Introducing art making into MBCT as a bridge between practice and inquiry:
Exploring the use of art materials as a means of bringing the inner experience of mindfulness practice into awareness and expression.

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I certify that all material in this dissertation which is not my own work has been identified and that no material is included for which a degree has previously been conferred upon me.
Abstract

This thesis proposes the introduction art making into the mindfulness-based cognitive therapy (MBCT) programme as a means of bringing the inner experience of mindfulness practice into awareness, creating a visual means of expression and to illuminate the verbal process of inquiry. Firstly defining the terminology used, there is a description of mindfulness and the origins and central features of MBCT, followed by a brief overview of the history and theories of art therapy. Examples of published work describing the combination of art therapy and mindfulness are discussed. Similarities between the two approaches are considered, with reference to the overlapping qualities of art therapists and mindfulness practitioners and similarities in approach.

The theory that mindfulness activates implicational working memory is reviewed as the area where attitudinal changes may occur and it is considered that engaging in art making also activates this mode of processing. The expressive therapies continuum (ETC) is described, providing a theory of the different levels of activation that occur in art making. There follows a discussion of the potential benefits of including art making into MBCT and the description of a group that was taught following these lines, with examples of images and participants’ comments.

Conclusions are drawn regarding the proposition of bringing art making into MBCT, the experience of the group run along these lines. Recommendations are made for further exploration of an art based MBCT group, with consideration of the qualifications and training required.
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Introducing art making into MBCT as a bridge between practice and enquiry: Exploring the use of art materials as a means of bringing the inner experience of mindfulness practice into awareness and expression.

“The art process, a solitary undertaking much like meditation, often operates in the context of silence. A quiet inner space can be created in which the full range of human experiences can be witnessed, organized, formed and externalised” (Franklin, 1999, p3).

Introduction

Mindfulness practices as taught in the mindfulness-based cognitive therapy (MBCT) programme are ways of bringing awareness to inner experience and developing abilities in relating skilfully to difficulty.

The creative use of art materials has the potential to be a means of illuminating, bringing into awareness, exploring and expressing inner experience. By creating a bridge that supports participants in connecting with and expressing their inner experience, the use of art materials might support learning, integration and reflection on meditation practices taught as part of a MBCT course.

In this thesis it the intention to explore the potential of incorporating art process into the established MBCT programme, beginning with defining and describing mindfulness, MBCT and art therapy and giving an outline of theories relating to both these interventions.

Mindfulness refers to the ability to bring awareness to present moment experience as it arises, with an attitude of curiosity and acceptance. MBCT is a taught eight week group programme, introducing a range of formal and informal mindfulness practices and incorporating cognitive behavioural therapy (CBT) exercises, that has been developed as a treatment for recurrent depression (Segal, Williams & Teasdale, 2002).
Art therapy approaches can be defined as using visual art, creative process and psychotherapy to enhance wellbeing – cognitively, emotionally, physically and spiritually (Rappaport, 2009).

Art is a word that has many shades of meaning. Here it relates to the use of art materials with none of the connotations of aesthetics, skill or artistry that might be associated with the term. In this context the term art refers to the process of using graphic materials to make marks on paper, these materials, pencils, felt pens, chalk and oil pastels, will be generally referred to as art materials. Mark making, art making, image making and art process refer to the act of using art materials to make marks on paper, the terms image and artwork being used to describe the products of the process of using art materials, whether abstract or representational.

Similarities and overlap in concepts, approaches and participants’ experiences will be considered. There follows a more detailed exploration of specific theoretical views that may be most relevant to the central proposition of developing an integration of the two disciplines and exploring the potential benefits. There is an account of an eight week group which followed the MBCT programme, incorporating elements of art process. This will describe aspects of the art based elements, how they were integrated into the course, the rationale for this, with examples and quotes from the participants.

In conclusion there will be reflection on the overall experience of the group, implications drawn from these and thoughts on the potential of developing this mode of intervention further.

**Mindfulness**

Mindfulness, a central element of many spiritual traditions, has been developed into a secular training in mindfulness-based therapies, drawing strongly on the Buddhist tradition, where there are clearly defined ways of understanding the origins of and ending of suffering (Teasdale & Chaskalson, 2011).
Described by Jon Kabat-Zinn (1994, p.4) as “Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally”, this approach offers ways to relate differently to automatic, repetitive and negative thought processes. Being fully in the present, bringing awareness to experience in the moment, and relating to it with acceptance, enabling one to step out of analytic and ruminative thought patterns that tend to reinforce and deepen suffering.

Mindfulness-Based Cognitive Therapy

MBCT takes the form of an eight week group programme and was developed in the 1990s as a group therapy for adults with recurrent depression (Segal et al., 2002). Drawing on the work of Jon Kabat-Zinn, who had established mindfulness-based stress reduction (MBSR) in the 1970s in a medical setting for people with chronic pain (Kabat-Zinn, 1991), MBCT incorporates cognitive behavioural methods for depression with the teaching of mindfulness.

The intervention has proved effective for people who have suffered three or more episodes of depression, reducing risk of relapse by 63% to 36% (Piet & Hougaard, 2011). MBCT is specifically shown to be effective in mood disorders, as well as to be effective with managing emotional issues in wider contexts, leading to benefits in physical health as well as emotional wellbeing, as in the original model of MBSR (Kabat-Zinn, 1991).

A range of mindfulness practices are taught on the eight week MBCT course. These take the form of formal practices - the body scan, mindfulness of breath, body, sounds and thoughts, which are undertaken lying or sitting, and movement practices - walking, stretching and simple yoga postures. Also included are informal practices, bringing awareness to everyday activities, integrating mindfulness into everyday life. A particular aspect of the MBCT programme is also the breathing space, a short formal practice that can be used in stressful life situations. CBT exercises are incorporated into
the course and address identifying and relating skilfully to negative thought patterns (Segal et al., 2002).

The programme covers the cultivation of awareness through mindfulness practice, an attitudinal framework of genuine interest and acceptance, together with learning around the nature of suffering and vulnerability; facilitated through, practice, reflection, dialogue, group exercises and teaching. Enabling the individual to disengage from analytic thought processes, bring the awareness back to the actuality of the moment and so open the possibility of a wiser responsiveness to situations (Crane, 2009).

Art Therapy

As well as considering the background and main elements of MBCT, it is important to look at the background and relevant aspects of art therapy. The British Association of Art Therapists website (“What is art therapy?”, 2012) defines art therapy as “a form of psychotherapy that uses art media as its primary mode of communication... The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.”

Art therapy practices offer ways for people to process and make sense of their experiences through visual means, without aesthetic judgement, allow for direct exploration of physical sensations/movements, emotions and thoughts (and provide an image and thereby a record of these) and offer an avenue of emotional release. Pictures allow for communication back to the self and to others, through direct physical actions, colour and form, and symbolic imagery. (Kagin & Lusebrink, 1978). Images produced can be reflected upon in the immediate period of enquiry, and at a future date.

Art therapy offers the opportunity to use art materials in an expressive and individual manner. The art therapist is central to creating and holding the setting to enable this process to unfold (Shaverien, 1992). The images created will be reflected
on by therapist and client, often in silence, allowing further thoughts, feelings and meanings to arise, which may be (though not necessarily) further explored through discussion. The artwork produced is kept by the therapist and can be reflected upon in the future, acting as a concrete record of the session (Case & Dalley, 1992).

Art therapy is a state registered profession in the UK, requiring a post graduate qualification and usually a first degree in art. It is considered important that the art therapist has their own art practice in order to support others in their engagement in art process. This is not unlike the expectation on mindfulness teachers that their teaching be grounded in their own mindfulness practice. Art education is based in creative problem solving, exploring inner reality and personal meaning and finding means of expression, giving graduates experience very relevant to the practice of art therapy (Case & Dalley, 1992).

Art therapy in the UK developed during the second half of the 20th century out of two separate strands. Art as therapy was developed by Adrian Hill working in sanatoriums. Hill came to understand the healing potential of the creative process and saw it as means of focussing attention away from distressing issues (Waller, 1991).

The second strand of art therapy was influenced by the work of Margaret Naumberg, a psychologist and psychoanalyst who is considered a, if not the, founder of art therapy in the USA (Waller, 1991). “The process of art therapy is based on the recognition that man’s most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words.” (Naumberg, 1958, p.511)

This second strand developed in relation to psychoanalytic theories and put the emphasis on the transference in the therapy relationship, drawing on the theories of Freud, Klein and Jung (Waller, 1991). Very influential was Donald Winnicot (1971) whose description of the transitional object and the potential space, created within the therapeutic relationship, resonated with art therapists negotiating a three way relationship with the client and the artwork.

In this thesis it will be useful to look at the Expressive Therapies Continuum (ETC), a conceptual model that describes four modes of interacting with art media, the
kinaesthetic/sensory, the perceptual/affective, the cognitive/symbolic and the creative, which synthesises the first three (Kagin & Lusebrink, 1978). Creative actualisation may occur at any stage of the process, reflecting interaction with the materials, the created image and in verbal processing with the therapist (Peterson, 2006).

**Mindfulness and art therapy**

Art therapy comprises a range of approaches and combining a practice of meditation with art making is not a new concept (Frank, 1973). There are art therapists who are currently developing ways of bringing mindfulness into their practice. Art therapists including Allen (2005) and Malchiodi (2007) have written about the use of meditation before art making, describing an openness to whatever emerges in the art process in similar terms to the “beginners mind” of Buddhist teaching and as described by Jon Kabat-Zinn (1990,p.35). “One of the things that artistic creativity has to teach us is to let go and go with what emerges...we need to continually relearn how to create with a beginners innocence, curiosity, and exploration”(Malchiodi, 2007, p.47).

There are also interventions being developed that integrate the two disciplines more fully. Mindfulness-based art therapy approaches are being introduced for a range of client groups, currently one paper has been published describing a mindfulness-based art therapy group, for women with cancer (Monti et al., 2006). This randomised, controlled group comprised three elements, mindfulness practices, art therapy and group process and provides encouraging initial data regarding the intervention’s potential in key aspects of quality of life.

Englund (2008) writes about a mindful art therapy model, developed to address the needs of employees with fatigue syndrome related to work stress, where there is an integration of “the practice of mindfulness meditation with the invitation to document attention to the moment through imagery....MBCT key practices are further elaborated by making art”(Englund, 2008, p.450).
A study to compare MBSR and a “healing through creative arts program” (Garland, Carlson, Cook, Landsdell & Speca, 2007) found both groups showed significant benefits, with participants in the MBSR group showing greater improvements in measures of anxiety, anger, overall stress and spirituality.

A recent study “A heuristic and art based inquiry” a personal account of combining art making and MBSR has been published by Pui Yin Lo (2011). Increased self-knowledge, an ability to explicate and externalise internal states, feeling grounded and focussed, enabling self-review, were some of the benefits she reports.

“By sinking into the rhythm of making marks on paper and cultivating a laser-beam like focussed attention, I was immediately absorbed in the present moment.”

“The combination of art making and mindfulness practice has helped me to break through the state of ‘restricted existence’. Before, I had a very limited awareness of myself…I saw few options for dealing with life situation and tended to feel trapped or helpless.”

“Drawing alongside the MBSR process has helped to stabilise my mind. It acted as point of focus that I could go back to...in the unsettling mindfulness practice.” (Pui Yin Lo, 2011, p.16)

**Similarities between the two approaches**

In exploring the potential of combining mindfulness teaching and art therapy, it may be useful to consider the areas of similarity between the two approaches. Allen (1995, p.x) observes that “making images...is a form of practice, through which, like any spiritual discipline, knowledge of ourselves can ripen into wisdom.”

It is possible to see parallel processes and experiences between art therapy and mindfulness teaching, although initially it may appear that there are significant differences, the former being often seen as closely related to psychotherapy in aims and approaches (Shaverien, 1992), the latter being a taught course aiming to impart skills in being present and relating creatively to difficulty (Segal et al., 2002). However
where art therapy differs most significantly from many psychotherapy approaches, is in supporting the participant to engage in exploration of experience through non-verbal means. Accessing feelings, sensations and thoughts through direct physical expression, imagery and symbolism, there is the opportunity to explore these experiences through verbal communication, following the art process (Dalley, 1984). So in art therapy as well as in MBCT there would be periods of practice followed by a period of dialogue and discussion relating to whatever arises in the practice period.

In MBCT this takes the form of inquiry, which follows every formal mindfulness practice, such as the body scan, breath and body meditation, movement or walking (Segal et al., 2002). Here the role of the MBCT therapist is to draw out whatever the participant noticed during the practice, through dialogue relate this to personal and universal tendencies and link how this might support learning new strategies around daily living (Crane, 2009).

McCown, Reibel and Micozzi (2010) describe the process of inquiry “into the participant’s subjective experience...her pre-semantic knowing in the moment – with an intention to make more conscious meanings that are then available for further investigation” (p.127). This description could also relate to the process of art therapy.

As there appears to be a degree of overlap between the two disciplines, there are similarities between the approach and skills of the therapist. The art therapist needs to bring a stillness and present moment focus to the session, to sit in silence and bring awareness to all that is unfolding in the process of art making (Franklin, 1999). The therapist also needs to demonstrate non-judgemental acceptance of the client, the process and the product throughout the session. This quality of acceptance is essential if the client is to begin to engage with the art materials, or indeed to be able to enter the art room at all.

“The task is of being available to the multiplicity of meanings contained in one image. It is this ambiguity, remaining open to many possibilities, and holding many layers of meaning, without definite interpretation.” (Case & Dalley, 1992, p. 149).
Qualities of the therapist

The mindfulness therapist needs to develop particular qualities and these are in many ways similar to those required by the art therapist. Jon Kabat-Zinn (2009, pp.33-40) describes seven attitudinal qualities which are the foundation of mindfulness practice and the embodiment of these by the mindfulness teacher throughout the course helps the participant to begin to develop them for themselves.

- Non-judging - Becoming aware of and stepping back from the constant stream of judging and critical thoughts.
- Patience – allowing things to unfold in their own time.
- Beginners mind – being open and curious about present experience rather than relating to it from what we think we know.
- Trust – trusting own feelings, intuition, sensations and wisdom.
- Non-striving – allowing the present to be as it is.
- Acceptance – being with reality without struggling to change it.
- Letting go – staying present and allowing experiences to arise and depart without becoming entangled in it.

Similar attitudes would inform an art therapist’s work. The art therapist may spend lengthy periods of a session in silence, being with the participant as they engage in art making, bringing an openness and non-judgemental curiosity and observing their own responses as they arise (Franklin, 1999).

- Non-judgement – the art therapist must demonstrate a non-judgemental attitude to the participants’ skills and images.
- Patience and silence – the ability to sit in silence as the process unfolds.
- Curiosity and openness – being interested and open to whatever arises in the process, not jumping to conclusions.
- Trust – in oneself and the process, allowing the process to unfold in faith that meaning and benefits will arise.
- Allowing - being in the moment, present and with what is arising, however difficult.
• Acceptance – in relation to the artwork and participants experience in creating it.
• Letting go – accepting whatever arises and letting go of preconceived ideas of what should happen.

Both disciplines involve supporting participants to undertake unfamiliar practices, to go on an inner journey, with an opportunity to verbally explore that experience and find meaning for their lives. In both cases there may be strong concerns about the oddness, the unfamiliarity, of what they are being asked to take part in and there may be critical self-judgement about abilities to do the activity “properly” or to some inner standard. Participants who are more used to a cognitive, verbally based, problem solving approach to experiences, may have a need to know “why and how” rather than engage with the experiential process and an accepting and non-judging approach by practitioners is necessary to support people to engage with the practices in both modalities.

**How mindfulness may alleviate suffering**

Having established areas of similarity between the two approaches, it will be useful to consider a theory of mindfulness that relates to the use of imagery, metaphor and poetry in MBCT. Poetry is a key element of the course and there is also considerable use of metaphor (Segal et al., 2002), with the intention of engaging an implicit rather than explicit way of knowing, accessing a *felt sense* and a deeper meaning beyond words.

John Teasdale and Michael Chaskalson (2011) have developed a theory of how mindfulness teaching may help to alleviate the suffering that is driven by rumination following upsetting events. They describe three strategies for change, firstly to change what the mind is processing, by intentionally redirecting attention, for instance to the breath. The practice of mindfulness cultivates our ability to know, directly and intuitively, our experience moment by moment, to detect when we are caught up in
thoughts and intentionally redirect attention to a chosen focus. This is reflected in the first strategy.

The second way is changing how information is being processed, perhaps by intentionally allowing and attending to unpleasant feelings as they arise. Thirdly, changing the view of the experience, by seeing events in a different light, not taking things personally or seeing them as permanent.

How mindfulness changes the way the mind processes and views experience is explored in Teasdale and Chaskalson’s theory, and how this takes place in working memory. This is the place where separate pieces of information are held and integrated into wider patterns that can then shape new understanding. Two aspects of working memory are described which reflect different levels of meaning. Propositional meaning relates to factual, explicit, literal meaning and implicational meaning which captures the subtler, holistic felt sense of experience and can be communicated by metaphor and poetry.

Implicational meanings are directly linked to emotion and suffering, whereas propositional meanings are only indirectly linked by how they affect implication meanings. Propositional working memory is the area where we compare where we find ourselves with where we want to be and thereby get caught up in negative patterns of thinking. It is within implicational working memory that change to alleviate suffering must occur, as it is here that themes of dissatisfaction, disappointment and frustration arise to trigger negative thought patterns.

The second strategy of this theory would be in changing how information is processed, by cultivating a more direct, intuitive and experiential way of relating to events. Mindfully approaching and attending to the feelings and sensations arising in response to a difficulty, creating a shift away from thinking about it, involves a transition from propositional working memory to implicational. Implicational working memory also being the mode accessed in art making, where such themes may find direct kinaesthetic, formal and symbolic expression.
Through learning to practice mindfulness there may be a reconfiguration of the mind, as the primary influence shifts from the propositional to the implication working memory. Cultivating a practice involving approach, allowing and goodwill towards experience, brings the feel of this attitude into implicational working memory where such qualities may remain present and active. So there may be a shift from a habitual mode dominated by propositional processing to an alternative mode more influenced by implicational working memory and experiential knowing, from a predominantly doing mode to a being mode (Segal et al., 2002, p.73). Although art-making is in one sense a very doing activity, it is also a means of accessing the being mode. This shift would need a regular practice to sustain it, a practice rooted in the implicational mode. A regular engagement with expressive art making, as well as a regular mindfulness practice, would help sustain this shift in mode.

The third change proposed in this theory is changing the view, the perspective, or schemas through which we view our experience, introducing a shift in how we attend to our thoughts and feelings rather than from them. It is within implicational working memory that such changes in viewpoint need to happen. Embodiment of qualities of allowing, kindly curiosity and a non-judgemental attitude by the mindfulness teacher is one of the main ways the felt sense of these qualities may be communicated and understood at an implicational level.

Participants may at the beginning of an MBCT course be operating principally on the cognitive level, in propositional mode – wanting to have mindfulness explained to them, so that they can understand it theoretically. The teacher’s task is to gently guide, through an experiential approach, towards a felt sense of mindfulness and an inner knowing, more within the implicational mode. Similarly art therapists support participants to engage with the implicational mode through sensory, kinesthetic and visual means.
A theory of art therapy

It is would appear that the process of creating an image, sitting with the finished image and allowing responses to the image to arise, are processes that operate by activating the implicational working memory (Malchiodi, 2012, p.21). Though it is possible to make images and talk about them within a conceptual, thought based framework, for example diagrammatic images or those that simply illustrate an idea or mental image. More often people quickly become absorbed in the process of mark making and a shift of focus and mode of processing occurs.

In art therapy there is a recognised difference between embodied images and diagrammatic images as described by Shaverien (1992) and these distinctions correlate to the two areas of working memory described above. Embodied images are defined as images that in the making change something in the psyche of the maker and can articulate states for which there are no words, so words cannot be substituted for such an image (Shaverien, 1992). Such images may arise from allowing the materials to lead, exploring making marks, but from this a depth of meaning may develop.

The ETC describes processes that arise during art therapy (Kagin & Lusebrink, 1978). This conceptual model describes four modes of interacting with art media, the kinesthetic/sensory, the perceptual/affective, the cognitive/symbolic and the creative, which synthesises the first three. Creative actualisation may occur at any stage of the process, reflecting interaction with the materials, the created image and in verbal processing with the therapist (Peterson, 2006).

This theory of the processes arising within the art therapy experience, describes different levels of activation. The first, the kinesthetic/sensory relates to expression through bodily movement and interaction with the art media on a sensory level. At this level there is minimal reflective distance, but a sense of the body in movement and the feel of the materials on the surface of the paper (Englund, 2007). Here practice may be similar to exploring bodily sensations through mindfulness practices like the body scan. Bringing awareness to present moment sensations, so changing the content of what is being processed.
The second level, the perceptual/affective relates to form and structure and emotional expression. Active engagement with form and structure may give rise to expressions of feelings and experiences on this level can help participants express emotions, identify and discriminate among emotional states (Hinz, 2009). Through expressing emotional states in pictorial form, a new relationship to them becomes possible. Getting the feeling “out there” can create a shift in perspective, allowing space for a new relationship to feelings and experience to develop. This may have some correlation to the second strategy, changing how information is processed as outlined above.

The third level, the cognitive/symbolic relates to images which incorporate symbolic imagery and enable exploration though more cognitive engagement. Here, personally significant symbolism and imagery can emerge, be seen from a more objective perspective, be attended to and new possibilities, new views be explored. Through image making and subsequent dialogue, ideas and beliefs can be examined, creating the possibility of changing attitudes and thought patterns relating to daily life.

The processes described in the ETC are not fixed or exclusive, during even a short period of art making all three levels may be active, so an image that begins with purely kinesthetic/sensory marks may take on a life of its own and become imbued with emotion and meaning (Hinz, 2009). Creative engagement can be seen as a synthesis of the different levels, where there is dialogue between the individual and the media forming a unique and transformative experience, as in the creation of an embodied image (Shaverien, 1992).

These concepts attempt to delineate some of the processes that are present when participants engage with art materials within a therapeutic setting and relationship. In the teaching of MBCT a very specific setting and atmosphere is created, with different aims from a psychotherapeutic relationship, but there are similarities as already noted, between the skills and approaches of the two professions. An art therapist would encourage the art process to unfold within a quiet, supportive, non-judgemental, reflective environment and incorporating art therapy based elements
into MBCT would not seem to create a conflict of approaches – though possibly a pressure of time.

There arises an interesting comparison here in how the methods and aims of mindfulness teaching and of some, though not all, art therapy. The ETC is a hierarchical system that places the cognitive/symbolic level at the top and practitioners might regard the creation of and development of personal symbolism and the ability to reflect verbally on these as the route by which therapeutic change may occur, by developing insight through working up through the different levels.

In mindfulness, participants are encouraged to focus awareness on and explore bodily sensations, to establish an anchor, a place of refuge, by focussing on sensations of the body and the breath (Segal et al., 2002). As the course progresses themes of recognising and becoming familiar with habitual reactions, thoughts and feelings, from a more objective position are central to the course, but with the focus on moment to moment awareness of bodily sensations as a means of illuminating these and as a central and potentially transforming aspect of practice.

In both cases new insight and understanding are seen as benefits of the process, in both cases such changes at the cognitive level arising from practices rooted in the sensory and affective levels.

**Bringing art-making into MBCT**

Being rooted in sensory and affective levels of processing, art-making is a means of expressing aspects of experience not immediately available to verbal communication. Bringing art-making into the MBCT programme as an extension of the longer mindfulness practices has the potential, by adding another dimension to self-reflection and dialogue, of enriching the following process of inquiry. The period of image making following immediately after the formal practice, becomes in effect an extension of that practice, whilst also allowing sensations, feelings and thoughts to become apparent in concrete form. The image may become the starting point and
focus for dialogue, as a concrete representation of the experience through kinesthetic and symbolic expression.

The transition from a non-verbal, being mode, where the focus of attention has been directed to a felt sense, or inner experience, to verbal communication, is not always easy. The very nature of mindfulness practice being to take the participant into a non-verbal state of mind, into the implicational mode, becoming more connected to sensations and creating a shift in perspective, bringing new awareness to feelings and thoughts. Silences can follow the teacher’s invitation for participants to share their experiences of mindfulness practices, as people take time to come back to verbal mode of processing. Making images can be a significant means to explore, express, organise and make sense of felt experience and as a concrete expression, become an important bridge to verbal communication and understanding.

Crane (2009, p.4) describes three broad elements of mindfulness, relating closely to those outlined by Teasdale and Chaskalson (2011).

1. Awareness –what is being processed.
2. Attitude – how experience is related to, with acceptance and kindness.
3. Embodied understanding – the view of experience, recognising and stepping out of old patterns.

There are parallels between the two approaches as interaction with art materials brings the participant into present moment awareness, out of repetitive ruminative modes of thought. Kaplan observes that “genuine creativity is characterised by an intensity of awareness” (2000, p.52).

The artwork being a concrete representation of experience, brings the possibility of attending to the artwork - and thereby the experience - from a distance, with a different and potentially more accepting perspective.

Dialogue developing though attending to the artwork, allows for connections to be made to recurring thought patterns and life situations. By creating a safe distance of metaphoric objectification, art making becomes a way to develop acceptance and change. Art making additionally brings a cathartic aspect, where feelings arising in the
practices may be expressed and released, which may facilitate attending/allowing to
develop in relation to the image. Machiodi observes that “to capture through visual
imagery the internal world of feelings, sensations, perceptions and cognitions, makes
art therapy ... a valuable way to work” (2012 p. 56). Engaging in art making can activate
different levels of mental processing, taking the participant from the propositional
mode to the implicational and through the creation of a concrete end product that can
be reflected upon, it can aid self-reflection and be a starting point for dialogue and
linking to experiences in everyday life (Crane, 2009).

**An art based MBCT group**

There follows an account of an eight week group that was designed and run to
explore the potential of the ideas outlined in this thesis. The course began with an
introductory session to allow people to find out what would be involved in a
mindfulness course that also incorporated art making.

The art materials that were available during the course – pencils, coloured
coloured pencils, felt pens, soft pastels and oil pastels, could all be used on any type of paper
surface, did not require water or brushes and are direct media allowing for a very
direct and immediate expression and do not require particular skill to manipulate.

During an introductory session for an MBCT course, it is important that
individuals get a taster of the formal mindfulness practices that are central to the
programme. Participants engaged in a short breath and body meditation (Segal et al.,
2002), with time for reflection and questions to follow, similar to the inquiry after
practices during the course. In this instance, as well this practice, participants were
asked to pick up and examine one item from the range of art materials available, a felt
pen, crayon, chalk or oil pastel. They were then invited to closely examine the qualities
of the item in their hand, the colour, texture, weight, smell and similarly to pick up,
examine, feel and smell the paper. Then to see what the medium felt like in contact
with the paper, what kind of marks could be made, while being aware of the
movements of the hand and arm. This detailed exploration of the medium, closely
follows the nature of the raisin exercise (Segal, et al., 2002, p.103) that takes place in the first week of the MBCT course. Here participants are invited to closely examine a raisin, exploring it with all their senses, as if they had never seen one before.

This exercise introduces people to a way of interacting with art materials that is nothing to do with skill or artistry, but purely sensory and kinesthetic and sets a non-judgemental tone of acceptance and curiosity, of experimentation. During the course art-making was a part of each session, following and being an extension of the formal mindfulness practices, the bodyscan, mindfulness of breath, body, sounds and thoughts, mindful movement. Including art making into the MBCT programme meant shortening these longer practices by about ten minutes to accommodate the time for art, with each session running for 2 hrs 30 min overall. An outline of the course showing where the art making was incorporated into the programme, is included in the appendix in figure 19.

The participants were invited to pick up art materials, while maintaining present moment awareness as they moved, and in silence create images that in some way related to the experiences they had noticed during the practice. There was little verbal guidance offered during the art-making, beyond encouraging people to continue to be aware of the present moment. As engaging with art materials of itself takes people into an implicational mode of operating, to keep up verbal directions, as would be the case with the body scan, could distract rather than help participants to be focussed.

Following the two practices participants were invited to reflect on aspects of the whole experience. The image was most frequently the focus of a person’s contribution, by being there in front of the group it was already a form of shared communication, sometimes very eloquently expressing a mood or frame of mind. The image can be a powerful bridge and catalyst, conveying meanings of itself through marks or imagery, as well as being a starting point for verbal communication. Participants spoke of the process of making, the kinesthetic aspects, the lightness or vigorousness of the strokes, also of the sensory aspects, the feel of smoothing chalk onto paper. These physical aspects might also be directly linked to emotional states,
anger being expressed and released through vigorous mark-making or a sense of calm developing while smoothing chalk.

Having the image in front of the group meant that people also talked about the emotional aspects of the image and the process – these potentially having different qualities – a picture might embody feelings of anger that were diffused in the act of making, leading to a feeling of release or relief. These are clear examples of different stages of the ETC, the purely physical, sensory level and the perceptual/affective with direct expression of emotion. At other times images could be symbolic, incorporating symbolism and imagery of strong personal significance. This might appear as a recurring motif, related to other aspects of a person’s life, or arise as an image in the moment, without forethought.

Also pictures could be almost diagrammatic, delineating a series of thoughts or feelings as they arose in sequence, this sometimes followed one of the CBT based elements of the programme. CBT exercises, considering reactions to specific scenarios (Segal, et al., 2002), were followed by periods of art-making, giving people a different way of processing and conveying the sensations, feelings and thoughts that arose. Symbolic and diagrammatic images occur within the symbolic/cognitive stage of the ECT, most closely related to the propositional mode of processing. However, the interaction with art process tends to evoke the implicational mode and even diagrammatic images may convey a real emotional charge, as participants express the complexity of their responses to the scenarios.

As part of the final session, participants were asked to reflect on their overall experience of the group and the art making aspects in particular and made images to explore these themes. These images showed aspects of the journey they had undertaken and symbolically expressed changes in their relationships to difficulty. There follows a selection of images made in relation to both formal mindfulness practices and the CBT based exercises in the course, with reference to the different levels of engagement of the ECT.
Images from an art based MBCT group

Different strands emerge and are developed as the MBCT programme unfolds, beginning with bringing the focus of awareness to the body, through the raisin exercise and the body scan (Segal, et al., 2002).

The body scan

In creating figure 1, after the body scan in week one, the participant became absorbed the sensory qualities, smoothing the oil pastels up and down the outline of the body and out the extremities, continuing to do this after the rest of the group had stopped drawing. She spoke of the breath flowing into the top of the head and out through the feet, the art process becoming a direct expression and extension of the sensations experienced during the practice. This creation of a representation of the experience, engaging all the levels of the ETC, connects the participant with her experience, engaging the implicational level of knowing.
Created following the first practice of body scan, figure 2 shows the figure broken up into rectangular bits, separate but also connected. Red marks show thoughts rising and spiralling from the head, also in bits. This image, in some ways diagrammatic, shows the sense of strangeness the participant felt on shifting focus from one area of the body to another, also how active her thoughts were. This image of disjointedness nevertheless integrates the different elements into a coherent whole.
Figure 3 shows the breath flowing through the body and making a looping movement on the way through and there are kinaesthetic/sensory and perceptual/affective aspects to this image. The shapes follow the flow as the hand describes movement, colours and shapes reflect the qualities of flowing. The participant was tearful both during the practice and the art process, describing the flow of breath and a sense of feelings coming out and she spoke of how this “felt OK, a release, allowing things out.”
Figure 4 followed a breath and body awareness practice which had brought sharp awareness of bodily discomfort around the heart. “It put me in touch with physical anxieties that are around my heart, it felt like a lot of stabbing. I wanted to draw a nail - as if someone was banging it in.”

This participant felt held by the practice of bringing awareness to the body and breath and drew the blue vertical flow of air. She described drawing a more definite tube or pipe, to help her remember that this part of the practice calms her. “A tube I can remember, it makes it more solid. I realise when I draw things, I can try and hang on to them.” This image, produced in a few minutes, carries a wealth of meanings, the physical sensations and the emotion connected to these, the intentional returning of awareness to the breath, which she described as keeping her more centred, and the deliberate use of art process to make a concrete reminder of the benefit of the practice.
Mindfulness of the body

Figure 5 shows the depiction of physical pain in the sitting practice in week three, which includes bringing attention to bodily discomfort. The image shows the breath forming a vertical wavy line, which the participant described as a central place to come back to. The curving horizontal lines depict tensions in the body and the dark shapes are noises and thoughts. The circles in the top left relate to a headache.

“I was thinking what does the pain look like? The shape, the colour of it, the throbbing of it.” This image shows a range of elements that arose in the sitting, with a graphic depiction of specific pain. Noises from outside the room were experienced as bringing her attention back to her body, rather than distracting, and are incorporated into the shapes depicting the body sensations.
Figure 6 was made in relation to the movement practice in week three and was described as showing a sense of freedom and opening, a feeling of peacefulness. A lot of white paper was left to show light coming in, the dots relate to tingling sensations in the fingers. In this image, the movement practice is depicted kinesthetically through the making of the drawing, also holding a felt sense of freedom and peace, represented in the open white spaces.
Relating to thoughts and difficulty

Figure 7 was created in response to the body scan in week two, showing how thoughts can seem to dominate practice, and take the attention into the past, while listening to instructions around focussing attention on present bodily sensations. The two elements, the body lying on the floor and the whirlpool of thoughts spiralling downwards to a dark point in the past are depicted. The two aspects appear to show a degree of integration in the image, as both elements form part of a coherent whole.
Whirling thoughts, a minefield of thoughts...in the blue of awareness.” This person spoke of the difficulty of coming back into present awareness, to touch base, but also reflected that that making the image in figure 8 was “a kind of focus for what’s gone and then becomes a kind of release for it.”

The mind was full of whirling thoughts during the practice, reflected in the vigorous black marks through the kinesthetic process, also holding emotional expression. This theme arose in inquiry on several occasions, that tension and strong feelings arising in the mindfulness practice, could find release through the process of the making of the image.
Figure 9 was made in relation to imagining thoughts as clouds moving in a blue sky of awareness, during the practice. The participant spoke of finding it hard to stay focussed more than a few seconds. “The dark clouds are thoughts, bringing them in to the practice brings up a lot of difficult stuff.” This image shows deliberate use of different media, the blue sky drawn first in broad strokes with soft pastels and the thoughts in hard pencil with detailed crosshatching giving them a quite different quality both visually and kinaesthetically.

Struggling with distracting thoughts, this participant spoke of being more present while engaging in art-making. “I’m more in the present with the art materials, with the sensations of making the marks, allowing myself to go with whatever is happening.”
Thoughts & feelings exercise

Images were made in response to the CBT aspects of course, as well as to the mindfulness practices. In this exercise participants were invited to listen to a scenario of seeing a friend walking down the street, waving to them and the friend walking by (Segal et al., 2002, p.142). To focus on thoughts, feelings and sensations that arose, following this with art making, the intention was to encourage people to stay with and explore in images their internal experiences in relation to the scenario.

Figure 10 depicts a sequence of responses in a graphically descriptive manner. The pink/purple upward strokes on the left, depict waving, followed by a sinking down to a darker shape, from which a squiggly line emerges. This line both goes down to a dark square shape, however it also rises upwards into a more open blue/mauve cloud, evoking the different mood states by colour, shape and position. The participant described the progression, waving, sinking down into a darker place. Here there is a choice, to go down into “a much darker place, where you’re pressed, boxed in and it’s all your fault”, or a second line of thought rises up to “oh, they must’ve forgotten their glasses...” reflecting awareness that the nature of response could be related to current mood.
Figure 11 was created with very strong physical movements, creating an image of a dark hole associated with thoughts of “I’m invisible, they don’t care enough to see me, they don’t want to see me.” This was followed by very powerful outward moving gestures, “I found it quite a release to get it out, I can see it spinning – here’s what I’m thinking, but it’s not necessarily right - so to get it out…”

Through creating a kinesthetically expressive image, there was a release of emotion and through that a more considered response began to emerge.
Automatic Thoughts

A list of automatic thoughts commonly experienced by people with depression was read by group who were asked to tune into their responses, then going straight into a breathing space, which was followed by image making.

Figure 12 began with a heavily drawn black dot and gradually spiralled outwards. This person described having a strong response to one particular phrase, which was like going into a black hole. During the breathing space this very quickly moved outwards, creating more space to a place of release “When I’ve got out here it’s gone.” She also described a sense of the breath winding in and out again. The different qualities of movement and line created a very real sense of contrast, moving from intensity, rapid motion and pressure to slow expansive movements of light pressure.
The Guest House

Participants created images following the reading of the poem the Guest House by Rumi (Segal et al. 2002, p.221), where the reader is invited to welcome all comers equally.

“I love the idea of the door... ushering them in, rather than saying - bloody hell it’s you again!” Figure 13 incorporates two metaphors, the door from the poem with the wind blowing through it, and the tree which can withstand the wind due to its roots. There are “naughty birds” (unwanted thoughts) who come and nest in the tree. “So it’s like meeting them - the naughty birds are things that come and have their time and go.” It is interesting how this person combined their recurrent personal imagery of the tree with the imagery and attitudinal quality of the poem, how the unwanted thoughts took form as naughty birds, which flew in and away again on the wind blowing through the open guesthouse door.
Figure 14 was described by the participant as “very much a feeling sort of picture rather than thoughts. When I’m doing it I’m not thinking…. I’m just doing.... the colours are all woven together, those are all the different things referred to in the poem. You can actually open this door…the door isn’t solid, the chair is solid. The chair represents what we’re doing here - sitting”

Sometimes this person’s images had a quality of illustrating an experience, so her comments on this being a feeling picture relate to a different level of engagement with the art process. It shows the guests in the poem as woven colours, juxtaposed with the solidity of the chair, sitting and being with all the variety visitors. The handle signifies the door can be opened to allow the visitors in, and as a means to be able to control the opening and closing of the door.
Reviewing the course

In the final session participants were asked to reflect on their overall experiences on the course and make an image reflecting these.

Figure 16. Parenting Yourself

Figure 16 depicted a sense of mindfulness practice as “being able to give yourself a hug...a way of parenting yourself really.” The art making had suggested more creative ways of coping with issues, as depicted in the coloured background where difficulties are contained rather than “splurged.” “It has made me aware that I’m not just a victim of my own mood.” Though the dark shadow beneath the image shows “the fact that at times I’ve been too depressed to engage properly,” as this person missed two sessions due to low mood. This image in its emotional and symbolic content, shows a real caring attitude being developed towards the self, also the containment of the difficulties that before might have been chaotic or overwhelming.
On the left of figure 17 are the whirling thoughts that were the reason this person came on the course. On the right mindfulness practice is depicted as a safety net or hammock. “Discovering mindfulness as a way of dissipating that maelstrom of thoughts. The clouds are still there, but you can observe each one in its balloon and try and let it go and the mindfulness holds you in place.”

Again difficulties and negative thoughts are shown as black spirals, but alongside a place where they are more contained, manageable and can be related to in a different way from before, from within the safety net of mindfulness.
Figure 18 depicts a journey, described by the participant as showing tears and pain, but with space around that shown by the blues and yellows. This person is dyslexic and the use of art materials to help her express her experience had been a really significant element of the course.

“It was very much easier to let myself be in the drawing. My brain gets really buzzy with things, I get very frustrated with trying to put it into words.” She described the experience as having a spontaneity that was liberating. “I never have an image, it just comes out, there’s a curiosity for me which doesn’t involve inner criticism. The sensations or feelings, to put things down in visual form - that isn’t words or talking – I just love it.” “Just being able to put things down, to use colours, it’s given me confidence.”

Overview of the course

Incorporating art process into the MBCT programme proved to be a creative and enriching experience for all concerned. The participants engaged positively with art making from the beginning, showing the art process to have a high level of
acceptability. Mindfulness practices can raise difficult sensations, feelings and thoughts, but this was not an issue within the art making itself. In fact the art process introduced a cathartic aspect which participants identified as helpful in releasing difficulties. Going into art making as an extension of the formal practices and CBT exercises introduced another means to explore mindful awareness of responses and through the different levels of the ETC, create images that vividly express participants’ overall experience.

Bringing art making into the session between the practice and inquiry brought another dimension to this aspect of the course, becoming a reference point for verbal reflection which covered the mindfulness and art elements. An issues that arose for the therapist, was how best to maintain a balance in relation to the two elements. The images tended to be the focus of attention for the teacher and the group, with the inquiry then being more centred on the artworks, potentially limiting a fuller exploration the mindfulness practice itself.

For one person the inclusion of art making was particularly helpful as being dyslexic she had found the cognitive elements and written handouts difficult. The possibility of processing her experience in visual form was important in helping her relate to and grasp some of the central concepts of the course and helped her to verbally express her experience. This individual specifically identified the art making as significant during the feedback, though all the participants had found it a positive experience. Overall the group fulfilled and exceeded the hoped for outcome, with the images creating another dimension to the mindfulness practice, a rich arena for expression and as an aid to exploration and linking to experience in the inquiry.

Conclusion

Art therapy and mindfulness theories and practices have here been considered, with reference to the similarities in approaches, and the potential for including art therapy based activities into the MBCT programme explored, with a description of a group taught along these lines. Overall there seemed to be direct
benefits for the participants, by including another means of exploring mindfulness and bringing the inner felt sense of mindfulness practice into verbal processing in the inquiry. Engaging the implicational mode through art process, resulted in a concrete image, providing a bridge from the inner felt sense to verbal processing and interaction.

In practical terms this was achieved by cutting the length of the longer practices, but as the art process could be seen as an extension of these, at limited cost. The greatest challenge for the therapist was in managing the two elements within the inquiry. Participants’ response to the art process was overall very positive, both during the course and in the final review, with particular benefit for an individual with dyslexia.

This initial group demonstrating a positive outcome, this approach would be worthy of further exploration through a clinical trial. Bringing art making into MBCT has potential to be beneficial for participants with dyslexia, or conversely those with overriding cognitive and verbal processing styles - bringing another means of accessing the implicational mode. There could also be applications beyond the field of mood disorders. The physical dimension of art making would make it appropriate with physical conditions, as in the work of Monti and Peterson (Monti et al., 2006) with cancer patients and Englund (2007) with chronic fatigue.

In recommending further exploration of this approach, a difficulty arises in finding teachers who are trained in both disciplines. Only an art therapist registered with the Health Professions Council in the UK may use the terms art therapy and art therapist to describe their work. Segal et al. (2002) and Crane (2009) recognise the level of training and commitment to personal practice needed to teach MBCT. Teachers of MBCT who wish to explore this approach would need specific training in working with images and in how to manage the two approaches in the inquiry; as art therapists would need training in running MBCT groups. The intervention might be best described as art-based MBCT rather than mindfulness-based art therapy, which implies an integration of both modalities, not an adaptation of MBCT.
## Appendix

### Figure 19. Weekly Programme

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Home practice |
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References


