “reduce negative outcomes experienced by mental health practitioners (Goncher et al., 2013), and improve the care of clients (Schomaker & Ricard, 2015), both being ethical imperatives in the profession” (p.14).

**Burnout and Vicarious Trauma**

Openly acknowledging that mental health professionals experience all kinds of pressures from the demands in their careers which stem from confidentiality, isolation, shame, and exhaustion, stress and additional considerations “leads to over personalization when in reality they are part and parcel of the common world of psychological work” (Norcross, 2000, p. 710). Psychotherapy is a trying and challenging career that for sure will create moments of distress. Norcross (2000), one of the lead researchers on self-care states, “Disconfirming our individual feelings of unique wretchedness and affirming the universality of the hazards are in and of themselves therapeutic (p. 710). A literature review by Posluns and Gall (2020), revealed that
among mental health professionals there is a high prevalence of stress (Killian, 2008), burnout (Kaeding, et al. 2017), and professional impairment (Buchanan et al., 2006) which makes a preventative action such as self-care essential for every practitioner.

According to Van Dam et al. (2011), treating negative outcomes such as burnout reactively may be difficult and attention might be better focused on prevention. In their study participants with reduced cognitive performance due to burnout were asked to perform a complex cognitive task and did not fare well as opposed to healthy participants. They reported high levels of fatigue, loss of motivation, and greater aversion to task performance despite motivational interventions such as positive feedback and financial reward. Two years later, the same participants were studied again and the ‘burnout participants’ had all received therapy in the form of cognitive behavioral therapy. In their analysis these participants reported significantly less burnout symptoms but the level of symptoms (i.e. exhaustion, general fatigue, depressive symptoms and general psychopathology) remained higher in the burnout group than in the healthy controls. While symptoms had decreased noticeably, they had not completely disappeared (Van Dam et al., 2011). Magruder (2018) states, that mental health counselors report many personal problems, such as depression, anxiety, somatic complaints, suicidal ideation, and so forth. These symptoms, according to Magruder can become exacerbated leading to more severe forms of stress including compassion fatigue (Figley, 1993), vicarious traumatization (McCann & Pearlman, 1990), and burnout (Maslach & Jackson, 1981).

Burnout has generally been categorized as a syndrome consisting of an emotional and physical exhaustion, depersonalization, and reduced sense of personal accomplishment (Magruder, 2018). These concepts reflect the components of the Maslach Burnout Inventory (MBI- Maslach & Jackson, 1981; Magruder, 2018). The MBI is the most frequently used
instrument in research about burnout. This assessment scale consists of the three subscales, they are: Emotional Exhaustion (e.g., “I feel emotionally drained from my work”), Depersonalization (e.g., “I've become more callous toward people since I took this job”), and Personal Accomplishment (e.g., “I feel I'm positively influencing other people's lives through my work”).

Burnout symptomology in the body manifests as sleep disturbances, lack of energy, physiological arousal, and gastrointestinal problems (Jackson & Maslach, 1982; Melamed et al., 2006; Pines & Aranson, 1981; Magruder, 2018). Emotional indicators of burnout may include: apathy, anxiety, hopelessness, irritability, and criticism of self and others (Magruder, 2018). To alleviate forms of impairment, counselors are encouraged to engage in self-care practices which can be defined as the maintenance and promotion of emotional, physical, mental, spiritual and overall wellbeing (ACA, 2014; Section C) (Magruder, 2018). The American Counseling Association (ACA) Code of Ethics provides professional guidance by stating that “counselors [should] monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or proving professional services when impaired” (ACA, 2014; Section C.2.g., p.9).

According to Hyatt (2019), art therapists re-live the trauma from their clients in several ways in which, in addition to listening to trauma stories, they are also witness the imagery that describes the abuse and injuries that clients have survived. This empathetic witnessing of artwork can trigger the sympathetic nervous system which over time makes it difficult to regulate the fight-flight-freeze arousal and response of the therapist which can result in secondary traumatic stress (Hyatt, 2019). If left without addressing this trauma combined with the counselor’s own lived primary trauma experiences it could lead to compounding stress and ultimately compassion fatigue (Hyatt, 2019). It is not uncommon for therapists to experience more than one episode of
compassion fatigue, despite efforts to counter it. To foster resiliency and protect career longevity, an essential self-care practice is recommended by compassion fatigue researchers. They suggest writing and sharing compassion fatigue narratives and stories of work-related suffering with trusted colleagues (Baranowsky & Gentry, 2015; Lipsky, 2009; Hyatt, 2019).

The sharing of experience with others empowers clinicians by reducing isolation, increasing support, and fostering a compassionate community of support. Peer consultation can aide in the awareness of cognitive biases about competence and adherence, strengthen scope of practice, and impact clinician burnout and anxiety while providing social emotional support and in the long run ensures better client care (Waltman et al., 2016). Psychotherapists also find helping relationships to be both satisfying and efficacious for themselves, these can include peer groups, loving relationships, close friendships, clinical supervision, and so on.

**Mindfulness and Self-Awareness**

Mindfulness can be traced to the teachings of Buddha 2500 years ago; it is a practice of bringing one’s present awareness to the present moment. Mindfulness practices are being adapted in secular contexts such as psychotherapy, education, and work environments as they are being applied as mindfulness and meditation modalities that have been clinically standardized (Rappaport & Kalmanowitz, 2014). Art therapy and mindfulness can be described by two perspectives, according to Rappaport and Kalmanowitz (2014), “(1) the processes inherent within the arts that cultivate mindfulness awareness and engagement in the present moment, and (2) that application of mindfulness practices to the art therapies” (p. 32). From a perspective of ACT, Harris (2018), describes mindfulness as, “a set of psychological skills for effective living, which all involve paying attention with flexibility, openness, curiosity, and kindness” (p. 35). Both quantitative studies and interview surveys confirm the conventional wisdom on the
importance of self-monitoring one’s own distress level (Norcross, 2000). In one illustrative study, both program directors and professional psychologists identified “self-awareness/self-monitoring” as the top-ranked contributor to optimal functioning among psychologists (Schwebel & Coster, 1998, p. 284). Furthermore, Norcross (2000) states, that self-awareness is “the acknowledgement, the commitment, and the burden of replenishing yourself, professionally and personally” (p. 710).

Concentrative practices that are part of conceptual or sensory material within mindfulness approaches help to develop focused awareness often combined with a sound mantra, a visual yantra such as a mandala, and/ or breath work (Franklin, 2014). Art trains the mind to become aware and is useful for students and professionals in the field, Franklin (2014) writes, “in art as in counseling, we utilize the panoramic awareness practice (Speeth, 1982) of simultaneously being the experiencer and the observer while hovering our attention between the model, ourselves, and our drawing or, the client, ourselves, and their artwork” (p. 267). According to several teachers and practitioners at Naropa University, which as part of its curriculum teaches mindfulness practices in its graduate art therapy programs, notice that mindfulness promotes unconditional presence and positive regard for oneself (Franklin, 2014). They also notice that practicing mindfulness helps them to untangle cognitive habits and patterns to develop a self-reflective awareness which aids in their self-care practices. Franklin (2014) states, “mindfulness practice cultivates a greater availability within the therapist to be present for clients by learning to evenly distribute attention” (p.271). Steele, Meditation instructor at Naropa University, ascertains that mindfulness also helps to cultivate the ability to be less identified with one’s thoughts, concepts, and beliefs as well as to open up to not knowing and get free from self-limiting thoughts (Franklin, 2014).
The combination of mindfulness and art combined also trains individuals to foster awareness. Franklin (2014), determines that response art (Fish, 2012; Franklin, 2012; Moon, 1999) and empathy art (Franklin, 1990, 2010) practices makes a good student of oneself (Franklin, 1999). By making response art, art therapy students cultivate acceptance and openness to the unknown (Sanders, 2018). When attention is not distracted and can be evenly distributed then unconscious awareness can access one’s informed intuitive resources (Franklin, 2014). Mindfulness with the therapeutic use of art and meditation can facilitate the ability to witness and tolerate dysregulating triggers or emotions and promote constructive observation through withdrawal and engagement (Kass & Trantham, 2014).

Acceptance and Commitment Therapy (ACT)

Acceptance and commitment therapy (ACT) was developed by Steven Hayes, Kirk Strosahl, and Kelly Wilson (1986) and it focuses on acceptance and mindfulness strategies along with a commitment to one’s goals and specific values that support psychological flexibility. ACT emphasizes the awareness of the present-moment, focus on valued direction, and committed action so that the individual can proceed with a desired outcome that is in alignment with their values and goals (Rappaport & Kalmanowitz, 2014). ACT provides strategies for individuals that teach to unhook from physical and emotional pain, to accept both as part of life, and re-direct the self. Allowing painful experiences to exist with positive experiences helps to achieve power over the problem and gives the individual strength and an awareness to better understand themselves (Davis, 2015). These processes help to achieve a better quality of life and strengthens the ability to have psychological flexibility which is to be fully conscious, open to experience, respond effectively to problems, and develop and re-align to our deep sense of meaning and purpose to be able to engage in the here and now (Harris, 2021). The ACT concept of values derives from the
Buddhist Eightfold path of wisdom which encompasses right mindfulness, right view, right intention, right speech, right action, right livelihood, right effort, and right concentration (Davis, 2015). These principles help inform ACT practices that attempt to shape the thinking and language used in the individuals everyday experience (Kashdin & Ciarrochi, 2013).

One of the primary interventions for self-care and healthy lifestyle involves a principle-based model that was developed for psychologists by Norcross and Guy (2007) which involves, “a 12-step principle that includes some traditional philosophies of mindfulness, spirituality, and positive psychology in conjunction with cognitive-behavioral therapy and wellness programs” (p. 396). Professional literature has also focused on the utility of the ACT framework for fostering self-care in mental health trainees. Research under this particular framework has showed better adjustment, strength, and thought suppression with improved values and acceptance in its participants. Dattilio (2015) states, “ACT was found to enhance self-care in a population of clinical psychology trainees, yielding support for the utility of the ACT framework for explaining and enhancing adjustment and self-care” (p. 397). Mental health professionals who can purposely function in agreement with their life values, redirect thoughts and emotions in dealing with stressors, are able to acquire flexibility in managing and strengthening their overall life gratification. According to Harris (2021), practitioners can apply ACT to themselves and defuse from unhelpful thoughts, make room for painful emotions, hold space for themselves, live up to their values, invest in relationships, and look after physical health by exercising, eating well, partaking in joyful activities, and getting enough sleep. Harris (2021) states, that a practical tip for self-care is to “create your own ultra-brief self-compassion ritual – even if it’s just one minute long” (p. 365) to conduct after a client leaves and a longer one after work has ended.
**Hexaflex Tool**

Perspective taking via the ACT Hexaflex therapy tool is central to guiding clients through the core principles of the method in order to achieve psychological flexibility (Davis, 2015). These principles are acceptance, cognitive fusion, being present, self as context, values, and committed action. Davis (2015) states, “dialogue around the Hexaflex seems to help clients anchor their thoughts in valued and meaningful directions” (p. 135). This experience helps enable people to accept the balance of positive and negative life experiences and work with values that enables them to flourish in personally significant ways. The ACT mindfulness and acceptance processes are largely directed to the care of one’s inner experiencing, whereas the ACT commitment and behavior change processes are mainly associated with externally oriented self-care behaviors (Pakenham, 2015).

Self-compassion is a fundamental aspect of ACT, as it involves all six processes of the core hexaflex principles (Harris, 2021). The hexaflex tool helps to consciously acknowledge the pain, hurt, suffering in any problem and points the individual to cultivate kindness, caring, and support for themselves (Harris, 2021). Kristen Neff (2003), top researcher of self-compassion, describes self-compassion as three processes, mindfulness, kindness, and common humanity. Neff (2003) describes self-compassion in action as, “being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures [while not over-identifying with them], and recognizing that one’s own experience is part of the common human experience” (p. 224). Neff’s three elements of self-compassion are transposed onto the Hexaflex, see Figure 1, and by doing so one can reflect and work on any or several aspects or “building blocks” as defined by Harris (2021) into broader and stronger examples for self-compassion (p.181).
Mandala

The word mandala comes from Sanskrit which means disk or center, circumference, or magic circle. In various religions, especially, in Tibetan Buddhism, the mandala is used as a meditative tool and is thought to promote psychological healing and integration of the individual making it (Henderson et al., 2007). Within the field of Art Therapy the mandala generally is represented as any circular art form (Henderson et al., 2007). Swiss Psychiatrist Carl Jung used the mandala to describe the circle drawings he and his patients did which he associated with the Self (Fincher, 2010). Carl Jung believed the mandala is the symbol of the center of personality, a central point within the psyche, to which everything is related and by which everything is arranged, and in itself a source of energy. He also considered that drawing, painting, and dreaming mandalas is a natural part of the individuation process (Fincher, 1991). Carl Jung embraced the use of the mandala as a therapeutic tool, he suggested that the act of drawing mandalas had a calming and healing effect while at the same time enabled psychic integration and personal meaning in life (Jung, 1950, 1973; Henderson et al., 2007).

Art therapy is often used with clients so that they may gain an understanding of their inner and outer views of the world and can be employed as a way for those with anxiety to communicate their negative fears and concerns (Small, 2006). Slegelis (1987) states that art psychotherapists “often employ the mandala as a basic tool for self-awareness, conflict resolution, and as a basis for various other art psychotherapeutic techniques in a variety of situations” (p. 301). Fincher (2010), describes the work of Joan Kellogg, an art therapist, who with Stanislas Grof conducted research in the 1970s at the Maryland Psychiatric Research Center using mandalas for self-expression and re-centering. According to Kellogg (1978), “[the mandala] can be used as a valid path…as a vehicle for self-discovery” (Fincher, 2010, p.24).
Mandala work helps the individual to reflect the internal on to the external, Fincher (2010), states “By making a mandala we create our own sacred space, a place of protection, a focus for the concentration of our energies” (p. 24).

Mandalas aimed at stress reduction help in the relaxation of clients and reduction of anxiety (Buchalter, 2013). Skills to cope with illness, anxiety, frustration, and relationship problems are acquired. The importance of positive thinking, self-processing, and inner dialogue to change inaccurate thinking, over-generalizing, and labeling are attained (Buchalter, 2013). Mandala work helps to understand the importance of being mindful which increases self-esteem, self-awareness and self-acceptance. Self-awareness is important for many reasons such and the improvement of judgement and identification of opportunities for personal growth and professional development and overall confidence. As Pat Allen describes in the Art of Knowing, the Mandala is a circular drawing that represents wholeness and while “drawing one will not magically make you whole, it is a way of stating intention and focuses the attention while letting the mind rest” (p. 192).

A study evaluating the effectiveness of mandala drawing in the reduction of anxiety by Curry and Kasser (2005) measured the anxiety levels of participants before and after an anxiety induction exercise and after one of three coloring conditions (free-form, mandala-drawing, or plaid-form). Decreases in anxiety were experienced for those in the pre-drawn structured mandalas and plaid-form conditions. These results show potential for mandala use, however, as Henderson et. al (2007) point out, “the results could be interpreted in various ways… the calming effects of art therapy in general versus the effects of actually creating a mandala” (p.149). In their study by Henderson et al. (2007), examined the healing aspects of drawing mandalas with a group of undergrad students with self-reported traumatic distress. In particular,
the focus was on psychological and physical health benefits of mandala drawing as a creative means for traumatic disclosure that could symbolically organize and integrate emotions and experiences, while serving the same purpose as writing a narrative. Although it was hypothesized by the researchers that there would be significant improvements in numerous health outcomes the only outcome with significant relative improvement was PTSD symptom severity, the mandala drawing exercise seemed effective in ameliorating symptoms of the clinical condition of this participant population type (Henderson et al., 2007).

Research has shown reducing anxiety through art therapy is most effective when controlled methods are employed (Small, 2006). In addition, research also supports the combination of art and meditation. Belchamber (1997) coined the term “coloring therapy” while describing the connection between art and meditation. When the individual engages in coloring a mandala, which represents a symbol of healing, the individual enters into a meditative state leading to self-discovery. This process helps to enhance and suspend the individual’s inner dialogue recognized as internal conversation, which can be self-regulated when it is recognized or an awareness of it is made. This technique can help to reduce anxiety by controlling and understanding thoughts related to feared stimuli or projections on to the mandala (Small, 2006).

**Self-Care**

Research related to self-care supports the idea that self-care is an effective tool to increase overall well-being (Talbott, 2021). Norcross and Guy (2007) write, “Self-care is not a narcissistic luxury to be filled as time permits: it is a human requisite, a clinical necessity, and an ethical imperative” (p. 14). Self-care helps with longevity in the field, is a preventive measure for burnout, and adds another coping mechanism to one’s tool kit. An increase in published literature on self-care with its inclusion in some codes of ethics shows a positive shift toward
implementing self-care. Yet, more is needed in terms of the implementation of self-care in clinical training programs and in the quality and declaration processes of professional associations in the field of mental health (Posluns & Gall, 2020). Studies have identified not only what predicts effective self-care but also what correlates with ineffective self-care—the “to do” as well as the “not to do.” Two coping strategies reliably associated with self-care ineffectiveness among psychotherapists are wishful thinking and self-blame. By focusing on their not being able to change and relying on wishing rather than acting, the former probably accentuates distress and reduces problem solving. In a similar way, the negative preoccupation of self-blame may distress the therapist further and paralyze adaptive resources (Norcross, 2000).

Beginning with self-awareness and self-liberation (or choosing the self and realization) is the first step for psychotherapists to take care of themselves (Norcross, 2000). There are multiple ways to embrace self-care and strategies that are associated with several theoretical orientations such as behavioral, experiential, psychodynamic and systemic traditions (Norcross, 2000). Varying ways in which psychotherapists deal with their distress in particular as stated by Norcross (2000) are, “psychotherapists can become more pragmatic, secular, and eclectic” (p. 711). Diversity and collaboration of professional activities also helps to keep burnout at bay. This diversity is grounded in conducting multiple forms of therapy (e.g., individual, couples/family, group therapy), engaging in multiple activities (e.g., psychotherapy, assessment, research, teaching, supervision, consultation), working with multiple types of patients and problems (e.g., age, ethnicity, disorders), and attending to balancing professional responsibilities with personal needs of the practitioner (Norcross, 2000).

As children some of us were not taught the value of things that compose self-care but as an adult one has the autonomy to implement these practices (LePera, 2021). Failure and mistakes
as a therapist are inevitable and in order to combat these painful experiences one must pay
attention to the way one talks to themselves and be kind to oneself. Harris (2021) states, “it’s
impossible to have good outcomes with every client; there is no such thing as a perfect
practitioner, and at times we will all make mistakes… (p. 364). One can reframe the experience
as a learning situation and acknowledge that many therapists will suffer from vicarious trauma,
compassion fatigue, and burnout. Norcross (2000) states, “appreciating the universality and
accepting some of the inevitable distress associated with conducting psychotherapy contribute to
the creation of corrective actions” (p. 710).

A study conducted by Richards et al. (2010), surveyed 148 mental health professionals
that revealed that mindfulness is a significant mediator between self-care and well-being. This
study highlighted several aspects of self-care and its components such as physical activity,
psychological support through personal counseling, spiritual components including behaviors
such as meditation, and support systems personal and professional. Richards et al. (2010) define,
“Self-awareness is an internal awareness of one’s cognitions and emotions, and mindfulness is
both internal and external, being awareness of both one’s cognitions and emotions and the
surrounding environment” (p. 251). They note that self-awareness is a state of being and may
also be a possible outcome of self-care. Their definition of self-care referred to any activity that
one does to feel good about oneself. Their results using empirical data found that self-awareness
and mindfulness are significantly correlated and additionally mindfulness and well-being were
found to be positively correlated with self-care importance. Mindfulness was found to be
positively and strongly correlated with well-being. Richards et al. (2010), believe that to “receive
the full benefits of well-being from perceiving self-care as important, one must achieve a state of
mindfulness” (p. 258).
This strategy is aimed at reducing stress and helping the individual to emotionally feel better. The classic methods under this strategy include relaxation, assertion, cognitive restructuring, exercise, and diversion—all action-oriented, skill-building methods designed to address the problems at hand (Norcross, 2000). Bush (2015) describes self-care as made up of things that keep individuals healthy and happy as well as are used as preventative measures that protect and help ameliorate symptoms of fatigue and stress. They mostly involve nurturing the self and create seeds for self-compassion (Bush, 2015). Bush (2015) differentiates between practices that can be categorized in large and simpler activities, Macro and Micro, that can be part of one’s self-care routines and are both important to practice. Macro self-care is considered to be larger activities that take larger chunks of time and resources like getting to the gym, vacation, retreats, doing a class for enrichment or a hobby. Micro self-care are simple daily practices that are done to nurture, protect, and heal the self, regulate mood and decrease emotional reactivity. Some examples may be deep breathing exercises, running hands through water while repeating affirmations, or making a list of intentions for the day. They are practices that can take a minute throughout the day that brings one’s awareness back to the present moment and reassess one’s intentions (Bush, 2015). For art therapy trainees a regular practice of engaging in response art can benefit them, as well as practitioners in the field overall, as it can be a creative process tool for self-care (Sanders, 2018).

Research indicates that self-care does not encompass one technique, instead it is made up of various strategies that are diverse and tailored to individual preference and available resources for the individual (Norcross & VandenBos, 2018). A meta-analysis (Colman et al, 2017) of 17 studies on the efficacy of self-care among graduate students concluded that many strategies were
associated with reductions in distress and increases in self-compassion and personal accomplishments. However, there were no significant outcomes in any one particular strategy or student characteristics (sex, age, and ethnicity) that made a difference (Norcross & VandenBos, 2018) leading them to determine that self-care is for anyone.

Physical

The physical component of self-care has been loosely described as incorporating physical activity (Carroll et al., 1999), which is characterized by bodily movement that results in the utilization of energy, which can occur through exercise, sports, household activities, and other daily functioning (Henderson & Ainsworth, 2001). Physical activity has been shown to create an allover wellness of the body and mind for an improved quality of life and decreases symptoms of anxiety and depression (Richards et al., 2010). Beyond physical activities to take care of the body multiple sources states that a good night’s rest, a balanced nutritional diet, and spending time outdoors in nature and sun helps to cultivate self-care (LePera, 2021). Norcross and VandenBos (2018) reiterate the mind and body connection and emphasize the importance of not overlooking, “the biobehavioral basics of self-care: adequate sleep, rest, nutrition, exercise, and human contact” (p. 67).

Spiritual

The spiritual component of self-care must be defined loosely, given how broadly its meaning can be interpreted (Richards et al., 2010). It has to encompass and ensure that all forms of beliefs of spirituality, including religious beliefs and behaviors that can be considered spiritual like meditation are included. Richards et al. (2010) state, “Spirituality can be generally described as a sense of the purpose and meaning of life and the connection one makes with this understanding” (p. 245). In a study observing the link between spirituality and mental health
workers by Boero et al. (2005) the spiritual/religious beliefs and quality of life of health workers found that spirituality plays a significant, positive role. Physical well-being, such as health, was also found to be significantly, positively influenced by spirituality (Richards et al., 2010). In another study using qualitative interviews, helping professionals discussed their spirituality and its benefits to themselves. It was reported to promote not only quality of life but also a sense of self-awareness (Richards et al., 2010). James Guy (2007) top researcher on self-care writes in, *Cultivating Spirituality and Mission*, that a protective factor against burnout is the therapist’s ability to make or create meaning. Meaning making may be rooted in established religious ideas, transcendentalism, community building, or a belief in the goodness of humanity (Norcross & VandenBos, 2018).

**Social**

The social support component of self-care includes relationships and interactions that develop from both professional and personal support systems. There are also other kind of supports like one’s own personal support system in the form of a partner, family, and friends. Richards et al. (2010) describe, “Professional support is defined as consultation and supervision from peers, colleagues, and supervisors and the continuation of professional education” (p. 250). Mental health professionals should participate in routine professional communications with colleagues to reduce the possibility of burnout. Professional support can help to guide the counselor through ethical and clinical difficulties and increase well-being as well as create another layer of self-awareness (Richards et al., 2010). Social support prevents feelings of isolation and helps comfort the individual in knowing about the universality of certain aspects that occur in practicing in the mental health field and with their peers.
Neuroplasticity

Scientific evidence has demonstrated that mindfulness meditation reduces stress-related symptoms, parts of the prefrontal cortex related to concentration are strengthened, and helps to develop empathy and positive emotion regulating the amygdala for flight-fight-freeze reactivity (Franklin, 2014). Art trains the mind to become aware of subtleties and also be the passive observer which creates more cognitive flexibility. However, dysregulation can trigger stress responses and are part of forming maladaptive coping strategies and increases health risks. Evaluating one’s response to trauma exposure is imperative as a mental health practitioner as it can impact the work in the present and potentially in the future. Stress has a direct effect on the relationships in one’s inner personal circles and outer work circles (Lipsky & Burk, 2009). Internal composure is a state of mindful attunement with the self as defined by Kass and Trantham (2014), it enables people to work through “stressors constructively, compassionately while maintaining a positive worldview” (p. 288). Neuroscientific material demonstrates that psychological wounds, emotional agitation, and distorted cognition are pre-verbal somatic experiences. This points to the importance of mindfulness and the therapeutic use of the arts to provide essential tools to come back to oneself and strengthen self-awareness (Kass & Trantham, 2014). Art can be used to stimulate the right hemisphere of the brain, which is responsible for creativity and can support greater functioning of the more realistic functions found in the left hemisphere (Jackson et al., 2008). Art also facilitates expression beyond words such as the expression of the unconscious and conscious through art, catharsis or release of emotions, witnessing - both the inner witness and being seen, and body and mind integration (Rappaport, 2009). It is important for the practitioner to also take care of their own mental health to remain...
cognitively flexible, creative, and maintain mood regulation this can be achieved through various forms of self-care strategies encompassing mindfulness and art making.

**Social Action and Cultural Sensitivity**

Lipsky and Burk (2009), affirm that “Being present is a radical act” (p. 245). Practitioners open themselves up to human suffering and in order to soften themselves to the impact of trauma and interrupt forces of oppression they must have present moment awareness for themselves and others. Being present sets the stage for healing and transformation and can be cultivated moment by moment (Lipsky & Burk, 2009). According to Talwar (2019), a social justice-oriented art therapy practice requires one to rethink the purpose of “art” and challenge the power hierarchies in the field that are embedded in the systems and structures of therapeutic practice (p. 12). Part of this challenge is for practitioners to develop critical consciousness which as Talwar (2019) discusses, means to “acknowledge the link between trauma, oppression, power, privilege, and the historical inequities embedded in social relationships” (p.132). According to Talwar (2019), critical consciousness also involves knowing and learning how to interpret one’s own experience, trusting one’s own voice, while giving legitimacy to one’s own perspective. Having awareness of the self leads to developing an intersectional analysis where one can acknowledge that individuals occupy multiple social locations and recognizes the complexity of human experience (Thorton-Dill & Zambrana, 2009; Talwar, 2010, 2019). Intersectionality encourages the evaluation of power relationships and their dynamics in order to understand lived experiences and is also an analytic tool that gives better understanding of the complexity of the world (Talwar, 2019).

Talwar (2019), details that research has shown that African Americans have had a long a complicated history with American medicine and even though they have suffered the same or
worse mental health issues due to racism, prejudice, and economic disparity, they have not received the appropriate treatments or counseling. African Americans continue to resist traditional treatment and many times they prefer to cultivate alternative spaces for counseling such as church and community settings to care for themselves. Talwar (2019), states, that self-care stems from the ideology of civil rights and feminist activists of the 1960s where they used self-care to “dissolve the boundaries between the personal and the political… self-care was about claiming ‘autonomy over the body’ ” (p. 127). Talwar (2019) highlights that in a, *A History of Self-care* Harris (2017), states that attending to and controlling one’s emotional and mental health, alongside one’s physical illness, was considered, a ‘political act against institutional, technocratic, racist, and sexist medicine’ (para 4, p. 128). Self-care has a long legacy of political resistance and psychological healing which has gained momentum in social justice organizing (Talwar, 2019).

Radical self-care is a tool for social justice and survival employed by marginalized communities, it can be “traced back to the scholarship of Black and Latinx feminists such as bell hooks, Audre Lorde, and Gloria Anazaldua” (Wyatt & Ampadu, 2021, 214). Talwar (2019) details an interview with Angela Davis and reporter Sarah van Gelder, in which it was noted that movements like Black Lives Matter, emphasize the internal lives of their activists and those that they advocate for. Davis states that “self-care and healing and attention to the body and the spiritual dimension are now part of radical social justice struggles” (van Gelder, 2016; Talwar, 2019). Co-founder of Black Lives Matter, Patrisse Cullors, sees self-care and healing as crucial to her fight for justice (Talwar, 2019). Talwar (2019) states that, “self-care in social movements in many ways [is]new…[but] in fact [is] part of a longer tradition of black feminist writing, healing, therapy, and recovery that has been theorized as forms of activism (p. 128). Practitioners
in the mental health field and in Art Therapy field are encouraged to engage in self-care to be able to responsibly and ethically be present in therapy. They must also recognize their privilege in being able to engage and have the physical and mental resources to do so while also acknowledging the systems and power hierarchies that they are currently participating in. Practitioners can become social change agents by educating their peers on oppressive systems and how these impact individuals at every level. They can advocate for social justice through art as activism, “artivisim”, so that the larger community at large can witness and engage in the discourse for change.

Conclusion

Self-care is imperative for optimal functioning. Empirical studies support the need for self-care for mental health professionals as there is an increasing need to become more aware of the effects of stress form their work and the importance of employing preventative measures. There are many aspects and practices that make up self-care and it is up to the individual to become attuned to their needs and implement strategies for overall wellness and health. Practitioners must consider their own mental health when practicing in the field and safeguard their own livelihood and longevity in their careers. Mental health professionals who can intentionally function in agreement with their values, redirect thoughts and emotions when dealing with stressors, are able to manage and strengthen their overall wellness and fulfillment. Preventative measures in institutions for graduate students in the mental health field should be taught early on so that these self-care practices can be ingrained as healthy and ethically responsible habits. In particular, art therapists can benefit from practicing art making for their own personal expression, inner attunement, and wellness. The mandala is used in art therapy as a basic tool for self-awareness, conflict resolution, and in mindfulness practice. The combination
of mindfulness and art combined can be beneficial for practitioners to foster awareness to become attuned with the self.

Figure 1

Self-compassion Hexaflex tool (Harris, 2021, p. 181)
Chapter III: Methodology

This study’s aim was to assess whether integrating mindfulness practice and techniques with a structured art directive could help art therapy professionals and students increase their level of focused awareness, help attune skills, and bring awareness in personal self-care. This study employed a Mixed Methods research design approach with both quantitative and qualitative research analysis. A Self-Care Assessment for Psychologists (SCAP) (Dorociak et al., 2017) questionnaire was used with permission for educational purposes from PsycTESTS and Dorociak et al. (2017). A pre-directive survey and post-directive experience survey assessing the participants’ subjective experience and art work was also given to participants. This section details several areas of this study such as: research questions, population, consent, confidentiality, location, research design, procedure, materials, data collection, data analysis, and risks and benefits.

Research Questions

This study will be used to assess the research questions: Can mindfulness practice informed through a perspective of Acceptance and Commitment Therapy (ACT) and a Mandala art directive help art therapy professionals and students increase their level of focused awareness, to help attune skills in self-care? Can attuning skills in self-awareness and mindfulness help mental health professionals and graduate students in the art therapy field to promote self-care for future use? The Hypothesis for this research proposed that the modalities of Mindfulness, ACT, and a Mandala directive will facilitate a positive increase in self-awareness, self-compassion and improved self-care for participants.

Population
Participants were identified for participation through an email list of students, alumni of art therapy students within the university, and practicing art therapists in the field. This research study was intended for a population 18 years and over of all genders, race, ethnicity, and culture. Of particular interest were Adults in the Art Therapy Mental Health Filed as Practitioners and Graduate Students, Trainees or Associates. The student researcher set a goal of 20 or more participants for this study. Recruitment of participants was done through online solicitation using social media, emails to student and professional groups. This was a random selection of participants and coded for student/trainees and licensed practitioners, Psychotherapist, or Associates. Solicitation of participants was made by sending fliers to the Art Therapy Doctoral Program, Dominican University of California alumni list of Art Therapy grad students/ trainees, e-mail to AATA & GATSA for solicitation (Appendix D), open forums and social media. As well as, snowballing or word of mouth from participants of the study.

**Participant Consent Process**

Participants were asked to sign Informed Consent forms (Appendix items A and B) that included an assurance of Confidentiality for their participation. They were provided with a detailed description of procedures, risks and benefits of participation, and made aware that they could end participation at any time. Participants were given a list of contacts and resources for support post research study (Appendix E).

**Confidentiality**

All information was gathered through electronic participation and processes to minimize any risks for loss of privacy were employed. Confidentiality was kept by storing informed consent forms separately from all other participants’ data, and stored in locked files on external drives. Other raw data and computerized data such as demographics, art work, and survey and
assessment responses were stored on separate locked files to ensure anonymity and confidentiality, while maintaining accurate records of obtained informed consent. Data was collected and categorized using numerical participant identifiers to cross reference demographic data, art work, pre and post-survey responses, and self-care scale assessment responses to ensure anonymity.

**Location**

This study took place online via an online link to the Google forms application where participants were instructed on further steps.

**Research Design**

This study used a mixed method research design which encompassed qualitative and quantitative data collection. Methods for all quantitative analysis consisted of a review and analysis of the self-care scale assessment SCAP and demographics. Qualitative analysis consisted of observation of art work, analysis of personal accounts of experience using the art, and pre and post survey answers from participants. One of the goals of this participatory art-based research design was to provide a beneficial art experience for participants in a fairly easily accessible electronic format so that participant’s time and level of ease of task are optimized. This study was also designed to access the subjective experience from the art making task and to explore other personal lived factors of the individuals informing the participant’s world view. Participant’s subjective answers were captured in the pre and post survey questions.

The study focused on a one time-occurrence through an online survey link where participants were asked to participate in a mindfulness-based art directive focusing on the Mandala and ACT hexaflex with goals geared towards self-awareness and self-care. The hexaflex is used in ACT as a unique diagnostic tool (Bach & Moran, 2008), it is a hexagonally
shaped visual aid for classifying and treating client problems holistically (Schultz, 2021). Each of the six domains corresponds to one of the core ACT principles that help clients cultivate psychological flexibility. Psychological flexibility is a set of skills and abilities that allow a person to be connected to the present moment while acting on longer term values instead of shorter-term impulses and change behavior that does not serve them (Schultz, 2021).

The researcher designed the following sequence of participation for this study. First, participants were asked to fill out a demographic questionnaire, a pre-survey with open-ended questions assessing personal experience and world view. They then were asked to answer a Self-Care assessment for Psychologists SCAP scale (Dorociak et al., 2017). After they were asked to follow the Focused Oriented Art Therapy FOAT instructions for focusing the mind, centering of self, and mindfulness. Before starting the art directive they were asked to take three deep breathes. They then were asked to engage in the mandala art directive while using the ACT Self-Compassion hexaflex (Harris, 2021) as a visual cue. After uploading an image of their art work a post-survey self-report assessed subjective participant’s art experience and potential mindfulness practice of self-care and self-awareness for future use. A debriefing psychoeducation information pamphlet with listed mental health resources was given to participants at the end of study (Appendix E).

**Procedures**

1) After recruitment of participants via a flier (Appendix I) and through an email list of students, alumni of the university, and associations for practicing therapists/practitioners/associates and grad students/trainees, participants were directed to a Google form link to participate in the study.
2) The study was conducted as a one time-occurrence through an online survey link where participants were asked to participate in a mindfulness-based mandala art directive focusing on principles of self-compassion through the ACT hexaflex with goals geared towards self-awareness and self-care.

3) Before the art task, participants were asked to fill out a consent form where confidentiality and anonymity were acknowledged. (Appendix A)

4) Then a demographic questionnaire which included identifiers for: age, gender, race, cultural identification, years in the field, title [student or practitioner], education level (Dr., LMFT, LPCC, ATR-BC, AMFT, Grad student/ Trainee) was presented. (Appendix C)

5) A pre-directive survey with open-ended questions (Appendix G) asking participants about their current experience with self-care and self-awareness, what current preventative practices the participant employs for self-care was administered. The survey asked whether the participants had received educational instruction on self-care practices in the field or at school, and what barriers, if any, to self-care practices they have experienced.

6) Participants were asked to take a Self-Care Assessment for Psychologists questionnaire (SCAP) (Appendix F), (Dorociak et al., 2017). The SCAP was rated on a seven-point scale ranging from 1 (never) to 7 (almost always).

7) An art directive using a structured mandala mindfulness exercise and the image of the ACT hexaflex (Appendix K). The ACT Self-Compassion hexaflex (Harris, 2020) was used as a visual cue.
8) Participants were given instructions on materials they would need which included: paper and pens, pencil, color pencils, crayons, or/and markers. Participants could print out the worksheet in the study or use the image as a visual cue and create their own structured mandala template.

9) The procedure asked participants to read the Focused Oriented Art Therapy (FOAT) instructions which encompass: Clearing a space, choosing an issue or a felt sense, finding a handle or symbol, feeling how it resonates, asking how it feels, and receiving what arises and what may come to mind (Appendix H) (Rappaport, 2009). Before beginning the Mandala-Hexaflex ACT directive they were encouraged to close their eyes or soften their gaze and to take a moment to take three deep breathes and exhalations. They were then asked to reflect on the six core values of the ACT self-compassion hexaflex (Harris, 2021) image on the top of the worksheet (Appendix J). It directs the individual to focus on the present moment in the here and now- acknowledging any pain or experience, acceptance of thoughts- opening up to their experience, cognitive defusion -watching what one is thinking and unhooking from self-judgment, self as context- pure awareness of self and common humanity, committed action- doing what it takes and using kind words or actions for oneself, and values- knowing what matters to them embodying kindness. They were asked to envision themselves, a situation, or thought to reflect on their personal self-care and to incorporate in their responses onto the structured mandala below the hexaflex image.

10) During the directive participants could use color and shape or objects and figures to represent their thoughts and feelings. They were asked to take 15 to 20 minutes to
complete the art directive. They were also asked to upload an image of their art work after it was completed.

11) A debriefing statement with psychoeducation information will be given to participants at the end of the study, information will be discussed around the importance of self-care, self-awareness, and recommended book resources will be detailed. This will be given to all participants at the end of participation as well as a list containing mental health resources for support. (Appendix E)

12) A 3 question post-directive survey (Appendix G) designed by the researcher assessed the attitudes and subjective experience of the art directive. Participants reported if they experienced a positive mood increase, whether they would use techniques like these in situations for self-care in the future, and if they would employ the art making experience for self-care.

**Measures, Assessments, & Interventions**

The student researcher used the Self-Care Assessment for Psychologists SCAP (Dorociak et al., 2017) and numeric scales for data analysis. For this scale the authors included both personal and professional domains of self-care to encompass the overall aspects that make up self-care. The five critical dimensions of personal self-care that were incorporated were: physical, psychological, spiritual, social, and recreational. The four dimensions of professional self-care that were incorporated were: psychological, social, and work-life balance, and development. Two studies were done in the development of this scale, an initial list of 52 self-care items was generated and refined via PAF, in the first study the correlation analyses provided evidence that the first five factors consistently related to well-functioning outcomes in expected directions. The result was a five-factor, 21-item Self-Care Assessment for Psychologists (SCAP),
which was then tested in Study 2. Results for study 2 showed that based on model fit indices, the data suggest that the SCAP best conforms to an oblique five-factor structure criteria. The final five factors were identified as Professional Support (five items), Professional Development (five items), Life Balance (four items), Cognitive Awareness (four items), and Daily Balance (three items) (Dorociak et al., 2017). (Appendix F)

A Pre and Post Survey with open-ended questions to assess the personal experience from participants was conducted with this study. These were preliminary questions that were not from a validated or reliable existing measure and designed by the researcher for inquiry (Appendix G).

Participants were asked to complete a Mandala-Hexaflex art intervention. The procedure asked participants to read the following Focused Oriented Art Therapy (FOAT) instructions: Clearing a space, choosing an issue or a felt sense, finding a handle or symbol, feeling how it resonates, asking how it feels, and receiving what arises and what may come to mind (Rappaport, 2009) (Appendix H). Once this was done and before the beginning of the Mandala-Hexaflex art directive (Appendix K) they were encouraged to close their eyes or soften their gaze and to take a moment to take three deep breaths and exhalations.

They were asked to reflect on the six core values of the Self-Compassion hexaflex (Appendix J). Theses core principles of the hexaflex are: to focus on the present moment in the here and now- acknowledging any pain or experience, acceptance of thoughts- opening up to their experience, cognitive defusion -watching what one is thinking and unhooking from self-judgment, self as context- pure awareness of self and common humanity, committed action-doing what it takes and using kind words or actions for oneself, and values- knowing what matters to them, embodying kindness. They were asked to envision themselves, a situation, or a thought to reflect on their personal self-care and to incorporate in their art responses onto the
structured mandala-hexaflex. During the art directive participants could use color, shape or objects and figures to represent their thoughts and feelings.

**Materials**

This study took place solely online through the Google forms application where participants filled out all questionnaires and surveys online. Participants needed internet access and a device to capture a picture of their image to upload. They were asked to either print out the mandala-hexaflex template art directive or use it as a visual cue to make on their own. They were prompted to use paper and structured writing tools like pens, markers, pencil, crayon, and color pencil for the art directive. They were asked to upload their response image via the online tool.

**Data Collection Methods**

The student researcher systematically gathered data from the demographic questionnaire and the Self-Care Assessment for Psychologists (SCAP) scale. As well as, gathered participant responses from pre and post surveys and the subjective experience of the participant’s completion of the mandala-hexaflex art directive. Observation of the independent variables of this study such as the methodologies used: the mindfulness FOAT techniques, the ACT informed reflection, and the mandala-hexaflex art directive and their effects on dependent variables like self-awareness, self-compassion, and self-care were recorded.

**Data Analysis**

The student researcher used both survey and questionnaire interactions with participants and an intervention in the form of the Mandala-Hexaflex art directive to collect both quantitative data and qualitative data for this study. Analysis of quantitative data came from a numeric score collected from responses to the SCAP and demographics questionnaire. Qualitative data was examined with a thematic analysis of participant’s art work. An analysis of themes of participant
art and subjective experience responses and a comparison of data of the pre and post survey answers were made.

**Risks and Benefits**

Risks of confidentiality and participation via an electronic online method were minimized so that participants were safeguarded and ensured privacy. Participants were informed of potential risks, which could include psychological or emotional discomfort like feelings of being uncomfortable, overwhelm, or/hesitation to disclose about personal self-care practices or upkeep of their own mental health. This study was designed to benefit the participants by providing a beneficial art making opportunity that could provide the therapeutic qualities of art making, introspection, and provide an opportunity to learn about self-care, self-awareness, and self-compassion. Benefits to the field of art therapy as a whole were to expand research on the art directive of mandala use within an ACT theoretical framework. As well as, advancing research on self-care methods using art therapy methodologies for the Art Therapy field for its practitioners and grad students/ trainees.

**Protection of Human Participants**

Because the study involved human subjects, informed consent was provided making procedures and participation transparent to the participants. Participants were informed that they were not required to participate and were allowed to withdraw at any time. They were also assured that any data and information was kept confidential and anonymous. Steps were taken to minimize the participant’s risk of direct identification during data collection. This was done by maintaining code lists and data files in separate and secure locations and substituting participant codes for identifiers. During debriefing psychoeducation on Mindfulness and ACT techniques for self-care were given to all participants at the end of participation as well as a list containing
mental health resources for support. The student researcher acted in accordance with ethical guidelines of the California Association of Marriage and Family Therapists and/or the California Association for Licensed Professional Clinical Counselors, the American Art Therapy Association, and Dominican University of California. Careful consideration of participant’s responses, art images, and data were taken while collecting data for this study.

**Conclusion**

This study’s aim was to assess whether integrating mindfulness practice and techniques with a structured art directive could help art therapy professionals and students increase their level of focused awareness, help attune skills, and bring awareness in personal self-care. This study employed a Mixed Methods research design approach with both quantitative and qualitative research analysis. Participants were identified for participation through an email list of students, alumni of art therapy students within the university, and practicing art therapists in the field through the open forum discussion board of the American Art Therapy Association (AATA).

This study took place online via an online link to the Google forms application where participants were instructed on further steps. Upon participation participants were asked to sign Informed Consent forms (Appendix items A and B) which included an assurance of confidentiality for their participation. All information was gathered electronically and processes to minimize any risks for loss of privacy were employed. Participants were asked to participate in a mindfulness-based art directive focusing on the Mandala and ACT self-compassion hexaflex with goals geared towards self-awareness and self-care.

First, participants were asked to fill out a demographic questionnaire, a pre-survey with open-ended questions assessing personal experience and world view. They then were asked to
answer a Self-Care assessment for Psychologists SCAP scale (Dorociak et al., 2017). After they were asked to follow the Focused Oriented Art Therapy FOAT instructions for centering and mindfulness. Before starting the art directive they were asked to take three deep breathes. They then were asked to engage in the mandala art directive while using the ACT Self-Compassion hexaflex (Harris, 2020) as a visual cue. After uploading an image of their art work a post-survey self-report assessed subjective participant’s art experience and potential mindfulness practice of self-care and self-awareness for future use. A debriefing psychoeducation information pamphlet with listed mental health resources was given to participants at the end of study (Appendix E).
Chapter IV: Results

Restatement of research

The research information presented in this section provides the results of the data collected during this study for both quantitative and qualitative analysis. The student researcher proposed two of the following research questions; can mindfulness practice informed through a perspective of ACT and a Mandala art directive help art therapy professionals and students increase their level of focused awareness, re-align themselves with their core values and goals to help attune skills in self-care? As well as, can attuning skills in self-awareness and mindfulness help mental health professionals and grad students in the art therapy field to promote self-care for future use? The hypothesis proposed that the modalities of Mindfulness, ACT, and the Mandala directive will facilitate a positive increase in self-awareness and improved self-care for participants.

Demographics

Participants for this study were gathered as part of a convenience sample where participants were recruited via a recruitment flyer on the online Open Forum of the American Art Therapy Association and from art therapy students at the Dominican University of California. There were 16 participants 11 of whom were practitioners in the field of Art Therapy and 5 Graduate Art Therapy students. Their ages ranged from 26 to 74 with a Mean of 41 years of age. A majority of the participants, 81% identified as having a White ethnicity and 19% being of Asian or African American ethnicity. The majority of participants 94% identified as female and 6% other, non-binary. Participants indicated that the majority resided in the United States with 1 participant being out of the US located in Mexico, participants resided in 8 different states across
the US from NY to CA. Participant’s experience ranged from Doctorate level to 1st year Graduate Student and their years in the field ranging from 1 year to 25 plus years.

**Quantitative Analysis**

**Self-Care Assessment for Psychologists (SCAP)**

The Self-Care Assessment for Psychologists (SCAP) was implemented in part to assess the effectiveness that participants use when they engage in Self-Care and to provide a quantitative analysis on how both practitioners and grad students are implementing self-care practices in their lives. The SCAP adopts a preventative perspective on self-care, with items reflecting strategies or behaviors that may be integrated into one’s professional and personal life on a more ongoing or proactive basis to promote well-functioning (Dorociak et al. 2017). The SCAP defines and creates an instrument to define self-care so that it can be measured to help understand and promote effective self-care for practitioners in the mental health field.

Participants for this study were asked to fill out the SCAP which is an assessment tool rated on a 7-point response scale ranging from 1(never) to 7(almost always) with 21 questions grouped into topics on: Professional Support, Professional Development, Life Balance, Cognitive Strategies, and Daily Balance. As part of this study all 16 participants completed the assessment scale, there were no missing data points for the corresponding questions. Statistical Analysis for total scores and central tendency were: mean of (M=113.94) (78%); median of 112 (76%); mode of 110,112 (76%). The measures of dispersion: standard deviation of these scores were (SD=29.33) and range of 53. The participant with the highest score totaled 138 points (94%) and the participant with lowest score totaled 85 points (58%) from a total of 147 points possible.
Qualitative Analysis

Participants were asked a series of open-ended questions regarding several aspects around mindfulness, self-awareness, and their practices and habits in general as it related to their self-care. These series of questions help to understand where participants were at with these areas in their lives.

Stress

To assess the amount of stress experienced by participants in their daily lives they were asked: Do you find yourself frequently under stress? Both students and participants answered 56% Sometimes and 38% Yes and 6% No.
**Art Process**

Participants were asked about their personal art practices: Do you practice art independently? The majority answered yes 94% and 6% No. When asked what kind of art do you practice independently? Participants had more than one response and indicated they engaged in more than one art practice. A majority engaged in painting, drawing, and some mixed media like collage. Other art activities that participants did were textile art like crochet or sculpture like nature installations.

**Figure 3**

*Art Process Used*

![Art Process Used](image)

**Mindfulness**

Participants were asked about mindfulness, defined by the researcher as *Mindfulness: the state of being present in the here and now, which allows for the mental capacity to acknowledge without judgment and accept one’s feelings, thoughts, and physicality*. When asked: Are you
familiar with the concept of mindfulness as defined by the researcher for this research? 100% of the participants said they were aware of the concept of mindfulness. When asked do you practice mindfulness on your own time? 88% said Yes and 12% said No. Those who answered yes were asked what kind of practice they engage in? Participants answered with more than one way that they practiced. Participants mostly practiced Meditation, Walking or Hiking, or Breath work. Other mindfulness practices were comprised by creating art, being in the here & now, yoga or being in nature. Participants stated that they engaged in a combination of several techniques when it came to mindfulness practice. When asked How much / how often do you practice mindfulness? Participants responded: Hardly ever (less than 3 hours/week) 31%, Occasionally (4-6 hours /week) 43%, Frequently (6 – 14 hours/week) 13%, Constantly (more than 15 hours / week)13%.

Figure 4

Mindfulness Practice
**Meditation**

Participants were asked whether they engaged in meditation. They were asked: Have you ever practiced meditation? 88% said Yes and 12% said No. Of those that do practice they were asked what kind of meditation have you done? There were various answers to the types of meditation practices being engaged in as well as engagement in multiple types. The practices most engaged in by participants were guided, movement, and mindfulness meditation. Other types of meditation practices done by participants were silent, breath, prayer, Zen, and Mindfulness Based Stress Reduction (MBSR).

*Figure 5*

**Meditation Practice**

**Pre-Survey**

In the pre-survey participants were asked questions to understand their outlook on their self-care experience and their own attunement to their needs and coping mechanisms prior to starting the assessment and art experiential in the study.
Participant Self-Care

When asked about personal self-care experience participants answered with a wide range of answers. Participants were asked: What is your current experience with self-care? Each participant engaged with the idea of self-care in some way through small and large actions or notions. Participant answers were categorized by (1) what action(s) they take and how they practice, (2) their thought process on what self-care means to them and the importance of it in their lives, and (3) what it provides for them or how it helps them. A majority, 56% of participants answered with the action they take towards their own self-care, 38% answered what self-care means to them, 6% answered on what self-care helps them with.

*Participant range of responses:*

**Action.**

- “Self-care is a large part of my mental health practice as a therapist; however, I struggle to implement my self-care rituals with consistency. Self-care for me usually looks like reading, spending time alone with myself/my thoughts to re-set, spending time with friends, and doing daily grooming routines when I get ready for the day. About once every 3-4 months, I'll schedule myself a massage. When weather is nice, I will get outdoors for a hike or a walk. My favorite form of self-care is traveling to the coast and spending time just watching the waves pass.”

- “I know I need to practice self-care so I can function my best in life, relationships and work. Usually it takes the form of small daily practices that nourish my body/mind making sure I am meeting my basic needs for food, sleep, exercise and
hygiene. I also use art making as a form of processing emotional pain and stress, however that is often the hardest thing to prioritize in my free time.”

**Meaning.**
- “BIG believer in self-care after having experienced severe burn out during the early years of the COVID-19 pandemic.”

**Provides.**
- “It helps me survive white supremacy.”

**Self-awareness & self-reflection**

Participants were asked about their perception on their own self-attunement and how their reflection is used towards personal development. They were asked: Do you find that you have self-awareness, where you recognize opportunities for self-reflection for personal growth and professional development? Participants answered 81% Yes and 19% Sometimes, they were then asked: Referring to the question above, how often do you find yourself doing this? Participants answered Daily 63%, Few times per week 31%, and Not often 6%.

**Stress relief practice**

To understand what action(s) participants take when stressed they were asked: What current preventative practices do you employ when you start to feel stressed? Participants answered with more than one practice and various ways in which they try to cope with stress. The most mentioned practices involved the mind like restructuring thoughts or redirecting actions, physical practices such as exercising and breath work, doing deep breathing techniques. Other practices employed for reducing stress were emotional support, for example, spending time with friends or playing with pets, social consulting like talking to colleagues and going to therapy, art making, and rest.
**Self-care education**

To understand participant’s level of instruction received on self-care in school or in professional settings participants were asked: Have you received educational instruction on self-care practices in the field or at school, if so what kind? Participants answered 44% Yes, 31% Somewhat, 25% No.

**Participant Responses:**

**Yes**

- “Being given an assessment in school and internships, encouraged to identify our own practices to employ regularly”

**Somewhat**

- “No education instruction, just the emphasis on the importance”
Barriers

To uncover whether participants encounter obstacles to self-care they were asked: Do you encounter any barriers to practice self-care, if so, what are they? Participants mention Exhaustion, 35%, and Time, 35%, as one of the major barriers to engaging in self-care. Other factors expressed preventing them from engaging in self-care were money, themselves- by getting in their own way, and planning or organizing the activity around self-care.

Figure 7
Pre-Survey Participant Barriers to Self-Care

Mandala Art Experience

Fifteen participants of the sixteen participants completed the art experience portion of the study. One of the sixteen participants did not upload their artwork as they indicated they had an
undisclosed disability and could not partake in this area of the study. Participants were asked to participate in a mindfulness-based art directive focusing on the Mandala and ACT self-compassion hexaflex (Harris, 2021) with goals geared towards self-awareness and self-care. The procedure asked participants to read the Focused Oriented Art Therapy (FOAT) instructions which encompass: Clearing a space, choosing an issue or a felt sense, finding a handle or symbol, feeling how it resonates, asking how it feels, and receiving what arises and what may come to mind (Appendix I) (Rappaport, 2009).

Before beginning the Mandala-Hexaflex ACT directive they were encouraged to close their eyes or soften their gaze and to take a moment to take three deep breathes and exhalations. They were then asked to reflect on the six core values of the ACT self-compassion hexaflex image on the top of the worksheet (Appendix L). It directs the individual to focus on the present moment in the here and now- acknowledging any pain or experience, acceptance of thoughts-opening up to their experience, cognitive defusion -watching what one is thinking and unhooking from self-judgment, self as context- pure awareness of self and common humanity, committed action- doing what it takes and using kind words or actions for oneself, and values- knowing what matters to them embodying kindness. They were asked to envision themselves, a situation, or thought to reflect on their personal self-care and to incorporate in their responses onto the structured mandala below the hexaflex image. They created photo imagery of their Mandala pieces and uploaded them to the link provided on the Google form. A majority of participants created Mandalas with shapes or patterns 73%, see Figure 8 and other Mandalas had words or letters 27%, see Figure 9.

**Shapes/Patterns:** flags, flowing intersecting lines, hands, eye, hearts, spray bottle, sun, spirals, stars, bottle, clouds, symmetric forms, mountains, landscape, flowering vine like patterns.
Figure 8

Participant Mandalas (Shapes/ Patterns)

**Words/ Letters:** “balance”, “relax”, “work-responsibilities”, “detach”, “without judgement”, “A”, “renew your health”.
Post Survey

After the mandala art experience participants were asked about their subjective experience with the study overall.

Overall Experience

Participants were asked: Do you feel that this experience facilitated a positive increase in your mood and/or feelings of being less stressed? Why/Why not? A majority of participants responded 88% Yes, 6% Somewhat and 6% No. Of the people who answered yes most had a combination of responses related to: Enjoyment in creating art and positive experience, being recentered and an awareness of themselves, and feeling calmer. Other participants in the somewhat and no responses category that described their experiences stated respectively that: participant “did feel lighter but was not stressed to begin with” and participant “felt centered in the present moment but then went back to thinking about everything that needed to be done”.
**Future Action**

Participants were also asked what future actions would they consider making after partaking in this experience. They were asked: What actions would you take towards self-care, mindfulness practice for self-awareness, and/or self-compassion in the future? Participants responded with several actions such as: art making 38%, as well as focusing on their needs 29%, meditating and practicing mindfulness 19%, and allotting more time for self-care 14%.
Art-making for self-care

Participants were asked about the art experience itself and the techniques used with the art experience. They were asked: Did you enjoy the art experience and would you use any of these techniques or the art experience in the future for your self-care? Which ones? Participants stated they would use various aspects of the art experience such as the mandala or art making 68%, Focused Oriented Art Therapy (FOAT), used for focusing the mind, centering of self, and mindfulness, and meditative aspect of the experience 21%, ACT hexaflex tool 11%. A participant did state that they were “confused with the hexaflex tool but enjoyed the artmaking”.
Figure 12

Post Survey Participant Art Experience

Conclusion

The research information presented in this chapter showed the results of the data from participants during this study of both quantitative and qualitative analysis. Participants in this study were asked to fill out a demographic questionnaire, a pre-survey with open-ended questions assessing their subjective experience. They were also asked to answer a Self-Care assessment for Psychologists (SCAP) scale (Dorociak et al., 2017). Participants then followed the Focused Oriented Art Therapy (FOAT) instructions for centering of the self and mindfulness. Participants also engaged in the mandala art directive while using the ACT Self-Compassion hexaflex (Harris, 2021) as a visual cue. After uploading an image of their art work a post-survey self-report assessed subjective participant’s art experience and potential mindfulness practice of self-care and self-awareness for future use. Results after the art experience indicated that a majority of participants experienced a positive increase in their mood and that they would take action towards self-care, mindfulness practice for self-awareness, and/or self-compassion in the
future. They also indicated they would use various aspects of the art experience such as the mandala or art making.
Chapter V: Discussion

Purpose of Study

This study in part was done to survey the self-care and mindfulness practices that practitioners and students in the art therapy field engage in. In particular the researcher intended to explore, what current practices for self-care, mindfulness, and overall coping strategies were employed for reduction of stress while working in the field. This study was meant to assess these behaviors and also put forward a mindful mandala art making experience. With the purpose so that participants could reflect, come back to the self, and set intentions for self-care in the future to improve their overall wellbeing.

The following research questions were addressed in the study. Can mindfulness practice informed through a perspective of ACT and a Mandala art directive help art therapy professionals and students increase their level of focused awareness, re-align themselves with their core values and goals to help attune skills in self-care. As well as, can attuning skills in self-awareness and mindfulness help mental health professionals and graduate students in the art therapy field to promote their own self-care for future use? The hypothesis proposed that the modalities of Mindfulness through FOAT, ACT, and the Mandala directive will facilitate a positive increase in self-awareness and improved self-care for participants.

This study was conducted online via the Google Forms platform, participants were asked to go to a survey link after they were asked to fill out consent forms. They were then guided to the study where they filled out a demographics questionnaire, pre-survey questions, Self-Care Assessment for Psychologists (SCAP). Then as part of the mindfulness art experience they were guided through the Focusing-Oriented Art Therapy (FOAT) process and were then asked to make art using a structured Mandala art directive while presented with the ACT Hexaflex
dynamic therapy tool as a visual cue. For the art directive they were asked to envision themselves, a situation, or a reflection on their personal self-care and complete their art response on to the structured Mandala. They were able to use any material of their choice and then participants were instructed to upload a digital copy of their art work. They then were presented with a post survey questionnaire regarding their subjective experience as a whole with the study. Participants were also given a debriefing statement and links or references to resources that they could find on self-care or individual therapy services.

Results

**Self-Care Assessment for Psychologist (SCAP)**

Participants for this study were asked to fill out the SCAP which is an assessment tool rated on a 7-point response scale ranging from 1(never) to 7(almost always). There are 21 questions grouped into topics on: Professional Support, Professional Development, Life Balance, Cognitive Strategies, and Daily Balance. Individuals who scored the highest on the assessment had very detailed and robust language for their practices of self-care in their pre survey. Whereas those that scored the lowest had very little ways in which they engaged in self-care and had the poorest descriptions of what they did to reflect and lacked strategies for self-care. The participant scoring the lowest, 58%, on the SCAP indicated that they often felt stressed, did not practice art making, was aware of the concept of mindfulness as described by the researcher but did not practice. The participant also stated they did not engage in meditation, however, when asked about their current self-care they indicated they do go to nature and sit. When asked about their self-reflection, self-awareness, and recognizing opportunities for personal growth they indicated they did self-reflect but not often. When asked about preventative practices employed for stress reduction, they answered they don’t really have any, but do make “lists to
organize their to dos”. When asked about the barriers to self-care they stated that time and money were factors in preventing them from engaging in self-care. They indicated that money was a big factor in not being able to get personal relaxation services like a massage.

In contrast the person with the highest score, 94%, on the SCAP stated that they did sometimes feel stress, they made art daily, they were aware of the concept of mindfulness and practiced it occasionally about 4-6 hours per week. The participant indicated they engaged in meditation in particular breathwork, yoga, and nature meditation. When asked about their current self-care, they described it as a critical component in their lives. When asked about their self-reflection, self-awareness, and recognizing opportunities for personal growth they indicated they did so by engaging in journaling. When asked about preventative practices employed for stress reduction, they answered by being self-aware and acknowledging it in the body, taking walks, playing with pets, and doing artwork. When asked about their barrier to self-care they indicated that factors like time and work load were limiting their engagement with their self-care practices.

Self-Care

The literature indicates that incorporating self-care as a proactive approach is critical when practicing in the mental health field (Posluns & Gall, 2020). It has been found that workers who experience vicarious trauma and burnout have a disconnect between their personal self-care and the meaning of self-care itself (Sawicki, 2019). To foster resiliency and protect career longevity, an essential self-care practice is recommended (Hyatt, 2019). To gain perspective on participants and their self-care behaviors and practices, several questions were made which will be reviewed here. When asked about personal self-care experience prior to the Mindfulness Mandala and ACT hexaflex art experience participants answered in a wide range of answers. Each participant engaged with the idea of self-care in some way through small and large actions
or notions. Participants were asked: What is your current experience with self-care? Participant answers were categorized by: (1) what type of action(s) they take and how they practice, (2) their thought process on what self-care means to them and the importance of self-care in their lives, and (3) what it provides for them or how it helps them. A majority of participants, 56%, answered with the action they take towards their own self-care.

Art

Art Therapists use art as a safe container to hold and contain a range of human experience and emotion (Rappaport, 2009). Art itself facilitates expression beyond words and brings about the catharsis or release of feelings, and witnessing the inner world of the individual while being engaged in the present moment. Participants in this study, have knowledge of art therapy and using art as a mode of expression as they are either practitioners or graduate student trainees, 94% of them indicated that they independently use art. A majority of the participants were engaging in art activities prior to the study such as painting, drawing, and some mixed media art like collage. Other art activities that individuals partook in were creation of textile art, like crochet, or sculpture, like nature installations.

Mindfulness and Meditation

The researcher defined Mindfulness as: the state of being present in the here and now, which allows for the mental capacity to acknowledge without judgment and accept one’s feelings, thoughts, and physicality. Effectively practicing mindfulness involves paying attention with flexibility, openness, and curiosity which creates self-awareness and self-monitoring (Harris, 2018; Norcross, 2000). Mindfulness is important not only for centering of the practitioner but also in the field as it, “cultivates a greater availability within the therapist to be present for clients” (Franklin, 2014, p. 271). All participants in this study were aware of the
concept of mindfulness as defined by the researcher and they were asked: do you practice mindfulness on your own time? 88% said Yes and 12% said No. Those who answered yes indicated that they practiced in more than one way. Participants mostly practiced Meditation, Walking or Hiking, or Breath work. Other mindfulness practices were comprised by creating art, being in the here & now, yoga or being in nature.

Meditation which is a form of mindfulness practice was further explored by asking participants: Have you ever practiced meditation? 88% said Yes and 12% said No. Of those that answered Yes, they were asked: What kind of meditation have you done? There were various answers to the types of meditation practices being engaged in as well as engagement in multiple types. The practices most engaged in by participants were guided, movement, and mindfulness meditation. Other types of meditation practices done by participants were silent, breath, prayer, Zen, and MBSR or Mindfulness Based Stress Reduction. Meditation can be considered a spiritual component to self-care (Richards et al., 2010). Spirituality can play a positive and significant role among practitioners as it can impact their physical well-being and overall quality of life (Boreo et al., 2005).

**Self-awareness and Stress relief**

Self-awareness and self-liberation or choosing the self and realization is the first step for practitioners to take care of themselves (Norcross, 2000). Self-awareness is a state of being and is strengthened by self-care (Richards et al., 2010). Participants in this study were asked: Do you find that you have self-awareness, where you recognize opportunities for self-reflection for personal growth and professional development? Participants answered 81% Yes and 19% Sometimes. This was then followed by: How often do you find yourself doing this? Participants answered Daily 63%, Few times per week 31%, and Not often 6%.
According to Norcross (2000), quantitative studies and interview surveys confirm the importance of self-monitoring one’s own distress level, through self-awareness/self-monitoring. To understand what action(s) participants take when stressed they were asked: What current preventative practices do you employ when you start to feel stressed? Participants answered with various ways in which they try to cope with stress. The most mentioned practices, which support the finding above, involved the mind like restructuring thoughts or redirecting actions (25%) such as noticing the self and taking breaks when needed, physical (23%) like exercising and breath work like doing deep breathing techniques. Other practices employed for reducing stress were emotional support (13%) like spending time with friends or playing with pets, art making (9%), social consulting (7%) talking to colleagues and going to therapy, and rest (7%). Participant’s answers showed that they were able to successfully determine what they needed and use their coping skills. When they felt stressed they started to take actions towards engaging in strategies that worked for themselves and incorporate them into their daily lives.

**Education on Self-Care and Barriers**

Numerous studies support the need for self-care for mental health professionals as there is an increasing awareness of the effects stress causes and importance of upkeeping preventative measures. Dattillio (2015) points out in their study that psychologists and mental health professionals tend to neglect their own mental health despite being promoters of health and well-being for others. Polsuns and Gall (2020) indicate that many accredited training programs are not fully upholding ethical obligations for self-care for their students that are requirements by professional associations. Furthermore, they point out that current literature suggests that proactive self-care can reduce negative outcomes experienced by practitioners and help improve client care (Polsuns & Gall, 2020). To understand the knowledge participants in this study had or
level of instruction received on self-care in school or in professional settings prior to the study they were asked: Have you received educational instruction on self-care practices in the field or at school? Participants answered Yes 44%, Somewhat 31%, No 25%. More than half of participants indicated they were ambiguous or unaware about self-care instruction which helps to support the evidence put forward above.

To uncover whether participants encounter obstacles to self-care they were asked: Do you encounter any barriers to practice self-care, if so, what are they? Participants mentioned Exhaustion, 35%, and Time, 35%, as one of the major barriers to engaging in self-care. Other factors expressed preventing them from engaging in self-care were money, themselves by getting in their own way, and planning or organizing the activity around self-care. Bush (2015), describes self-care as made up of things that keep individuals healthy, happy, and are preventative to protect and help fatigue and stress. They point to practices that are labeled as “Macro and Micro” that can be part of self-care routines. Macro self-care routines are considered larger more elaborate tasks that take large chunks of time and resources for example getting to the gym (Bush, 2015). In contrast, Micro self-care routines are simple daily practices that are done with the intention to nurture, protect, heal the self, and regulate mood (Bush, 2015). Some examples of these are deep breathing exercises or positive affirmations, which does not cost money, effort, or much time.

**Mandala, FOAT, and ACT Hexaflex**

Participants engaged in the mindfulness mandala art experience by going through a step-by-step process to get into a *Focusing Attitude* through FOAT. A Focusing Attitude creates a safe place for the self where all feeling, thoughts, emotions are welcome (Rappaport, 2009). Participants were then asked to engage in the art experience by focusing on the self-compassion
ACT hexaflex (Harris, 2021) as a visual cue with instructions to envision themselves, a situation, or a thought reflecting their personal self-care. They would then go onto incorporate their art responses with their desired art materials on to their structured Mandala form.

Participant responses to the art experience showed they would use various aspects of the art experience such as the mandala or art making, ACT hexaflex tool, and FOAT or meditative aspect of the experience. Participants largely indicated 68% that they enjoyed the Mandala part of the experience and 38% would employ the Mandala art making part of the experience as part of their future self-care practices.

*Participants range of answers included:*

- “I enjoyed the mandala prompt and would definitely use it for my own enjoyment and anxiety-relief in the future. Perhaps starting and ending the work day with a mandala art response would be a good way for me to transition in and out of therapeutic work with clients.”
- “Yes! I found the hexaflex model to be a useful structure to apply while creating my mandala. It helped me to stay focused on the issue I wanted to explore while allowing for different imagery and expressions to emerge.”
- “I enjoyed FOAT and combining it with the mandala experience.”
- “I could use the art making in future experience for myself as a check in.”
- “Yes! Over the two years of grad school I have read and researched a lot concerning the benefits of mandala making with clients, and strongly believe in the profound positive impact art making, even if only for a handful of minutes provides. Mandala making, doodling, Zentangle, etc. can assist with self-care and mindfulness.”
The responses from this experience help support the evidence that mandalas aimed at stress reduction help in the relaxation of clients [individuals] and reduction of anxiety (Buchalter, 2013). Furthermore, using a mandala is effective as an instrument for self-reflection as Slegelis (1987) defines, “[is a] basic tool for self-awareness, conflict resolution and basis for other art therapy basic techniques for various situations.” (p. 301). This study also used the mandala experience with the ACT Hexaflex therapy tool (Harris, 2021) which focused on self-compassion and helped guide individuals through the core principles of the method so that they could gain insight and psychological flexibility. The mandala as a controlled method used with the ACT self-compassion hexaflex and the meditative and centering of the self aspects of FOAT helped participants to process and lead them to awareness in self-discovery, problem-solving, and setting intentions for self-regulation and by extension self-care. This experience helped participants focus on their needs and engage in the art making process to explore their inner world and the topic of self-care at hand. It also provided a few moments of rest, relaxation, and enjoyment.

Future Self-Care

Most of the participants in this study found that self-care was an important component in their lives and many were already implementing various forms in which they practiced personal self-care. After participation in the study’s Mindfulness Mandala and ACT hexaflex art making experience participants were asked in the post survey: Do you feel that this experience facilitated a positive increase in your mood and/or feelings of being less stressed? A majority of participants, 88%, responded yes, stating that they either found enjoyment in creating art and had a positive experience, found themselves being recentered, had an awareness of themselves, and felt calmer.
Participant range of responses:

- “It was nice to focus on creating art for the purpose of recentering and processing experiences.”

- “Yes, it did. Creating mandalas always feels like a way of grounding myself and becoming more centered. I have been creating mandalas long before I became an art therapist, but it was nice to be reminded of how good it feels to create these, as I haven't made one for many months. I feel calmer, more relaxed after making my mandala. I did this before starting my work day, and it feels like my anticipatory anxiety is gone now.”

- “Yes. My felt sense at the beginning involved noticeable tightness in my chest, and that feeling was much less pronounced by the end.”

Participants were also asked, what actions would you take towards self-care, mindfulness practice for self-awareness, and/or self-compassion in the future? Participants responded with various ways in which they would engage in these concepts, such as: art making, allotting more time for self-care, meditating and practicing mindfulness, as well as focusing on their needs.

Participant range of responses:

- “I may start doing mandalas before work to start my day each day. If not a mandala, then something artistic/creative, as this really helped to relieve my anxiety. I know art helps me feel this way, but I sometimes just need a reminder to build it into my daily practices a bit more.”

- “It is a matter of saying YES to myself. Draw harder boundaries and detach from work.”

- “Implement designated times for self-care.”
- “Incorporating more artmaking into my existing mindfulness practices.”

Lastly, as discussed above, participants were asked if they enjoyed the art experience and would they use any of these techniques or the art experience in the future for your self-care? All participants stated that would indeed use various aspects of the art experience such as the mandala or art making, hexaflex tool, and FOAT or meditative aspect of the experience. For the participant that scored lowest on the SCAP on the post survey they responded they would incorporate mandala making with mindfulness as part of their future self-care and “Do more art without judgement”.

The collection of participant responses in the Post-Survey help to support the study’s inquiry into whether this experience could help to positively increase participant’s level of focused awareness, re-align themselves with their core values and goals to help attune skills in self-care. As well as help support the question: can attuning skills in self-awareness and mindfulness help mental health professionals and graduate students in the art therapy field to promote self-care for future use. It also supports the study’s assumption stating that the modalities of Mindfulness through FOAT, ACT, and the Mandala directive would facilitate a positive increase in self-awareness and improved self-care for participants.

**Limitations**

The sample size of this study was fairly small so the generalizability while representative of the demographics of the Art Therapy field, (Demographics of members in AATA (2021) majority White 68.5%, Asian 4.3%, Back or African American 3.5%, Hispanic or Latino 5.9%) cannot be extended to the Expressive Arts Therapy field or mental health field in general. The participants in this study were collected from a convenience sample that was gathered from the
American Art Therapy Association (AATA) online open forum and from Dominican University of California’s group of graduate students in the Art Therapy Masters program.

One of the participants, who had an undisclosed disability, could not upload their art work which resulted in a missing data point for that particular self-reported part of the study. Perhaps more considerations are needed when using an online only platform like Google Forms platform in relation to something like needed audio descriptions for the visually impaired or other accommodations for disabilities that could have been excluded because of the format of this study.

Although participants stated their intentions and desire to engage in mindfulness and self-care, which some of them did engage in already, there was not a way to follow up at a later date with participants in the Google Forms platform without jeopardizing the confidentiality of the participants. Perhaps in future studies there could be a survey that is sent to participants one week or even two weeks after participation to understand the impact of the mindfulness and the art mandala experience on self-care on a long-term time frame.

Validity

While Participant responses helped to support the research questions there could be an inclination from this small sample size to gravitate towards this particular study’s topic. A consideration to note was that many of the participants had already a sense or knowledge about mindfulness and self-care and even were engaged in either art-making, meditation, mindfulness, and personal self-care strategies. Their participation in this study was voluntary and they also showed an openness in their responses to engage in the modalities and experience put forth in this study which doesn’t discredit the benefits they received from the experience in itself. Their responses in the post survey gave a strong response to how the study impacted their mood and
being less stressed with participants responding positively at 88%. Participant responses aligned with actions they indicated they would take in the future related to concepts introduced in the study for self-care like art making 38%, focusing on their personal needs 29%, practicing mindfulness 19% and making time for self-care 14%. In particular a majority (68%) of the participants stated they would use art making or mandala as future self-care.

**Implications for Future Research**

Future research might explore self-care with a larger population sample in the field of Art Therapy or in a wider sense within the Expressive Arts Therapy field. Increased advocacy in graduate school programs and from supervisors can be beneficial to educate trainees to employ self-care techniques. It would increase self-efficacy by providing the “toolbox” for future practitioners to employ preventative practices to navigate potential stressors of practicing in the field and to help mitigate burn-out. In particular, for individuals in the art therapy field employing the modality in which they practice as a restorative tool for themselves in the reduction of stress and increased self-care should be promoted. For art therapy practitioners and trainees engaging in response art can be beneficial and can be a creative tool for self-care (Sanders, 2018). Engagement in a mindfulness-based art experience like the one in this study can increase self-awareness, self-compassion, insight, psychological flexibility, self-discovery, problem-solving, and setting intentions for self-regulation and ultimately self-care.

**Conclusion**

Research emphasizes that self-care looks different for everyone and indicates that self-care does not involve one technique, but instead can be made up of differing strategies that are suited to individual preference and available resources (Norcross & VandenBos, 2018). Participants in this study had various ways in which they engaged with self-care and stress
reduction. None of the techniques, practices, or strategies were invalid. The aim of this study was simply to enhance awareness and stress the importance of coming back to oneself to self-care and support overall wellness for practitioners and trainees in the Art Therapy field. Norcross and VandenBos (2018) state, when it comes to self-care “the goal is not simply to survive but to thrive” (p.17).

Additionally, an important note about self-care is that when looking at society and culture as a whole there has been a commodification and co-opting of the notion of self-care and its original intent. Self-care has come from a legacy of political resistance and psychological healing (Talwar, 2019). As Talwar (2019), points out self-care stems from the ideology of black civil rights advocates and feminist activists to dissolve the boundaries between the personal and the political and claiming autonomy of one’s body. Practitioners must recognize their own privilege in being able to engage and have the physical and mental resources to self-care while also acknowledging the systems and power hierarchies that they are currently participating in. Practitioners can become social change agents by educating their peers on oppressive systems and how these impact individuals at every level. They can advocate for social justice through art as activism, “artivism”, so that the larger community at large can witness and engage in the discourse for change.

While there is privilege in having the means, ability, status, and access to nervous-system regulation to engage in society’s “Macro” larger activities of self-care which involve money and time organization, they are not the only forms of engaging in this act for wellness. Money does not have to be a factor for self-care, in Bush’s (2015) explanation of “Micro” self-care practices, they can be simple daily practices done with the intention to nurture, protect, heal the self, and regulate mood. More advocacy and instruction on various ways to implement self-care needs to
be done for practitioners and trainees. Information about integrating practices in their day-to-day needs to be encouraged so that they can use self-care for their overall well-being and wellness for ultimate longevity in the field.
References


https://doi.org/10.1037/0735-7028.31.6.710


https://doi.org/10.17744/mehc.32.3.0n31v88304423806


Appendix A

Informed Consent to Participate in a Research Study
Project Title: Mindfulness and Self-Compassion: Attuning skills in self-awareness to promote self-care for Art Therapy practitioners a mixed-methods study using a Mandala art directive and Acceptance Commitment Therapy (ACT).

Student Investigator: Janeth Padilla

Contact Information for Student Investigator: Janeth.Padilla@xxxxxx.xxxxxx.xxx

Principal Investigator:
Contact Information for Principal Investigator:

A. Purpose and Background

This study’s aim is to observe whether, integrating mindfulness practice and technique with a structured art directive will help art therapy professionals and students increase their level of focused awareness and help attune skills in self-care. The study will focus on a one time-occurrence through an online survey link where participants will be asked to participate in a mindfulness-based art directive focusing on the Mandala and ACT hexaflex with goals geared towards self-awareness, self-care and ultimately self-compassion.

Specifically, the student researcher will employ a Self-Care Assessment for Psychologists (SCAP) (Dorociak et al., 2017) scale with a pre-directive questionnaire and post-directive experience survey assessing the participants’ subjective experience and art work.

The research will be conducted by Janeth A. Padilla, a graduate student at Dominican University of California, under the supervision of Victoria Dobbins, Department Head of Art Therapy Psychology at Dominican University of California.

B. Procedures

In voluntarily consenting to participate in this research study, I understand the following:

1. I will be asked to complete a demographic questionnaire that includes brief questions about my understanding of and experience with self-care, mindfulness, stress, and meditation. As well as age, gender, race, cultural identification, years in the field, title and education level (Dr., LMFT, LPCC, ATR-BC, AMFT, Grad student/ Trainee) will be asked.
2. I will be asked to complete a Self-Care assessment for Psychologists (SCAP).

3. I will be asked to participate in an art directive that will incorporate Focusing-Oriented techniques using a structured Mandala mindfulness exercise. I will be asked to reflect on the image of the ACT hexaflex used as a visual cue from the ACT self-compassion hexaflex.

4. I will be asked to provide written responses to specific questions relating to the art directive and my experience in order for the researcher to evaluate impact of directives.

5. Artwork may be reproduced for use in a research thesis and for possible presentation and/or publication.

6. The photographic images of the artwork will remain the property of the researcher.

C. Risks

There are foreseeable risks involved in participating in this study. Risks of confidentiality and participation via an electronic online method are always present but will be minimized so that participants are safeguarded and ensured privacy. Participant may experience psychological or emotional discomfort like feelings of being uncomfortable, overwhelm, or/and hesitation to disclose about personal practices, ideas, or reflections. Participant may also experience an increase in feelings of stress surrounded by the use of electronic devices, applications or topics overall. However, this study is designed to reduce stress, facilitate a sense of interpersonal reflection with art as a preferred coping mechanism for stress, and promote feelings of self-awareness and self-compassion as well as encourage mindfulness practice and self-care. Referrals for therapists will be provided for any participants that seek further ideas for processing and are not currently in counseling.

D. Benefits

The possible benefits of participating in this study are listed below:
1. I may experience insight in creative self-expression and self-compassion.
2. I may experience an increased motivation for using art as a future coping mechanism for my stress.
3. I may experience a positive interaction with the practice of mindfulness.
4. I may experience an interest in self-care practices.
5. I may find it fun and relaxing to complete Mandala art work.
6. I may experience personal growth and self-awareness.
7. I may experience a sense of fulfillment by contributing to a scientific body of knowledge.

E. Confidentiality
The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. All artwork, surveys, questionnaires, and transcribed material will be coded with a number that matches the corresponding consent and permission to use artwork forms. All forms and number key will be stored separately from all artwork, test, questionnaires, and transcribed material and will be accessible to the primary researcher and student researcher only and stored in a locked box. All research information will be kept by the researcher for three years (seven years if published) and used only for research purposes. Unless published, all artwork and testing information will be destroyed after the three-year period.

**F. Alternatives**

I am free to decline to participate in this research study and can withdraw at any time.

**G. Costs**

The only costs to me as a result of participating in this research study is my time spent.

**H. Compensation**

This study is voluntary and there will be no monetary compensation for my participation in this research study.

**I. Questions**

Any questions about my participation in this study will be answered by Victoria Dobbins, emailing her at victoria.dobbins@dominican.edu. Any questions or concerns about this study should be addressed to _______ at _________.

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. My consent is given voluntarily without being coerced. I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without penalty or prejudice to my future contact with Dominican University of California.

Print Name __________________________ Date_______________________
Research Participant

Signature __________________________ Date_______________________
Research Participant

Signature __________________________ Date_______________________
Student Investigator
Appendix B

Informed Consent to Use Artwork
Project Title: Mindfulness and Self-Compassion: Attuning skills in self-awareness to promote self-care for Art Therapy practitioners a mixed-methods study using a Mandala art directive and Acceptance Commitment Therapy (ACT).

Student Researcher: Janeth A. Padilla
Contact Information for Student Researcher: Janeth.Padilla@xxxxxx.xxxxxx.xxx

Research Supervisor: Victoria Dobbins
Contact Information for Research Supervisor:

IRB Chair:
Contact Information for IRB Chair:
I hereby give permission to Janeth Padilla to use my artwork in an art therapy research project. I understand my name will not be attached to my drawings and that my identity will not be revealed to any of the other researchers. I know that no copies of my artwork will be made.

I understand that some of the drawings may be used in professional art therapy publications and presentations but with no information which would indicate the artist’s identity would be used in conjunction with them.

I know that my art will be coded for confidentiality and stored at the site of the research study. I know that my artwork will be kept for three years if unpublished, and seven years if published, following the completion of the research project in a locked box.

Print Name: __________________________________________ Date: _____
Research Participant

Signature: __________________________________________ Date: _____
Research Participant

Signature: __________________________________________ Date: _____
Student Investigator
Appendix C

Demographics and Background Questionnaire (Participants)
Please provide the following information to describe you

1. In which city do you live? ____________________________
2. What is your age? ______________ (years old)
3. What is your gender? _____________________________
4. What best describes your racial / ethnic background? (Please check one box)
   - □ White
   - □ African-American / Black
   - □ Hispanic / Latino
   - □ Asian
   - □ Native Hawaiian / Pacific –Islander
   - □ American Indian / Alaska Native
   - □ Bi / Multi-Racial
   - □ Other (Please specify: _____________________________)
5. Are you a Student or Practitioner? ______________
6. What is your education level?
   - □ Doctorate
   - □ LMFT
   - □ LPCC
   - □ ATR-BC
   - □ AMFT
   - □ Grad Student/ Trainee
   What year are you expected to graduate? __________
7. How many years have you been in the Mental Health/ Art Therapy Field? ______________________
8. Do you find yourself frequently under stress? (Yes / No / Sometimes)
9. Do you practice art independently? (Yes / No)
10. If yes, what kind of art do you practice independently? ______________________________________
11. Are you familiar with the concept of mindfulness as defined by the researcher for this research?
Mindfulness: the state of being present in the here and now, which allows for the mental capacity to acknowledge without judgement and accept one’s feelings, thoughts, and physicality.

□ Yes
□ No

12. Do you practice mindfulness on your own time? (Yes / No)

13. If yes, what do you do to practice mindfulness?

14. How much / how often do you practice mindfulness?
   □ Hardly ever (less than 3 hours/week)
   □ Occasionally (4-6 hours /week)
   □ Frequently (6 – 14 hours/week)
   □ Constantly (more than 15 hours / week)

15. Have you ever practiced meditation? (Yes / No)

16. If yes, what kind of meditation have you done?
Appendix D

Request Letter for Recruitment
Dear ______________________,

I hope this email finds you well! My name is Janeth Padilla, and I am a graduate student in Dominican University of California Marriage and Family Art Therapy program. I am currently in the process of conducting a research study in which I am researching whether integrating mindfulness practice and technique with a structured Mandala art directive helps art therapy professionals and students increase their level of focused awareness and help attune skills in self-care. Through this study I am hoping to promote art therapy and mindfulness-based self-care to the graduate population and practitioners in the field while also contributing to research in the field of art therapy.

I am reaching out to ask for your permission and to inquire if individuals in your organization are interested in participating in this study. The participation would occur online only via the following link: [http://bit.ly/3Gi6o1g](http://bit.ly/3Gi6o1g). Participants would be asked to complete a mindfulness-based Mandala art directive, answer questionnaire and survey questions. This study should take no longer than 45 minutes to 1 hour.

I appreciate you taking the time to consider this, and if you have any questions or concerns, please feel free to reach out to me by email at Janeth.Padilla@students.dominican.edu or by phone xxx-xxx-xxxx. My Research Supervisor, Victoria Dobbins, can also be reached with any questions at ________. Thank you and I look forward to hearing back from you soon!
Appendix E

Debriefing Statement
Project Title: Mindfulness and Self-Compassion: Attuning skills in self-awareness to promote self-care for Art Therapy practitioners a mixed-methods study using a Mandala art directive and Acceptance Commitment Therapy (ACT).

Student Researcher: Janeth A. Padilla
Contact Information for Student Researcher: Janeth.Padilla@xxxxxx.xxxxxx.xxx

Research Supervisor: Victoria Dobbins
Contact Information for Research Supervisor:

IRB Chair:
Contact Information for IRB Chair:

Thank you for being a part in this study. This study is being conducted to research, whether, integrating mindfulness practice and technique with a structured art directive helps art therapy professionals and students increase their level of focused awareness and help attune skills in self-care and self-compassion.

Final results will be available from the investigator, _______, by _______. You may contact me at Janeth.Padilla@xxxxxx.xxxxxx.xxx to receive an email copy of the final report. All results will be grouped together; therefore, individual results are not available. Your participation, including your name and answers, will remain absolutely confidential, even if the report is published.

Janeth Padilla, the student researcher, can answer any questions, and can be reached at: xxx-xxx-xxxx. Victoria Dobbins, research supervisor, can also answer any questions about this study. She can be reached at: victoria.dobbins@xxxxxx.xxxxxx.xxx.

If you have any questions or feelings that cannot be answered, the Dominican University of California Department offers free therapy for both part-time and full-time students. They can be contacted at the information below:

Dominican University Counseling Services
Phone: (415) 485-3258
M-F 8:30 A.M. – 5:00 P.M.
https://sites.google.com/dominican.edu/student-portal/student-health/counseling-services
Other low-cost mental health services in the surrounding area are held at these places:
Sequoia Counseling Services
Well Clinic
“As part of our human nature, we clearly want to escape; as part of our healing burden, we probably need to escape periodically to minimize the corrosive effects of conducting psychotherapy” (Norcross & VandenBos, 2018, p. 139). One must embrace healthy escapes which encompass constructive behaviors that invoke a mixture of diversion, self-nurturance, and relaxation so that they may help to balance both work life and personal life Norcross & VandenBos, 2018). Various examples are: taking breaks while working throughout the day including a lunch break, brief relaxation practices (i.e. deep breaths, mini-meditation sessions), Taking Days Off, Humor, Get-Togethers (with family, friends, or colleagues), Vacation, Leisurely Diversions, Restorative Solitude, getting back to Nature, Play, moving the body, and anything that fills your cup in a healthy way.

A warning of two strategies that have been identified as ineffective self-care are: wishful thinking and self-blame (Norcross & Aboyoun, 1994). Focusing on not being able to change and wishing it would change instead of acting exacerbates distress and reduces problem-solving. Negative preoccupation from self-blame may further distress the therapist and close them up to adaptive resources (Norcross & VandenBos, 2018).

Art therapy and mindfulness can be described by two perspectives, according to Rappaport & Kalmanowitz (2014), “(1) the processes inherent within the arts that cultivate mindfulness awareness and engagement in the present moment, and (2) that application of mindfulness practices to the art therapies” (p.32). In one illustrative study, both program directors and professional psychologists identified “self-awareness/self-monitoring” as the top-ranked contributor to optimal functioning among psychologists (Schwebel & Coster, 1998). Furthermore, Norcross (2000) states, that self-awareness aids in “the acknowledgement, the commitment, and the burden of replenishing yourself, professionally and personally” (p.710).

**Recommended Resources:**
Appendix F

Assessment Tool
Self-Care Assessment for Psychologists
SCAP

**Items**

**Professional Support**

48. I cultivate professional relationships with my colleagues.

32. I avoid workplace isolation.

30. I share work-related stressors with trusted colleagues.

26. I share positive work experiences with colleagues.

14. I maintain a professional support system.

**Professional Development**

6. I participate in activities that promote my professional development.

12. I connect with organizations in my professional community that are important to me.

8. I take part in work-related social and community events.

42. I find ways to stay current in professional knowledge.

44. I maximize time in professional activities I enjoy.

**Life Balance**

11. I spend time with people whose company I enjoy.

17. I spend time with family or friends.

43. I seek out activities or people that are comforting to me.

1. I find ways to foster a sense of social connection and belonging in my life.
Cognitive Strategies

45. I try to be aware of my feelings and needs.

2. I monitor my feelings and reactions to clients.

34. I am mindful of triggers that increase professional stress.

40. I make a proactive effort to manage the challenges of my professional work.

Daily Balance

50. I take breaks throughout the workday.

49. I take some time for relaxation each day.

4. I avoid overcommitment to work responsibilities.

Note. Item responses use 7-point response scale with anchors ranging from 1 (never) to 7 (almost always).

PsycTESTS™ is a database of the American Psychological Association
Appendix G

Open-ended Surveys
Pre- directive survey:

What is your current experience with self-care?

Do you find that you have self-awareness where you recognize opportunities for self-reflection for personal growth and professional development? How often do you find yourself doing this?

What current preventative practices do you employ when you start to feel stressed?

Have you received educational instruction on self-care practices in the field or at school, if so what kind?

Do you encounter any barriers to practice self-care, if so, what are they?

Post- directive survey:

Do you feel that this experience facilitated a positive increase in your mood and/or feelings of being less stressed? Why/Why not?

What actions would you take towards self-care, mindfulness practice for self-awareness, and/or self-compassion in the future?

Did you enjoy the art experience and would you use any of these techniques or the art experience in the future for your self-care? Which ones?
Appendix H

Focused Oriented Art Therapy (FOAT) Instructions
Focusing is a mind and body practice of accepting and receiving one’s felt sense of an issue or experience while listening with the body’s wisdom and taking steps towards growth and healing. A Focusing Attitude creates a safe place for the self where all feeling, thoughts, emotions are welcome (Rappaport, 2009).

**FOAT Instructions:**

1. **Clearing a space** - helps to bring into awareness one’s feelings and bring oneself back to a moment of “All is Fine” place.

2. **Choose an issue or a felt sense** – acknowledges something that needs to be worked on while noticing how the body responds.

3. **Finding a handle or symbol** – asking the individual to attach a symbol like an image, word, gesture, or sound to the felt sense.

4. **Feeling how it resonates** – acknowledging whether the symbol and felt sense belong together if not letting go and choosing another.

5. **Asking how it feels** – sitting with the felt sense and the symbol and imagining an inner dialogue with curiosity, openness, and resolution towards what is needed.

6. **Receiving what arises and what may come to mind** without judgement. Accepting the self, felt sense and body’s wisdom, and acknowledging what is needed.
Appendix I

Recruitment Flier
Calling for Participants

Mindfulness & Self-Care research study

Looking for art therapy grad students & practitioners to partake in a mindfulness art based study to explore personal self-care, self-awareness & self-compassion.

You will be asked to complete a mindfulness based Mandala art directive, answer questionnaire and survey questions regarding your experience.

Participation will take place online. Please use the following link: http://bit.ly/3Gl6o1g

*All identifiers and data will be kept confidential & anonymous.
Your participation is greatly appreciated.

For questions please contact: Janeth Padilla,
Dominican University Art Therapy Grad student: janeth.padilla@students.dominican.edu

Merced River Yosemite National Park
photo credit: Holistic Tri Life
Appendix J

Self-Compassion Hexaflex Image
Self-Compassion and the Hexaflex

(Harris, 2021)
Appendix K

Mandala-Hexaflex Art Directive
Please, use the image of the Self-Compassion Hexaflex (Harris, 2021) as a visual cue to reflect on as you complete the mandala.

You will need paper and pens, pencil, color pencils, crayons, or/and markers. You may print out this worksheet or use the image as a visual cue and create your own structured mandala. Please, envision yourself, a situation, or a thought to reflect on of your personal self-care and incorporate your art response onto the structured mandala outline.
Appendix L

Incident Report Form
IRBPHP HUMAN PARTICIPANT INCIDENT REPORT

DOMINICAN UNIVERSITY of CALIFORNIA HUMAN PARTICIPANT INCIDENT REPORT

All incidents of injury or other adverse effects experienced by human Participants must be reported to the IRBPHP, Office of Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA. 94901 (415-482-3547).

A written report, along with a copy of the original signed consent form, should be submitted as soon as possible, but NO LATER THAN 10 WORKING DAYS after first awareness of the problem.

Name of Researcher: Janeth Padilla
University Title: Student researcher
Department: Art Therapy Psychology Department
Home and/or Campus Address (s): 50 Acacia Ave, San Rafael CA
Home and/or Work Phone (s): xxx-xxx-xxxx E-mail address: janeth.padilla@xxxxxx.xxxxxx.xxx

Name of Faculty Advisor: Victoria Dobbins, MA MFT University Title: Adjunct Faculty, Dominican University
Campus Address: 50 Acacia Ave, San Rafael CA Campus Phone: (707)540-2829
E-mail Address: victoria.dobbins@xxxxx.xxx

Project Title: Mindfulness and Self-Compassion: Attuning skills in self-awareness to promote self-care for Art Therapy practitioners a mixed-methods study using a Mandala art directive and Acceptance Commitment Therapy (ACT).

IRBPHP #

Name of Human Participants(s)

Respond to the items 1-4 on separate sheets of white paper, single-sided, typed in black ink using standard 12-point font. Responses to #1-4 should be stapled to this Human Participant Incident Report form.

1. Nature of Injury/Adverse Effect
2. Treatment(s)/Response Provided to Human Participant
3. Reporting (to whom has this already been reported?)
4. Additional Comments

Signature of Person Reporting Incident Date Name of Person Reporting Incident:
Home and/or Campus Address(s):

Home and/or Work Phones(s):

E-Mail Address(s):