

THE PROCESS OF ART-BASED MINDFUL CREATION IN A HEURISTIC
INQUIRY OF AN INDIVIDUAL WITH FIBROMYALGIA
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ABSTRACT

**PROCESS OF MINDFUL CREATION IN AN INDIVIDUAL WITH FIBROMYALGIA
AS A THERAPEUTIC INTERVENTION.**

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This arts-based heuristic research explores my personal process of living with fibromyalgia, while examining Mindfulness-Based Stress Reduction (MBSR) and therapeutic self-exploration using the arts as empowering tools to increase quality of life. The personal exploration of MBSR and influence of art therapy techniques, combined with the flow of the moment, created empowering self-reflection and a variety of art-based and awareness self-care experiences. I stayed alert to how my self-exploration could inform my future art-therapy practice. I observed my self-exploration experiences through the lens of the Expressive Therapies Continuum (ETC). I noted how the qualities of the materials, the mindful mind/body connection, and awareness of the nervous system informed my personally creative experiences.

I explored and interpreted my knowledge of MBSR, art therapy, dance movement therapy, and music therapy to connect with myself in an authentic and creative manner. I was able to be aware of myself in the present moment without judgment, and to creatively interpret my present moment. I interpreted my mind and body in my creations and my creations interpreted my lived experience of my mind and body. For example, visual art could embody tension and release while the movement and rhythm of music could embody tension and release.

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Chapter 1. Introduction

Not long after I was diagnosed with fibromyalgia (FM) in 2005, I noticed that my mindset influenced my rehabilitation. I understood that small adapted movement (physiotherapy) followed by rest was beneficial in the long run, even if in the short term moving was painful and exhausting. I also noticed how being positive about my process was significant over the long term. Doing something I liked, such as having fun with someone or creating art was a motivation for moving through pain. Creating art could alleviate pain in that moment. Even if a drawing were the only productive event in a day, it was rewarding to have created something.

Upon entering the art therapy master's program, I researched mindfulness and realized that even without knowing this specific term or of the existence of the Mindfulness-Based Stress Reduction (MBSR) program, I had integrated mindfulness techniques that were significant for me in my intention to increase my quality of life. I was intent to see how mindfulness could be integrated in an art therapy session. I wanted to understand the history, theory, and applications of mindfulness. When I began to look into mindfulness, while trying to define my research question, I discovered that MBSR is frequently used with people living with chronic pain (Kabat-Zinn 2011, pp. 338-385) and that it implies awareness of bodily and mental stress to create relief (Raes & Williams, 2010). Thus, I came to believe that MBSR would be a good technique to incorporate in my research, thanks to its link with chronic pain and given my curiosity to learn more about its relation to stress and FM.

I wanted to explore how art and mindfulness could help to strengthen the connection of the self and the present moment, increase insight, and facilitate intentional change. The possible insight gleaned from this art-based heuristic research could form the base for intervention based on my personal experience. I wished then and I wish now for my process to inform my future art-therapy practice, knowing that the insight I bring to this research is based on my personal self-exploration and thus not generalizable. FM is hard to comprehend: it is difficult to imagine that someone who appears healthy, and is not missing any limbs, can feel constant pain throughout their body. Washing a few dishes can cause pain and exhaustion for days. I see the value in using my personal experience of living with FM and being part of the data influencing interventions, because I have this insider's knowledge into an experience that is hard to comprehend. Researching fibromyalgia means involving myself and, therefore, avoiding bias is particularly impossible. This informed my decision to embrace the heuristic research as it would

give me the opportunity to fully explore what I, as the researcher, with personal experience in this realm, have to offer to serve the community. My research process embraces the pursuit of spontaneous authenticity to further the heuristic process.

Furthermore, choosing to conduct heuristic research involved considering the stigma associated with fibromyalgia (Arnold et al, 2008; Parra-Delgado, & Latorre-Postigo, 2013). Because I, the researcher, would like to see the stigma, judgment, and prejudice associated with fibromyalgia diminish, I decided a first step was to work toward feeling better about being associated with fibromyalgia. Moreover, my personal motivation to perform heuristic research was to be the change I want to see, to decrease stigma and its consequences. I view my research as an information tool, as education and awareness, to help increase visibility and expand the conversation about the lived experience of people with FM and the resources available to them. I intend to add to the body of FM literature a reflection on a personal experience of living with and learning to tend to FM. The literature review shines the light on a variety of chronic pain symptoms, chronic fatigue symptoms and psychosocial consequences due to the difficulty of living with fibromyalgia. The research method involves me as the researcher creating art with the intention of integrating the MBSR method to my creative process and observing my artistic process and results with the Expressive Therapies Continuum (ETC) tool to facilitate awareness of my body, mind, environment, and biases and bring about new perspective and insight. I use the six predetermined steps of the qualitative heuristic research method of Moustakas to collect data and demonstrate my process (1990). I look back at my process and explore the main emerging subject from my process such as my relation to symbols and their helpful role in my awareness and conceptualization of the self. I further reflect on the role of flow, my intention to be in the present moment and the impact of my awareness on me making creative and helpful conscious decisions for my health. Furthermore, the impact of constant attention to the mind-body connection informed my perspective and engenders a sense of empowerment and a connection to my identity as an artist.

To summarize, the experience of incorporating mindfulness techniques and art allows me to incorporate a variety of art expressions, not only influenced by visual art but including body movement, music, and play. The incorporation of knowledge from academic research and authentic response gives rise to greater opportunities for a mind-body connection—true and

spontaneous creative exploration and self-expression. Beyond generating mindful and creative outlets that become personalized tools to respond to thoughts, feelings, behaviours, pain, and fatigue in a playful way, I feel empowered, re-grounded in myself through the artist identity, the creative flow, and the effects of increased quality of life.

Furthermore, by practicing MBSR I am able to personally integrate and work through attitudes that comprise MBSR and relate to the experience of FM, such as the component of acceptance, in an eight-week MBSR program and by myself. According to MBSR, accepting one's chronic pain does not mean surrendering to or ignoring it, but rather acknowledging the pain in a nonjudgmental way without reacting to or wanting to change it (Vowles, McCracken, McLeod, & Eccleston, 2008). The goal is to coexist with the sensation of pain while mindfully attending to meaningful activities (Vowles, McCracken, McLeod, & Eccleston, 2008).

Thus, this research explores and observes the immersion of mindfulness and art in daily life, in the active involvement of a person living with FM in improving her health-related quality of life. The purpose of this research paper is to explore how the process of visual creation combined with mindfulness-based stress reduction (MBSR) can help inform the personal process of an individual living with fibromyalgia, viewed through the spectrum of fluidity/affective to resistant/cognitive characteristics of the art materials based on the Expressive Therapies Continuum (ETC) model (Hinz, 2009).

Chapter 2. Literature Review

This literature review will present peer-reviewed research on fibromyalgia and includes research on ways to alleviate some of the symptoms. This paper will describe FM and its treatment implications. It will define mindfulness and examine its applications, including some of the ways in which therapeutic creative arts approaches can help alleviate symptoms of FM. More specifically, it will explore the qualities of the art materials and how visual creation can offer data for research. Lastly, this paper will demonstrate one way that a researcher can engage in heuristic research and become a source of information about a subject that is both personally meaningful and potentially useful for those who are exploring a topic.

Fibromyalgia

Definition

Fibromyalgia (FM) is a chronic disorder that causes musculoskeletal pain. People with this syndrome feel pain in their whole body, as well as muscle tenderness, such as cramps and stiffness and pain in the muscles (Theadom et al., 2006, p. 91). Other symptoms include enormous fatigue, difficulty sleeping, not feeling rested after waking and consequently exhibiting a depressed mood (Theadom et al., 2007). As well, people with FM can experience pain to stimuli such as “touch, heat, cold, chemical stimuli, light, sound and smell” (Staud & Rodriguez, 2006, p. 91). More specifically, other pain sensations can be dizziness/vertigo, leg cramps, muscle spasms, restless legs, tinnitus, Sicca symptoms, Raynaud Disease, and pain in the chest, lower back, and jaw (Reibel, 2015). In addition to the pain, the people who have fibromyalgia feel great waves of physical, clinical and mental fatigue.

According to many individuals living with FM, cognitive exhaustion is one of the most debilitating symptoms affecting their quality of life (Kravitz, & Katz, 2015). This symptom is also referred to as “fibrofog” (Kravitz, & Katz, 2015). A 2002 research study found that 76% of the population with FM mentioned living with mental confusion, concentration difficulties and/or forgetfulness (Zachrisson et al., 2002). The intensity of the fatigue experienced by the FM patient seems to be higher than that of people with rheumatic diseases (Roehrs et al., 2013). As well, compared to other chronic pain, people with FM stated a higher level of pain, a lower level of functional ability and a lower level of quality of life (Burckhardt, Clark, Bennett, 1993). In the research *Mechanisms of Disease: Pain in Fibromyalgia*, the authors state that “Fibromyalgia

represents the extreme end of the spectrum of chronic widespread pain syndromes in the general population” (Staud & Rodriguez, 2006, p. 90).

Evaluation and Diagnosis

The diagnosis criteria for FM have been adjusted a few times to better grasp the chronic fatigue and chronic pain aspect of the disorder and decrease gaps pointed out by analysis in diagnoses (Stewart et al, 2019), rendering patients and professionals confused and skeptical about the latest practices and accuracy (Kumbhare et al., 2017). For example, the American College of Rheumatology (ACR) established the presence of at least 11 of the 18 tender points on a person’s body as classification criteria in 1990 (Wolfe et al., 1990), only to eliminate the need to assess tender points in the next criteria classification (McBeth & Mulvey, 2012). Today the tender points are still considered to be a main diagnosis criterion. To see the *2016 Fibromyalgia Diagnostic Criteria, that are used today*, see Appendix, Figure 1.

To assure the correct diagnosis of FM, Dr. Serge Marchand and his team (*Fibromyalgia Step by Step, 2011*) posit that the need for extensive testing is irrelevant. Even in the absence of a cause for FM or biomarkers for a diagnosis (Boomershine, 2012), the symptoms of FM are sufficiently defined for primary-care physicians to securely diagnose it (l’Association de fibromyalgie de l’Estrie, 2011; Fitzcharles & Ste-Marie, 2013; Fitzcharles, Ste-Marie, et al., 2013). When other possible causes for the pain that the patient is experiencing are considered, a blood test is the only recommended exploration (Goldenberg, 2009). That is, fibromyalgia is not a diagnosis of exclusion (Fitzcharles, Ste-Marie & 2013; Fitzcharles, Ste-Marie, et al., 2013).

Because fibromyalgia consists of numerous symptoms that co-exist within a state of chronic pain, it has been defined as a “syndrome” (Reibel, 2015). Henriksson states (2003) that FM is not only a syndrome (a group of symptoms that consistently occur together) but a disease, because changes in the function of the nervous system cause perpetual pain and hypersensitivity. Thus, this unending change in the function of an organ system is a disease. This overdrive of the limbic system seems to contribute to the central nervous system hypersensitivity which trauma triggers (Schneider, Brady & Perle, 2006). Studies such as Walen, Cronan and Bigatti’s (2001) with 600 participants show an extremely high prevalence of past emotional, physical and/or sexual trauma linked with the arrival of FM symptoms. Chronic stress is hypothesized to be one of the main instigating factors in the appearance of fibromyalgia (Anderberg, 1999). Within the

population of people living with fibromyalgia, there is a higher proportion of people who also exhibit anxious traits (Anderberg, Forsgren, Ekselius, Marteinsdottir, & Hallman, 1999) and a difficulty being aware of and recognizing body sensations, signals, symptoms, and feelings (Horwitz, 2004). There is also genetic predisposition to FM (Arnold et al. 2004). Changes in the brain activity of people with FM are demonstrated by an increase of brain activity in the insula and cortex (Kim, et al., 2013; Jensen, Kosek, Petzke, et al., 2009).-Furthermore, decreased levels in brain activity is found in the medial prefrontal cortex, the anterior cingulate cortex, and brainstem of people with FM, thus suggesting that the central pain regulatory system is faulty in descending pain inhibition (Jensen, Srinivasan, Spaeth, et al., 2013). A 2015 fMRI study viewed abnormal resting state, thus concluding that patients with FM have an endogenous pain modulatory system dysfunction and suggesting the cause of the impaired descending pain inhibition of people with FM (Biswal, 2015). Additionally, observing microbiomes in 77 FM patients, McGill University researchers demonstrated that several bacterial taxa were of significant difference from the analysis of microbiomes of 79 control participants (Minerbi, et al., 2019).

Statistics

FM affects people worldwide (Queiroz, 2013). It occurs in men, women, adolescents and children (Fitzcharles & Ste-Marie, 2013). Women are diagnosed 6 to 9 times more than men (Fitzcharles, Ste-Marie, et al., 2013). It is thought likely that men go underdiagnosed (McNally, Matheson & Bakowsky, 2006). A fibromyalgia clinical review shows an FM occurrence of about 2%–8% (Clauw, 2014).

Psychological and Psychosocial Implications

Experiencing chronic pain causes physical and emotional stressors (Henriksson, 2003). Indeed, compared to the general population, people who have FM often experience anxiety and depression (Raphael et al., 2006). The symptoms of FM strongly affect a person’s working, social, and personal experiences (Parra-Delgado, & Latorre-Postigo, 2013). “The presence of depressive symptoms is associated with decreased quality of life and an increase in the intensity of pain” (Parra-Delgado & Latorre-Postigo, 2013, p. 1015).

Stigma and Prejudice

While this medical somatic syndrome is medically recognized today and is included in the international list of diseases of the World Health Organization (Wolfe, Brahler, Hinz & Hauser, 2013, p. 778), FM was once viewed as a psychological disorder, an imaginary disease. Some people still believe this inaccurate misperception and people with FM continue to experience stigma and prejudice (Hadler, 1997). Hopefully, due to the clarification of the 2012 Canadian guidelines for the treatment of fibromyalgia, clinicians feel more confident in their diagnosis and treatment, thus helping FM sufferers to receive better outcomes in their pursuit of support and alleviation of symptoms (Fitzcharles, et al., 2013). Though FM has become more defined over the years, the experience of pain is subjective and only the individual with pain is truly capable of attesting to its existence and, even then, explaining an exact sensation can pose a challenge (Su, Wu, Liang, Cheng, Hsieh, Sun, et al., 2016). Because a diagnosis is based solely on the subjective self-report of a patient's symptoms, clinicians still feel the challenges of this diagnosis with no laboratory confirmation (Fitzcharles, Ste-Marie, et al., 2013). This general doubt and lack of comprehension of the reality and severity of the symptoms affects people living with FM because "individuals need social support to enable them to live healthy and productive lives while successfully adapting to and managing the many challenges of FM" (Cudney, Butler, Weinert, & Sullivan, 2002, p. 36). People with FM can experience social isolation due to lack of support from their community, friends, family, life partners, work, social, or leisure activities and even lack of understanding or acceptance from the medical community (Arnold et al., 2008). Research shows that social isolation can reduce life span as much as smoking cigarettes, lack of exercise, and obesity (Pinker, 2014).

People with higher levels of socialization enjoy a life span of two-and-a-half-years more than those with the same disease (Pinker, 2014). The simple fact of being with someone with whom we feel safe can help regulate our nervous system, thus increasing positive affect (Lucas, Porges & Rejeski, 2016; Kok & Fredrickson, 2010).

Furthermore, severity of chronic pain symptoms and psychosocial consequences amplify in range, for instance for those affected by structural inequity, such as being female, lesbian, or bisexual (Fredrikson-Goldsen et al., 2012), living in poverty, or being indigenous or part of other ethnic communities (Allan & Smylie, 2015; Institute of Medicine, 2011).

Mindfulness-Based Stress Reduction

Mindfulness

Mindfulness has proven to be a useful tool in helping clients be more present in the moment, more aware of their inner experience, and less self-judgmental (Raes & Williams, 2010). The practice of MBSR has been shown to reduce fibromyalgia symptoms (Lush et al. 2009; Merkes 2010; Rosenzweig et al. 2010; Sephton et al. 2007)). Mindfulness has been shown to reduce symptoms of depression and anxiety, which are more common among people with chronic pain than they are in the general population (Cheour, Ellouze, Zine, et al., 2008 & Simons, Sieberg, Claar, 2012). Working toward feeling more accepting of pain appears to help people become more capable of doing daily activities and to diminish the need to take medication (Evers et al., 2001).

A multidisciplinary and alternative treatment is recommended for chronic pain because traditional medication relief is limited (Trauger-Querry, Haghghi, 1999 & Solomon, 2005). If psychopathological symptoms appear with someone with fibromyalgia, using mindfulness in therapy can become a protective factor (Marchand, 2012).

Thus, mindfulness techniques seem to be helpful in protecting and re-establishing psychological health, which in return helps regain better physical health, thus increasing quality of life. Soft physical activity that respects the limitations of a person has been shown to reduce some symptoms (Wang, 2010), though a person with FM at a certain point may be focusing on limiting physical activity due to a fear of pain (Philips, 1987). Because chronic pain can be particularly disabling (Chapman, & Gavin, 1999), an FM sufferer may limit movement to prevent exhaustion, even though some physical activity is beneficial for maintaining a better lifestyle and balancing rest and activity helps to live with less pain and exhaustion (Chapman, & Gavin, 1999). It is also important to be aware of the limitations and challenges a person may be experiencing in preventing mental illnesses (Chapman, & Gavin, 1999). With the use of mindfulness techniques, a person can decrease negative associations with pain and anxiety caused by emotions attached to the pain.

Creation of MBSR Approach

Jon Kabat-Zinn is the founder of MBSR. He brought ideas and practices from Buddhism into a format that resonates with Westerners (Kabat-Zinn,1999). Kabat-Zinn saw how

mindfulness could be beneficial to help liberate people from pain (Kabat-Zinn,1999). He created an eight-week course whereby participants practice sensory awareness as well as awareness of their thoughts and behaviour through experiencing interventions such as body scans, walking meditations, sitting meditation, and yoga-based stretches (Bradsma, 2017). As well, participants practice mindfulness, work on changing their perspective, thinking outside the box, and exploring pleasant, unpleasant, and stressful events (Bradsma, 2017). The participants are encouraged to notice and practice seven attitudes that form the foundation of the mindfulness practice: nonjudging, patience, beginner’s mind, trust, non-striving, acceptance, and letting go (Kabat-Zinn, 1990). The program includes a one-day mini-retreat that helps initiate participants to “a deeper experience.” Toward the end of the program, participants are encouraged to make a plan on how they can personally integrate MBSR in their routine, because practice is crucial in integrating mindful awareness with one’s state of being (Bradsma, 2017).

Acceptance of symptoms seems to be a key part of the effectiveness of mindfulness (Evers et al. 2001); the level of pain felt by the individual seems to reduce when the person accepts their pain (Evers et al., 2001). Accepting one’s chronic pain does not mean surrendering to or ignoring it, but rather acknowledging it in a non-judgmental way, without reacting to it or wanting to change it; the goal is to coexist with the sensation of pain while mindfully attending to meaningful activities (Vowles, McCracken, McLeod, & Eccleston, 2008). A focus on unwanted thoughts, feelings, and sensations can keep a person stuck. Accepting painful sensations decreases emotional distress and helps a person proceed to actions that are more satisfying and beneficial for their well-being (McCracken, Carson, Eccleston & Keefe, 2004). Mindfulness provides an opportunity to end hurtful modes of thinking and feelings about the conceptual self (Lucas, Porges & Rejeski, 2016).

Mindfulness and Art Therapy

MBSR has influenced the emergence of a multitude of mindfulness-informed therapy programs, in a variety of psychological fields, to help alleviate symptoms of mental, emotional, and physical issues (Smalley & Winston, 2010). Mindfulness-Based Art Therapy (MBAT) is one of the first interventions deriving from Kabat-Zinn’s work and created by Carole Peterson (2013).

Body Awareness and Art Therapy

The practice of bringing a mindful state of awareness to the body can help a person to become more aware of the body sensations that accompany feelings, emotions, and mental processes and to learn to be nonjudgmental about the experience (Rappaport & Fritsche, 2013). When a person engages in art therapy, the pain experience can be greater explored and catharsized in symbolic creations (Dannecker 2008). This increase and practice of mindful bodily awareness may free previously blocked energy in the body. The process of expression and liberation can create pain (Rappaport & Fritsche, 2013). With mindful observation the pain can help the sensation dissolve naturally (Rappaport & Fritsche, 2013). The art process can liberate a person from conditioned patterns (Rappaport & Fritsche, 2013). The body-awareness process can help a person to expand insight and increase inner balance (Goenka & Hart, 2000).

One way to integrate bodily awareness into the creative expression process is by beginning with a body scan and following with a creative expression, such as with the approach *Mind-Body Awareness in Art Therapy* created by Jürgen Fritsche (Rappaport & Fritsche, 2013). In her art-therapy intervention, Fritsche starts by gradually showing her participants that they can create naturally with low pressure (Rappaport & Fritsche, 2013). Fritsher encourages participants to notice the music, to enjoy it, and let the music flow through bodily sensations, allowing emotion to emerge and be visually expressed (Rappaport & Fritsche, 2013). She then encourages participants to draw an outline of their partner's body and then a silhouette of themselves that they fill in with art material based on their mind-body awareness (Rappaport & Fritsche, 2013). When they share with the group their creation and process, people can open up to each other and offer reflections and insights (Rappaport & Fritsche, 2013).

Another mind-body intervention of Fritsche is Examination, Expression, Expansion (Rappaport & Fritsche, 2013). In this intervention, clients living with pain are guided in the mindful process of noticing their body sensation, one by one, and then noticing pain sensation with curiosity and a welcoming attitude (Rappaport & Fritsche, 2013). When reopening their eyes, their attention is brought to the colours, shapes, and people in the room, followed by light stretching of painful areas of the body and writing few words naming the experience (Rappaport & Fritsche, 2013).

Symbols, Guided Imagery, and Art Therapy

Guided meditation is a significant tool the art therapist has to assist the client to create personal symbols (Hinz, 2009). After guided meditation, also called guided imagery, guided daydream, or symbolic journey, the art therapist invites the client to translate the mental images arising from the process into illustrations (Hinz, 2009). Guiding the client to imaginatively travel in a cave, climb a mountain, go within oneself, and find personal objects that are significant to them are examples of art therapy interventions that can foster a mindful and meaningful experience. If these meditative experiences are processed through images, the guided imagery process can foster personal growth, help to make sense of personal symbols, and possibly reveal inner resources (Hinz, 2009; Leviton & Leviton, 2004). The images and symbols can become more powerful and meaningful to the creator (Hinz, 2009; Leviton & Leviton, 2004).

Guided daydreams and environmental awareness are ways of promoting self-awareness and awaking meaningful personal symbols (Hinz, 2009). A client can be encouraged to create a story about an object that appealed to them. The client can imagine how the object came to be at the place they found it (Hinz, 2009). The client can create an image and write about the journey or the object (Hinz, 2009). While observing the process and result, the client can reconnect with resources, “since clients project their own life history onto the object and journey” (Hinz, 2009, p.149).

Sensory Awareness and Art Therapy

Art therapy can help facilitate the mindful experience with body sensation to be further explored, safely, with creative expression and provide change that may provide unconscious thought, feelings, actions, emotions, physio-emotional blocks, situational, or biographical factors to emerge to a conscious level (Rappaport & Fritscher, 2013). The process of witnessing the self and its relation to the art process and result are significant sources of information toward a path of healing and self-discovery (Rappaport & McNiff, 2013). The awareness quality of conscious intention of attentiveness in the present moment toward inner thought, feeling, and sensation can be captured within the process of creating visual art (Rappaport & McNiff, 2013). Art-therapy interventions use senses, such as touch, smell, sight, and sound, to gain information about the self and to bring the participant in the present moment (Hinz, 2009). Interventions based on meditation use such techniques as “orienting” to guide people to practice selecting and focusing

on a specific stimulus to bring their attention to another target (Posner, Walker, Friederich, & Rafal, 1984). Art therapists use this type of orientation in the moment and space using the senses. They may guide the client to notice their sensations, suggest touching the material, smelling the materials, noticing the sensation of the material against the skin or another surface, listen or create sounds, feel its weight, etc. (Hinz, 2009). As with MBSR interventions that concentrate on senses to bring the person to a nonjudgmental present state (Rappaport & Kamalowitz, 2013), the art therapist can guide the patient to be aware of bodily functions such as heart rate and breath to bring about a parasympathetic state (Goodill, 2005).

Mindfulness and the Polyvagal Theory

The Polyvagal theory reflects on the processes of the vagus nerve which automatically manages stress response. The body constantly reacts to every sensation, perception, emotion, and thought (Rappaport & Fritsche, 2013). Depending on the brain's interpretation, the body reacts in a defensive response or relaxes (Geller, & Porges, 2014). Through the vagal nerve (Slonim, 2014), interpretation of a soft and calm voice or kind smile, leads to the body feeling comfortable and secure, open to social integration, and activates the parasympathetic nervous system. A frown is interpreted as hostile and unsafe, thus provoking the sympathetic nervous system, the fight-or-flight behaviours, or shutdown (Geller, & Porges, 2014), hence limiting awareness of others (Porges, 2003, 2007).

Thus, awareness of a rapid heart rate, informs the person of his biased mind and perception, because when the body is stressed the person perceives the world as more harmful (Slonim, 2014). Consciously trying to decrease one's heart rate to feel more peaceful can help regain a body and mind associated with the parasympathetic nervous system (Slonim, 2014).

The potential of MBSR to change the brain and its pain response, specifically with awareness, can help to further alleviate symptoms of FM (McCaffrey, Frock & Garguilo, 2003). Mindfulness does not simply allow an awareness of these processes so the person can consciously react to diminish pain (Su, Wu, Liang, Cheng, Hsieh, Sun, et al., 2016) and its practice is not simply a placebo (Zeidan et al., 2012) or a short-term effect; the repetition of mindful experiences has a lasting effect due to the modification of subjective experience of pain in the brain network, seen in Functional Magnetic Resonance Imaging (fMRI) (Su, Wu, Liang, Cheng, Hsieh, Sun, et al., 2016).

The Expressive Therapies Continuum

The Expressive Therapies Continuum (ETC) is an approach used by the art therapist to observe the qualities involved in the art process and to help assess the creator's strengths and weaknesses (Hinz, 2009). Assessing where the client is on this continuum helps to inform where the person is at and how the therapist can assist in understanding the present state of the person and where to bring them, because an equilibrated person is ideally able to express themselves in the different sections of the ETC (Hinz, 2009). The observable components are, kinesthetic, sensory, perceptual, affective, cognitive and symbolic.

In this art-based research, with the help of ETC self-assessment tools (see Appendix A, Figure 2), I observe my process as well as the results of my art (Hinz, 2009). I reflect on my present state when creating, my past art preferences, my typical symbols, process, and art material quality in fluidity and resistance, as well as how my art can inform my personalized art-based self-care (Hinz, 2009).

Furthermore, observing how a person interacts in the present moment with materials, can make them more aware of and grounded in their present state, while exploring difficult psychological material (Hinz, 2009; Pierce, 2014), thus integrating the ETC and MBSR interventions and creating MBAT interventions.

Art Therapy and Fibromyalgia

A randomized, controlled study involving 80 women with fibromyalgia and a blinded evaluator had the objective to assess the effectiveness of an art-therapy program for the treatment of pain and improvements in both quality of life and body image of patients with fibromyalgia (Baptista et al., 2013). Assessments of the participants were done at the baseline and after 10, 20 (end of intervention) and 40 weeks. Their result showed no difference between groups regarding body image but after a 20-week follow-up period, the research concluded that the use of art therapy in the treatment of fibromyalgia was useful in improving quality of life, as well as reducing pain and symptoms of depression.

Creative Arts Therapies with Fibromyalgia

Other modalities of creative art therapies, such as dance therapy, offer a mind-body connection with patients diagnosed with FM and chronic fatigue syndrome (CFS). FM patients in a 2003 study using video interpretation before and after dance/movement therapy for observation

of patterns saw a change in their movement after a two months (Bojner-Horwitz, Theorell, & Anderberg, 2003). The study showed how the treatment helps increase awareness of the body and perception related to the body (Bojner-Horwitz, Theorell, & Anderberg, 2003). This same study helped clients express emotions and increase awareness of these emotions, making sense of their condition, and reduce fatigue, pain, and stress (Bojner-Horwitz, Theorell, & Anderberg, 2003).

Another research using video-interpretation and dance/movement therapy with people with fibromyalgia resulted in a decrease in pain, increase in mobility, and significant increase in life energy in the treatment group observing their movements on video (Bojner-Horwitz, Theorell, & Anderberg, 2003A). Horwitz (2004), still using video interpretation techniques, observed 36 women with FM in treatment for creative art therapy, dance/movement therapy, and in a control group. What he found was that compared to the control group, the creative therapy affected the patient's well-being, self-perception, and perception of pain, as well as improved life energy, mobility, and pain movement (Horwitz, 2004).

In 2017, a research assessed 16 patients diagnosed with fibromyalgia and referred to individual dance movement psychotherapy due to psychological distress related to pain (Endrizzi et al., 2017). Results of their analyses from the self-assessment questionnaires, administered before and after treatment, showed the relationship with self and others to have changed in many areas (Endrizzi et al., 2017). They observed that, despite pain or other disabling symptoms, the patients expressed themselves with the use of movement and there was a decrease in some fibromyalgia symptoms (Endrizzi et al., 2017). A meta-analysis gathering psychological effects of dance movement therapy (Koch, Kunz, Lykou, & Cruz, 2014) noted that body feedback can offer information about emotional perceptions (Fuchs & Koch, 2014). Body movement has been demonstrated to have an effect on emotions, attitude, and cognition (Koch, 2014).

Art Therapy and Chronic Pain

Furthermore, research in a hospice setting demonstrates the role of music therapy and art therapy added to medication and how these interventions can alleviate pain sensations (Trauger-Querry & Ryan Haghghi, 1999). When shifting the attention of the patient toward the art process, pain decreases (Trauger-Querry & Ryan Haghghi, 1999). This creates potential for “awareness, insight and understanding of what is meaningful in the patient's life” (Trauger-

Querry & Ryan Haghghi, 1999, p. 28). Interventions vary from patient to patient. An art therapist can suggest meditative breathing techniques and song-writing to someone who is having particular difficulty breathing and speaking due to intense pain (Trauger-Querry & Ryan Haghghi, 1999). A cancer patient who painted with oils when he was healthier thought he could no longer create due to the odour and clean-up, so the art therapist offered other techniques such as the wet-on-wet watercolor technique and pastels (Trauger-Querry & Ryan Haghghi, 1999). The patient, his family members, and the staff attested to his depressive and anxious mood decreasing significantly starting with the first session, when he reawakened his creative expression (Trauger-Querry & Ryan Haghghi, 1999). His interactions with his loved ones improved after his amelioration in mood (Trauger-Querry & Ryan Haghghi, 1999). Instead of focusing on his pain and impending death, his last months had purpose and meaning (Trauger-Querry & Ryan Haghghi, 1999). Multiple research examining the outcome of art therapy with women with breast cancer shows promise (Malchiodi, 2013). A recent study (2019) used randomized clinical trials to consider the effect of emotion processing in 20 women with breast cancer during an eight-week art-therapy group (Czamanski-Cohen, Wiley, Sela, Caspi, Weihs, 2019). Result showed an increase in emotional awareness and acceptance of emotion after the interventions (Czamanski-Cohen, Wiley, Sela, Caspi, Weihs, 2019). The research concluded that depression and somatic symptoms in cancer patients can be reduced thanks to emotion processing in art therapy (Czamanski-Cohen, Wiley, Sela, Caspi, Weihs, 2019). Another recent study (2019), conducted in Iran, had 124 women with breast cancer randomly placed in either 12-week MBAT intervention group or a wait-list control group (Jalambadani & Borji, 2019). The interventions were influenced by the standard MBSR curriculum and focused on the present moment (Jalambadani & Borji, 2019). The researchers used a variety of materials to focus on the senses, body scan meditation, observing mind-body relationship relating to pre–post gentle movements, and exploring transformation of stress, mental, emotional, and physical pain with a variety of art materials and guided imagery (Jalambadani & Borji, 2019). The results were promising in using MBAT as a psychosocial option to decrease symptoms of women with breast cancer and increase their quality of life (Jalambadani & Borji, 2019).

Conclusion

In summary, to diminish incomprehension of FM, the literature review provides a wide variety of information exposing diagnosis criteria, possible causes, symptoms, psychosocial secondary effect, as well as stigma associated with FM.

Chapter 3. METHODOLOGY

Introduction

In this heuristic and arts-based methodology, I follow the six steps of Moustakas (Moustakas, 1990). Other than the literature review, my art creations, my process while creating, will be part of the data because in this research format, I, the researcher, am involved in the research (Sela-Smith, 2002). The ETC is a frame of reference for observing my art process (Hinz, 2009). Thus, this theoretical structure can help retrieve relatable information from my art to parallel with the way I process information in other areas of my life, how I feel, think, and behave (Hinz, 2015). To stay true to my heuristic inquiry, I embrace principles of flow (Csikszentmihalyi, 1990).

Research Question

The main research question is: How can the process of visual creation combined with mindfulness-based stress reduction (MBSR) help to inform the personal process of an individual living with fibromyalgia (FM), viewed through the components of the Expressive Therapies Continuum (ETC)? My intention is to explore the creative process of art combined with a specific process of mindfulness. I systematically observe how the process of visual creation combined with mindfulness helps to inform my personal process of living with fibromyalgia. I am curious about the relationship and influence art, mindfulness, and the mind and body can create together. It can be a challenge to explore oneself and try to bring meaning and usefulness to society. This question challenges the researcher in a subject that brings up personal questions for her and the general population (Kapitan, 2010), such as the process of empowered quality of life using mindful creativity.

Imagining how fibromyalgia affects a person can be very hard and this research will help to inform what a person with fibromyalgia may feel or think. This research will help to provide me with possible avenues of self-care or therapy interventions can be further developed with an art therapist.

Research Method in Relation to the Research Question

The methodology chosen for this research is heuristic and arts based. The heuristic method is appropriate for exploring the experience of living with fibromyalgia and is informed by the research, me—by my thoughts, feelings, and actions. In heuristic research, the subject

researched is the researcher. Because the researcher has fibromyalgia, I examine my own experience and explore the links between the awareness I develop through the mindfulness process of my body, mind, and visual images that arise. Mindfulness in this research helps me be more aware of my sensations and needs.

To foster insight and awareness of myself perception, my inner experience is visually informed by the arts-based component of this research. I gain more information about my process of creation through the Expressive Therapies Continuum (ETC), which directly informs the research question, examining the process of the researcher while exploring mindfulness and visual creation. My state is informed by the help of the ETC. For example, analysis helps to identify if the creation is more kinesthetic, sensory, perceptual, or other and reveal the quality present of each component regarding a specific creation process and result.

Art-based creations serve as the catalysis for the exploration of the research question. Using the *Intention/ Witness Process* theory of Pat Allen (Allen, 1995) as a guide and frame for creative exploration, the researcher enters the creative space with the conscious intention to find how mindfulness integrates itself in art as an authentic experience (Allen, 2001). Following Allen's theory, I then let go of my intention, create, and, when finished with the creation, observe art in relation with the intention (Allen, 2001).

The Expressive Therapies Continuum

In the context of this art-based heuristic research, I apply this art-therapy model to my self-reflections, by myself, thus my observations of my creations are limited by the fact that I am not accompanied by an art therapist.

Within this study I consider my creative expression through the Expressive Therapies Continuum (ETC). The ETC is a model which details the properties of each visual material and considers how different aspects of a material can raise different emotions and experiences (Riccardi, Nan, Gotshall, & Hinz, 2014). A trained art therapist can use the ETC model to provide ways to analyze the visual creation which can help promote a deeper understanding of the creator's strengths, weakness, comfort, and discomfort, see Appendix C (Figure 2)(Hinz, 2009). Observing the possibilities and where a person is on the continuum can help to assess and explore all the levels in the ETC because ideally a healthy person would be capable of exploring and expressing "rational" and "affective" components of the ETC (Hinz, 2009). With the self-

assessment of this model, I may be able to provide information regarding the formal element that helps describe the creator's "material interaction and psychological characteristics based on the analysis of the formal elements" (Pénczes et al., 2015, p. 14).

Art-based research

Visual art in arts-based research provides access to the unconscious and to symbolic visualization of thought and feelings and offers the opportunity to express self-reflection (Brown, 2008; Kapitan, 2010). The arts-based approach can promote insight about the research topic (Power, 2016) as well as provide insight on the qualities of the artistic materials and their personal interaction with the researcher and on the psychological functioning of the creator. This information is offered by the observation of the final images and by observing the creative process (Pénczes et al., 2015). The process and creation of art can also deepen the self-reflection of the research on the personal effect the properties and role of art media have and how the researcher relates to these properties.

Flow

For the Hungarian-American psychologist Mihaly Csikszentmihalyi (1990) flow is a state of consciousness, of intense focus. In this state, when an individual is challenging themselves just enough in their skills set, the desired task occurs unforced, and the person's feeling of hesitation, of second-guessing, is removed due to the loss of self-consciousness (Csikszentmihalyi, 1990). Csikszentmihalyi writes that the flow state may be hard to describe, due to a loss of self-consciousness, though reports of retrospective observation describe feeling a state of focus, fulfillment, indestructibility, accomplishment, confidence, extreme motivation, increasing self-esteem, confidence and happiness (Csikszentmihalyi, 1990).

With the intention to fully represent the unique heuristic reality of the researcher and provide the most accurate, unique information of the exploration of art and mindfulness with the unique reality of someone with fibromyalgia, I trust the process of the research and creation. Thus, with the commitment to stay authentic, no specific amount of time is allocated to each creation. "The amount of actual doing time can't be prescribed, as it will be different for each person" (Allen, 1995). Furthermore, incorporating flow in research permits the heuristic research and Moustakas' stages to arise naturally, ensuring that the stages are not rushed or forced (Moustakas, 1990). The authentic presence of the researcher helps the reader understand the

reality and impression of a human. “It is through our very humanness that we can understand other humans” (West, 2001).

Ethical Considerations in Relation to this Method

Because the researcher is the participant and my presence is fully involved in the work, the research is influenced by the personal perception, biases, and experience of the researcher. My reality is not the reality of other people living with fibromyalgia or other people practicing mindfulness. The research is meant to be useful for the general population for educative purposes, people with FM, or people with chronic fatigue and/or chronic pain, as well as art therapists and other health professionals. The researcher must be careful not to undertake this process only for personal intent. Therefore, I intend for the research to be socially meaningful and the process useful for my personal journey with fibromyalgia and my process of learning how to better understand the links between the mind-body relationship with the arts and increase in quality of life. I hope that this research will help me to better treat my future clients. My hope is that through deepening my understanding of processes which can address my own experience, I may later be able to develop methods that can also be helpful for future clients.

It is important to underline that because I am undergoing this creative introspective process by myself, and not with an art therapist, this research is influenced and limited by my perspective and my lived experience in this specific context. Symptom severity varies from one person to another (Kravitz, & Katz, 2015), as does interest that creates pleasure and flow state (Csikszentmihalyi, 1990), so my chosen creative outlets may be different from others’ and my observations from my experience may be different from the outcome of someone else creating with their own reality with fibromyalgia.

I have an ethical responsibility to myself as well. Disclosing that I have fibromyalgia in a research paper can put me in a vulnerable position, especially in a heuristic process. I want to respect my possible limits within this research. Because I trust the research to unfold naturally, I do not yet know what these possible limits may be, or if there will be any, but I remain aware of inner sensations during the research process and note my thoughts and feelings. Disclosing this personal medical diagnosis can help inform the readers of my background as researcher, possibly even through the literature review. The perception that people have of me as researcher may change after I disclose this information, just as this information may affect my future art-therapy

clients' perception of me. While some clients may prefer knowing that their therapist may better understand them because they share a similar diagnosis, other clients may prefer finding a therapist about whom they do not know too much personal information. Despite the fact that all these thoughts are possible, it is important in the heuristic process that I stay true to the essence of the research subject and to my authenticity (Kapitan, 2010). The research must keep data clear and veridical, lest this lack of true self-searching further bias the research (Kapitan, 2010). I portray the circumstance and environment in which the visual art was created to diminish biases due to lack of information and confirmation of data.

Potential Bias

I have a strong imagination. Through guided imagery, I can easily enter an imaginary world. I believe in the symbolic power of art. Listening to myself as I create provides me with useful and satisfying feedback about myself. I enjoy self-exploration and believe that exploring the authentic self and spontaneity can bring joy and reduce inner conflict. So, too, I believe that being mindful of tension can help to reduce tension. As well, I have other diagnoses that are known to be associated with fibromyalgia, such as Irritable Bowel Syndrome (IBS), Restless Leg Syndrome, and costochondritis. Furthermore, the more tired I am, the more I experience symptoms of dyslexia. I also exhibit symptoms of Attention Deficit Hyperactivity Disorder, though I have not been tested for or diagnosed with it.

I feel strongly about the respect and just recognition of someone diagnosed with fibromyalgia and I may be influenced by my cultural and ethnic background. I feel affected by the fact that my paternal grandparents were German Jews who managed to flee the Holocaust. With this fact come many family stories and, just as with the symptoms of FM, this past family trauma is not something one can identify by looking at me. My desire to overcome challenges brought on by fibromyalgia may also be guided by family stories. On my mother's side, I grew up hearing that the women in our family were strong. For example, my great-grandmother managed to work in her father's factory by disguising herself as a man. This gives me strength and determination. Telling myself that I am strong is very significant for me. Furthermore, as a societal bias, I was born and raised in Quebec, Canada, a capitalist left-wing political environment, so I consider society a resource for individuals' health and well-being.

Limits of the Research

Because the subject observed is the researcher, this brings the interdisciplinary and holistic complexity of human nature comes into play, which, in turn, brings a sizeable variety of data other than the chosen subject (Schnetzer, 2005). Observing the self and its large potential permits greater opportunities of cooperation between my different qualities, between the various expressions of creative arts and the myriad opportunities which mindfulness and art offer. This introspection makes the data more complex to observe, though multiple explorations may enrich the art-therapy profession and its intervention possibilities (Lavoie, 2018).

Heuristic Research Steps

This is a heuristic research study using qualitative methods to collect data. Putting committed personal artistic process into question is a process with multiple predetermined steps (Kapitan, 2010). This qualitative heuristic research method collects data by demonstrating its process through six steps. The information following in this paragraph refers to Moustakas (1990), the originator of the heuristic method, and to Kapitan's art-therapy research book (2010).

Corresponding to the first phase of the heuristic research, called initial engagement, I outline a subject that has meaning both personally and societally (Kapitan, 2010). My interest in the art therapist's lived experience, in the therapy session, is the starting point of the research. The second phase is immersion. I surround myself with the subject and feel its influence on the research (Kapitan, 2010). This is where the flow of integrating my literature review and personal experience guides my daily experience. Incubation is the third phase. Here, I take a step back and deepen my understanding of the research on a subtler level (Kapitan, 2010). The fourth phase is illumination, when I sense a new awareness and experiences a breakthrough in contemplation (Moustakas, 1990). In this phase I intend to practice awareness of thought, sensation, behaviour, and desire. My self-awareness in the present moment facilitates a process of flow so as to develop an illumination that reflects my true needs and unforced natural path (Csikszentmihalyi, 1990). The fifth phase is explication, the moment when the research makes sense and can be organized into shareable themes (Kapitan, 2010). My intention is to incorporate my personal findings into a useful resource for the community. Finally, there is the creative synthesis of the lived experience, the visual creation and the literature to help to validate heuristic inquiry. It is the time for me to look back on the project to confirm that the experience has produced new

meaning about the topic. Continued self-awareness is needed here, examining my initial intention, process, present state, and the personal effect of this deep personal involvement toward an intention to further grasp a subject and my now-changed self.

Chapter 4. RESULTS

Results of Heuristic Research Steps

The following six steps of Moustakas' heuristic process illustrate the unfolding thoughts, process, and actions taken from the beginning to the end of the research self-exploration.

First phase, the initial engagement

Before forming the research question and process, I practice and develop my ethical and academic knowledge in class and in internships. I realize that my authenticity and biases are important sources of information for my presence with my clients. To further develop my awareness of transference and countertransference, as well as my professional identity, the process of exploring the subject of the diagnosis of fibromyalgia, a personal part of their reality, and a concerning chronic pain diagnosis for many in our society, it seems crucial to further increase my authentic presence and the potential for meaningful therapeutic intervention by using the self as a complementary source of information.

As well, I start to gather information about mindfulness in my very first session as a Master's of Art Therapy student. In my Counselling Skills class I realize that the core concepts of mindfulness have helped me in the past, before I became familiar with this term. Looking back, I recognize that my mindset had been instrumental in my steps toward better quality of life. I was intrigued to learn more about this concept and see how mindfulness can be integrated with art therapy. Learning more about this academically and personally promises to be significant as I train to help people with similar issues.

Concerning the heuristic approach, I feel I must reground myself in my former helpful habits because the intensity of the master's program is making me more vulnerable in my exhausted body and increasing my negative thoughts. My intention in this phase is to welcome my spontaneous creative self and trust that my creative flow will yield insights.

Second phase, immersion

Academic Immersion

At first, to immerse myself in the subject, I use the one month off from university during the holidays to separate myself from my environment. I stay with family in California and dedicate my time to rest and research. I read books about MBSR, art therapy, and chronic pain (Figure 4). Once a week, Wednesdays before bedtime, I tune in to my mind and body for one to

two minutes and then represent those states spontaneously in an image (Figure 5). This process encourages me to learn and practice more MBSR as well as to generate possibilities for creation with materials that allow less control and more opportunities for surprise, thus possibly more insight. Later, I dedicate many months to reading a variety of research to further understand my topics of choice and related subjects. I make links between various topics that I now feel far more fluent in their understanding.

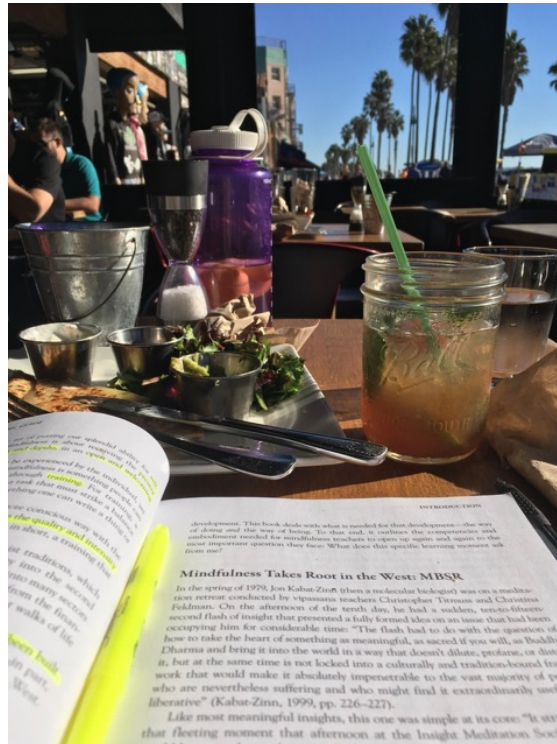


Figure 4. Learning and relaxing

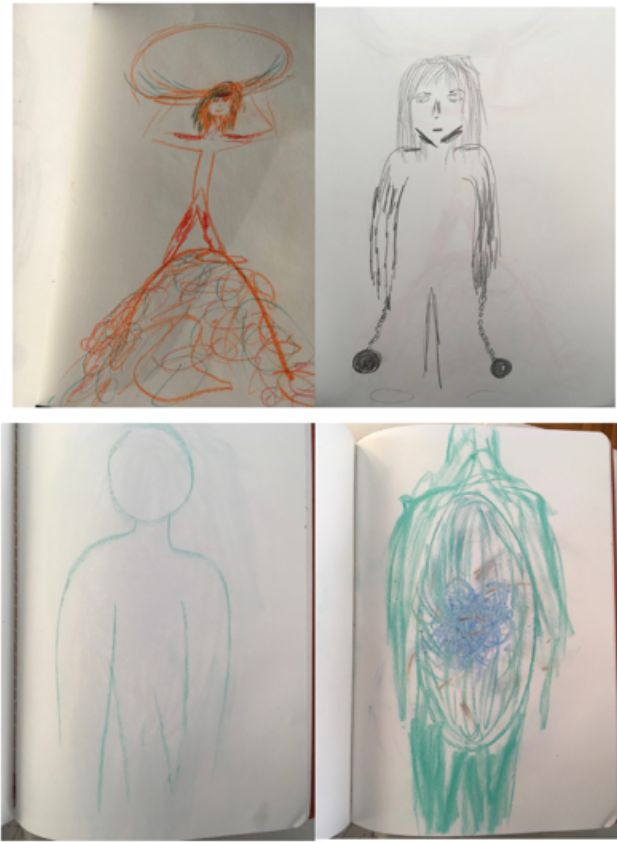


Figure 5. Snapshot drawing, interpretation of mind and body awareness

Experimental Immersion

The main experimental section of the immersion phase takes place in summer and autumn 2018 when I participate in a 20-credit MBSR class for health-care professionals, recognized by the l'Ordre des psychologues du Québec (OPQ). Apart from the course, I take notes of my process and video-record them after each class.

I give myself the assignment of using the acrylic pouring technique in my creative space at least once a week. During the immersion period, I move my body slowly and mindfully at least three times a week, usually to the song *He Yama Yo* by Curawaka with the intention to move slowly for the duration of the 8-minute-and-53-second song.

The process of integrating mindfulness to art therapy with an authentic experience results in my trusting the flow of my kinesthetic, sensory, perceptual, affective, cognitive, and symbolic expression and feeling its benefits. This trust in the process and in the embodiment of my experience in movement and art emanates from my resolve to discover how mindfulness

integrates itself in art and research. This gives rise to the multiple interventions in my daily life which reflect my ongoing intention.

In my research process I engage in activities that are part of my weekly schedule. I do not set a specific time for them but I do some several times a week. My objective is authentic movement a minimum of three times a week (Figure 6). I also aim to work with poured acrylic paint a minimum of once a week (Figures 8, 9, 10, 11, 12, 13, 14, 15,). Other main activities in my research are spontaneous scribble drawings (Figure 16, 17), watching videos of people painting (Figure 21) and of colours in movement (Figure 22), as well as taking daily conscious action (for example, observing nature) (Figure 23). These activities reflect my daily embodiment of some of the information collected in the literature review and the process of awareness of the flow arising from my intention of finding how mindfulness integrates itself in art.

ETC Self-Exploration & Authentic Response Movement.

Following a traditional MBSR practice affords me a more personalized way to explore mindfulness (Figure 6). By observing my authentic exploration, I experience something akin to “authentic movement” (Musicant, 1994). Authentic Movement and Dance Therapy describes authentic movement as the moment when a participant with their eyes closed can be aware of their unconscious kinesthetic reality and move accordingly (Musicant, 1994).

In this moment of comfort with the self in the present moment, music motivates the movement and meditative state. The rhythm of the song rocks me. I feel comfort, satisfaction, and peaceful during and after this meditative time. The various rhythms and emotions conveyed in the song offer me the opportunity to explore myself in multiple ways. The repetitive use of the same song serves as a reassuring and secure container as I explore the current state of my body and mind. After repeatedly experiencing the meditative and creative power of a specific song that I play on repeat thanks to its ability to bring me to this meditative state, I read that some songs have a greater potential to foster mindfulness and imagery. Music that is conducive to mindfulness awareness must include steady repetition, a quiet mood, predictability, and little dynamic change, all the better for the listener to maintain focus and not become distracted by new sounds or patterns (Grocke & Wigram, 2007; Rappaport, L., Fritscher, J., 2013).

With the use of the ETC self-assessment tools, I observe that moving with the authentic intention of solely expressing whatever the body feels like, in a moment in time, with no

judgment, brings about a disengagement of the perceptual and cognitive element. My awareness of the sensory and affective component serves as symbolic spontaneous inspiration to the kinesthetic expression. Through my imagination, my feelings and sensations are represented in colours, movement, and shapes that emanated from my body, creating an imaginative environment that represents my present state (Figure 7). Within this kinesthetic experience the creative component becomes strong. I explore the moment in the imaginary environment happening in my mind in that particular moment. I can imagine colours swirling around my body and a creative environment in which my is moving. Van Dort and Grocke write that when a person listens to music and enters a state that is deeply relaxed or focused, images can come spontaneously to mind (Van Dort & Grocker, 2013). The listener feels a physiological response that releases tension within the body (Van Dort & Grocker, 2013).



Figure 6. Authentic Response Movement



Figure 7. Authentic Response Movement & Imaginative Painted Environment

The steps for this creative incorporation start with being sure that my body has sufficient space to confidently move in a large kinesphere without touch anything so that I can confidently and safely keep my eyes closed on a bed or standing up. I move slowly, with no conscious desire other than spontaneous awareness of authentic movement. With conscious awareness, I regularly relax my muscles and listen to what feels like moving at the present time and space, possibly stretching a tense muscle. Throughout this moving time, I consciously breathe and feel the flow of my body, trusting where my body wants to go, with no judgment, inspired by the combination of the rhythm of the music and my mental and physical state, as well as my imagination, which transports my body in imaginative environments and colours which move around my

movements. My movement creates effects in the air much like a tossed rock creates ripples on still water. In my meditative state I also sing along to the song.

I slowly feel the music, relaxing and breathing through the surrounding harmonies, hearing the song, rocked by its rhythm, singing as a meditative feeling, trusting where my body wants to go, with no judgment.

ETC Self-Exploration & Acrylic Pouring.

The forefront of my acrylic pouring creative process is more in focus through the perceptual and cognitive component of the ETC, as compared to the Authentic Movement Response. In the past, my preferred artistic medium was watered down watercolour. I hope to reenact some of the fluidity that I enjoy in the way I use watercolours so I dilute acrylic with an additive to make the paint more fluid.

The use of more vibrant and defined colours, instead of transparent and soft-edged ones, indicate to me a capacity for more affirmation. The choice of a fluid medium results in a painting offering a surprise dried image. As well, my desire to explore various acrylic-pouring techniques provides further structure to a medium more precise than watered-down watercolour. This lack of control offers a way to let go, to be in the moment and without judgment, while accepting the process and its results. I exercise some control, such as using a bubble level (so the canvas could be straight), choosing initial colours, deciding the average content of paint ratio to paint thinner (determining the fluidity of the paint), and tilting the painting to direct the flow of the paint.

The experience is more about the process and creative experience of creating than the end result. Sometimes I try to replicate some specific learned techniques. I interpret this desire to learn a technique as a way to create a secure frame to contain more fluid and surprising exploration. Acrylic pouring intrigues me, as does the idea of creating “cell” with silicon and heat, though my nature is more to “go with the flow.” So, I personally interpret my need to try a specific technique as possibly being less informative emotionally and favorable toward bringing me surprises because in the ETC, when the material is more restrictive fewer emotions and surprises emerge (Hinz, 2009). Although, I see this structure as a way to freely create with this method without thinking too much of what I should do before I create. The technique makes me feel that I am challenging myself to try something new and I appreciate how quickly I can create a fresh piece of art. The processes and result reward my artistic identity. I felt like I am

accomplishing something meaningful to me in my day. I am proud of myself for moving and enjoy mental benefits.

In my process, I am greatly involved with my kinesthetic component. I mix paint and medium, tilt the canvas in different directions, I stand a lot. In these kinesthetic moments there are where moments of immersion and exploration of the sensory components through the movements of the colours, shapes, and sensations that emerge through the creation. Compared to other past creations, these processes are more about the immersion in the art process: being in the present moment, mixing colours, and letting them create forms while withholding judgment and big intentions. The affective and symbolic components of the ETC are less engaged in the process.

In creations where the colours are more meaningful to me (Figure 8), the result becomes more symbolic. When the form of the painting is more conceptual (Figure 9), I feel that the symbolic and affective components of the ETC increase and their degree of intensity vary depending upon the symbols. In Figure 8, blue represents the healthy, peaceful, relaxed, and energetic body and mind and red represents tension. In Figure 9, the circular form that goes inward represents the inner self, inner reflection, and inner strength. I create a workshop in my home (Figure 10) to serve as a secure frame where spontaneously and with little preparation I can enter my desired mental space for acrylic pouring, art as therapy time. To view other acrylic pouring paintings, see Figures 11, 12 ,13 ,14, and 15.



Figure 8. Relationship in duality (Symbolic in colour: blue for healing energy, red for tension)

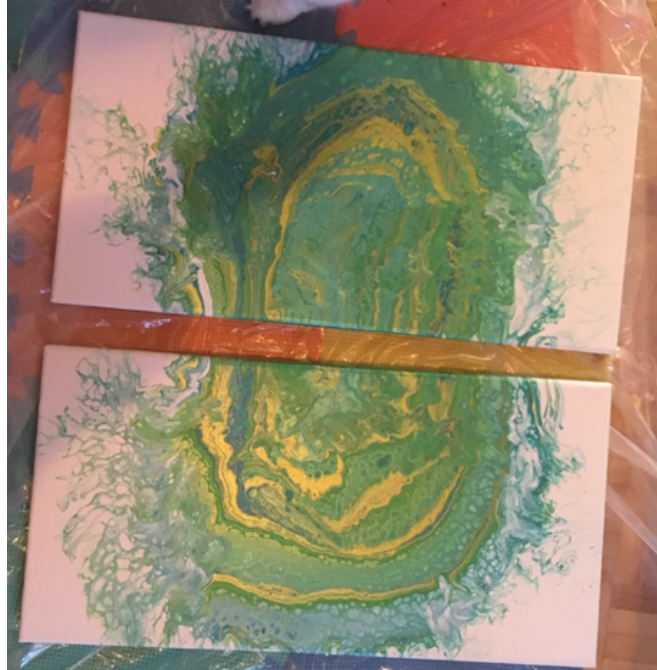


Figure 9. The introspection yellow brick road (perceptual in its shape)



Figure 10. Workshop



Figure 11. Window into acrylic pouring moment – presence



Figure 12. Window into acrylic pouring moment – Duality



Figure 13. Window into acrylic pouring moment – Mouvement



Figure 14. Window into acrylic pouring moment – Stress, Inside Out

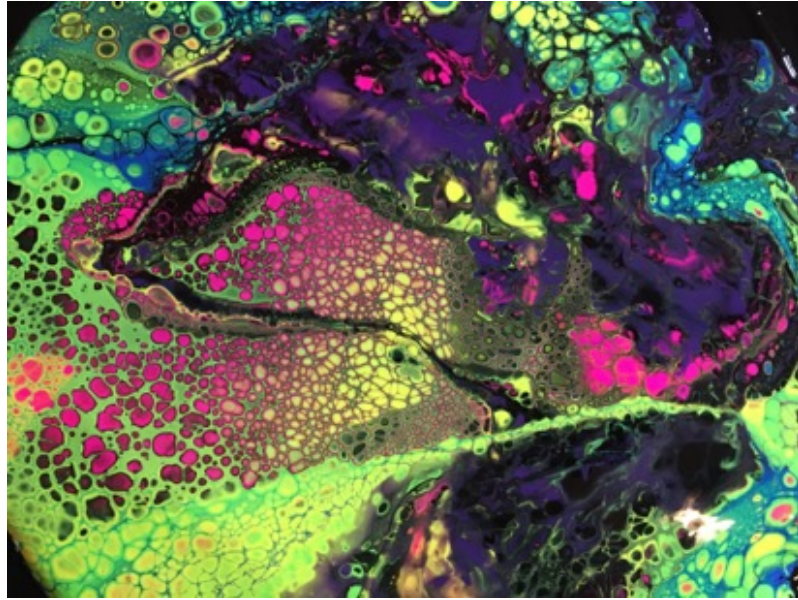


Figure 15. Window into acrylic pouring moment – Fun with colours

ETC Self-Exploration & Colouring in, Spontaneous Scribble Drawings.

On my researcher's couch, there are always markers and a sketchbook. When feeling particularly tired, I can continue creating with minimal kinesthetic involvement. These creations can be easily spread throughout a day or multiple days. Creating spontaneous flowing lines of movement with a marker imbues me with a sense of exploring authentic expression (Figures 15, 16). Space for surprise is less available in this medium as the marker offers a more contained way of expression and filling colour in between the lines is reassuring, not mentally demanding, and centering. This type of creation offers a feeling of satisfaction for having accomplished something even on low-energy days when movement is more painful. My preferred materials are more fluid paint, a more contained method which allows an adapted creative experience to the level of energy and pain of the moment.



Figure 16. Spontaneous scribble drawings 1



Figure 17. Spontaneous scribble drawings 2

Daily conscious action.

I intend to take my health into my own hands and concretely try to increase my quality of life by mixing body and mind exercises. At first, my self-interventions are more cognitive. I

perform physical exercises recommended by a Kinesiology student who examines me. I try exercises I learned at a Sophrology event. These are concentration exercises, such as relaxing physically through breathing exercises, visualization, and dynamic relaxation. A specific exercise is to transform the sensations of pain into pleasure. For example, I regularly try to do this while walking in the cold and feeling the reaction the cold has on my muscles.

With increased time, concrete practice of awareness becomes a more natural behaviour in my life. With increased awareness of thought and feeling and the intention of acting consciously, and not solely reacting unconsciously, when feeling stressed, I exhale, breathe slowly, notice my environment, smells, textures, and sounds, and try to slow down my heart rate. As well, in other instances, other than noticing the environment, when noticing more negative thoughts, I think of three things for which I am grateful. I do this based on research observing the different effects of gratitude and sleep on psychological distress in patients with chronic pain, which showed that focusing on gratitude improved sleep quality and reduced feelings of anxiety and depression (Ng & Wong, 2012). Being grateful has been proven to have a lasting effect, rewiring the brain (Kini, Wong, McInnis, Gabana, & Brown, 2016).

Furthermore, I recognize instances when my body reacts, how it reacts, and how I can help alleviate some pain. Soon after I bang myself against furniture, my body tenses and tires. Becoming more alert and rapid to consciously act and not solely react, I rapidly rub the spot that knocked against the furniture to activate my parasympathetic system, because research (2014) shows that pain diminishes faster when touch such as rubbing is added (Mancini, Nash, Iannetti & Haggard). I exhale rapidly and shake my body. I relax my muscles, breathe slowly, and slow my heart rate.

Third Phase, Incubation.

The incubation phase is significant as it allows the researcher to take a step back and let the unconscious reflect. This deepens understanding of the research experience on a subtler level. After the 2017 holiday break, that is, in the winter 2018 semester, I do not research topics. Instead, when I see relevant information, I save it for later in a specific folder. I do the same when thinking about the research. I apply this same principle for most of 2019, when I was pregnant.

In other research phases I voluntarily try to foster the potential of the incubation qualities to disconnect from my present state of mind and gain insight. I put myself in simple situations that allow my concentration to immerse in a state of flow by scribbling simple spontaneous drawings (Figures 17,18), taking a walk, or making authentic response movement. While doing something else, thinking of something else, my subconscious continues to explore my challenges and creative solutions or new thoughts emerge.

Fourth Phase, Illumination.

Part of this phase overlaps with the immersion phase. I realized that to feel truly heuristic, authentic, the research must incorporate flow as a main structure. That is when the research starts to integrate a greater variety of artistic mediums.

Within the experience of letting academic knowledge sink in naturally, the research theme becomes not simply meditation with a motionless body while separately doing art and seeing how one affects the other, when done one after the other, rather, it starts to experience the authentic movement of creativity and awareness in one present moment. I observe different creative spontaneous expressions arise, becoming my new lifestyle. The illumination phase offers an “aha moment” when the union of visual art and mindfulness welcome the multitude of creative therapeutic expressive expressions together in my moving body (art, drama, dance movement, and music). This process is the nonjudgmental acceptance of mind and body.

This union brings forth a more holistic view of the research, because sitting or lying still to meditate with no physical movement can cause me physical pain. Because I often feel impatient when meditating or lying still, adding movement and music helps me to stay focused and motivated and makes it more pleasant. I now see the powerful ways in which my body can influence my mind and my mind can influence my body. The new experiences arising from the research process become immensely empowering sources of self-treatment, self-care, and self-discovery.

Here is but one example of the research becoming a lifestyle. To wake up, I play a specific song that brings me to the present moment. During the entire nearly nine-minute song, I feel peaceful, calm, aware of my present mind and body, comfortable, and patient to move slowly and nonjudgmentally.

Fifth phase, explication.

In this phase, I gather key information from my literature review and my experiential moments combining awareness and creative expression. The data nourishes themes for support groups sessions, for people with chronic pain and their loved ones, that I created with therapist Karine Lapointe. The group is part of the resources of L'Association québécoise de la douleur chronique (AQDC). Starting February 9, 2019, the group met once a month (and as of this writing is on pause due to Covid-19).

As well, I present my findings in the form of a conference at the support groups of Jean-Talon Hospital and of l'Hôpital Hôtel-Dieu in Montreal. I focus on the mind-body links and how awareness can lead to mindful action for a healthier self.

Furthermore, this research project leads me to animate the talk *Resilience Through Symbols* in the event Play the Pain at Concordia University's 4th SPACE. To stimulate the discussion, I use a symbolic sculpture which I create. Participants play with the possibilities of transforming pain into play and how our perspective can lead to resilience. I present the same sculpture at the exposition *Art & Identity: Art of the Art Therapists and Art Facilitators* at the St-Henri Art hive, along with four paintings of my weekly acrylic pouring sessions. In the same vein of exploring my identity as related to chronic pain, I exhibit a painting, *Emergence*, which I created as part of my research. The exposition, *Carpe Diem*, is composed of artists who are members of the AQDC and who know how to express themselves through their art. *Emergence*, like many other pieces created during my research, is a result of my emergence and awareness in the flow of the creative process composed by the movements of the colours, shapes, and sensations that emerge through my art, as I create at least one painting a week for six months.

Sixth phase, creative synthesis of the lived experience of the research process.

Naturally and creatively the visual creation and literature help to validate the heuristic inquiry and create new meaning and insight which emerge from the research process (Sela-Smith, 2002). In this phase I look back on the project to confirm that the experience has produced new meaning about the topic.

As I consider my research and creative expression, I have the opportunity to re-experience and explore my mind and body with an authentic awareness and an empowering manner. As well, I am able to practice and experience self-awareness and to make healthy

conscious decisions for myself in a variety of creative activities. The process of painting weekly demonstrates a self-care that is calming in its capacities to bring me into the present moment. Creative activities focusing on my expression of the present authentic state enable me to experience joy, pleasure, playfulness, confidence in authentic expression, and a decrease of apathy and anxiety. This regular painting time not only constitutes a mental self-care moment but serves as physiotherapy. After painting, I must rest, generally taking a warm bath. Through the research process, I achieve my health goal of moving by painting at least once a week and doing conscious relaxing movement while focusing in the present moment at least three times a week. With the cumulative knowledge resulting from the research, I now rapidly amass a variety of resources which with practice become automatic.

I use my imagination to transform a moment, employing movement, music, or art to discover playfulness, feeling at peace with my body, mind, and creativity and trusting that they are there for me as useful tools for my health objectives. I feel as if I own multiple resources that are readily available to me when I am in need. I am no longer at the mercy of my thoughts or my heart rate. I have expanded my range of creative expression and I derive much pleasure from being playful with creative awareness even with a body and or mind that does not feel at its best. I have known the positive outcomes of MBSR and creative expression. I own my health.

During the research process, my recurring research question is, What intervention comes after acceptance if change is desired? The regular MBSR experience offers me the knowledge that mindfulness and its acceptance component create changes in the self—and when one is more aware of the self, further action, such as making decisions, rather than simply reacting, can be consciously taken for the well-being of oneself and others.

Being aware that I am not accompanied by an art therapist, thus limiting my introspection solely to my own perception, and using the ETC as a self-observation guide, I note a change in my usual preference in art material. I start the research with more controlled materials, such as oil pastels, whereas before my preferred materials were watered-down watercolours. I ascribe my need for more structured and controllable materials, to help me feel more contained and less vulnerable to surprises arising from my unconscious during my creations, on my feeling less grounded in myself (Hinz, 2019).

I recreate and adapt in an eight-week program I named “Creative Authentic Mindfulness-Based Art Therapy” (CAMBAT) the creative synthesis of my lived experience of the research process.

Chapter 5. Discussion

Insight from the Expressive Therapies Continuum

A meaningful exploration into personal symbols

Expectation

In this research process, I see how the use of the ETC, as a way to perceive the self and its expression, encourages a wider range of creative expression. I initially expect to employ the typical variety of materials used in art therapy, but additionally, through my process I mobilize my body as an art material and canvas. As well, my use of music surprises me, as does its influence on mental visual imagery guided by thoughts, motivation to create, and ability to render me more aware of my feelings and sensations in this art-based process.

My awareness of my state expressed in physical movement and visualization open me to new possibilities of my embodiment. My body is the canvas that is observed and intentionally modified for symbolic embodiment of thoughts and feelings through colour in my mind.

In my mind, the imagery created when I was in movement or when I was still can hold powerful symbolic meaning. For example, when I was moving slowly with my eyes closed in my authentic response movement activity, my arm would move and colours would follow my movement like a ripple effect on water. A colour could represent energy, calm, softness, happiness. I would feel the energy, the emotion around me, when seeing and feeling the colour moving around me and caressing my body in my imagination.

Hinz describes a symbolic image as defined by colours, lines, and shape (Hinz, 2009). The line counters the round shape of the “cell” related to this definition, because I see the border of the “cell” as a border that surrounds, defines, and keeps secure a concept that is internal. Inside the “cell,” there are colours, each of which represents an idea, a concept, an emotion, a thought. Furthermore, to my surprise, within the acrylic pouring section of the art-based research process, the formal aspect of the general acrylic pouring style is more symbolically significant as a felt sense, relating to the affective component of the ETC (Hinz, 2009). This felt sense is evoked by the technical aspect of the painting style, the observation of the feeling created by the dried form of the fluidity of the paint (Hinz, 2009), and the “cell.” The line creates a feeling of movement, a feeling of creating a particular universe, of being immersed in a unique ambiance.

Exploring movement

With the symbolic component of the ETC, images, lines, shapes, and colour can become particularly powerful and meaningful in a uniquely individualized way (Hinz, 2009). The concept of movement in the paint produces a receptacle for my mind and body to explore and float around the movement created by the flow of the paint. My images of paint pouring may not have visually represented a body, but I could imagine my body or my feelings and sensations move around in different sections of the painting. I do not give specific meaning to every painting but the moment of creation by itself is meaningful and symbolic, due to its process of flow with the paint, being in the moment, and having my space set up so as to allow me to move with creative intention and awareness. The flowing quality of the moving paint is relaxing and aesthetically satisfying for me.

Exploring the pleasure of the movement, form, and colours of the paint creates a meditative state and a physical activity that allows me to continue to create and observe the results despite the discomfort and pain.

Exploring the round shape

The “cells,” which I like to call *bubbles*, are a symbolic experience, as well as a repetitive exploration of the perceptual component, a technical exploration of the round shapes and of the curved lines of the fluid paint creating movement.

The repetitive exploration of this acrylic pouring technique might be an attempt to explore the perceptual aspect of the round shape and the curved lines creating movement and attempting to further feel and observe the pleasant emotional result the observation of these perceptual aspects evoked in me.

My acrylic pouring exploration gives the bubbles individuality. They coexist as a whole in this fluid environment. The fluid forms and bubbles remind me of the biology of the body with its complex ecosystem and potential for movement and change. This mirrors my interest in neuroplasticity and the sense of ownership I, as an artist, can feel when I transform awareness of my present state and recreate my thoughts, feelings, and sensations into a meaningful and powerful expression that moves me closer to a desired personal goal.

Looking back at past symbols

I am reminded of my past reactions when I observe my art-based research process through the ETC lens. I see that my previous creations can be viewed through the lens of the ETC model generally, observing the plastic qualities of the art and my felt sense about it. I note resemblance particularly in my past creations to which I felt the most connected and I see that they also reflected my attraction to the circle (Figure 19) and to movement (Figure 20). I view my art-based research as an opportunity to further explore symbols of past creations that are meaningful to me.



Figure 18. Triptych 2008



Figure 19. Moving 2011

Transforming my Personal Symbol Into Future Art Therapy Intervention.

The Self as a Tree Surrounded by a “Bubble” of Influence.

After I finish my art-based process, I continue to wish to further my personal exploration of this “bubble” symbol. I want to consider and experiment with how it integrates with the symbol of a tree or human being: I wish to create art-therapy interventions based on my experience, for example a “bubble” that surrounds a symbolic tree (Figure 20) or person (Figure 21.). The “bubble” represents thoughts, feelings, memories, experiences. It has all the symbolic potential to be an inspiring energy source. For example, a “bubble” can represent the strength of my mother. It contains securely powerful symbols and energy sources from which I can draw. Each “bubble” can be immensely powerful in meaning, because the representation of each strength or other symbol in a “bubble” is represented by a visually abstract symbol and thus can hold more complex thoughts and feelings than mere words can (Malchiodi, 2007). The location of a “bubble” can also have meaning. I plan to eventually make an example of a template.

The intention to further explore an attraction.

I would like to develop art-therapy interventions where I explore how focusing on an attraction to a shape, colour, or other personal symbol, can be extremely meaningful and revealing even when the client does not know why they are attracted to this section of the art. For another person, the preferred material or consistency of the material may differ but dedicating oneself to an art form and exploring it, with attention to its influence on the self, can be enriching and a source of enlightenment due to the flow state which Csikszentmihalyi refers to as being in the zone (Csikszentmihalyi, 1990).

Concentrating the attention of the client on creating art has been shown to reduce symptoms of pain. Possibly the exploration of meaningful symbols or of an interest can rebalance more focus toward the activity and less toward unwanted symptoms (Trauger-Querry & Ryan Haghghi, 1999) and increase the flow potential (Csikszentmihalyi, 1990). This is an avenue I would like to further explore. Through my experience I see that the exploration of personal symbols and interest can bring meaning and deepen self-understanding. I also learn that repetitive exploration of the same interest reinforces and fosters my relationship with myself and increases my perception of the value of my interest.



Figure 20. The bubble tree



Figure 21. The person & her bubbles

The flow

Flow and Heuristic Process

I am the basis of the exploration and source of insight, so the intention to be fully authentic represents a greater validity in the source of information than if I were to generalize and thus possibly miss valuable sources of information. Not being authentic means skipping the

heuristic intention and potential to use the reality of a person living with fibromyalgia, to inform the reality, and gain insights on the usefulness of art and mindfulness for a person living with fibromyalgia (Moustakas, 1990).

Respecting the awareness of the present moment and of the unfolding process allows me to naturally explore the six steps of the heuristic methods, thus keeping the data authentic. Trusting the flow of the research process is significant in staying authentic to my personal experience and remaining close to my true self and needs.

Flow Awareness of the Present Moment

As a person with FM, I see the value in listening to myself, being aware of my present state, and calculating adequately my present pain and energy level so as to adjust my need to rest and stretch for a future energy expenditure. Trusting the present moment and following the flow of events for relevant information creates the possibility for meaningful insights.

Insight Arising from flow

Flow blends the MBSR technique, creative expression, and my personal process as researcher. Flow permits surprises.

The intention of my research to trust the process becomes a lived experience of the knowledge and experience of mindfulness. Art combined in my daily intention becomes a lived experience of mindfulness, art, and the intention to improve my quality of life. Having confidence in the creative flow, I see an increase in my feeling of being grounded, of empowerment and identity. Trusting the flow of the research means trusting that the process is significant. It results in me learning from the process when I feel doubt and confusion about the practice of acceptance, such as when I am frustrated by feelings other than acceptance and what is the true meaning of acceptance in MBSR. I experience, as Csikszentmihalyi (1990) posits, that a feeling of happiness arises from the creative flow. The experience of flow in movement with music is also an opportunity to play and explore spontaneous free-flow association (Freud, 1930) and release the unconscious (Jung, 1962). My own experience of trusting my relaxed, spontaneous movement and letting go of any controlling intention (Csikszentmihalyi, 1990) seems to align with the thinking of developmental theorist Erik Erikson (1955), for whom free, spontaneous improvisational play starts in the body: “it begins before we notice it as play, and consists at first

in the exploration by repetition of sensual perceptions, of kinesthetic sensations, of vocalizations, etc.,” (Erikson, 1955, p. 233).

In the book *Art is a Way of Knowing*, Allen (1995), refers to art-therapy pioneer Margaret Naumburg’s comparison of the flow to a river. A visual image that arises in my mind, from the image of flow as a river, is a river of flow that produces bubbles of insight which emerge to the surface, allowing my awareness to pick up bubbles of insight.

The Artist Identity in the Art Therapist

The Artist Potential

The art-based process is significant in this heuristic research to foster the artist potential in the art therapist-to-be. Pat Allen (1995) explains how cognitive work pressure can cause some art therapists to feel disconnected from their inner artist and from the potential of the art material, their actual work tool. Concentrating on the art as a significant part of the research allows me to immerse myself in my artistic identity. Art becomes catharsis and witness to the research process.

Reconnecting With the Artist Within

Art is not solely a reflection of my data but also of my need for expression, a satisfactory and meaningful event. To reconnect with the artist within is to reaffirm the potential to express oneself authentically and meaningfully. It increases my sense of identity, of accomplishment, of self-care, and self-expression. Through this process of self-exploration, I notably recognize the importance of my relationship with the material and its qualities—its shapes, form, resistance (Hinz, 2009). Increasing attention to the artist within means increasing awareness of my senses; being with the senses feels creative and arouses my awareness of the beauty around me and my relation to everything. Throughout this research process, I increase my mindful listening to music which, in turn, augments my awareness of sound and my ability to tune in to the present moment in everyday life (Van Dort & Groke, 2013).

The Artist Way of Seeing

In a research observing a psychologist and an artist looking at an image, Vogt (2007) stipulates that the artist notes colours, contours, and empty space, whereas the non-artist merely sees an object or concept. It follows that reinforcing my artist’s view increases with my awareness of sense and supports the MBSR philosophy of seeing things as if for the first time.

By practicing art regularly and growing my artist identity, the observation of my senses feels creative and my facility to view the symbolic component of the ETC increases. Everything seems more significant and beautiful because a simple piece of grass touching a piece of metal becomes a source of artistic meaning. Increasing sensory awareness and simply observing and enjoying being in the present moment engenders a feeling of being an “*in situ*” presence in my environment, and thus a part of my environment.

The art therapist creating

Not only does the creative process enable me to feel more complete in my artist and art-therapist identities, it enables me to feel a more complete sense of self. Allowing myself this art-based research time is in a way a gift to myself in the present and as a future art therapist because, as described by Pat Allen (1995) and Kapitan (2013), when an artist or art therapist stops creating and connecting to the artist within, due to extraneous academic or professional rhythms, something inside them becomes blocked. Only focusing on academics and clinical aspects of art therapy may provoke feelings of inferiority or a fear of being a sham (Allen, 1992) because one may feel disconnected from their work tool, visual art (Allen, 1995). Continuing to create while being an art therapist relieves stress and protects against professional exhaustion (Allen, 1992).

Reconciliation with the Body and Mind as a Vessel for Art

I recognize the value of the connection of the art therapist/artist, the importance of a person with fibromyalgia relating and connecting to their body and mind through creativity and the positive effect this creative expression can have on the mind and body. Like art therapists who solely focus on clinical aspects of their work due to time pressure, this reminds me of the importance of expression and movement when I feel stuck in a flare-up or various other symptoms of fibromyalgia. The artistic possibilities of expression are always present, even if I cannot move much in that moment. My imagination is present and creative possibilities are there even if they are momentarily restricted to solely observing moving colours on my phone or computer (Figure 20, 21). Creating for the sake of creating brings me back to the action, to the trust and pleasure of my kinesthetic state. Being an artist motivates me to move. Creating art makes me feel better. I can go from lying down on the couch to moving for a few hours in my

creative space, and enjoy a positive shift in my mind and body. Although I need to rest after, usually by taking a warm bath, I am happy for my accomplishment.

Empowerment

The Nervous System

Learning more about the nervous system and neuroplasticity validates and encourages me in my search for empowering tools because I have the felt sense of being able to change my present physical and mental state in a positive and lasting way (Doidge, 2015; Goleman & Davidson, 2017). Making conscious actions and choices means to purposefully be happy (Mandeville, 2010). Reconnecting with the potential energy and pleasure created by the connection between the mind and body increases the sense of power that I have over my diagnoses (FM and IBS) and life circumstances.

I hope that when I create art and when I take conscious decisions to calm my mind and body I can help to change not only my brain but my digestive system as well (Doidge, 2015; Goleman & Davidson, 2017). I hope I can make lasting changes (Su, Wu, Liang, Cheng, Hsieh, Sun, et al., 2016) in increasing my positive viewpoint and my gratitude because perception can be biased by the state of a person. For example, people in fight-or-flight response mode may interpret a situation as more hostile than it actually whereas in a state of calm they may interpret a situation as more secure than it really is (Geller, & Porges, 2014). The same applies in a dysfunctional system: the ability to self-soothe may be compromised (Slonim, 2014).

Art as a Resource

Practicing to increase my awareness in varied ways fosters my ability to recognize when art is a resource, and this strengthens my feeling of empowerment. Art can be used as self-care when I need an active and meaningful moment. As well, adapting my creative effort to the amount of energy present in that moment, I feel as if I expand the possibilities of having a creative and fulfilling moment even when I am more exhausted. Examples include exploring my creative imagination guided by music, noticing the movement of colour (Figure 21), observing nature (Figure 22), spontaneously scribbling a drawing (Figure 15, 16), making small conscious movements (Figure 24), and detecting my senses (Figure 25). This wide range of creative moments empowers me to make a likely boring day (due to pain and exhaustion) more significant and increase the feeling of being productive. Listening to my needs in the moment

and tending to them successfully via a personalized adapted creative outlet is empowering. I regain a sense of owning my health.

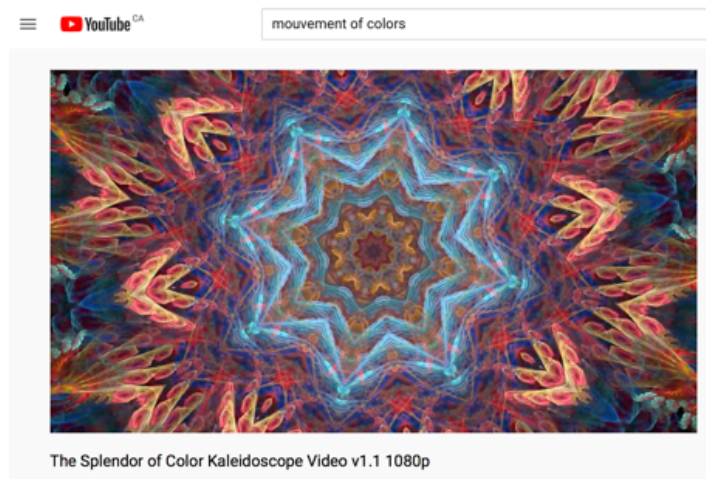


Figure 22. Meditating with observing colour movement with music

HDCOLORS, (2011, December, 2), *The Splendor of Color Kaleidoscope Video v1.1 1080p*, [YouTube], Retrieved from <https://www.youtube.com/watch?v=q2fIWB8o-bs&t=587s>

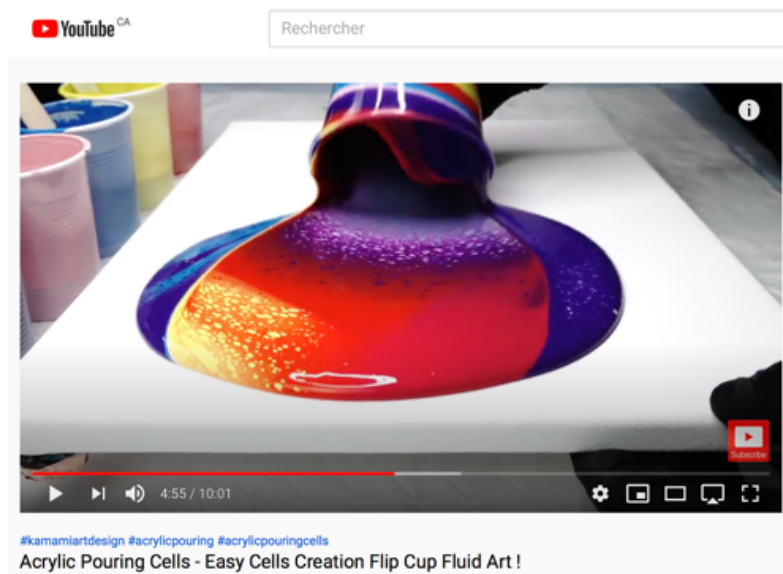


Figure 23. Observing pain movement and colours

Acrylic Art KaMaMi, (2020, Febuary, 2), *Acrylic Pouring Cells - Easy Cells Creation Flip Cup Fluid Art !*, [YouTube], <https://www.youtube.com/watch?v=2GnEQEY9I6g&t=427s>



Figure 24. Observing Nature



Figure 25. Small conscious movements



Figure 26. Noticing senses, touch

Self-Exploration and Insight Relevant to Art Therapy Session

While this is individual therapeutic art-based self-exploration and not art therapy, the following sections of this paper are what I believe is the part of my research process that can be relevant for art therapists. So, too, these sections offer helpful insight into the possible reality of someone with FM.

Tending to the Psychological Hardship of FM

The loss of quality of life, either before the diagnosis or if fibromyalgia symptoms worsen, can have a profound impact on a person's emotional state due to the added stressors. For example, a drop in quality of life may affect the person's willingness to pursue new activities that may be beneficial for their physical and psychological well-being if done while respecting the person's new limits (Herrero et al., 2014). In that sense, art therapy has the advantage of providing a space for the psychological aspects of the person.

Tending to the Physiological Hardship of FM

Because art therapy follows the needs of the client, it provides the opportunity to be kinesthetic with the material, thus helping the client move at their own rhythm (Hinz, 2009). For example, if the client needs to rest their hands, they may. Art therapy can help the client reconnect with body sensations by touching different textures or by observing images, colours, and objects (Hinz, 2009). In short, art therapy respects the physical limit of the client with FM.

Herrero et al show that art therapy can provide an appropriate frame to assist the client in their personal exploration with an intervention that is significant for them (2014).

Art Therapy and Awareness

Within an art-therapy session, mindfulness techniques can be used to help the client be more attuned to themselves, their needs, thoughts, and physical and psychological feelings. Art therapy can facilitate the client's process to create meaningful and powerful symbolic images (Dannecker, 2008) that become self-empowerment tools and help them to express their thoughts, feelings, and self-awareness. As well, when creating in art therapy, pain can decrease tremendously (Dannecker, 2008).

Art therapy and the ETC

Guided imagery is a creative way to help the client to visualize particular spaces, meaningful symbols in a therapeutic way. More concrete and less symbolic creations can be more significant for another client with FM (Hinz, 2009). The art therapist must adjust the therapeutic treatment with visual material to speak to the interest and qualities of the client so as to help them achieve their personal objectives and goals and the visual aspect does not always need to be present, the ETC components can help guide the therapist through the client's strengths and weakness and observe where the person is presently in the ETC spectrum. By using talk therapy in the art therapy session, the client can verbalize the personal meaning of the creations and express their personal experience of their creative process.

Learning from Experience

My personal exploration may apply more specifically to people with fibromyalgia though the one in five Canadians who experience chronic pain (Steingrimsdottir et al., 2017) they may relate to my experience or insight. Though heuristic research is not scientifically reliable, learning from one's individual experience has value and may increase my empathy toward people with chronic pain population and their challenges. However, this experience was found to be a source of learning and inspiration for me to continue further exploration into clinical applications. Exploring more the self and practicing tools to augment my quality of life may increase my insight and self-knowledge, thus helping me to become a better art therapist, because in therapy the therapist is the main tool. Listening to myself and fostering my flow and awareness can bring me insight and influence my future treatment plans for people who live with

fibromyalgia or chronic pain or chronic fatigue. Learning more about MBSR, the neurobiology of stress, and creative art expression related to fibromyalgia may provide me with future opportunities for psychoeducation. Inspiring a program treatment or intervention based on personal exploration may result in more creative tools and treatments. It may feel more personally tailored for some clients who did not feel heard in past treatments. My experience will always differ from those of my future clients.

The mindful and creative activities resulting from my personal exploration of art and mindfulness together served as a base to create an eight-week program called Creative Authentic Mindfulness-Based Art Therapy program (CAMBAT). I developed this for myself and I would like to build it further through intervention-design research and then to pilot it.

Chapter 6. Conclusion

This research reflects a journey. It begins when I start my master's degree. I feel I must preserve each ounce of energy for the cognitive rather than waste it on the kinesthetic. The more I delve into the research process the more I am able to reconnect with my mind and body in a positive and strengthening manner.

I become better informed. I deepen my reflections and explorations thanks to my literature review on the fibromyalgia diagnosis and its challenges, its relation to the stress response, MBSR, MBAT, and the ETC.

Through the flow of my research process, some of the consequences of creating mindfully are that I become more creative in my way of integrating various creative expression and my integration of mindfulness become a more natural aspect of my daily routine. Other positively impacting actions on my daily routine become easier (ex.: gratefulness), because I can assess faster my state and my needs, act consciously, and tap into creativity confidently.

Using my imagination, I transform movement, music, and art into playful moments. I accept my thoughts, feelings and sensations instead of wanting to change them. This puts me at peace with my body, mind, and creativity, which I now think of as being at my disposal, useful as tools for my health objectives. Additional self-care tools empower me. I feel the pleasure of expressing myself in playful ways. In my process of been aware of my state, I can rapidly switch away from being at the mercy of my thoughts, heart rate and other mind/body states. I expand my range of creative expression and derive much pleasure from being playful with creative awareness, even with a body and/or mind that does not feel at its best.

I gain greater control of conscious decisions for better health outcomes through the process of being mindful and trusting the flow of my research. The heuristic process brings makes me more alert to what is helpful or less helpful and I can make appropriate decisions. The research becomes more about pursuing actively and consciously better physical and mental health rather than observing and analyzing it. It becomes about taking charge. As well, the research is more about mixing creative arts expression rather than focusing solely on visual art. Thus, through the research process, I feel more whole due to my exploration of the connections and optimization of health benefits and of the mind and body working together. The information

I learn about the nervous system serves as inspiration and motivation for a better creative connection, as well as a healthier mind and body and the consequential empowering effects.

What begins as research on how to reduce pain and fatigue becomes a promising roadmap for my future art-therapist self, a happier, more confident and less physically aching self.

Knowledge about the polyvagal theory helps me to understand some of the neurobiological theories of mindfulness and link them with the potential of art expression. Both creative arts therapies and mindfulness promote integration (Hinz, 2009; Treleaven, 2018). Increasing knowledge of the nervous system gives me more tools in my pursuit of relaxing my body so as to decrease pain and fatigue. I base my focus on creative awareness on the idea that awareness can help to diminish stress perception, and thus diminish chronic pain. There is hope that neuroplasticity processes can help to reorganize the brain and decrease more permanently what causes fibromyalgia.

Recommendations for Future Research

Further research on this topic would include exploring therapies with a creative mindset that help to regulate stress. Putting together a group to test the interventions arrived through this heuristic process would be a significant way to observe the process of other people living with a fibromyalgia diagnosis and their personal gains, as well as to support creative and mindful interventions. This research proposes to explore the intervention in the eight-week Creative Authentic Mindfulness-Based Art Therapy (CAMBAT) program which I created thanks to the art-based heuristic process of this research.

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APPENDIX A

2016 Fibromyalgia Diagnostic Criteria

1. Widespread pain index (WPI) and symptom severity score (SSS)
 - WPI ≥ 7 and SSS ≥ 5 OR WPI 4-6 and SSS ≥ 9
2. Generalized pain: pain in 4/5 regions
3. Symptoms present ≥ 3 months

The fibromyalgia diagnosis can now be made irrespective of other diagnoses (you do not need to rule out all other conditions that could explain the symptoms, if criteria 1-3 are all met).

1. Widespread pain index (WPI)
 In the past week, where have you had pain? (check all that apply)

Left upper region (1) <input type="checkbox"/> <i>L jaw</i> <input type="checkbox"/> L shoulder girdle <input type="checkbox"/> L upper arm <input type="checkbox"/> L lower arm	Right upper region (2) <input type="checkbox"/> <i>R jaw</i> <input type="checkbox"/> R shoulder girdle <input type="checkbox"/> R upper arm <input type="checkbox"/> R lower arm	Axial region (5) <input type="checkbox"/> Neck <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen
Left lower region (3) <input type="checkbox"/> L hip (buttock/trochanter) <input type="checkbox"/> L upper leg <input type="checkbox"/> L lower leg	Right lower region (4) <input type="checkbox"/> R hip (buttock/trochanter) <input type="checkbox"/> R upper leg <input type="checkbox"/> R lower leg	

Total: _____ WPI score (add up boxes checked, 0-19)
 _____ Number of regions checked (excluding items in italics); use this for criterion #2.

Symptoms Severity Score (SSS)
 For each of the following, for the past week, rate

	0=No problem	1=slight or mild problem, often mild or intermittent	2=moderate, considerable problem, often present	3=severe, pervasive, continuous, life-disturbing
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking unrefreshed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past week, have you been bothered by any of the following?

	0=No problem	1=Problem
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Pain or cramps in lower abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

Total SSS: _____ (0-12)

Summary:

- 1. Criterion 1 is met if you have EITHER**
 - WPI ≥ 7 and SSS ≥ 5 OR
 - WPI 4-6 and SSS ≥ 9
- 2. Generalized pain: met if you checked pain in 4/5 regions (not including items in italics)**
- 3. Symptoms present ≥ 3 months**

Fibromyalgia is diagnosed if you meet all 3 criteria 1-3, independent of whether other diagnoses contribute to these symptoms. This is new: FMS diagnosis used to require that there be no other diagnosis to explain the findings.

Figure 1. Russek, L. (2016). *2016 Fibromyalgia Diagnostic Criteria*,
<https://people.clarkson.edu/~lrussek/2016FMS.pdf>

APPENDIX B

ETC Use and Therapist Self-Rating Scale

1. With What ETC Component(s) Did You Create Today:

Kinesthetic

1	2	3	4	5	6	7	8	9	10
Little Movement/No Release of Energy						Lots of Energy Released			

Sensory

1	2	3	4	5	6	7	8	9	10
No involvement with Sensation						Lots of Sensation Experienced			

Perceptual

1	2	3	4	5	6	7	8	9	10
No Involvement with Formal Elements						Very Involved Formal Elements			

Affective

1	2	3	4	5	6	7	8	9	10
Not Emotional						Very Emotional Experience			

Cognitive

1	2	3	4	5	6	7	8	9	10
Thought not important						Lots of Effortful Thought Involved			

Symbolic

1	2	3	4	5	6	7	8	9	10
No Symbolism Used						Symbols Very Important			

2. Was the ETC Process Characteristic of Your Usual Artistic Practice?

1 2 3 4 5 6 7 8 9 10

Not at all Characteristic Medium Very Much Characteristic

3. Predominate properties of the Media Used

1 2 3 4 5 6 7 8 9 10

Extremely Fluid Medium Extremely Resistive
(Flowed Easily) (Required Effort to Manipulate)

4. Preference for/Aversion to the Media

1 2 3 4 5 6 7 8 9 10

Aversion to the Media Preference for the Media
(I wanted to quit right away) (I could have used it for hours)

5. Preference for /Aversion to the Artistic Process

1 2 3 4 5 6 7 8 9 10

Aversion to the Process Preference for the Process
(I wanted to quit right away) (I could have done it for hours)

6. Degree of Satisfaction with Final Art Product

1 2 3 4 5 6 7 8 9 10

Very Dissatisfied Medium Very Satisfied

7. Self-Reflection: Learning from the Artwork and Artistic Processes

What did I learn with reference to the ETC?

With which level of the ETC did I feel most comfortable? Why?

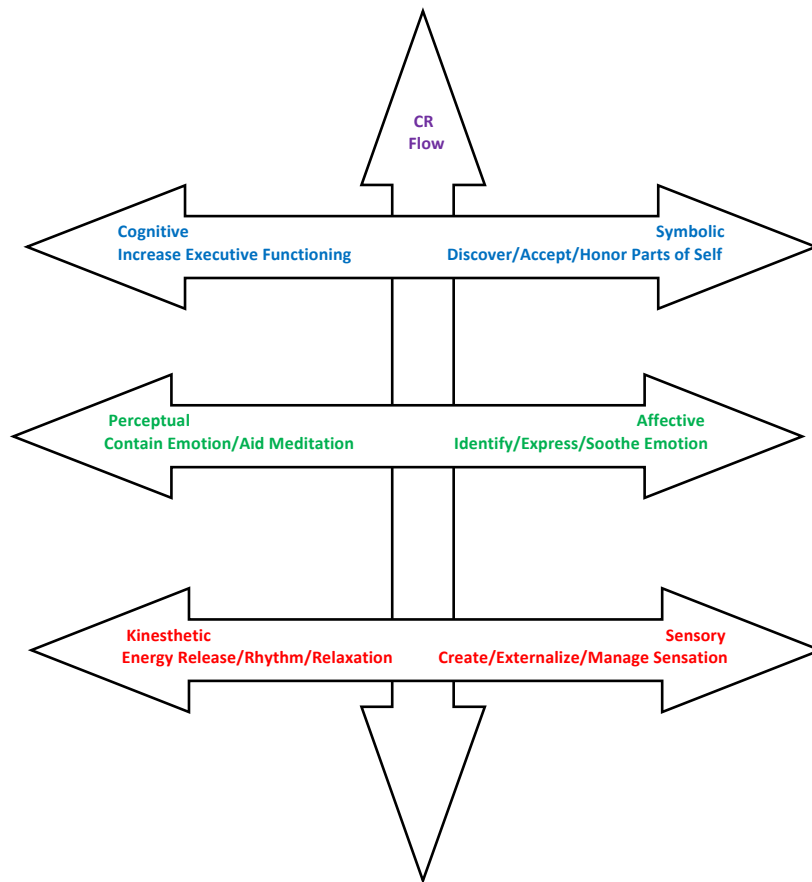
<hr/> <hr/> <p>Which level of the ETC seemed blocked? Why?</p> <hr/> <hr/> <hr/> <hr/>
<p>With which materials/techniques should I familiarize myself or experiment further?</p> <hr/> <hr/> <hr/> <hr/>
<p>Which materials are missing from my studio or art therapy sessions?</p> <hr/> <hr/> <hr/>
<p>How did this experience help me understand the issue of creative materials/processes countertransference? What will I keep in mind as I formulate future treatments goals, and plan future art therapy interventions?</p> <hr/> <hr/> <hr/>

Figure 2. ETC assessment form.

Hinz, L., Riccardi, M., Nan, J. K., & Périer C. (2015, September). ETC as An Inclusive Cultural Landscape for Expressive Therapies. Workshop presented at the 13th European Arts Therapies Conference, Sicily, Italy.

APPENDIX C

Experimenting with the Expressive Therapies Continuum: Reflection upon an Art-Based Assessment through Heart and Mind



This diagram defines the healing properties of each component of the ETC. Each level is bipolar: therapeutic work on one side suppresses the other. Working with one level can evoke a higher level, thus expanding the landscape.

Figure 3. Diagram outlining ETC components, Riccardi, M. (2017). AATA 2017 Handout