



# The Impact of a Mindfulness-Based Art Therapy Group Program on Body-image



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## Introduction

Eating disorders represent the deadliest class of psychiatric illness for young adults (ages 18-25; Hudson, Hiripi, Pope, Kessler, 2007). Researchers have suggested that a major component contributing to disordered eating in young adults is *body image dissatisfaction* (Cooper, et al. 1997; Fairburn, 2008; Ferreiro, Seoane, & Senra, 2011). Evidence indicates that up to 67.6% of college women and 31.3% of college men endorse body image dissatisfaction (Fitzsimmons-Craft, et al., 2015). Negative body image has been linked to the development of not only eating disorders (ED), but high body fat percentage and other social-emotional issues such as depressed mood and anxiety (Ferreiro, Seoane, & Senra, 2011; Morgan et al., 2012 ; Gross, 2007).

In the context of negative body image, the use of mindfulness addresses appearance-related cognitions by encouraging self-acceptance (Stewart, 2004). Rather than attempting to control or combat one's negative thoughts and feelings, mindfulness teaches a more adaptive way of relating to one's thoughts and feelings, allowing for an increase in body image flexibility, acceptance, and non-judgmental awareness (Wendel, Masuda & Le, 2012). The following presentation outlines results from a non-randomized control study of the efficacy of a Mindfulness-Based Art Therapy group program on negative body-image dissatisfaction.

## Method

### Program Description

Literature suggests developing a healthy body image begins with accepting oneself (Golan, Hagay, and Tamir, 2013); thus, our program will aim to increase body-image satisfaction through the cultivation of self-acceptance via mindfulness practice - an innovative technique for addressing issues related to eating behavior and self-image (Wendel, Masuda & Le, 2012). Building on these findings, our program will center on mindfulness concepts (e.g. present awareness, acceptance, etc.) and practice (e.g. breathing mediation, body scan meditations, etc.). In addition to mindfulness, the program will also employ a creative art therapy technique to facilitate discussion of body-image, acceptance, and mindfulness.

The program consisted of 6 weeks of 90-minute sessions. Sessions began with a brief discussion of the topic, followed by a 10-15 minutes mindfulness exercise, and ended with the art-therapy exercise.

Session topics were as follows:

**Session #1: Intro to Mindfulness and Body-Image**

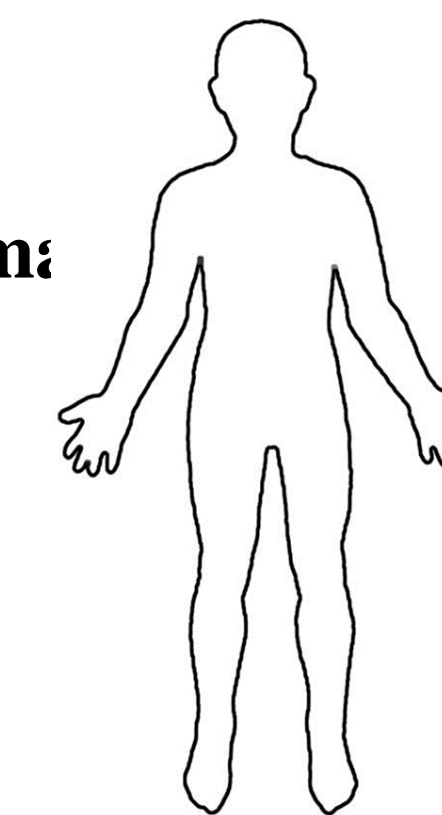
**Session #2: Social/Cultural determinants of body-im:**

**Session #3: Cultivating Awareness**

**Session #4: Listen to your body**

**Session #5: Acceptance and Self-compassion**

**Session #6: Making a plan to love your body**



### Art Exercise

The art therapy exercise consisted of a body tracing that participants used as a canvas to creatively represent their thoughts/feelings about their body. Each session included a new contribution to the body tracing.

### Procedure and Participants

The study consisted of three treatment groups ranging from 4-9 participants, 22 total participants started the group, 19 finished. Groups consisted of undergraduate students with a mean age of 23 and range of 19-29. All of the participants were women with an exception of two. The racial breakdown of the participants was: 58% White, 23% Latino, 5% Black, 5% Asian, 9% did not answer/other.

Participants were offered extra credit for their participation, and about 60% actually took advantage of this offer. Criteria for participation included: must be currently enrolled undergraduate student, over 18 years old, willing to take assessments and sign informed consent. Assessment measures were given prior to the beginning of the first session and again after the last session. Focus group interviews were also conducted after the last session.

### Measures

**Eating Disorder Screening - EAT -26**

**Negative Body-Image -** Multidimensional Body-Self Relations Questionnaire (MBSRQ) - Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and the BASS

**Self-Compassion -** Self-Compassion Scale-Short Form (SCS-SF) (Neff, 2003)

**Situational Body-Image -** Situational Inventory of Body-Image Dysphoria (SIBID) is a unique assessment of the frequency of negative body-image emotions across specific situational contexts.

**Appearance Schema -** Appearance Schemas Inventory-Revised (ASI-R) - assessment of individuals' psychological investment in their physical appearance

**Impact of Body-Image -** The Body Image Quality of Life Inventory (BIQLI) assessment to quantify its positive or negative impact on individuals' quality of life

**Media Pressure/Influence -** Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3)

## Findings

Table 1  
Pre and Post-Test Comparison for Body-Image and other Related Variables (n=19)

Measure	Test	M(SD)	M Diff	t	df
MBSRQ – Appearance Evaluation	Pre	2.7(.84)	-0.70	2.76**	39
	Post	3.4(.80)			
MBSRQ – Appearance Orientation	Pre	3.34 (.72)	0.07	0.32	39
	Post	3.27(.68)			
MBSRQ – Body-Area Satisfaction	Pre	2.98(.76)	-0.56	2.24*	39
	Post	3.54(.84)			
MBSRQ – Over-weight preoccupation	Pre	2.96(.43)	0.71	3.24**	39
	Post	2.25(.92)			
MBSRQ – Self-Classified Weight	Pre	3.09 (.55)	-0.11	0.57	39
	Post	3.20(.69)			
Self-Compassion	Pre	3.10(.62)	-0.80	3.58***	39
	Post	3.90(.81)			
Appearance Schema	Pre	3.34 (.92)	0.54	1.97	39
	Post	2.80(.82)			
Impact on Quality of Life	Pre	1.40(.46)	-0.60	2.89**	39
	Post	2.00(.84)			
Media Pressure	Pre	2.82(.63)	0.50	2.37*	39
	Post	2.32(.72)			
Situational Body-Image	Pre	1.54 (.64)	0.52	2.50*	39
	Post	1.02(.69)			

\* p < .05 \*\* p < .01. \*\*\*p < .001.

### Results

In addition to the treatment group, data was collected from a control group. The control group was recruited via an undergraduate child-development class. Results noted no significant differences in the pre-test data from the treatment or control group, minimizing selection-bias.

In addition, participants were asked about their prior experience with mindfulness and art therapy. All participants indicated little or no mindfulness and art therapy experience in the past.

Table 1 outlines the results from the pre/post-test data from each study variable. Of the 10 variables in consideration, 7 significantly differed from pre to post.

### Qualitative Results

In addition to assessment measures, data was also collected from participants via qualitative interviews. Focus groups were conducted after the last session to assess perspective on group participation. Several themes were derived from analysis of these groups.

### Awareness

Participants noted the group helped build awareness, both of their own negative body-image as well as the factors that contribute to that feeling. One participant stated, “you don't really know why you feel that way, but you know you feel sad and you feel vulnerable but you can't pinpoint, not like you need to pinpoint, but you need at least some clearing of the fog of why you even feel you have a problem.” Participants also came to realize how other forces in their lives impact their body-image. One participant noted, “I realize that the external outside forces that can affect our internal feelings you know we need to free ourselves from that.”

### Acceptance

Participants also noted the group helping them to create a certain level of acceptance with their body-image. One participant stated, “I'm not as critical of myself which is really important because as soon as you take away that like nit-picking, negative outlook it opens the door for so many other opportunities that its like how did you ever even have that negative outlook? But, yeah it's good to get away from that.” Participants also noted accepting the impact of body-image messages, “Like when I do see commercials or whatever and I think those normal thoughts, like oh I'll never look like her or when am I gonna have to do to look like that? Like I can stop myself and be like, it's okay or like don't think that.”

### Qualitative Results, Cont.

#### Self-Compassion

Furthermore, participants noted their cultivation of self-compassion through the process. One participants noted, “now I'm appreciating what I have in me and like um acknowledging that I do have other possibilities and greater opportunities, like kind of new perspective I guess.” Another participant commented on the value of mindfulness and stated, “I'm worth taking time for.”

#### Shared Experience

Lastly, participants noted the value of having other group members present to dialogue with. Participants noted the importance of having this work done in a group setting as opposed to on their own. One participant stated, “found it to be very profound in the experience because like I shared something that I couldn't even talk to like myself about, like, out loud with someone I don't even know.” Another participant parroted this sentiment and stated, “This was something that we all chose to do and it was vulnerable and it was like a moment where you had to be honest about yourself in front of other people.”

## Discussion and Implications

Results indicated the mindfulness and art-therapy group positively impacted the way participants evaluated their bodies (Appearance Evaluation, Body-Area Satisfaction), Reduced pre-occupation with being or becoming over-weight, increased self – compassion, and reduced pressure on body-image from media. Qualitative data confirmed our notion that participants would experience changes in both awareness regarding body-image as well as increase acceptance and self-compassion. Given the potential detrimental effects of chronic negative body-image, this group program represents a potential novel intervention in curbing this troubling phenomenon (Gross, 2007). Further studies should expand on both the scope and depth of the program. Clinical samples should also be utilized to test the efficacy of this program in aiding disordered eating. Despite positive results, our study was limited by the relative small sample size, homogenous sample, lack of randomization, and lack of TAU control. Despite these limitation the researchers hope to further develop and test this program on other clinical and community samples.