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Kintsugi for Forensic Psychiatric Patients, a Literature Study on its Background, Ideology, and Important Themes

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Abstract

Kintsugi is an ancient Japanese art form whereby broken ceramics are repaired and its fractures are highlighted by using golden powder, traditionally. Kintsugi has been applied in different contexts, such as in therapy for trauma survivors, but there is little application so far with forensic psychiatric patients. This literature study aimed to uncover the metaphorical power of Kintsugi and bring it into the context of a therapeutic intervention for forensic psychiatric patients. The forensic psychiatric population poses specific needs and in the course of this literature study, the question of how a Kintsugi course can fulfill those needs was addressed. Additionally, this literature study intended to describe the ideology behind Kintsugi, the goals of Kintsugi, and which working mechanisms are in place that aid to realize these goals. Literature was gathered using varying databases, including EBSCOhost (PsycArticles, PsycInfo, and Psychology and Behavioral Sciences Collection) and Scopus and the web search engine Google Search. To appreciate and value one's imperfections and learn and grow from one's past was established as the ideology of Kintsugi. Increasing (self-)compassion and acceptance, changing the narrative that patients hold about themselves (for example seeing themselves as victims), and reducing self-stigma were found to be the main goals of a Kintsugi course offered to forensic psychiatric patients. The metaphor of Kintsugi, experiential learning, the non-hierarchy approach, and the inclusion of a peer support worker were deemed to be the most relevant working mechanism of a Kintsugi course. Furthermore, this literature demonstrated that Kintsugi presents a promising therapeutic method for the forensic psychiatric population. Implications and recommendations for future research are provided.

Keywords: Kintsugi, Forensic Psychiatric Patients, Treatment, Mental Health

1. Introduction

1.1 Kintsugi

Kintsugi, also known as Kintsukuroi, means ‘to repair with gold’ and is a traditional Japanese art form whereby broken pottery is repaired, and the fault lines are accentuated. This is done by using lacquer that is mixed with powdered gold, silver, or platinum, which highlights the ceramic’s flaws (Wardi-Zonna, 2019). This art form celebrates brokenness and does not hide imperfections but tries to appreciate them. Kintsugi’s history can be traced back to the 15th century when Japanese shogun Ashikaga Yoshimasa broke a teacup very precious to him and it was sent to China for reparation (Richman-Abdou, 2019). It was repaired in line with standard procedures at that time, using iron braces to make the cup whole again. Ashikaga Yoshimasa was highly displeased when he saw what was done to his cup and felt that it was ruined by the metal staples. This motivated contemporary craftsmen to find an alternate, aesthetically more pleasing, way of repair. They tried to repair the cup using the wabi-sabi aesthetic, a Japanese view that recognizes the beauty in the imperfect, incomplete, and impermanent. The ceramists used urushi lacquer to repair the cup and the fracture lines were highlighted with red lacquer and covered with gold dust. Ashikaga Yoshimasa praised the result and felt like his cup was reborn to a new life, which was filled with imperfections and for that reason, he found it beautiful and unique. By the 17th century, Kintsugi had become a common practice in Japan (Lesser, 2018). By that time, a Japanese warrior was known for buying plain bowls or teacups, breaking them, and then having them repaired by using Kintsugi and selling them for profit, indicating that Kintsugi had become a standard practice for repairing and ornamenting ceramics.

Kintsugi can also be seen as a metaphor in life, as a lot of philosophical meaning is

attached to it. The art form is related to the Japanese philosophy of *wabi-sabi*, which combines *wabi*, meaning rustic beauty, and *sabi*, which translates to aged beauty (Buetow & Wallis, 2017). The philosophy of *wabi-sabi* invites one to see beauty in the flawed or imperfect. The practice was also born from the Japanese feeling of *mottainai*, which expresses regret when something is wasted, as well as *mushin*, the acceptance of change (Richman-Abdou, 2019). Kintsugi teaches that broken objects are not something to hide but should be displayed with pride. In Kintsugi, breakage and its subsequent reparation are considered as part of the object's history, something to be proud of, as it represents the signs of rupture and the attempts to fix it (Gusmano, 2018). This can be translated to the human experience of life. People can be faced with certain situations in life, that might make them feel 'broken' afterward, bearing emotional, and sometimes physical, scars. After these experiences, people might not feel 'whole', beautiful, or worthy anymore. It can be hard to move past these hardships in life and to see oneself as something more than the victim of whatever one has experienced. Here, the philosophy of Kintsugi can be applied, by seeing one's scars not as something ugly that should be hidden away, but to see one's past as something to be proud of and to appreciate one's scars. It is also important to focus on what one has learned from these experiences in life and what can be taken away from the situation. This can aid in looking into the future and focusing on what is to come and how the learned lessons can be applied in the future, instead of ruminating on the past. Many people feel shame connected to their emotional and psychological wounds and Kintsugi can teach one to engage in a process of acceptance. Acceptance will help to draw strength from the hurtful life experiences and to find ways to become more resilient (Wood & Drennan, 2021). Kintsugi can teach people how to find beauty in their past and their scars and to become more accepting of one's 'flaws' and this changed attitude can also be applied towards others,

becoming more accepting of other people's 'flaws'.

1.2 Kintsugi as Therapy

Both in Japan and abroad, the tradition of Kintsugi is being kept alive and is perceived mostly as an art form, more than a repair method (Richman-Abdou, 2019). Kintsugi has become more accessible as it does not need to be done with urushi lacquer and real gold anymore and it is also not just carried out by ceramics and craftsmen. On the internet, Kintsugi 'at home' kits can be bought and Kintsugi workshops or courses can be booked. Today's applications have become more modern and Kintsugi is not just done with tea bowls anymore but can be used with any ceramic piece, for example, vases or plates. There have also been applications of the Kintsugi philosophy in victims of grief and loss (Kemske, 2021b), physical and emotional abuse (The Mend Project, 2019), torture (Scherb, 2018), child sexual abuse (The Yunique Foundation, 2017), domestic abuse (Benu, 2020), and patients with depression (Renaissance Life Therapies, 2014). Kintsugi also shares similarities with certain aspects of art therapy. In Kintsugi, it is believed that the visible scars of the pottery carry the story of the ceramic piece, which is reminiscent of art produced by psychiatric patients during therapy which shows their life's struggle or suffering. Kintsugi can be used as a metaphor in therapy, for example, using a broken vase as a description of the trauma that the patient experienced and encouraging the patient to see their recovery as mending the vase by putting it into a meaningful configuration. Kintsugi builds on that metaphor and can bring additional depth to it by accentuating the broken lines of the vase and therefore, helping patients to find value, meaning, and beauty in their scars and vulnerabilities (Lomas, 2016).

1.3 Forensic Psychiatric Population

Kintsugi could also be applied in a forensic psychiatric institution. The forensic psychiatric population is quite a unique one, with many patients being victims themselves but at the same time also perpetrators of crime and violence and being diagnosed with a known psychiatric disorder. The victimization story, that many forensic psychiatric patients share, reflects the patient's experience of not being treated fairly and being rejected, leaving them to feel helpless (Askola et al., 2015). These feelings of rejection and being treated unjustly are reoccurring for the forensic psychiatric population as they are a highly stigmatized one (West et al., 2015). This has a direct influence on the patient's self-esteem and self-appreciation. Feelings of shame and low self-esteem are widespread in the forensic psychiatric population and tend to originate in experiences of abuse, deprivation and neglect, and educational and vocational failure (Mezey et al., 2010). These feelings were then intensified by the onset of mental illness, the offence, and prolonged periods of detention in secure institutions.

Forensic psychiatric patients have committed crime to others, such as sexual crimes or other violent crimes, like interpersonal violence or murder. It is estimated that 29% of offenders have experienced abuse themselves and 41% have observed violence in their home, such as childhood sexual abuse, domestic violence, and other forms of interpersonal violence (World Health Organization, 2007). Further studies have shown that 35% of forensic psychiatric patients have been victims of child sexual abuse (Glasser et al., 2001). Research denotes, that being a victim of violence can act as a significant risk factor for later engaging in violent crimes oneself, especially if being exposed to violence during childhood or experiencing sexual abuse (Plummer & Cossins, 2016). A possible explanation for this might be that victims of sexual abuse often

struggle with feelings of shame (Aebi et al., 2015). Shame has been linked to anger arousal, irritability, and aggression. Some highly ashamed victims of sexual abuse may not be able to express these feelings of shame appropriately and their shame converts to anger. A study by Aebi et al. (2015) demonstrated that victims of abuse whose shame had converted to anger were more likely to engage in violent delinquent behavior than their peers who expressed their feelings of shame adequately. The forensic psychiatric population is a very vulnerable one, having to deal with being victims, victimizer, and castaways from society. It is important to not see forensic patients only as offenders, but to also take their own victimization into account and to give the patients appropriate strategies to cope with this. Therefore, interventions should not only focus on them being offenders and psychiatric patients, but also on them being victims of violence. Consequently, the population poses specific needs and Kintsugi hopes to address these needs, both from the victim and offender point of view.

Forensic psychiatric patients exhibit different disorders, such as autism spectrum disorder, schizophrenia or psychosis, mild intellectual disabilities, and personality disorders. Sex offenders are found among the forensic psychiatric population as well. Studies have demonstrated that approximately 2.4-9.9% of patients within forensic care are diagnosed with an autism spectrum disorder (Tromans et al., 2018), 50-60% of forensic psychiatric patients suffer from schizophrenic disorders (de Tribolet-Hardy & Habermeyer, 2016), 0.5-2.8% of forensic psychiatric patients have an intellectual disability (Fazel et al., 2008), and 87% of forensic psychiatric patients are diagnosed with a personality disorder (de Ruiter, 2007).

Autism spectrum disorder (ASD), as recognized by the DSM-V (American Psychiatric Association, 2013), is characterized by deficits in social communication and interaction, manifested by deficits in social-emotional reciprocity, nonverbal communicative behaviors, and

in developing, understanding, and maintaining relationships (Freckelton, 2013). People with ASD can additionally present stereotyped or repetitive speech or motor movements, sensitivities to sensory input or the environment, obsessive-compulsive behaviors, and anxiety. These characteristics of people with ASD might increase their vulnerability for becoming both a victim of crime or a perpetrator (Helverschou et al., 2015). Social naivety, limited empathy, lack of understanding of social situations, difficulties with moral reasoning, emotional dysregulation, and obsessional interests have been described as potential risk factors for criminal behavior, which is why it is important to focus on these aspects of ASD.

Schizophrenia and psychosis are also prevalent among the forensic psychiatric population. Schizophrenia has been described by deficits in general intellectual ability and in certain neurocognitive domains such as attention, working memory, processing speed, verbal learning, and executive functions (Ahmed et al., 2015). These deficits can contribute to disability and predict clinical outcomes such as relapse and rehabilitative success. A study by Ahmed et al. (2015) has shown that people with schizophrenia who engage in violent behavior may demonstrate more profound impairments in executive functioning and working memory than people with schizophrenia without a history of violence. These impairments influence and limit the learning capacity of violent offenders and their ability to take part in psychiatric rehabilitation. Furthermore, psychosis is a defining feature of schizophrenia spectrum disorders and can act as both a contributor to disability and as a barrier to productivity and participation (Arciniegas, 2015). Psychosis can include hallucinations, delusions, disorganized speech and movement, and negative symptoms such as affective flattening (reduced or absent expression of affect (Arciniegas, 2015). As psychosis and schizophrenia can both contribute to a hindrance in patients to efficiently taking part in rehabilitation programs, it is important to be aware of these

disorders and how they impact the forensic psychiatric population.

A further common disability among the forensic psychiatric population are mild intellectual disabilities. Individuals with intellectual disabilities generally struggle with the demands of independent living, work, and social relationships and encounter problems with learning abstract concepts and skills (Salekin et al., 2010). Research has shown that individuals with intellectual disabilities often exhibit cognitive rigidity (inability to mentally adapt to new information), struggle with attention, demonstrate slow information processing, and have difficulties planning and implementing complex behavior (Salekin et al., 2010). People with intellectual disabilities have also been found to learn via imitation of others and to highly rely on cues from others. Additional struggles include problems with self-direction, that are related to deficits in various areas, for example, adapting to changing demands, making appropriate decisions, and engaging in meaningful planning for the future (Salekin et al., 2010). This pattern of aimlessness, living for each day, and instability demonstrate a constellation of traits that is common in offender populations.

Furthermore, personality disorders are common in forensic psychiatric patients. These include antisocial, borderline, narcissistic, paranoid, and histrionic personality disorders. Personality disorders are characterized by significant impairments in self (identify or self-direction) and interpersonal personality functioning (empathy or intimacy) (Volkert et al., 2018). It additionally includes the presence of pathological personality traits, which are relatively stable across time and consistent across situations. Among individuals with personality disorders, there is an increased rate of alcohol and drug consumption, as well as elevated risks for self-harm and suicidality (Volkert et al., 2018). Personality disorders are additionally associated with lower levels of education and repeated interpersonal difficulties (Volkert et al., 2018). Research has

also shown that forensic psychiatric patients with personality disorders demonstrate a higher risk for recidivism and account for higher rates of institutional violence and other violations (Bernstein et al., 2012).

The last group that characterizes the forensic psychiatric population are sex offenders. Unlike the groups described above, this group is defined by offense type rather than psychiatric diagnosis. The broad category of sex offenders can include various types of perpetrators, for example, pedophiles or rapists. Among these individuals, antisocial orientations and lifestyle instabilities are rather common (Hanson & Morton-Bourgon, 2005). Antisocial orientations refer to antisocial personality, antisocial traits (for example impulsivity, substance abuse, or unemployment), and a history of rule violation (Hanson & Morton-Bourgon, 2005). An association has been established by Hanson & Morton-Bourgon (2005) between rule violation and impulsive, reckless behavior, such as excessive drinking, fighting, and unsafe work practices. It has also been shown that persistent sexual offenders experience problems in social functioning and difficulties to form affectionate bonds with friends and lovers. Additionally, sexual offenders are at an increased risk for depression, anxiety, and feelings of shame (Brennan et al., 2016).

As can be seen by the description of the forensic psychiatric population above, these patients pose specific needs and different characteristics that need to be considered when planning a program for them to participate in. During a Kintsugi course, some of the factors that are important for forensic psychiatric patients will be addressed, these include (self-)compassion, changing the narrative that patients hold about themselves (for example seeing themselves as victims), acceptance, and reducing self-stigma (Wood & Drennan, 2021). These present goals of

the Kintsugi course for forensic psychiatric patients will be elaborated on further in this thesis.

1.4 Research Questions

In this literature search, we will focus on the ideology of Kintsugi, which goals are important related to Kintsugi, and how these influence mental health. Kintsugi will be introduced as a new course in a forensic psychiatric institution in Groningen, the Netherlands. This thesis is written in preparation for that. In order to address the question to what extent Kintsugi might benefit the treatment of forensic psychiatric patients, the pertinent literature is reviewed and the following research questions are addressed:

- 1) On what ideology is Kintsugi based?
- 2) What are important goals related to the Kintsugi ideology?
- 3) How do these goals correlate with mental health outcomes?
- 4) Which mechanisms are used in Kintsugi to reach these mental health outcomes?
- 5) Has Kintsugi been applied as a treatment method?
- 5a) Has Kintsugi been applied as a treatment method with forensic psychiatric patients?
- 6) What were the effects of Kintsugi when applied as a treatment method?
- 7) Why is Kintsugi suitable for the forensic psychiatric population?

2. Methods

2.1 Selection Criteria

The selection criteria differ per research question, as they require different approaches. First, the selection criteria for research question 1-2 and 4-7 will be described. The second paragraph will

describe the selection criteria for research question three.

2.1.1 Kintsugi

Articles were retrieved from the electronic databases EBSCOhost (PsycArticles, PsycInfo, and Psychology and Behavioral Sciences Collection) and Scopus and the web search engine Google Search using the search terms Kintsukuroi, Kintsugi, Kintsugi AND (Ideology OR History OR Themes), Kintsugi AND (Therapy OR “Art Therapy” OR Treatment), Kintsugi AND (Victim OR Offender OR Trauma), Kintsugi AND (Mechanism OR Goals OR Effect). Any terms that came into sight during the literature search that are comparable to Kintsugi, such as ‘Broken Bowl’, were also included. For this research question, Google Search was included, due to the lack, as yet, of scientific literature about Kintsugi.

The following inclusion criteria were used:

- 1) Article is written in English.
- 2) Literature (whether scientific or not) discusses Kintsugi as an art- or therapy form.

The following exclusion criteria were used:

For this thesis, the main focus was on literature that discusses Kintsugi as an art or therapy method, however, other information may be used as background information. As there is limited literature about Kintsugi, nothing was excluded beforehand.

2.1.2 Important goals and their correlation to mental health outcomes

For research question three it was expected to find a significant amount of scientific literature, which is why articles were only retrieved from the electronic databases EBSCOhost (PsycArticles, PsycInfo, and Psychology and Behavioral Sciences Collection) and Scopus using

the search terms (Compassion OR Self-Compassion OR Acceptance OR Self-Stigma) AND (“Mental Health” OR “Mental Well-Being”) AND (Offender OR “Forensic Psychiatric Patients” OR Victim). Any terms that came into sight during the literature search that described an important theme in Kintsugi were also included. The above-mentioned themes such as ‘Compassion’ or ‘Acceptance’ are examples of important themes. Google Search was disregarded for this research question.

The following inclusion criteria were used:

1. Articles are written in English.
2. Studies include information about the relevant themes and their association with mental health, for example, in forensic psychiatric patients or in victims of violence.

The following exclusion criteria are being used:

1. Non-peer reviewed literature.

2.2 Search Strategy

The search strategy consisted of multiple steps. For the articles related to Kintsugi, studies that met the in- and exclusion criteria were included and scanned for relevance. First, scientific articles were scanned, and then, as information was still lacking, the google hits were scanned for relevance in order to retrieve the necessary information. For describing the forensic psychiatric population and the important themes in Kintsugi and their correlation to mental health outcomes, peer-reviewed articles were selected according to the in- and exclusion criteria. Subsequently, the abstracts and articles were scanned for relevance and studies were included if they provided the relevant information. In order to detect further relevant studies, the snow-ball method was

applied, meaning that the reference lists of the included articles were scanned, leading to further suitable studies.

3. Results

3.1 Search Results

The search resulted in 46 peer-reviewed articles that met the inclusion criteria and were eligible to use for this research. All included studies and their characteristics are displayed in Table 1.

3.2 Search Results for Kintsugi

The search about Kintsugi resulted in six peer-review articles, three published books, and seven open sources (such as newspaper articles) that met the inclusion criteria and were eligible to use for this research. Additional important resources for this thesis were an unpublished protocol written by Wood and Drennan (2021), a PowerPoint presentation by Wood (2019), and an article by Drennan and Wood (2019), which were provided by them through the supervisor of this thesis, Mariëtte van Denderen. All included sources and their characteristics are displayed in Table 2.

3.3 The Ideology of Kintsugi

Kintsugi teaches us that, instead of masking the imperfections of a ceramic piece, they should be proudly displayed and that the vessel is beautiful because of those imperfections and flaws (Wardi-Zonna, 2019). It is a metaphor that extends to human beings, learning to accept our flaws and find beauty within them. This appreciation and value of ‘flawed’ beauty is rooted in the understanding and teachings of life found in Zen Buddhism. These teachings include accepting

that people are imperfect, incomplete, and impermanent. This is also reflected in the Japanese aesthetic of wabi-sabi that embraces the beauty of the damaged, irregular, and weathered, in which the effects of wear and use over time are perceived to enrich and add symbolism to items, rather than devaluing a piece of art (Koren, 2008). Wabi-sabi can be understood as a form of beauty, which appreciates the marks on objects that were caused by time and usage of an object. These marks represent a story and add value and meaning to the object. This philosophy is parallel to Kintsugi, as Kintsugi teaches us that our past, no matter how 'ugly' or hurtful it is, is enriching and should be appreciated instead of frowned upon (Koren, 2008).

By appreciating and accepting one's past, one can learn to let go of any feelings of shame or guilt that might be in place about past experiences and decisions. Kintsugi teaches that said past does not define one and that we can foster strength and growth from one's past and learn valuable lessons that can act as guidance in the future (Scherb, 2018). Kintsugi tries to mirror the experiences of life as it is truly lived, filled with imperfection, brokenness through traumatic experiences, and ever-evolving repair. The cracks in the ceramics represent emotional and physical scars that we might have to bear indefinitely. However, those scars are not a sign of weakness, but they depict the evolution we have gone through (Wardi-Zonna, 2019). Kintsugi does not merely tolerate these cracks and scars, but cherishes them and finds value within them. Kintsugi invites its artist to view oneself as more valuable and worthy because of the experiences one might want to forget and disguise (Scherb, 2018). Instead of masking them, people are encouraged to accentuate the cracks in the pot, while simultaneously applying that philosophy to oneself. Within Kintsugi, scars are seen as a visible sign of repair, which is celebrated (Buetow & Wallis, 2017). This visible reparation is seen as a sign of strength and therefore, the carrier of that scar is seen as strong. The scars tell a story of healing and learning and are seen as valuable

to the carrier. That story of healing and learning communicates a journey, a journey that moves the individuals from brokenness to recovery and flourishing. Finding beauty in our flaws and imperfections is at the core of Kintsugi and it is hoped that individuals can find empowerment in Kintsugi's metaphor that teaches us that broken is beautiful.

Table 1*Description of included studies*

Authors	Participants	Methods	Results/Conclusion
Alkan (2016)	40 student teachers	Throughout the study, the pre- and post-test research design with treatment and control groups was used. The treatment group was taught using an experiential learning model, whereas the control group was taught using a typical teacher-centered method. The chemistry achievement test and the scientific process skill test were used to collect data.	The study concluded that experiential learning is a successful approach on academic achievement and scientific process skills.
Askola, Louheranta, Paavilainen, Astedt-Kurki, Soininen, Putkonen, & Nikkonen (2015)	8 forensic psychiatric patients	The data analyzed was collected by individual interviews lasting from 30 minutes to two hours with forensic psychiatric patients and were analyzed by narrative analysis.	According to the findings, forensic psychiatric patients tell a variety of stories about the crime and its impact on their lives. Illness narratives can be used therapeutically because they can help patients create their identity, experiences, and situation as they seek explanations and meanings for their suffering.
Askola, Nikkonen, Paavilainen, Soininen, Putkonen, & Louheranta (2016)	8 forensic psychiatric patients	The participants were interviewed individually, which lasted between 30 and 120 min. The interviews were performed by the researcher alone, with no assistance. Three patients were seen three times at their request, whereas others were only seen once. All interviews were recorded except for one interview, which was not recorded because the patient protested. Then, the researcher took notes. All of the interviews were verbatim transcribed. The research material was analyzed by narrative analysis.	Patients' narratives contain a variety of motifs that convey various messages, and personnel must pay attention to these. Patients at various levels of forensic psychiatric therapy require diverse treatments.
Audet & Everall (2010)	9 participants	A qualitative study that explored client experiences of therapist self-disclosure, focused on the therapeutic connection and receiving personal disclosure during therapy. Participants were questioned about their experiences using a phenomenological method.	The study demonstrated that therapist disclosure might have both beneficial and hindering effects on the therapeutic relationship. The research revealed three primary themes: early connection with therapist, therapist presence, and engagement in therapy.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Ayalon (2007)	No participants took part in this study.	Not specified.	There is no single strategy of coping that is appropriate for all situations, persons, or ages. Each person, family, and community has a unique set of coping mechanisms that make up their basic coping language. The therapist can best assist the victims by joining their basic language and then guiding them in developing additional coping strategies.
Bachtelle & Pepper (2015)	49 psychology students	The participants completed questionnaires concerning the interpretive meaning of their scars, emotions associated with their scars, and clinical symptoms. Questionnaires used include the Deliberate Self-Harm Inventory, the Inventory of Statements about Self-Injury, the Beck Depression Inventory-II, the McLean Screening Instrument for Borderline Personality Disorder, the Self-Disgust Scale, and the Scar-Regret Subscale.	This study revealed that levels of scar-related growth positively correlate with interpersonal functions of non-suicidal self-injury (NSSI) (e.g., autonomy, self-care) and negatively correlate with likelihood of future self-injury, self-disgust, self-injury regret, and self-injury scar regret. Higher levels of scar-related shame were related to higher likelihood of future self-injury, depressive and borderline personality disorder symptoms, self-disgust, NSSI scar-related regret, and intrapersonal functions of NSSI (e.g., marking distress, self-punishment).
Beaumont, Durkin, Hollins, Martin, & Carson (2016)	54 student counsellors and student cognitive behavioral psychotherapists	A quantitative survey using four validated data collection instruments. The Professional Quality of Life Scale, the Self-Compassion Scale, the short Warwick and Edinburgh Mental Well-being Scale and the Compassion For Others scale were used to measure relationships between self-compassion, compassion fatigue, well-being and burnout.	The results of the study demonstrate that participants who scored high on self-compassion and well-being also reported less compassion fatigue and burnout.
Binson & Lev-Wiesel (2018)	16 PhD Students	Participants engaged in expressive art therapy. At the beginning and end of the 48-h course participants drew themselves, and were asked to explain the differences between the paintings. Participants also took part in a semi-structured interview about the course and its personal and professional aspects at the end of the course.	The study revealed the following main themes: (a) the carousal of emotional experience, (b) the use of art means for growth, and, (c) professional growth. The study also demonstrated a perceived growth in regard to family relationships, inter-personal skills, and professional role performance.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Bond & Bunce (2003)	412 customer service workers	A two-wave, autoregressive, cross-lagged panel design in which the same set of participant data was obtained twice, one year apart.	Results demonstrated that acceptance predicted mental health and an objective measure of performance, over and above job control, negative affectivity, and locus of control.
Bruscia (2014)	No participants took part in this study.	Book Chapter	This chapter discusses the hierarchies that are in place in a therapeutic context and its advantages and disadvantages.
Bush, Mullis, & Mullis (2000)	109 adolescents held in detention facilities (offender group), 66 high school students (non-offender group)	Measures of empathy, altruism, and social support were administered to all participants and then the participants were analyzed for status group differences. The measures include the Interpersonal Reactivity Index, the Offer Self-image Scale, the Social Support Index, the Marlow-Crowne Social Desirability Scale, and the Self-Report Altruism Scale.	Only one aspect of empathy, emotional tone, was observed to differ significantly depending on group status. For another dimension of empathy, personal distress gender differences were found for both status groups. Females scored higher in personal distress than males in both criminal and nonoffender youth. The main predictive indicators of offender status were found to be emotional tone and family structure.
Clarke, Lumbard, & Kerr (2015)	No participants took part in this study.	This study is a systematic review and narrative synthesis of qualitative literature for forensic mental health patients' perceptions of recovery. Two reviewers independently conducted a literature search combining electronic databases, manual searches of journals, and hand searches of reference lists.	The findings of this literature review demonstrate that connectedness and a sense of self are two key facilitators of recovery. Whilst the nature of being a forensic patient limits opportunities for these, adaptations to services can help overcome and reduce these barriers.
Dalenberg (2000)	No participants took part in this study.	Book Chapter	The chapter deals with the inadequacy of language in trauma treatment and how the therapist's behavior can influence the disclosure of the patient.
Gery, Miljkovitch, Berthoz, & Soussignan (2007)	20 male prison inmates and 10 prison staff members (control group)	Participants performed a recognition task of facial expressions of basic emotions that varied in intensity, and completed multiple self-rating scales assessing components of empathy (perspective taking, affective empathy, empathy concern, and personal distress), as well as depression, anxiety, and social desirability.	Sex offenders were less able than the other participants to recognize facial expressions of anger, disgust, surprise and fear, with problems in confusing fear with surprise, and disgust with anger. Affective empathy was the only component that discriminated sex offenders from non-sex offenders.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Gibbs & Priest (2010)	No participants took part in this study.	Using Kolb' s experiential learning cycle as a framework, this paper describes the facilitation of an experiential learning journey.	This study has proposed a way where students can take control of their learning while still meeting required aims and outcomes. The students can interact with other professionals to reduce barriers and aid in developing seamless care provision and raise awareness in other professionals of the health care demands of people with learning disabilities.
Hampton, Conner, Albert, Anglin, Urada, & Longshore (2011)	289 substance users in drug treatment	Measured used include the Treatment Motivation Questionnaire, the Beck Hopelessness Scale, and the California Alcohol and Drug Data System.	The results of this study showed that motivation mediates the relationship between hope and retention for participants in general. Although there were no significant differences in mediation between the legally coerced and the non-legally coerced, there was a significant mediation of the relationship between hope and retention by motivation only for those individuals who were not legally coerced into treatment when the groups were examined separately. The findings suggest that, while being legally coerced may lead to various paths to treatment retention, higher levels of hope may play an essential role in determining treatment retention for those who are not legally pressured.
Hill (2005)	No participants took part in this study.	Not specified	According to Knox, therapist techniques, client involvement, and the therapeutic relationship are all intertwined and must be considered together in any discussion of the therapy process. She proposes a four-stage pantheoretical model of how these three variables evolve throughout successful therapy. Theoretical and practical implications for training and research are discussed.
Hill & Knox (2002)	No participants took part in this study.	Book Chapter	This chapter discusses the definition of therapist self-disclosure and the theoretical positions about its use, whilst reviewing empirical evidence about the effectiveness of therapist self-disclosure in individual therapy. Additionally, guidelines for using it in practice are proposed.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Hillbrand & Young (2008)	33 maximum-security forensic patients	Participants filled out three questionnaires anonymously: the Goals Scale (a measure of hope), the Religious Coping Scale (a measure of spirituality), and a demographic questionnaire.	Among the restorative elements that aid forensic patients' recovery is hope, or the expectation of reaching a goal. The cognitive processes that fuel violence and bring people into our care frequently lead to hopelessness. As patients advance through the stages of recovery, successful therapy necessitates the restoration of hope.
Jackson & Bonacker (2006)	43 offenders and 26 probationers who served as a control group for the study. A total of 69 respondents completed the surveys at both pre-test and post-test.	The study is a panel-design study with the goal of examining the effect of Victim Impact Training (VIT) on the development of guilt, shame, and empathy among offenders. Furthermore, the goal of this study is to examine the effect of empathy development on recidivism. Participants filled out the Mehrabian Emotional Empathy Scale and the Test of Self-Conscious Affect for Socially Deviant.	The results show no significant differences between offenders who participated in the VIT program compared to the control group on the development of guilt, shame, and empathy. The results demonstrate no significant effect of empathy on recidivism. Results did demonstrate two significant findings: (1) offenders who report higher levels of guilt are more likely to report positive empathy development; and (2) that VIT participants compared to the control group were less likely to recidivate.
Jeglic, Vanderhoff, & Donovick (2005)	4 forensic psychiatric patients	4 cases of self-harm behavior within a forensic population are described, assessment and treatment implications are discussed.	Self-injurious behavior (SIB) is a significant and growing concern within the forensic population. SIB can have a variety of causes and must be taken seriously by the treatment team.
Klein Tunte, Bogaerts, van Ijzendoorn, & Veling (2018)	All patients exhibiting reactive aggression while residing in the participating forensic psychiatric centers, and are considered eligible after checking the inclusion and exclusion criteria, will be asked to participate (sample size calculation: $N = 128$).	A Virtual Reality aggression prevention training (VRAPT), providing safe virtual environments, in which patients can practice controlling their aggressive behaviors in an adequate way was developed. Two groups will be compared at several different time points: baseline (12 weeks before intervention), pre-intervention, post-intervention and at 12 weeks follow-up. The primary outcome is level of aggressive behavior, consisting of staff-reported and self-reported measures. Secondary outcomes are self-report questionnaires on e.g., anger, impulsivity and aggression.	The hypothesis of the study is that VRAPT will decrease both self-reported and staff-reported aggressive behavior.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Leberman (2007)	27 female inmates	The participants took part in a 20-day tailor-made experiential adventure education course (Women in Action) delivered by Outward Bound New Zealand. The study used a case study approach to focus on the experiences of a group of people, following a phenomenological paradigm. Twenty-seven women were interviewed right after the course, and 14 more were interviewed three months later.	The majority of women stated that their self-esteem had improved and that they had become more self-aware. The instructors and the course environment, both physical and social, were key contributors in enabling learning opportunities for the participants. Physical, creative, emotional, and reflective possibilities were all provided as part of the holistic course approach, allowing all of the women to grow personally. Some participants mentioned the difficulty of applying what they had learned when they returned to prison.
Leetz (1997)	No participants took part in this study.	Not specified	The author provides established definitions of the term metaphor as well reviewing types of metaphors in common usage. He explains the rationale for using psychotherapy metaphors as well as their intrinsic value in a therapeutic setting.
Livingston, Nijdam-Jones, & Brink (2012)	30 forensic psychiatric patients and 28 providers	Semi-structured interviews were conducted by a research assistant at the forensic hospital with the patients. Interviews lasted approximately 60 minutes. The patients additionally filled out the Recovery Self-Assessment Scale, the Essen Climate Evaluation Schema, the Mental Health Recovery Measure, the Singh O' Brien Level of Engagement Scale, the Making Decisions Empowerment Scale, and the Internalized Stigma of Mental Illness scale. The providers filled out the Recovery Self-Assessment Scale ' provider version' and the Essen Climate Evaluation Schema.	Patients and providers had similar perspectives on the therapeutic environment and recovery-oriented services, however, providers were more inclined to regard the hospital as potentially dangerous. Overall, the findings suggested that patient-centered care qualities can be found in a forensic mental health institution.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Lopez, Sanderman, Ranchor, & Schroevers (2018)	328 individuals from the general population	A cross-sectional study among community adults that investigates the mean levels of compassion for others and self-compassion, their association, and their relationship with psychological well-being (i.e., depressive symptoms, negative affect, and positive affect) and demographic factors. Participants filled out the Dispositional Positive Emotions Scale, the Self-Compassion Scale, the Center of Epidemiologic Studies Depression Scale, and the 20-item Positive and Negative Affect Schedule.	Results of the study demonstrated that compassion for others and self-compassion were not significantly related. Self-compassion was more strongly related to negative and positive indicators of affect than compassion for others. Compassion for others was found to be higher in women than in men, and in low educated individuals compared to higher educated individuals. Contrastingly, self-compassion was lower in low educated individuals.
Mahlke, Krämer, Becker, & Bock (2014)	No participants took part in this study.	Literature Review	T Various types of peer support need further evaluation. Complex intervention studies, utilizing mixed methods designs with qualitative exploration of underlying processes and experiences to complement high-quality controlled trials, are required to assess the impact of peer support on service consumers, peer providers, and organizations.
Meddings, Campbell, Guglietti, Lambe, Locks, Byrne, & Whittington (2015)	35 students	The participants filled out several questionnaires in a pre/post evaluation that measured their satisfaction with the recovery college model.	High levels of student satisfaction were achieved and an increase was apparent in student self-report measures: attaining personal goals, achieving course learning outcomes, personal recovery, psychological recovery and mental health, wellbeing and quality of life.
Mezey, Kavuma, Turton, Demetriou & Wright (2010)	10 forensic psychiatric patients detained in a medium secure unit	Individual perspectives on recovery were explored in face-to-face interviews, which were co-conducted by two researchers.	Self-acceptance, leading a satisfying and contributing life, and increased self-esteem and self-worth were identified as core recovery goals for forensic psychiatric patients.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Morley (2017)	74 male inmates	A survey was conducted examining self-compassion (self-compassion scale) as a mediator for the practice of mindfulness-based meditation and criminal impulsivity (self-control scale) among jail inmates	The study demonstrated that self-compassion, criminal impulsivity, and length of practicing mindfulness meditation were correlated. The results also demonstrated that the relationship between practicing mindfulness meditation and self-reported criminal impulsivity was mediated by self-compassion.
Neff (2003)	No participants took part in this study.	Not specified	The construct of self-compassion is defined and examined in this article. The relationship between self-compassion and other psychological variables is investigated, as well as its links to psychological functioning and potential group differences in self-compassion.
Neff & Seppälä (2016)	No participants took part in this study.	Book Chapter	This chapter reviews research on the personal and interpersonal benefits of compassion while discussing its evolutionary roots and distinguish it from similar feelings states such as empathy. Research is reviewed that examines compassion as a trait, as a type of meditation practice, as a feature of organizations, and also discusses intervention programs designed to enhance compassion for others. The chapter additionally provides an overview of research on the psychological health benefits of self-compassion, including its role in motivation, resilience, and relationship functioning, while also distinguishing the construct from self-esteem. Training programs designed to increase self-compassion are also discussed.
Newman-Taylor, Stone, Valentine, Hooks, & Sault (2016)	11 students	A qualitative study, in which a researcher led group interviews. A semi structured interview was used to prompt discussion. These ran for approximately 45–60 minutes.	The qualitative data indicate that benefits of coproduced services in the form of Recovery Colleges include increased self-management skills and personal recovery outcomes.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Rankanen (2014)	36 art therapy recipients	A systematic qualitative study was carried out by analyzing narratives written by the participants about their experiences with art therapy.	The results of the study demonstrate three levels of content analysis, with five negative, seven conflicting, and eight positive themes emerging from clients' experiences. During the analysis, the contradicting themes, which include both positive and negative experiences, were uncovered, and it was noticed that they frequently refer to the participants' descriptions of art therapeutic change processes. As a result, the quality of the experienced processes in the contradictory themes appears to be crucial in assisting or hindering therapeutic outcomes.
Repper & Carter (2011)	No participants took part in this study.	This study consisted of an inclusive search of published literature to identify studies about intentional peer support in mental health services.	This study demonstrated that peer support workers are able to promote hope and belief in the possibility of recovery, empower service users and aid in increasing self-esteem, self-efficacy and self-management of difficulties. However, the development of peer support presents certain challenges. Careful training, supervision, and management are required.
Rosenman (2008)	No participants took part in this study.	Not specified	Existing psychiatric diagnostic concepts have been supported using metaphors from the creative arts. Existing ideas are based on embedded metaphors that are now accepted as actual facts. The metaphor chosen determines not only the description of the condition, but also how it is treated and researched. The employment of metaphors in current diagnostic practice impacts progress in knowledge and practice.
Sanchez, Haynes, Parada, & Demir (2018)	641 college students	Participants filled out the Compassion Scale, the Friendship Maintenance Scale, and the Positive and Negative Affect Schedule.	Friendship Maintenance (FM) mediated the Compassion For Others (CFO)-Happiness relationship. Although women had higher scores on both CFO and FM, the model was supported for both genders.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Simpson & Penney (2018)	No participants took part in this study.	Literature Review	The notion of secure recovery has acquired support in forensic settings around the world, and both patient and staff perspectives have been investigated. However, the possibly different needs of offender patients connected to their crimes and trauma are less well understood. Relationships are also essential facilitators of recovery, according to studies of service users. There is a growing body of research about how staff can collaborate to achieve secure recovery, including personal attributes, clarity of purpose, teamwork, and leadership.
Smeijsters, Kil, Kurstjens, Welten, & Willemars (2011)	27 art therapists	This study presents practice-based research with arts therapists working in clinical practice. The initial phase involved assessing and combining the tacit knowledge of experienced arts therapists in order to develop consensus-based interventions. In addition, a valid treatment theory explaining why arts therapies work was developed. The consensus-based interventions were used in the second phase to improve real practice. A multiple case study methodology was used to assess treatment effects, which included pre- and post-test measurements as well as qualitative change process research.	The research resulted in the description of core problems, which are self-image, emotions, interaction, and cognitions. Additionally, the study resulted in consensus-based treatment manuals for drama therapy, music therapy, art therapy, and dance-movement therapy; and a treatment theory that describes why art therapies work.
Smeijsters & Cleven (2006)	31 members of the network of art therapists in forensic psychiatry	Questionnaires, interviews, and expert panels were utilized as data collection tools. Participants were sent an open questionnaire with a list of problem areas along with instructions to write down their tacit knowledge. Comparing, choosing, moving, merging, and integrating content was used to examine all written descriptions. Each questionnaire was examined individually, and cross-analyses were made of all surveys for a specific problem area and modality.	Existing psychiatric diagnostic concepts have been supported using metaphors from the creative arts. Existing ideas are based on embedded metaphors that are now accepted as actual facts. The metaphor chosen determines not only the description of the condition, but also how it is treated and researched. The employment of metaphors in current diagnostic practice impacts progress in knowledge and practice.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Thompson, Armkoff, & Glass (2011)	No participants took part in this study.	Literature Review	This study established that trait mindfulness and acceptance are related to greater adjustment following trauma, while experiential avoidance, emotional disengagement strategies, and persistent dissociation are related to increased vulnerability to PTSD and psychological dysfunction.
Trachtenberg, Parsonage, Sheperd, & Boardman (2013)	No participants took part in this study.	Report	The findings support the idea that adding peer support workers to current mental health teams could save money while also providing a variety of additional health and social benefits.
Ward & Durrant (2013)	No participants took part in this study.	Not specified	In this paper the relevance of the concept of empathy for sex offender research and practice was explored. Empathy appears to have a crucial role in motivating people to act in morally acceptable ways, and, more importantly, to stop offending.
West, Rotter, Vayshenker, & Yanos (2015)	82 participants	People with mental illness and a criminal record were recruited from their treatment centers as participants. Self-report questionnaires on mental illness and criminality self-stigma, racial self-concept, self-esteem, depression, working alliance, and medication/psychosocial treatment adherence were completed by the participants. Multiple regression analyses were utilized to examine the relationship between self-stigma and outcome variables.	Self-stigma related with mental illness, racial self-concept, and, to a lesser extent, criminality self-stigma was associated with decreased self-esteem and medication adherence. The impacts of racial and mental illness self-stigma on outcomes appeared to be amplified by criminality self-stigma. This research suggests that self-stigma associated with criminal justice involvement may exacerbate the impact of mental illness self-stigma on important outcomes.
West, Yanos, & Mulay (2014)	No participants took part in this study.	Literature Review	Separate studies have been conducted on stigmatizing attitudes toward relevant groups such as those with mental illness, racial/ethnic minorities, and criminal offenders, as well as labeled individuals' reactions to stigma ranging from empowerment to self-stigma. There is a growing body of research on the impact of stigma on self-concept, notably in the case of stigma associated with mental illness. Microaggressions and stereotype threat related to mental illness and offense history are among the gaps identified in this analysis.

Table 1 (Continued)

Authors	Participants	Methods	Results/Conclusion
Zessin, Dickhäuser, & Garbade (2015)	No participants took part in this study.	In this meta-analysis, the authors combined 79 literature samples, with an overall sample size of 16,416 participants, and analyzed the central tendencies of effect sizes (Pearson correlation coefficients) with a random- effect model.	This study demonstrated an overall magnitude of the relationship between self-compassion and well-being. The relationship was stronger for cognitive and psychological well-being compared to affective well- being.

Table 2*Description of included studies - Kintsugi*

Authors	Nature of Study/Article	Summary of Source
Reu (2020) (Journalist)	Newspaper Article	She interviewed Indu Gopal, who runs ‘ Project Kintsugi’ , a support group for divorced women and survivors of domestic abuse. Project Kintsugi teaches its participants to embrace their damage, to create something beautiful out of their pain and owning their scars with pride.
Buetow & Wallis (2017) (Associate Professor of General Practice and Primary Health Care & Professor and Head of Primary Care Clinical Unit)	Peer Reviewed Article	They talk about Kintsugi celebrating scars as they present a visible sign of repair.
Capello (2019) (Dance/Movement Therapist)	Peer Reviewed Article	She related Kintsugi to restoration, rebuilding, and reconnecting after a traumatic experience.
Drennan & Wood (2019) (Psychologist & Restorative Justice Practitioner)	Newsletter	They introduce a Kintsugi course that is offered to forensic psychiatric patients.
Kemsk (2021a) (Artist/Author)	Published Book	She talks about people with disabilities reshaping their perception of normality and beauty with the help of Kintsugi. She also refers Kintsugi to topics such as forgiveness, acceptance, and psychological healing.
Kemsk (2021b) (Artist/Author)	Newspaper Article	She describes how Kintsugi helped her to cope with the loss of her brother and how she understood that though she was broke, she was more beautiful and stronger than ever.
Keulemans (2016) (Lecturer, Designer, & Researcher)	Peer Reviewed Article	He describes Kintsugi as being a transformative repair craft.
Koren (2008) (Artist & Author)	Published Book	He talks about the <i>wabi-sabi</i> aesthetic and it appreciating the beauty in the damaged and irregular.
Kumai (2018) (Author)	Article/Blog Post	She speaks of feeling incomplete because of past hardships in her life and that through Kintsugi she learned that feelings of anger, pain, and grief are okay and that showing vulnerabilities does not equal being weak. She further elaborates on four lessons that can be learned through Kintsugi.

Table 2 (Continued)

Authors	Nature of Study/Article	Summary of Source
Renaissance Life Therapies (2014) (Psychologists offering online therapy)	Website/Blog Post	They relate Kintsugi to depression, saying that accepting the cracks within us can aid in extending more understanding to oneself.
Santini (2019) (Author)	Published Book	She refers Kintsugi to healing and resilience and talks about broken objects becoming robust and beautiful.
Scherb (2018) (Psychologist)	Dissertation	He talks about the metaphor of Kintsugi and it being valuable for trauma survivors that feel broken.
Stangline (n.d.) (Licensed Professional Counsellor)	Website	She talks about her experience with Kintsugi and trauma patients, Kintsugi helping them to not feel broken anymore and that their ' cracks' are beautiful.
The Mend Project (2019) (A group of individuals that seek to support survivors of abuse and neglect)	Website/Blog Post	They talk about scars signifying healing and survival and that Kintsugi teaches that items can be even more beautiful and stronger after being broken. They describe survivors of abuse as ' living examples of Kintsugi' .
The Yunique Foundation (2017) (Group of individuals providing support to female survivors of childhood sexual abuse (CSA))	Youtube Video	A survivor of CSA speaks about her experience with Kintsugi and how she learned through the art form that she still has value and is beautiful and strong after being broken.
Walton (2020) (Professor, Department of Medical Surgical Nursing)	Peer Reviewed Article	She relates Kintsugi to post-traumatic growth.
Wardi-Zonna (2019) (Licenced Psychologist)	Peer Reviewed Article	She talks about Kintsugi teaching us that scars and imperfections should be displayed with pride.
Wood (2019) (Restorative Justice Practitioner)	PowerPoint Presentation	He explains the Kintsugi course that can be offered to forensic psychiatric patients and explains what happens in each session.
Wood & Drennan (2021) (Restorative Justice Practitioner & Psychologist)	Unpublished Manuscript	Going into detail about the goals of the Kintsugi course and how it should be implemented with forensic psychiatric patients.

3.4 Research about Kintsugi

Most studies that refer to Kintsugi often only mention the origin of Kintsugi or explain it to be a certain repair method or art form (Keulemans, 2016). Some studies refer to Kintsugi to psychological healing (Walton, 2020), trauma (Scherb, 2018), resilience (Santini, 2019), and grief (Kemske 2021b). These studies are described below. Some minor studies also refer to Kintsugi as a therapy form (Renaissance Life Therapies, 2014; Creative Counseling 101, n.d.). These will be elaborated on further on in the thesis.

Keulemans (2016), a lecturer, researcher, and designer, describes Kintsugi in relation to the geological and cultural conditions of Japan. He describes Kintsugi as being a transformative repair craft, meaning that within Kintsugi one uses precious metals to draw attention to the object and transform the ceramic's appearance, rather than other forms of reparation that try to hide the history of damage. He goes on to express that, due to the visible and palpable cracks, Kintsugi is a material craft that has the capacity to affect, meaning to engage with the senses and potentialize perceptions of damage and repair. This repaired crack can trigger and link to many things, for example, amelioration or hope.

In her paper, Walton (2020), a professor, mentions Kintsugi in relation to post-traumatic growth. She describes Kintsugi as transforming damaged pieces into something more beautiful than they were before and explains post-traumatic growth as being like Kintsugi for the mind. Post-traumatic growth proposes that people are able to come forth from trauma or adversity having achieved personal growth.

Capello (2019), a dance and movement therapist, refers to Kintsugi in relation to a spirit of restoration. Within the restorative process, the focus lays on recovery, release, and healing. This approach recognizes that trauma involves more than just the event, it also includes to what

kind of support one is exposed to afterwards. Restoration infers that one can reconstruct, reclaim, rebuild, and reconnect while accepting that trauma is life changing. It cannot be the same as before, however, this does not mean that it needs to be worse than before, it could also be better. This is carried within Kintsugi and the art of Kintsugi can act as a manifestation of this idea of restoration.

Santini (2019), an author, published a book about Kintsugi, its metaphorical meaning and its connection to resilience. She describes Kintsugi as being a symbol of healing and resilience. The broken object recognizes and accepts its past and becomes more robust, more beautiful, and precious than it was before. This metaphor can offer an insight into all stages of healing, whether the suffering is of physical or emotional nature. Kintsugi can be seen as a form of art therapy, inviting one to transcend their struggles and transform personal hardships into gold. One's scars, physical or emotional, are proof that one has overcome their difficulties and they should act as a reminder that one is a strong survivor, instead of seeing one's scars as a weakness. Kintsugi is the physical representation of such an attitude and, when internalized, is hoped to make one to more resilient.

In an article, Benu (2020), a journalist, reports about 'Project Kintsugi'. It is a support group in India that seeks to support female divorcees and survivors of domestic abuse. With 'Project Kintsugi', women are supposed to learn to embrace their damage, create something beautiful out of that damage, and own their scars proudly. By learning about the Kintsugi metaphor, women are hoped to learn that their scars tell a story and that that scar acts as a reminder that their trauma is not the end of their story, but that life is ongoing and that they can grow from their pain.

The Mend Project (2019), a group of individuals based in the United States that supports

survivors of abuse and neglect, writes about scars signifying healing and survival and that the metaphor of Kintsugi teaches that items can be more beautiful and stronger after being broken. They relate this to survivors of abuse and neglect, saying that survivors are living examples of Kintsugi and that Kintsugi enables survivors to see their scars as powerful and unique. Kintsugi can teach survivors to be proud of the person they are today, despite their painful pasts.

The Yunique Foundation (2017), individuals based in the United States that support female survivors of childhood sexual abuse, encourage their participants to engage in Kintsugi art. A survivor speaks about the experience she has had with Kintsugi, learning that, even though she felt broken, she still was beautiful and valuable. She learned that she can be even stronger after an experience that left her broken and shattered.

In her article, Kumai (2018), an author, speaks of feeling incomplete due to past hardships in her life. Through Kintsugi she learned that feelings of anger, pain, and grief are okay and that showing certain vulnerabilities does not equal being weak. She further elaborates on four lessons that can be learned through Kintsugi, the first learning to be kind to oneself. She talks about forgiving oneself for past mistakes and learning to accept oneself. The second lesson touches upon progress and change. Changing our mindsets about our past can aid us in recovery and refining a more beautiful version of ourselves. Thirdly, Kumai (2018) describes Kintsugi to promote a learning mindset. To practice Japanese wellness, one is in need of an open and honest heart and a commitment to continuously improve every day. The fourth lesson touches upon learning to appreciate one's imperfections. We might be filled with cracks, some healed, some still in the process of sealing, and many more yet to come and though these cracks might change us, that does not imply that they change us for worse. Kintsugi teaches us that these cracks and our hardest challenges, deepest wounds, and greatest fears are the most admirable parts of

ourselves.

Kemske (2021a), an artist and author, published the book 'Kintsugi – A poetic mend' where she dives into the metaphorical meaning of Kintsugi. She mentions loss and recovery, breakage and restoration, and tragedy and the ability to overcome it as core metaphors of Kintsugi which makes up Kintsugi's real power. She describes the Kintsugi repair being about individuality and uniqueness, fortitude resilience, and renewal and re-invention. The notion of rebirth is embedded into Kintsugi, as it includes healing and strengthening and reforming one's identity. Kemske (2021a) refers to this reformation of identity in regard to people with disabilities. Many people with disabilities feel stigmatized and feel less worthy. However, through the Kintsugi metaphor, individuals can reshape their notion of normality and realize that they are not less worthy or less beautiful and can feel valid as they are, rebirthing as someone that accepts and appreciates one's flaws. She also refers to topics such as forgiveness, acceptance, and connection being inherent to Kintsugi. Accepting and forgiving whatever lays in the past and connecting separate pieces into a whole, it being a ceramic entity or one's identity.

Additionally, Kintsugi is related to psychological healing. Kemske (2021a) describes people who have known suffering and have found their way out of that suffering, have a certain appreciation and understanding of life that fills them with compassion and gentleness. This is reflected in Kintsugi, as Kintsugi does not want one to simply forget the adversities one had to overcome, but to grow and learn from them. Kemske (2021a) also explores the possibility of utilizing the metaphor of Kintsugi in a therapeutic context, permitting clients to externalize their experiences and emotions and construct a story about their life.

Furthermore, Kemske (2021b) described a personal hardship she had to overcome in her life and how Kintsugi was able to provide support. She explains that her brother died at a young

age and how that left her paralyzed with grief. Upon understanding the Kintsugi metaphor, Kemske (2021b) realized that she was indeed broken, but more beautiful and stronger than ever. She describes Kintsugi as restoring function, adding beauty, and telling a story. Kintsugi teaches us that there is beauty in survival, leading one to a respectful acceptance of loss and hardship. “A scar does not form on the dying” (Kemske, 2021a, p.141), this quote denotes that individuals who have survived hardships in life that have left them scarred are not weak, but strong, as their scars are proof of having overcome said hardship.

3.5 Important Goals in Kintsugi and their Correlation to Mental Health Outcomes

In general, the overarching goal of psychological interventions or courses is to improve mental well-being in patients. This can be done by finding appropriate coping strategies, working on certain cognitions that might hinder the patient to experience happiness, or by increasing certain characteristics in the patient. Subjective well-being is related to experiencing life satisfaction and the presence of positive and pleasant affects instead of negative ones (Zessin et al., 2015). Psychological well-being is associated with pursuing the realization of one’s true potential and reaching the optimal functioning of the individual. Happiness describes a cognitive or affective evaluation of life.

In this thesis, the focus will lay on different goals of Kintsugi therapy for forensic psychiatric patients. These goals were thematized by Wood and Drennan (2021) in their protocol. Drennan and Wood, together with the Recovery College Forensic Campus, developed a Kintsugi course that can be offered to forensic psychiatric patients and for that, a protocol was written. This protocol describes Kintsugi, its metaphorical meaning, the goals of the course, and how the course will be implemented. This protocol will act as a reference for this thesis.

The goals of the Kintsugi course are to build up self-compassion, compassion, and acceptance in its participants (Wood & Drennan, 2021). These goals are inherent to the art of Kintsugi. Kintsugi is not about the physicality of the ceramic piece, but the true meaning lays in what the broken vase represents. When accentuating the broken lines and appreciating that it is broken, the artist is intended to apply that kind of thinking to themselves, accentuating what makes them 'broken' and finding beauty within. By engaging in that kind of acceptive and self-compassionate thinking, the patients are meant to apply that to all of humanity, therefore, experiencing a more compassionate mindset. With Kintsugi, it is hoped that the patients will be able to be kinder towards themselves and others. That might increase their mental well-being.

3.5.1 Self-Compassion

One goal of the Kintsugi course is to enhance self-compassion in patients (Wood & Drennan, 2021). Self-compassion has been described as an attitude that is important to every personal experience of suffering which entails three components: self-kindness a sense of common humanity vs isolation, and mindfulness vs over-identification (Neff, 2003). Self-kindness refers to extending tenderness, kindness, and understanding to oneself in the face of suffering rather than harshness and self-criticism. A sense of common humanity denotes seeing one's failures and painful experiences as part of the large human experience rather than feeling isolated and cut-off from the rest of humanity. Mindfulness involves maintaining a balanced awareness of the painful experiences instead of over-identifying with painful thoughts and emotions (Neff, 2003).

During the Kintsugi course, the goal will be that the participants will develop a compassionate attitude towards their imperfections, and learn to possess an open and non-

judgement way of thinking about themselves and their flaws. Appreciating the fractured vase and internalizing the philosophy of Kintsugi, which celebrates brokenness, will pave the way for the patients to accept and see beauty in their own ‘fractures’. Increasing self-compassion is also seen as an important goal for individuals that engage in self-harm (Wood & Drennan, 2021). Self-harming behaviors include (attempted) suicide and self-injurious behavior (for example, cutting oneself). These kinds of behaviors have been found to be more common among the forensic population than the general population (Jeglic et al., 2005). The Kintsugi course will invite these individuals to see themselves and their scars with more self-compassion while encouraging personal growth and recovery.

A study by Morley (2017) showed that self-compassion is associated with multiple psychological predictors of criminality, including the ability to form social bonds, self-control, and concern for others. It was also shown that increasing self-compassion can reduce the risk for recidivism in offenders by increasing self-regulation skills and decreasing criminal impulsivity. Therefore, enhancing self-compassion is an important goal of Kintsugi for forensic psychiatric patients.

The relationship between self-compassion and mental well-being has been the focus of previous research and it has been hypothesized that self-compassion is positively correlated with mental-wellbeing, but how are these concepts related? Research by Lopez et al. (2017) has shown that self-compassion is related to improvements in self-reported indicators of positive affectivity, such as greater happiness, optimism, and life satisfaction. Self-compassion has also been shown to help individuals to regulate their difficult emotions, such as stress, anxiety, and depressive symptoms. But how can that correlation be explained?

Goal theories invite one to see the development of wellbeing as a consequence of

achieving goals. Self-compassion might facilitate that process of goal achievement by weakening the negative emotional impact of setbacks and failure (Zessin et al., 2015). Further theories hypothesize that well-being develops through a positive memory bias. An individual with a strong sense of well-being is likely to focus more on positive situations and interpret life events in a more positive manner. Self-compassion could aid in creating such a positive mindset by not considering their mistakes and failures with harsh and negative emotions, but rather with a more accepting and compassionate attitudes towards one's own setbacks.

Bottom-up theories describe the development of well-being by the process of balancing the positive and negative experiences everyone encounters (Zessin et al., 2015). The evaluation of these life circumstances and experiences, especially the negative ones, determine well-being. Ruminating about the negative aspects of one's life will most likely not lead to a satisfied and happy life, whereas focusing on the positives of one's life, might. Here, self-compassion might play a role. Self-compassion might help the individual to weaken the effects of negative experiences by cognitive emotional reframing and therefore, diminish the depth of the negative peak one might experience after having an adverse negative experience, such as trauma. Self-compassion includes a cognitive-emotional mindset, which reacts to negative experiences with more self-kindness, acceptance, and mindfulness. This leads to not simply replacing negative feelings with positive ones, instead individuals high in self-compassion are able to cognitively accept and integrate negative experiences and learn from them instead of dwell on them.

In the context of forensic psychiatric patients, research has shown that self-compassion is associated with many predictors of criminality, including the ability to form social bonds, self-control, and concern for others (Morley, 2017). Morley's (2017) study demonstrated that self-compassion negatively predicts shame among sex offenders and applying self-compassion to

reduce feelings of inferiority among violent offenders demonstrated an increase in traits related to high self-awareness, including self-esteem and compassion, and a decrease in aggression. Additionally, the study showed that impulsivity is one of the strongest predictors of crime and self-compassion might be able to minimize criminal impulsivity. Therefore, self-compassion describes an important trait for the forensic psychiatric population and their mental health.

3.5.2 Compassion

Compassion for others entails recognizing another's distress and attempting to alleviate it (Beaumont et al., 2016). Key attributes of compassion include empathy, distress tolerance, and kindness. Empathy has been described as having two components, a cognitive and an affective one (Bush et al., 2000). The cognitive component of empathy includes understanding another's feelings and being able to understand intellectual and affective cues, in order to differentiate oneself from others by putting one in someone else's place and understanding their feelings. The affective component involves an emotional response arising from another's affective state and includes the ability to both experience and recognize a variety of emotions in oneself and others.

During the Kintsugi course, the focus will also be on increasing compassion in participants (Wood & Drennan, 2021). The hope is that by seeing themselves with less judgment, they will also apply that when looking at other people. Kintsugi endorses participants to find strength and beauty in their vulnerabilities, flaws, and scars, these being emotional or physical ones, and by adopting that kind of attitude and applying it to oneself, this can lead to a changed mentality towards the imperfections in others. The experiential learning nature of Kintsugi can also promote victim awareness in forensic psychiatric patients and with that, empathy for others.

Studies by Ward & Durrant (2014) have shown that empathy is positively related to

prosocial and socially competent behavior, in turn, lower empathy being associated with antisocial attitudes and aggression. Additionally, an empathetic response may motivate individuals to act in an ethical and morally acceptable manner because of the awareness of others' mental states and the fact that empathy-related emotions such as compassion, guilt, shame, and concern are action directing (Ward & Durrant, 2014). Hence, it is very beneficial for forensic psychiatric patients to increase their empathy and is, therefore, an important goal of Kintsugi therapy.

The relationship between compassion and mental health has been the focus of research as well. Studies have included reports of compassion being beneficial for individuals' psychological well-being (Lopez et al., 2017). After a brief compassion training in a sample of adults, participants experienced more positive affectivity than a control group. Additionally, adults that performed a daily compassionate action towards others in a one-week task study showed an increase in self-reported happiness at the end of that week, compared to a control group.

The relationship between these two concepts might be called the paradox of compassion, describing that being compassionate first composes a negative experience, recognizing the suffering of others, yet it also contributes to positive emotions such as happiness. This relationship has been described as only being present when one is mindful (Sanchez et al., 2018). A study by Sanchez et al. (2018) shows that if the negative experience of recognizing the suffering of someone else consumes the individual, compassion will not be able to manifest. Here, self-compassion might also gain relevance, as self-compassion entails a mindfulness component. Furthermore, alleviating the pain of other's might be what explains this certain paradox. After recognizing that someone else is in pain, through feelings of concern, compassionate individuals are compelled to provide help. Thus, what promotes happiness is not

the initial negative feelings, but the emotions that arise from aiding another individual, which is consistent with studies that claim that happiness correlates positively with prosocial behavior. Additionally, studies by Neff and Seppälä (2016) have found individuals who report being compassionate exhibit more prosocial behavior such as altruism, empathy, and forgiveness, and are more likely to provide social support to others. In said study, compassion was also linked to experiencing more gratitude, greater life satisfaction, self-esteem and positive emotions resulting from providing care and support to others.

The forensic psychiatric population has been described as often lacking empathy, which is a factor that is related to aggression (Klein Tunte et al., 2018). Empathy involves emotional resonance, meaning to experience a similar affective state to that of another person (Klein Tunte et al., 2018). This entails an understanding of a person's subjective experience, perspective taking and the sharing of emotional states, often resulting in feelings of concern or compassion for the other person. Though it is not the same as compassion, empathy is an essential component of compassion. Empathy has been found to be an important function in social bonds, prosocial behavior, altruism, and moral judgment (Gery et al., 2009). In contrast, empathy impairments have been linked to aggressive, delinquent, and antisocial behaviors (Gery et al., 2009). Studies have additionally shown that offenders that are able to emotionally relate to their victims, and feel empathy, are more likely to experience a need to repair their wrong (Jackson & Bonacker, 2006). Without empathy, offenders will not be able to truly understand the impact of the behavior nor be able to develop the impetus to repair the relationship with the victim or the community. Therefore, empathy and compassion are important traits for forensic psychiatric patients, as they can increase the success of their rehabilitation.

3.5.3 Self-Stigma and Acceptance

Additional goals of Kintsugi include changing the narrative that patients hold about themselves (for example seeing themselves as victims) and reducing their self-stigma by increasing acceptance (Wood & Drennan, 2021). Stigma describes negative beliefs and devaluations of people in socially identified groups, which can be internalized and is then called self-stigma (West et al., 2014). In order for stigma to turn into self-stigma, two conditions need to be met. The individual needs to be aware of the stereotypes that are associated with the certain group (stereotype consciousness) and he needs to be aware of his group membership (West et al., 2014). Self-stigma has been described by West et al. (2014) as having three components, namely stereotype, prejudice, and discrimination. Stereotyping includes negative thoughts about the self, which are based on society's beliefs about one's group. Prejudice represents the acceptance of those negative beliefs, linked with negative emotions, including low self-esteem. Discrimination describes a behavioral consequence of self-prejudice, for example, acting very defensively and being easily agitated (West et al., 2014).

Frequently heard stigmata about forensic psychiatric patients are that they are dangerous, aggressive, and unpredictable (West et al., 2014). These views are common among police officers, corrections officers, and mental health workers (West et al., 2015). Stigmatizing attitudes in ourselves and others can cause individuals to feel shame and try to hide whatever they are being stigmatized for and these feelings of shame can lead to feelings of anxiety and hopelessness (West et al., 2015). Kintsugi tries to address these feelings and substitute them with feelings of acceptance, towards ourselves and others.

The course will also try to change the attitudes the participants hold about themselves, for example, seeing themselves as nothing more than victims or offenders. The goal is to develop a

new narrative that incorporates strength, hope, and acceptance. This is hoped to have a positive effect on the clinical and also personal recovery by coming to terms with having harmed others and having been harmed oneself. By accepting that one has caused harm and understanding what impact one's actions have had, one will hopefully be willing to take steps to prevent any future harm and therefore, reduce the risk of re-offending.

The stigma that is associated with being a forensic psychiatric patient can be seen as a factor that is holding back recovery (Mezey et al., 2010). For example, when being able to re-enter society, forensic psychiatric patients might be apprehensive about returning to an unwelcoming society, which would prefer them to remain excluded. Stereotypes about mentally ill people and stereotypes about offenders share certain characteristics, for example, both groups being seen as dangerous. Therefore, it is important to increase the acceptance in this highly stigmatized group and is thus addressed with Kintsugi therapy (Wood & Drennan, 2021).

Individuals that have engaged in self-harm belong to a highly stigmatized group (Bachtelle & Pepper, 2015). Unlike other mental health struggles, which might result in emotional scars that are hidden from the world, self-harm often results in physical scars, exposing that one is battling certain demons. This unwanted attention for one's mental ill-health can lead to feelings of shame and these shame-related attitudes have been associated with future self-injury, clinical symptoms, distress, self-disgust, self-punishment, and regret (Bachtelle & Pepper, 2015). This suggests that negative and shameful narratives towards oneself can inhibit the personal recovery process and maintain feelings of shame, non-acceptance, and distress, and increase the likelihood of future physical and psychological self-harm. This demonstrates how important an acceptive attitude towards oneself is. As the forensic psychiatric population is a highly stigmatized group too (West et al., 2015), helping them to develop an acceptive narrative

towards themselves is of utter importance.

Acceptance is another important goal of the Kintsugi course and has been described as a determinant of mental health (Bond & Bunce, 2003). When being confronted with hardships in life, one has two options. One can dwell on what has happened and focus on the injustice and unfairness of it, which will lead to feelings of unhappiness, bitterness, shame, anger, and denial. When these feelings control our actions, we will try to hide what has happened and with that, our psychological or physical wounds. The other option is to engage in a process of acceptance. Here, one is encouraged to look at ways in which have been hurt or harmed as important parts of our life's story. Acceptance will help to gather strength from these hurtful life experiences and to find ways to become more resilient (Wood & Drennan, 2021). Acceptance has been described as involving three processes, namely the observation of psychological events, letting go of the desire to adjust these events, and differentiating actual events from psychological experiences that are evoked by outside events (Thompson et al., 2011). Acceptance includes withholding the tendency to positively or negatively evaluate these events. Acceptance has been shown to promote healing and resilience in victims of trauma (Thompson et al., 2011), which is relevant for the forensic psychiatric population, as many of them have been at both sides of violence, either being subjected to it or engaging in it themselves. Additionally, acceptance has been hypothesized to improve mental health by reducing the impact of negative, private events on people and by assisting individuals in defining and achieving goals that are meaningful to them (Bond & Bunce, 2003). Reducing the feelings of shame that might be in place regarding their most vulnerable, hurt parts by increasing the patient's acceptance can enable the recovery process and reduce the risk of reoffending for forensic psychiatric patients, ultimately contributing towards the possibility of a safe return to society (Wood & Drennan, 2021).

3.6 Mechanisms in Kintsugi

In therapy, varying techniques can be used to reach goals, such as focusing on the therapeutic relationship for example. Therapist techniques have the potential to shape the therapy and to aid clients in exploring problems, gaining new insights, and determining what to do differently in their lives (Hill, 2005). The therapist serves as a stimulus, guide, or consultant, but ultimately the patient is the one deciding what changes need to be made and then engages in making these changes. When Kintsugi is used as a therapy form, there are several specific strategies that can be utilized in order to reach above mentioned goals. The following strategies that will be introduced are based on the Kintsugi course guide provided by Wood and Drennan (2021).

3.6.1 Metaphor of Kintsugi

Communication is the foundation of any interpersonal relationship and we are confronted with the decision how we want to express ourselves daily. The words one chooses hold a lot of power and this is especially true for figures of speech and metaphors (Scherb, 2018). Metaphors have been defined as a transfer of meaning between different domains, which is a simple explanation of the powerhouses that are metaphors (Scherb, 2018). Metaphors possess the ability to connect concepts that are perceived to be disparate with a certain ease, that make it easier to grasp complex ideas, experiences, and concepts. Metaphors can facilitate communication and the sharing of experiences which previously were unexpressed and unfamiliar. With using metaphorical language, people create a passage to a world of symbolic language that makes it easier, for adults and children alike, to understand constructs that seemed incomprehensible before (Scherb, 2018). Metaphors convey large concepts in a few words, making it evocative,

memorable, and emotionally powerful.

Metaphors can be especially valuable for trauma survivors (Scherb, 2018). Trauma survivors often have difficulties with placing their painful experiences into existing system and personal frames of understanding. Stating naming what happened, for example being raped, does not grasp the horror that survivors have experienced and to discuss the pain and shame that survivors carry with them after their trauma is difficult. Often there are no words to adequately describe the survivor's experiences and the anguish that stems from those experiences (Dalenberg, 2000). The silence that is displayed by many survivors denotes a limitation of speech, not of the speaker and said silence further isolates and sustains the disconnection from others, and obligates survivors to find alternative means of talking about their trauma (Scherb, 2018). Here, metaphors can aid survivors to build a bridge between what is physically experienced and its subjective meaning, creating a route for others to understand one's experiences and eventually support one's recovery (Scherb, 2018).

Metaphors have also been proven to be relevant in a therapeutic setting (Leetz, 1997). Metaphors and symbolic language have shown to be effective as a therapeutic element when working with children and adults and are often used to effect change in patients (Leetz, 1997). Metaphors can aid patients in discovering and creating new meanings of their experiences, through its use of multiple dimensions and its ability to infiltrate a patient's defenses to reach the subconscious. Metaphors can aid patients in conveying meaning to their therapist and giving the therapist an insight to their unconscious, inner world, and worldview (Scherb, 2018). Additionally, metaphorical imagination has been described by Scherb (2018) to be crucial when creating rapport and in communicating about an unshared experience. Therapists also engage in utilizing metaphors, as they can help to make complex and unfamiliar clinical details more

comprehensible for patients (Rosenman, 2008). Metaphor use facilitates an understanding of concepts that seemed unfamiliar to the other before and is able to clarify mistaken meanings.

As the realm of language is often inadequate to convey the experiences and emotions that accompany human existence, alternative ways need to be found to frame one's story. When the experiences of trauma are beyond a simple description, patients search for a safe method to share their experiences. Patients are often provided relief when they are able to express their memories, that are steeped in pain, through the use of metaphors and symbols in which they can find understanding (Ayalon, 2007). The Kintsugi metaphor presents a possibility for patients to explore their trauma and, hopefully, help them to redefine themselves, liberated of any labels that were placed upon them. The Kintsugi metaphor describes a shattered ceramic piece that is mended. After a traumatic experience, a victim's sense of self can be understood as being 'shattered', as certain structures of the self, for example, trust, hope, and intimacy, have been damaged (Scherb, 2018). In recovery, mentions are made of healing and repairing the patients and many seem to speak about this as a process that is meant to bring survivors back to 'the way they once were'. Thus, reparation is seen as bringing the broken vessel back to its original state, free of any signs of damage. In the Western definition, restoration and repair is defined as concealing and masking any damage, in order to bring whatever is broken back to its original form (Scherb, 2018). However, this definition of reparation might be counter to reality and not adequate for trauma survivors as what happened to them cannot be undone and possible physical scars might never fade. Additionally, when defining recovery as restoring to the 'original state', that leaves no room for acceptance and validation of the patient's experiences and 'concealing' any damage can further perpetuate shame, stigma, and isolation (Scherb, 2018). Therefore, acceptance and rebuilding anew is a more hopeful and helpful stance for patients.

This stance can be witnessed in the Kintsugi metaphor. In Kintsugi, the ‘shattered’ sense of self is put back together in a meaningful and beautiful configuration, finding a new sense of self, filled with beauty, strength, resilience, and hope, while letting go of the idea of being worthless and without value. The Kintsugi metaphor teaches the significance of rebuilding the important pieces of life, to heal and repair an individual’s sense of themselves in the world by reaffirming personal beliefs and values, rebuilding dignity, and reconnecting to community, society, religion, and spirituality. No ‘masking’ or ‘concealing’ takes place in Kintsugi, instead emphasis is placed upon accepting the new self that might be covered in physical and emotional scars. Kintsugi teaches that those scars do not take away any beauty and do not need to be ‘mended’ or hidden, but it is possible to display them with pride and foster strength from them. With this, the patient’s painful experiences are accepted and validated, while giving the patients the possibility to move beyond them and define themselves as more as someone who is ‘shattered’.

3.6.2 Experiential Learning

Furthermore, experiential learning is an important approach used in Kintsugi (Wood & Drennan, 2021). Experiential learning is described as a holistic integrative perspective that combines experience, perception, cognition, and behavior. It rests on four steps, these being that the patients have a concrete experience which is followed by a period of reflection, discussion, analysis, and evaluation (Gibbs & Priest, 2010). Patients will not be able to learn something by being passive, it is crucial that the patients are involved in an activity and are confronted with a concrete experience. Through this process, patients should engage in gaining insight and understanding, and motivation and engagement in the learning process should increase.

Art therapy, in general, is a form of experiential learning and due to the experiential and active nature, patients can implement goals, such as controlling and regulating their impulses and aggression, plan and structure their behavior, and develop interaction competencies, which are all important characteristics that might be lacking in forensic psychiatric patients (Smeijsters et al., 2011). Art therapy can also act as a way of communication for (forensic) psychiatric patients. Emotions and thoughts that might be difficult to verbalize for the patients can be communicated through their art and insight can be obtained into the patient's psychic contents and conflicts (Smeijsters & Cleven, 2006).

Experiential learning, and art therapy as an example of that, provide many benefits and challenges at the same time. Generally, there is a tendency to emphasize the positive aspects of creative processes, neglecting to shed light on the intertwined negative experiences like anxiety, frustration, destruction, and failure. Studies have included reports that lengthy and intensive commitment to art-making tended to worsen fatigue and other health problems in patients (Rankanen, 2014). Additionally, participants were reminded of their lost abilities and incapability, which increased their feelings of pessimism and stagnation. Art therapy should not only be seen as a form of self-expression, but a risk should be acknowledged that art therapy can be used for self-denigration and comparing oneself to others which opens Pandora's box of negative judgments of self and others. Perceived or experienced failures in art can confirm the patient's self-image as being fundamentally flawed, which Kintsugi is trying to move past so, the patients might experience a certain dissonance. Furthermore, it is not clear whether the things that are learned in the experiential context can be transferred to a new context. To illustrate, increased self-esteem is a common benefit of art therapy, however, it cannot be ensured that that self-esteem will sustain in novel situations or whether that self-esteem will only manifest within

the patient regarding their artistic abilities (Leberman, 2007).

The experiential approach that art therapy encompasses, offers many benefits. For example, it gives patients the freedom to explore themselves and certain topics they might not feel comfortable exploring otherwise and engage in a process of self-learning. Experiential learning enables individuals to establish connections between choices and consequences and bring about a shift in attitude regarding knowledge and learning. Individuals are invited to see the learning process as a chance to question themselves and make meaningful contributions to the process of self-exploration (Alkan, 2016). Additionally, experiential learning has been found to aid individuals in becoming aware of their professional identities, questioning their own actions and noting the importance of their suspicions. Studies have included reports of individuals expressing that experiential learning helped them to analyze complex situations while taking responsibilities of their own actions. Experiential learning in the form of expressive arts has been shown to improve self-awareness and empathic attunement as well as reducing a perceived sense of authoritarianism and an enhancement in verbal sharing with the clinical supervisor (Binson & Lev-Wiesel, 2018).

Furthermore, art therapy provides many benefits to patients and the offender population. It offers autonomy, strengthens self-esteem and presents a safe and acceptable way of releasing emotions such as anger and aggression (Leberman, 2007). Making art consists of creation, observation, reflection, meaning making and insight that may lead to change. Creating art provides a new perspective, different attitude or clarity to personal experiences and can lead to a deeper understanding of diverse experiencing, causing an increase in self-reflection.

These above-mentioned benefits of art therapy and experiential learning are hoped to manifest in the Kintsugi course. The Kintsugi course is very experiential in its nature, such as art

therapy, and the patients will be encouraged to engage in a discussion and reflection afterward. This will hopefully create further understanding of the Kintsugi metaphor ('broken is beautiful') and the patients will be encouraged to apply that metaphor to themselves and others to solidify acceptance.

3.6.3 Non-Hierarchy Approach

In general, a hierarchical approach in therapies is characterized by the patient wanting to reach certain goals and the therapist having the resources and abilities to help the patient achieve these goals (Bruscia, 2014). With vastly vulnerable patients, such as those who are unable to respond cognitively, emotionally, or physically, the therapist has to take a more active helping role than with patients who are less vulnerable and are capable to make self-determinations. However, the therapist will still be emerged in the helping role and the patient in the needing role, which can be considered a hierarchical structure. Furthermore, empowering the patient can also be seen as hierarchical. When agreeing on certain goals, the therapist makes two assumptions, namely that the patient needs power to achieve these goals and that the therapist has the 'power' to empower the client. Within this dynamic, the sole purpose is to help the client and that is done by focusing on only the client. In this hierarchical structure, the focus will never shift onto the therapist and the client will be the only one sharing any personal information, meaning, that the therapist will not engage in any form of self-disclosure.

Therapist self-disclosure has been defined as statements that reveal something personal about the therapist's experiences and feelings (Hill & Knox, 2002). Therapist self-disclosure has been divided into four subcategories, namely *disclosure of facts* ("I got my degree from the University of Groningen."), *disclosures of feelings* ("When I was in that situation, I felt very

sad.”), *disclosure of insights* (“When I was in a similar situation, having just moved out, I realized that I was feeling guilty because I left my family behind.”), and *disclosures of strategies* (“When I was in that situation, I forced myself to brush my teeth.”). Additionally, therapist self-disclosure entails two types, reassuring disclosure and challenging disclosure. Reassuring disclosure consists of supporting, reinforcing, or legitimizing the client’s perspective, way of thinking, feeling, or behaving. Challenging disclosure includes challenging the client’s perspective, way of thinking, feeling, or behaving.

Therapist self-disclosure usually has been found to be utilized in a low-frequency in therapy, as it is not very common for the therapist to talk about themselves during the therapeutic process. This might be due to certain disadvantages therapist self-disclosure encompasses. This includes patients feeling burdened by their therapist’s disclosure, trusting their therapist’s competence less, and inhibiting their exploration of treatment issues due to wanting to protect the therapist’s feelings (Audet & Everall, 2010). Furthermore, if the disclosure departs significantly from what is expected or desired from the therapist, it may detract from what is therapeutically meaningful to the client. This might pressure the client to ‘reposition’ themselves within the relationship and it could compromise the integrity of the therapeutic relationship. If the disclosure by the therapist is not deemed as congruent with the patient’s needs and expectations, it can be interpreted as a gross lack of understanding and responsivity by the therapist.

However, therapist self-disclosure has also been found to be very helpful. Client’s whose therapists have shared personal information with them, found them to be more involved, empathetic, and credible (Audet & Everall, 2010). Therapist disclosure has been hypothesized to help establish rapport and build the therapeutic relationship through genuineness, empathy, and positive regard conveyed to the client. Additionally, therapist disclosure has been found to foster

honesty, understanding, trust, and openness between client and therapist. Therapist disclosure adds to client comfort within the therapeutic relationship by shifting from formalized to more personable interactions and demystifying the therapeutic process. Therapist transparency advocates therapist authenticity, realness, and mutuality, these being necessary prerequisites for client openness, trust, intimacy, gains in self-understanding, and change (Hill & Knox, 2002). Disclosure can also act as a way of modelling appropriate behavior for clients, and it can validate or normalize client experiences and offer alternative ways to think and act.

As well as strengthening the therapeutic relationship by cultivating trust and openness, therapist self-disclosure can also equalize the relationship between therapist and client. Instead of a ‘expert-to-patient’ interaction that could lead to the client feeling objectified, disclosure is hoped to invite client engagement and corroboration facilitated by ‘more human’ exchanges (Audet & Everall, 2010). Through being transparent with the client and opening up about personal hardships, the therapist is considered as less perfect and more ‘human’, fostering a perception of the therapist as not exerting superiority within the relationship. Disclosure can generate egalitarianism within the relationship where the client and therapist roles remain differentiated however, the client does not experience a disadvantageous power imbalance due to this differentiation.

In the Kintsugi course for forensic psychiatric patients, therapist self-disclosure is an important aspect. Disclosure will act as a way to create an open a trusting environment, where everyone is seen as equal. This is part of the non-hierarchy approach that will be utilized in the Kintsugi course. This approach is characterized by seeing the patient as equal to the therapist, or course instructor. The instructors are not seen as ‘above’ the patients who guide them through the therapeutic process towards better mental health, but the instructors actively take part in the

process themselves by participating and sharing their own experiences (Wood & Drennan, 2021). Within the course, people will not be referred to as their label (patient or therapist) but everyone is seen as an individual with hardships in life that one is trying to overcome. The instructors will disclose what they have experienced in their life, which obstacles they had to overcome, and how that has impacted them. With this, the instructors are not perceived as these flawless people the patients should strive to be, but the instructors are just like them, broken and yet beautiful and worthy. The patients are seen as already having everything within them to change their attitude and perception of themselves, and Kintsugi is seen as a tool to activate those attitudes and perceptions.

3.6.4 Peer Support Worker

In addition to the non-hierarchy approach, someone will be included in the course who has already successfully taken part once. This person is called a peer support worker and is part of the recovery college model. The recovery college offers a non-stigmatizing approach to recovery from serious mental health challenges. It prioritizes self-management and personal recovery outcomes rather than the traditional notion of being cured of mental ill-health (Newman-Taylor et al., 2016). Additionally, it provides support for self-directed care, empowerment, and employment of peers in mental health services. The focus lays on fostering an environment where patients can reach their personal goals, take back control of symptoms and life, develop valued roles and relationships, find meaning and purpose, and have the opportunity to do what is personally valued in order to build a life past their mental health struggles (Meddings et al., 2015).

Peer support workers are individuals that have personal experience with mental ill-health

and recovery. Peer support is based on the belief that people who have encountered, endured and overcome adversity can provide support, encouragement, hope, and mentorship to others facing similar situations (Trachtenberg et al., 2013). The peer support approach assumes that people who have had similar experiences can better relate and therefore, provide more authentic empathy and validation. It is described as a wellness model that focuses on strengths and recovery, meaning the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which focuses on symptoms and problems of individuals (Repper & Carter, 2011). Though promising, peer support can present a double-edged sword. A common challenge faced by peer support workers is them experiencing a lack of role clarity (Mahlke et al., 2014). A need has been identified to clarify core competencies and to set explicit boundaries. Peer support workers may be perceived more like friends than part of the clinical staff and if the relationship develops into a friendship, it might become difficult to resume to a more therapeutic relationship within a work context (Repper & Carter, 2011). Additionally, as peer support workers are paid staff, but are supposed to be seen as ‘one of them’ by the patients, there might be some power differences. If these differences go unrecognized or are not worked through properly, this could lead to peers being less honest and neglecting to share certain things out of fear of retribution.

Though peer support presents some challenges, it also offers many benefits. Patients often experience feelings of lost dignity and autonomy in mental health settings, and peer support workers can provide confidentiality, respect, and a well-tolerated space for patients’ self-determination (Mahlke et al., 2014). Studies have shown that peer support results in an increased sense of independence and empowerment. Patients reported gaining control of their symptoms or problems and feeling like they became more involved in their treatment, thereby moving away

from the traditional role of ‘mental patient’ (Repper & Carter, 2011). Peer support work has also shown to improve self-esteem and confidence. Responsible for this is said to be the mutual development of solutions, the shared exploration of overwhelming emotions, and the normalization of emotional responses that are often discouraged and seen as crises in traditional health care. A challenge that many individuals with mental health problems face is social isolation. Engagement in peer support work allows patients to create relationships and practice a new identity (rather than just being seen as a patient) in a safe and supportive environment.

Additionally, peer support work has been found to be valuable for stigmatized groups, such as the forensic psychiatric population. Patients who were involved in peer support were less likely to identify stigma as an obstacle for getting work and were more likely to have employment (Repper & Carter, 2011). Peer support workers manifest the possibility of acceptance and success, inviting patients to challenge the barriers created by self-stigmatization, that is the anticipation of discrimination. Through engaging in peer support, peer support workers are altering attitudes to mental illness and therefore, breaking down the stigma that surrounds it and fostering hope in the peers they are working with. Creating a sense of hope in patients has been seen as an essential benefit of peer work. A belief in a better future, shaped by meeting people who are recovering and have found ways through their difficulties, challenges, and trauma.

Due to these valuable benefits that peer support workers present, they will be included in the Kintsugi course offered to forensic psychiatric patients. Peer support provides a personal understanding of the frustrations experienced within the mental health system and aids patients to recover by making sense of what has happened and moving on, rather than overidentifying and eradicating symptoms and dysfunctions (Trachtenberg et al., 2013). With this trusting

relationship between the patients and the peer support worker that offers companionship, empathy, and empowerment, the feelings of isolation and rejection can be succeeded by feelings of hope, a sense of agency and a belief of personal control. Having an instructor that the patients can relate to, and someone who can relate to them is very valuable in creating an environment in which the patients can feel comfortable and accepted. The peer support worker can share their experiences with Kintsugi and explain how it has helped them and their mental health. The peer support worker will additionally have experiences with either being harmed or having caused harm to someone else. This is very beneficial to the forensic psychiatric population, as the peer support worker will not only be able to relate to their mental health difficulties, but also their victimization and offending behavior. During the Kintsugi course, the peer support worker will share their own narrative throughout the process, encourage reflective discussions and act as a role model of the recovery process (Wood & Drennan, 2021).

3.7 Kintsugi as a Treatment Method

With a metaphor as strong as Kintsugi's, and its references to psychological healing (Walton, 2020; Santini, 2019; Kemske, 2021b), one would assume that therapists would have utilized Kintsugi as part of a therapy program. However, that is not the case. Limited information can be found on Kintsugi as an established therapy program or course that is offered to victims or psychiatric patients. There are only two references found that mention Kintsugi as a treatment method (Renaissance Life Therapies, 2014; Creative Counseling 101, n.d.).

Renaissance Life Therapies, a group of psychologists from the United Kingdom that offer online therapy, uses Kintsugi as an analogy with patients experiencing depression. They stress that by accepting the 'cracks' within us and welcome the repairs as part of the healing process,

one can come to a heightened understanding of oneself as human and one's position within society (Renaissance Life Therapies, 2014). Additionally, Dr. Michelle Stangline, a counselor based in the United States, who is in charge of an online website called 'Creative Counseling 101' that describes different approaches to psychotherapy, writes about using Kintsugi with trauma patients. She finds the Kintsugi technique helpful to help patients reframe their 'cracks' that they were left with after their traumatic experience (Creative Counseling 101, n.d.). Which kind of traumatic experience was not specified further. She describes many of her patients feeling broken and fractured and are looking for help to be able to put themselves together again. Here, Kintsugi can aid patients to see that 'broken' and mended can look very different, however, that it does not take any of the beauty or worth away. When engaging in Kintsugi art in a therapeutic context, it can act as physical representation of the 'brokenness' that patients feel within, making their pain tangible. Dr. Stangline tries to teach her patients to look at their trauma as a gift and to focus on what they can learn from it and how they can grow from it as a person. She goes on to explain that everyone has a choice, either fill the 'cracks' with something ugly, such as drugs, hate, or violence or one can decide to make better choices and fill the 'cracks' with something beautiful.

Scherb (2018) developed a two-hour training workshop for psychology graduate students, early career psychologists, and seasoned practitioners. The goal of this workshop was to increase the participant's awareness of metaphor use in therapy and to increase the participant's confidence in using a novel metaphor for understanding trauma healing with victims of human induced traumas, such as sexual abuse, intimate partner violence, or torture (Scherb, 2018). This workshop was not executed in vivo, but was only constructed on paper and was evaluated by four clinically licensed professional who are experts in the field of trauma recovery. In the

beginning hour of the workshop, an introduction will be given where the workshop and its goals will be explained. General information about metaphors will be presented and following that, the participants will be encouraged to engage in a discussion about the advantages and disadvantages of using metaphors in a therapeutic context. The second hour will commence with a presentation about the use of metaphors with survivors of trauma. Subsequently, the Kintsugi metaphor will be introduced. After the workshop, participants are meant to understand the Kintsugi metaphor, how it applies to healing, and how it can be integrated into therapeutic work with trauma survivors. During the workshop, it will be explained that in Kintsugi, the cracks add value to the ceramic piece and that it provides additional strength. It will be described how this is a valuable metaphor for trauma survivors, as they often see themselves as broken and therefore, weak after being exposed to a traumatic experience. Kintsugi can also aid in repairing certain broken bonds in the patient's life's and encourage one to re-connect to relationships and to what is meaningful in life.

Scherb (2018) also created different ways of using Kintsugi and its metaphor with patients that are traumatized by torture, child abuse, sexual abuse, or intimate partner violence. First, he proposed to introduce Kintsugi to patients by showing them pictures of it and she stresses the importance of allowing patients to observe, react to, and describe what they see. After this, a discussion should be held about the concepts of brokenness, damage, flaws, and imperfections. The pictures of broken pottery can ignite a conversation about trauma and the images of repaired pottery should encourage a discussion about repair and healing. Worksheets are an alternative option of how to incorporate Kintsugi in therapy. These worksheets depict the breaking and repair of a bowl with accompanying text about healing. A discussion is meant to be held about unrealistic ideas about therapy, healing, and repair and the patients are encouraged to discuss

damage, scars, flaws, and post-traumatic growth and meaning making. In the worksheets, it is also possible for the patients to fill in certain words that are meaningful for them and their journey to recovery. The worksheets aid in framing language and dialogue about trauma, recovery, and healing. An additional method of incorporating Kintsugi into the therapeutic context is by actually engaging in Kintsugi art. While breaking the pottery, patients are encouraged to discuss metaphors about ‘brokenness’ and ‘damage’ and how that might relate to them and their self-perception. Then, while repairing the pottery, the patients can discuss what ‘healing’ means to them and how repairing the pottery might relate to them and their journey of recovery.

In the evaluation, the workshop was described by the experts as being very valuable, due to strengths like the visual aids, the simple language, and holistic approach to healing, which makes the material very accessible and meaningful (Scherb, 2018). The metaphor of Kintsugi was reported as being a good way to explain trauma and as being very useful in conveying an understanding of trauma that is more realistic and includes the possibility of post-traumatic growth. The metaphor of Kintsugi was also claimed to be an easy way to transmit the narrative about trauma shattering oneself, however, that the pieces can be put together again in a meaningful way which makes the individual even stronger.

3.8 Kintsugi as a Treatment Method for Forensic Psychiatric Patients and its Effects

Only one reference was found that relates Kintsugi to forensic psychiatric patients, which describes the Kintsugi course by Wood and Drennan (2021) that can be offered to forensic psychiatric patients. The Kintsugi course was developed in response to forensic patients needing to address their own trauma and victimization before presenting the emotional resilience

to consider the harm they have caused others (Drennan & Wood, 2019). The course consists of six sessions, that take place weekly for 90 minutes. During the sessions, the participants are going to engage in activities like creating a ceramic piece out of clay, decorate that piece, break it, and then finally, repair the ceramic vessel. Discussions and reflections will also take place, guided by the peer support worker and the course instructors. Additionally, the participants will also be shown videos about mindfulness and Kintsugi. The outline of the course can be found in Table 3. The course is delivered by three individuals, these being the host, the peer, and the facilitator (Wood & Drennan, 2021). The host manages the communication with the participants and the staff on all aspects related to the course. This includes holding the pre-course interviews to confirm selections from those referred and communication with the ward to confirm availability of the participants and to express attendance as being a priority. The host is additionally responsible for ensuring that enough material is available for every session and they are responsible for debriefing the participants. The peer role is occupied by the peer support worker that will be described in further detail below. The peer facilitator shares their story with the participants and offers support and reflections to their peers of their journey and their experience. However, the peer facilitator only offers their advice when he or she is asked to and they are invited to refer to their own story and experiences when answering any questions. The facilitator supports the host and the peer to hold the course and to interact with participants as they are engaged in Kintsugi art. The facilitator will additionally engage in Kintsugi themselves and, if they feel comfortable, offer reflections from their story. With this, it is hoped to support the engagement in the course. Lastly, the facilitator helps with setting up and clearing up after each session in support of the host.

Between the weekly group meetings, individual tutorial sessions take place to encourage

reflection and offer patients the opportunity to discuss any topics one to one. The goal is for patients to learn and apply the Kintsugi metaphor through the practical task of developing an object to which the Kintsugi approach to repair can be applied. Patients should be encouraged to reflect on their life and recovery by enabling discussion on topics relating to each stage in the Kintsugi process. During the process, different themes should be discussed.

Table 3*Kintsugi Protocol (Wood & Drennan, 2021)*

Session	Main Activity	Main Questions/Topics	Session Goals
Session 1 – The Kintsugi Way	Familiarizing the participants with the Kintsugi metaphor and explain to the patients how the course will look like.	1) What does Kintsugi mean? 2) Why is that relevant to me? 3) What are we going to do?	1) Begin to establish an environment that enables learning 2) Introduce the concept of Kintsugi and how the course uses this 3) Outline the expectations for the course
Session 2 – Make	Participants are able to create a ceramic piece of their choice out of clay	1) Where do we come from? 2) What makes us who we are? 3) Does our past matter? 4) Who do we want to be in the future?	1) Encourage reflection on the factors that contribute to our development and life journeys 2) Instill hope for recovery and change 3) Support participants to make their object
Session 3 – Decorate	Participants are able to decorate their creation	1) Self-image – how do we like to be seen by others? What masks do we put on? 2) What do we hide (stigma)? 3) How do we protect ourselves?	1) Encourage reflection on how we present ourselves to others 2) Normalize and validate feelings of stigma and shame 3) Support participants to decorate their objects
Session 4 – Break	Participants are encouraged to break their creations	1) Who gets broken? 2) How can we be or have been harmed? 3) How can we harm or have harmed others? 4) Are our wounds helpful? 5) How? What can we learn?	1) Have a safe and contained experience of breaking the object they have made 2) Reflect on the process of breaking an object that I have made and which has become important to me 3) Understand the importance of support around containing difficult feelings and situations 4) Understand the impact of harm on ourselves and on others 5) Understand how our own experience of harm can be used to guide our future and recovery
Session 5 – Repair	Repair the previously broken ceramic piece	1) Recovery – what does it look like? 2) Is it about hiding who we are? 3) Desire to put things back together 4) Living with and leaning into the discomfort 5) Restoration – repairing harm 6) Making amends/Forgiveness 7) How? Next steps?	1) Support a safe and contained experience of repairing something which is broken 2) Encourage reflection on what reparation would look like and the process of initiating this 3) Support participants to physically repair their broken Kintsugi objects using the golden glue
Session 6 – Reflect and Celebrate	The participants are able to celebrate the completion of the course and evaluate the course	1) How do these Kintsugi principles apply to me and my journey? 2) What have I learnt? My Kintsugi Story 3) How am I going to take this forward?	1) Encourage reflection on what the recovery process looks like 2) Support participants in their next steps towards recovery 3) Celebrate completing the course together

During the first session, the Kintsugi metaphor will be explained alongside the aims of the course and what exactly the patients are supposed to do. After the first session, the participants are hoped to be able to describe the meaning of Kintsugi and its application to mental well-being. Following that comes the ‘Make’ phase, which is associated with an actual activity, that is to create something. The goal of this second session is to instill hope for recovery and change in the participants. During this session, reflection on the factors that contribute to the patients’ development and life journeys is encouraged. After this session, participants are hoped to understand the influence of their past experiences and acknowledge that people can change. Following that, comes the ‘Decorate’ phase. Here topics like, self-image, self-stigma, guilt, and shame are discussed. The related activity with this phase is to decorate the creation. During the third session, reflection on how the patients present themselves to others is encouraged and the goal is to normalize and validate feelings of stigma and shame. After this, the participants are hoped to recognize which parts of themselves they show and which they hide from others and understand the effects of stigma and shame. Then, the ‘Break’ phase follows. Here, the patients are supposed to break their creation. This is the phase where the peer support worker shares his story and experiences. In this fourth session, participants are supposed to understand the impact of harm on themselves and on others and how their own experience of harm can be used to guide their future and recovery. This is followed by the ‘Repair’ phase where patients repair their broken creations with golden glue. During this phase, patients will discuss what recovery looks like, what it is like to living with the discomfort, repairing the harm that they have caused by making amends and also forgive the ones that have harmed them. After this fifth session, participants are hoped to understand the factors that are involved in the reparation process and acknowledge the barriers or obstacles to restoration. The last step of the Kintsugi process is reflecting on the

course and what the patients have learned through the Kintsugi metaphor and how they can apply it to themselves and others. During this sixth session the participants are meant to understand what the next steps in their recovery are and how Kintsugi might apply to their recovery journey.

When evaluating the course and its effects on the patients, they stated the following: “I can change the way I feel about my own journey.”, “I’ve learnt to let people know about my issues rather than let them fester.”, “I have learnt that everyone has a breaking point but one can recover from this through the journey of life.”, and “It has helped me to see it is possible to repair things that are broken like in my own life.”. These quotes present the significance of the Kintsugi metaphor, looking at oneself with more kindness, creating hope for the future, learning to express oneself, and seeing oneself as worthy with a story to tell. The patients are more than just victims or offenders, the patients are encouraged to see themselves as individuals that have been hurt but have the strength to overcome that and with that, are set free from any stigma and judgment from others.

When comparing Scherb’s (2018) use of the Kintsugi metaphor with the way how Wood and Drennan (2021) incorporate the metaphor in a therapeutic context, it can be seen that both focus on the symbology of healing and how the patients can apply the repairing process to themselves and their journey of recovery. In both workshops, the hope is that patients can find strength in the repaired pottery and that they can perceive themselves like they do the pottery, as being more beautiful and stronger after being ‘broken’ and then mended. An additional topic that is touched upon in both workshops is the concept of accepting one’s imperfections, scars, and flaws. The patients are meant to be more understanding towards themselves and foster strength from their past and victimization instead of seeing it as a weakness and vulnerability.

Differences can be found in what population the workshops are catering to. The workshop

developed by Scherb (2018) solely focuses on victims of trauma, whereas the workshop by Wood and Drennan (2021) is meant for the perpetrators, being forensic psychiatric patients. Therefore, the course by Scherb (2018) focuses on healing and recovery after being traumatized, whereas the course by Wood and Drennan (2021) also focuses on how one feels after being the cause of trauma, alongside thematizing the victim experiences in offenders. With the Kintsugi course it is hoped to increase compassion and empathy in participants and also to reduce feelings of guilt, shame, and stigma. The course by Scherb (2018) misses this emphasis, as it only focuses on reclaiming your strength after being a victim of trauma. So, even though the two workshops differ to a degree, both utilize the powerful metaphor of Kintsugi in aiding participants with their recovery, that being either recovering from being a victim or a causer of trauma, or in the case of many forensic psychiatric patients, both.

3.9 Suitability of Kintsugi for Forensic Psychiatric Patients

Offenders will not be able to recover if they are still suffering from their previous victimization so, before concentrating on rehabilitating the offender, treatment should focus on healing the victim within the offender (Simpson & Penney, 2018). Ideally, a therapeutic method presents help for patients from both angles in order to aid forensic psychiatric patients in their recovery (Askola et al., 2015). Recovery has been defined as a personal process in which one changes one's attitudes, values, feelings, goals skills, and roles (Clarke et al., 2015). It encompasses living a satisfying, hopeful, and contributing life, even with limitations caused by illness. Recovery includes the development of new meanings and purpose in one's life as one moves beyond the effects of mental illness. Offender recovery relates to perpetrators coming to terms with the crime they have committed, appreciating the need to change the personal attributes that

led to that offense, accepting future risk of offending, and considering the consequences their offense has caused (Clarke et al., 2015).

In order to create a successful therapeutic intervention, one first needs to know what its target population demands and longs for. When looking at interview studies that were conducted with forensic psychiatric patients, it can be seen that many patients have a need to feel worthy again and to feel like a person that matters in this world (Mezey et al., 2010). According to Mezey et al. (2010) many patients have lost the feeling of being a person of value that is deserving of living a happy, fulfilled life. Due to these feelings of worthlessness, many patients are afraid of getting back into society, as they do not feel like they earn to be part of that community. Additionally, many patients fear being rejected from the world that has stigmatized and pushed them away so many times before. The experience of psychiatric care can be interpreted as a struggle for dignity in the face of discrimination and rejection (Askola et al., 2016). The feelings of having no value stem from many different experiences the patients have had, including the way society perceives forensic psychiatric patients. Stigma, self-stigma, and shame play a big part in the lives of forensic psychiatric patients. The forensic psychiatric population presents somewhat of a triple stigma, related to mental illness, race, and criminality (West et al., 2014). As delineated by West et al. (2014) being dishonest, dangerous, and aggressive represent stereotypes that are associated with the mentally ill, racial minorities, or offenders. Being stigmatized on multiple fronts can cause individuals to feel alienated, to experience social rejection and limited social acceptance, and to struggle to find a valued self-concept. This lack of a positive self-concept can be seen in patients expressing thoughts like “Forensic mental health patients that’s probably as big a stigma as you can get I think... it heaps a lot of pressure on my mind the fact that ... you’ve got to be guarded against talking about your

past in some way” (Mezey et al., 2010, p. 691). The quote demonstrates that patients are aware of the stigmas that are held about them and that it hinders them from talking about their experiences. Therefore, it is important to create a safe, label-free, comfortable environment for forensic psychiatric patients to open up and share their experiences and emotions with others.

Overcoming the self-stigma that many forensic psychiatric patients hold about themselves is a further important aspect of recovery. In interviews, patients referred to the double stigma of being perceived as both ‘mad’ and ‘bad’ and that they had started to internalize these ideas about themselves (West et al., 2014; Askola et al., 2016). Having these conceptions about oneself in one’s head was regarded by the patients as a barrier to being able to achieve goals, such as mental well-being, employment, and a stable relationship in the future (Askola et al., 2016). These distorted self-concepts that are caused by stigma and self-stigma are important to confront and transform into a more acceptive narrative of oneself.

The core recovery concepts of hope, self-acceptance, and autonomy present goals of the rehabilitation of the forensic psychiatric population (Mezey et al., 2010). One challenge is to help patients reshape the offender and victimization narrative into a recovery narrative (Askola et al., 2015). It requires patients to become aware of their losses and their effect on their lives, and also the effect the patients have had themselves on other people’s lives. Following that, patients can prepare themselves for a return to a life of active engagement. The recovery narrative of seeing oneself as someone that is able to achieve goals and live a fulfilled life is very important among people with mental illness, as the onset of mental illness can compromise such a narrative of being able to construct one’s self and one’s relationships in a meaningful manner (Askola et al., 2016). Having a coherent narrative and self-concept can aid in making sense of the chaotic experiences of life and focusing on said narrative and self-concept can help patients to move

away from labels like ‘violent offender’ or ‘trauma victim’ and see themselves as a strong individual that has worked on themselves and is moving into a violence-free future with meaningful goals and experiences (Askola et al., 2016).

To create hope is a further need of the forensic psychiatric population (Mezey et al., 2010). Hope has been defined as a group of connected ideas with two main components of agency, namely the belief in one’s capability to initiate and sustain actions and the belief in one’s capability to generate paths to reach goals (Hillbrand & Young, 2008). Being detained in a secure treatment facility for a prolonged period of time can make it difficult to foster hope and optimism, which is why it is important to create an environment for forensic psychiatric patients that cultivates the growth of hope. Forensic psychiatric patients have expressed that hope is central to their recovery (Mezey et al., 2010). Further studies have shown that individuals with high hope are more likely to engage in preventive behaviors and less likely to engage in harmful behaviors (Hillbrand & Young, 2008). Hope can give patients a certain direction, a feeling that something good is indeed coming and that they have something to look forward to. Hope offers motivation for change as it provides a new way of being, a belief that your life is worthwhile and to live a life that is not defined by your offense (Clarke et al., 2015). This aids patients in being motivated to further engage in treatment, to successfully take part in it and stay on the path of recovery (Clarke et al., 2015), which is why it is relevant for forensic psychiatric patients to experience hope.

Given the characteristics of forensic psychiatric patients such as their need for hope, self-acceptance and autonomy, Kintsugi might be a suitable intervention. Working on forensic psychiatric patient’s self-acceptance is of utter importance, in order to counteract the feelings of shame, worthlessness, and self-stigma. The metaphor of Kintsugi might be of great value here.

Kintsugi teaches us that our previous experiences do not define us and that trauma does not leave us broken. On the contrary, trauma, or hardships in life, provide us with a possibility of growth and to become strong at exactly the place where we see ourselves as ‘broken’ or ‘fractured’. The quintessence of Kintsugi is to accept one’s past, whatever it holds, while not letting said past consume you. Whatever lays in our past does not determine our future and we get to write our own story. With this, the metaphor of Kintsugi provides relevance for forensic psychiatric patients from both angles. Meaning, learning to accept their criminal past and also accepting any emotional or physical scars they might bear from personal trauma.

However, being able to accept oneself is not the only important aspect of recovery for forensic psychiatric patients. Patients have expressed that regardless of whether they are able to accept themselves, they find it difficult to gain acceptance or forgiveness from the world that lays beyond the clinic (Mezey et al., 2010). Recovery needs to extend past themselves, to their victim, to family members, and to others they may have hurt or damaged. According to Mezey et al. (2010) many forensic psychiatric patients regard their offending behavior as a greater barrier to recovery than their mental illness. Patients want to shed their label of being an offender, however, they expressed that they are afraid that society will never see them as more as their crimes. The fear of how society will receive them upon release presents a hindrance in patients to accept themselves and build a healthy self-esteem. Therefore, these stigmata, that eventually lead, or already have led, to self-stigma, need to be addressed. This is done within Kintsugi therapy. A therapeutic intervention is not able to change the way the patients are received by the outside world, however, what Kintsugi therapy can do, is decrease the self-stigma that is in place within patients. Expressing how patients see themselves and how they are seen by others is discussed in Kintsugi therapy while patients decorate their ceramic piece (Wood, 2019). This is

followed by patients breaking the ceramics and with it the negative evaluation of themselves. When then repairing the pottery, patients are able to create a 'new' self and build up self-appreciation and self-esteem that is not overshadowed by the opinions of others.

While learning that past experiences do not define one's identity and future, it is also possible for forensic psychiatric patients to experience hope. Looking into a future that is no longer designated by one's victimization or offender story, but is characterized by meaningful goals and experiences, paves the way for patients to gain hope and feel a longing for said future. It may motivate forensic psychiatric patients to engage in further treatment. Additionally, hope has been related to better functioning throughout the treatment process, greater well-being, and having the ability to cope with stress and regulate distressing emotions (Hampton et al., 2011). As mentioned above, a peer support worker will be included in the Kintsugi course that will talk about his own experiences with mental illness. This individual will talk about how they have overcome their hardships in life and provide a 'role model' for the forensic psychiatric patients. By hearing from someone that was able to move past their illness, patients can see what life beyond offending and mental illness looks like and that it is possible for them to reach that and this realization is meant to instill hope in them.

An important aspect of recovery is giving patients a sense of autonomy and independence. The hope is that patients are able to live a fulfilled, autonomous life after their stay in the clinic. However, being detained in an institution for a long period of time, those feelings of independence and autonomy can be lost easily (Mezey et al., 2010). Forensic psychiatric patients crave to be supported, while given the resources to help themselves (Askola et al., 2016). That describes Kintsugi's philosophy, as it is believed that individuals hold every resource that they need to heal themselves within them. Additionally, when engaging in Kintsugi, patients are given

free rein to decorate, break, and repair their ceramic piece in any way they want to, giving patients the possibility to exert some form of control and power over their treatment. Studies have shown that forensic psychiatric patients that have been hospitalized for a long period of time may become accustomed to being a passive service recipient without the motivation for being empowered and actively collaborate in their own care (Livingston et al., 2012). This is why it is important to include patients in interventions where they can actively engage in an activity and take on a more active role than what they might be used to while being detained.

An additional important aspect of the Kintsugi course is the non-hierarchical nature of it, meaning, that no one is seen to be 'above' the patients and that equality exists between the staff and patients. In Kintsugi, instead of an 'expert-to-patient' relationship, a more equal relationship takes place, where the therapist engages in self-disclosure and ensures egalitarianism within the relationship. This equal relationship makes patients feel valued, respected, and cared for, which has been described as important for their self-esteem and recovery (Audet & Everall, 2010). This type of positive relationship between staff and patient may be especially important for forensic psychiatric patients, due to the length of time they spend in the clinic, which hinders the patients to have positive and affirming relationships outside the hospital (Mezey et al., 2010). As aforementioned, increasing patient's self-esteem and self-appreciation is an important aspect of recovery, as it will not only help patients to accept themselves and their past but also aid them in building up a new identity, liberated from any labels and stigma that have been put upon them.

4. Discussion

This study aimed to describe and facilitate an understanding of the art form Kintsugi and its metaphorical meaning. The goal was to establish relevance for Kintsugi to be used as a therapeutic method for forensic psychiatric patients, who may not only be the cause of trauma but are also survivors of trauma themselves. Therefore, this population poses specific needs, that are hoped to be met with the symbology that Kintsugi encompasses. For this, certain working mechanisms are in place that transcend Kintsugi from being an art form to it being a therapeutic intervention. This study has demonstrated that in theory, since we do not have empirical evidence yet, there is a lot of potential within Kintsugi to make patients more accepting of themselves and others, increase patients' self-compassion and compassion, and create a new narrative for themselves.

This study tried to fill a significant gap in the literature. Limited information is available that goes further than the ideology of Kintsugi and Kintsugi has rarely been discussed as a therapeutic intervention, especially not in the context of forensic psychiatric patients. As the results of this study demonstrated, Kintsugi and its metaphor might be a great asset to the specific population of forensic psychiatric patients and it is important to further focus on how the symbology of Kintsugi can aid this victimized and stigmatized population. This study tried to accumulate all available information about Kintsugi and its application as a therapeutic intervention and presented how and why Kintsugi might be a suitable therapy method for forensic psychiatric patients. In doing this, it could be seen that certain working mechanisms of the Kintsugi course, like the metaphor of Kintsugi, the non-hierarchical approach, the inclusion of a peer support worker, and the experiential nature of it aid in making patients more (self-) compassionate, acceptive of one's own and others flaws, and provide an opportunity for patients

to define themselves, free of labels like ‘victim’ or ‘offender’.

4.1 Main Findings

As of yet, there is only one Kintsugi course that has been applied as a therapeutic intervention with forensic psychiatric patients by Wood and Drennan (2021). Other than that, literature does not refer to Kintsugi and its metaphor as an established therapeutic method. However, some therapists do use Kintsugi as an anecdote within their therapeutic approach, showing that the Kintsugi metaphor holds potential as an intervention used with mental health patients. Articles have been written about the meaning that Kintsugi has had in some individuals lives and how understanding Kintsugi’s metaphor has helped them to overcome hardships in life, such as losing a loved one (Kemske 2021b). Within these stories, it can be seen how impactful internalizing the Kintsugi metaphor can be and how the Kintsugi metaphor is able to teach people to accept themselves, their past, how matter how painful said past might be, and others. These are important lessons to learn for forensic psychiatric patients, which is why a Kintsugi course could be very relevant for this population. Main goals of Kintsugi are to increase participant’s self-compassion and acceptance not only of themselves, but extend that acceptance and compassion to others and their imperfections. Main working mechanisms were found to be the metaphor of Kintsugi, the experiential learning nature of a Kintsugi course, the non-hierarchy approach, and the inclusion of a peer-support worker (Wood & Drennan, 2021).

4.2 Relevance of Kintsugi for the Forensic Psychiatric Population

Kintsugi presents a relevance for the forensic psychiatric population, as the goals that are inherent to the Kintsugi art form and philosophy match certain needs of said population. Being

cast away from a society that stigmatizes you and perceives you as nothing more as an offender, can have devastating effects on one's self-esteem and self-worth (Clarke et al., 2015).

Additionally, many forensic psychiatric patients have experienced neglect and abuse by their caretakers, siblings, or their peers (World Health Organization, 2007), making them a victimized group which does not always gets taken into account in traditional therapeutic interventions. It is important to focus on the victimization background that many forensic psychiatric patients share, as it is not possible to rehabilitate the offenders if they are still suffering from the consequences of being a victim of trauma themselves (Simpson & Penney, 2018). With Kintsugi, the patients are hoped to rehabilitate the offender within them, but also recover the victim part of themselves. Recovery for forensic psychiatric patients should not only be seen as curing the patient's mental ill-health, but to give them the tools to live a happier, more satisfying life that is defined by their own terms (Askola et al., 2015). In order for this to become reality, it is important for forensic psychiatric patients to redefine themselves, without being held back by labels that either others have forced upon them or they have created for themselves. Patients need to find their place in this world again, by learning to appreciate and value themselves, which they can realize when internalizing the Kintsugi metaphor.

Certain barriers are in place in forensic psychiatric clinics that might make it difficult for patients to experience autonomy, self-acceptance, and hope. For example, the lengthy period of time they spend being detained, without the possibility to nurture and experience loving relationships (Mezey et al., 2010). However, certain services can help to overcome these barriers. Services like a Kintsugi course, where it is possible for forensic psychiatric patients to open up in a safe environment, where they are treated as an equal, and they can bond to fellow patients with similar experiences while learning about the Kintsugi metaphor that teaches one that broken is

indeed beautiful and emotional and physical scars can be displayed with pride. The Kintsugi philosophy may provide patients with the possibility to increase their self-esteem and see light at the end of the dark tunnel that was created for them by a history of abuse and a society that rejected them.

4.3 Clinical Implications

By improving the treatment of forensic psychiatric patients, the risk of re-offending can be reduced and patients' coping after they leave forensic psychiatric inpatient care can be supported (Askola et al., 2016). Rather than understanding recovery as a way out of illness, it is recommended that interventions should aim at helping patients in living a satisfying and fulfilling life, as each individual defines. This is line with the approach of positive psychology, that focuses on well-being, contentment and satisfaction, hope and optimism, and flow and happiness (Seligman & Csikszentmihalyi, 2000). Kintsugi could be framed as a positive psychology therapeutic intervention, as the Kintsugi philosophy does not focus on the illnesses of the patients, but on their strengths and how patients can foster growth from them. If Kintsugi is applied as a positive psychology therapeutic intervention, then it is important to consider in which kind of clinic this course can be implemented. If the clinic's goal is symptom reduction and solely focuses on the mental ill-health of its patients, then it might present a challenge to introduce a course such as Kintsugi into that atmosphere. The findings implicate that it might be useful to carry out the Kintsugi course in a clinic that is already familiar with the positive psychology approach. Therefore, when considering to apply the Kintsugi course, it is important to take the environment and how patients might respond to a new intervention that is, or is not, in line with their treatment into account.

The course as offered by Wood and Drennan (2021) presents a promising way of executing the Kintsugi philosophy with forensic psychiatric patients, however, certain adjustments might be necessary. The forensic psychiatric population has been described to be hopeless and rather passive in their reception of mental health services, with a lack of empowerment and a struggle to adhere to treatment (Livingston et al., 2012). The Kintsugi course demands quite a lot from its participants, as patients are requested to create a ceramic piece of their choosing, decorate it, break it, and then mend it, all the while talking about the metaphorical meaning of their doing and how that might apply to themselves. This course requires active participation and it is not self-evident that every participant will be motivated enough to engage in this. Additionally, after years of being detained, with few chances to make autonomous decisions, patients might not be used to carrying out actions in a way they want to and this course might be overwhelming to some. It is important to create a space where patients can talk about emotions such as being overwhelmed or lacking in motivation so that it is possible for them to work through these emotions and continue to engage in successful participation.

The Kintsugi course as proposed by Wood and Drennan (2021) also requires staff members that are willing to share personal experiences and to open up about hardships in their personal lives. This is an important aspect of the Kintsugi course, as it is valuable for forensic psychiatric patients to relate to others and not to feel alone in their experiences. Therefore, when realizing this Kintsugi course, it is important to make sure that staff members are prepared to be vulnerable with their patients and to lay their caretaker role aside for the duration of the course, as everyone is seen as equal within the Kintsugi realm.

4.4 Limitations and Future Recommendations

Certain limitations need to be taken into account when interpreting the results of this study. A limitation that is relevant for this current study is the lack of scientific literature about Kintsugi, especially in the context of forensic psychiatric patients. Besides the protocol of Wood and Drennan (2021), no scientific literature is known to date that applies Kintsugi to the forensic psychiatric population and uses it as a therapeutic intervention. Due to this lack of literature, articles from open sources, for example, Google Search, needed to be included, which means that non-scientific literature was included in this study. When using non-scientific and non-peer-reviewed literature, the quality of the literature was not guaranteed. However, every used article was reviewed for reliability and only articles that seemed trustworthy were included. Still, this is an important limitation to consider as results from non-scientific sources should be taken with a grain of salt. A further limitation of this literature review is the possibility of biases when researching literature and screening it, as only one researcher was included in that process. Any biases are tried to be avoided with a transparent search strategy, however, the possibility of personal biases influencing the literature search cannot be excluded.

As almost no research exists yet that examines the effects of Kintsugi therapy on forensic psychiatric patients, more research on this topic needs to be carried out to find out whether Kintsugi therapy can live up to its promising appearance. In pursuit of finding new therapeutic interventions that can help patients to move forward on the path of recovery, future research is needed that focuses on how the Kintsugi philosophy can be utilized in a therapeutic way for trauma survivors and forensic psychiatric patients. Future research should also focus on the different pathologies that can be found within the forensic psychiatric population and how the philosophy of Kintsugi can be applied to patients with these varying symptoms. It is important to

know whether Kintsugi would be accessible to everyone that is part of the forensic psychiatric population, or to subpopulations. For example, patients with an intellectual disability. Here, it would be of interest to find out whether the Kintsugi course could still provide aid for patients with limited understanding of the metaphor. There would still be aspects of the Kintsugi course, such as experiential learning, non-hierarchy approach, and group work, that might be valuable for patients with a lack of comprehension of the metaphor.

Furthermore, Kintsugi has been hypothesized to be applied in different forms, for example, talking about the metaphorical meaning of Kintsugi, either with pictorial support or without, and letting patients relate that metaphor to themselves and their story or actually engaging in Kintsugi art by making, breaking, and repairing a ceramic piece (Scherb, 2018). Here, it would be interesting to conduct further research to see whether a specific method is more successful than the others in conveying the Kintsugi metaphor and reaching the goals of a Kintsugi course. Finding out how and if Kintsugi can be utilized successfully for forensic psychiatric patients is very important, as it provides a possibility to improve mental health care for forensic psychiatric patients.

4.5 Conclusion

Concluding, it can be said that Kintsugi holds a very powerful metaphor, teaching people self-acceptance, self-appreciation, and a different meaning of beauty. Beauty is not the absence of flaws, but the presence of them. Flaws and scars are what make us strong, unique, and resilient to whatever is to come in the future. Important lessons could be learned through Kintsugi, lessons that are especially relevant for the forensic psychiatric population. Accepting what they have experienced, what they have done, and moving on into a crime-free, self-supportive future is the

goal of recovery and Kintsugi can bring forensic psychiatric patients one step closer to that ideal. Additionally, Kintsugi might aid patients in becoming more accepting and empathetic towards others, which is an important goal for forensic psychiatric patients. The proposed effective mechanisms that aid in realizing these goals include the metaphor of Kintsugi, the experiential learning that is inherent to Kintsugi, the non-hierarchy approach, and the inclusion of a peer support worker. Though future research is still needed in regard to Kintsugi and its use with forensic psychiatric patients, this study did demonstrate that the art of Kintsugi holds great potential to be used as a therapeutic intervention, it being for forensic psychiatric patients or anyone that needs reminding that one can foster strength, growth, and resilience from one's past, no matter how riddled it is with trauma and pain.

5. References

- Aebi, M., Landolt, M. A., Mueller-Pfeiffer, C., Schnyder, U., Maier, T., & Mohler-Kuo, M. (2015). Testing the “Sexually abused-abuser hypothesis” in adolescents: A population-based study. *Archives of Sexual Behavior, 44*(8), 2189-2199. <https://doi.org/10.1007/s10508-014-0440-x>
- Ahmed, A. O., Mantini, A. M., Fridberg, D. J., & Buckley, P. F. (2015). Brain-derived neurotrophic factor (BDNF) and neurocognitive deficits in people with schizophrenia: A meta-analysis. *Psychiatry Research, 226*(1), 1–13. <https://doi.org/10.1016/j.psychres.2014.12.069>
- Alkan, F. (2016). Experiential learning: Its effects on achievement and scientific process skills. *Journal of Turkish Science Education, 13*(2), 15-26. <http://tused.org/index.php/tused/article/view/639>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Arciniegas, D. B. (2015). Psychosis. *CONTINUUM: Lifelong Learning in Neurology, 21*, 715-736. <https://doi.org/10.1212/01.con.0000466662.89908.e7>
- Askola, R. A., Louheranta, O., Paavilainen, E., Åstedt-Kurki, P., Soininen, P., Putkonen, H., & Nikkonen, M. (2015). Forensic psychiatric patients' narratives of their offense. *Issues in Mental Health Nursing, 36*(3), 162-170. <https://doi.org/10.3109/01612840.2014.969391>
- Askola, R., Nikkonen, M., Paavilainen, E., Soininen, P., Putkonen, H., & Louheranta, O. (2016). Forensic psychiatric patients’ perspectives on their care: A narrative view. *Perspectives in Psychiatric Care, 54*(1), 64-73. <https://doi.org/10.1111/ppc.1201>

Audet, C. T., & Everall, R. D. (2010). Therapist self-disclosure and the therapeutic relationship:

A phenomenological study from the client perspective. *British Journal of Guidance & Counselling*, 38(3), 327-342. <https://doi.org/10.1080/03069885.2010.482450>

Ayalon, O. (2007). Healing trauma with metaphoric cards. *Therapy Today*, 18(7), 22-24.

Retrieved from

<http://www.souffledor.fr/igc/fichier/upload/file/Cartes%20COPE%20BACP.pdf>

Bachtelle, S. E., & Pepper, C. M. (2015). The physical results of Nonsuicidal self-injury. *Journal of Nervous & Mental Disease*, 203(12), 927-

933. <https://doi.org/10.1097/nmd.0000000000000398>

Beaumont, E., Durkin, M., Hollins Martin, C. J., & Carson, J. (2016). Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: A quantitative survey. *Midwifery*, 34, 239-244. doi:10.1016/j.midw.2015.11.002

Benu, P. (2020, October 9). *Why Indu Gopal's project Kintsugi could be the support group that every domestic abuse survivor needs*. The New Indian

Express. <https://www.edexlive.com/news/2020/oct/09/why-indu-gopals-project-kintsugi-could-be-the-support-group-that-every-domestic-abuse-survivor-need-15121.html>

Bernstein, D. P., Nijman, H. L., Karos, K., Keulen-de Vos, M., De Vogel, V., & Lucker, T. P.

(2012). Schema therapy for forensic patients with personality disorders: Design and preliminary findings of a multicenter randomized clinical trial in The

Netherlands. *International Journal of Forensic Mental Health*, 11(4), 312-

324. <https://doi.org/10.1080/14999013.2012.746757>

Binson, B., & Lev-Wiesel, R. (2018). Promoting personal growth through experiential learning:

- The case of expressive arts therapy for lecturers in Thailand. *Frontiers in Psychology*, 8. <https://doi.org/10.3389/fpsyg.2017.02276>
- Bond, F. W., & Bunce, D. (2003). The role of acceptance and job control in mental health, job satisfaction, and work performance. *Journal of Applied Psychology*, 88(6), 1057-1067. <https://doi.org/10.1037/0021-9010.88.6.1057>
- Brennan, C. L., Swartout, K. M., Cook, S. L., & Parrott, D. J. (2016). A qualitative analysis of offenders' emotional responses to perpetrating sexual assault. *Sexual Abuse*, 30(4), 393-412. <https://doi.org/10.1177/1079063216667917>
- Bruscia, K. E. (2014). *Defining music therapy – Third edition*. Barcelona Publishers.
- Buetow, S., & Wallis, K. (2017). The beauty in perfect imperfection. *Journal of Medical Humanities*, 40(3), 389-394. <https://doi.org/10.1007/s10912-017-9500-2>
- Bush, C. A., Mullis, R. L., & Mullis, A. K. (2000). Differences in empathy between offender and Nonoffender youth. *Journal of Youth and Adolescence*, 29(4), 467-478. <https://doi.org/10.1023/a:1005162526769>
- Capello, P. P. (2019). Trauma and restoration: An international response—The 2018 ADTA international panel. *American Journal of Dance Therapy*, 41(1), 6-24. <https://doi.org/10.1007/s10465-019-09293-8>
- Clarke, C., Lumbard, D., Sambrook, S., & Kerr, K. (2015). What does recovery mean to a forensic mental health patient? A systematic review and narrative synthesis of the qualitative literature. *The Journal of Forensic Psychiatry & Psychology*, 27(1), 38-54. <https://doi.org/10.1080/14789949.2015.1102311>

- Dalenberg, C. J. (2000). Speaking trauma: The inadequacy of language in trauma treatment. *Countertransference and the treatment of trauma*, 57-84. <https://doi.org/10.1037/10380-003>
- De Ruiter, C., & Trestman, R. L. (2007). Prevalence and treatment of personality disorders in Dutch forensic mental health services. *Journal of the American Academy of Psychiatry and the Law*, 35, 92–97.
- De Tribolet-Hardy, F., & Habermeyer, E. (2016). Schizophrenic patients between general and forensic psychiatry. *Frontiers in Public Health*, 4. <https://doi.org/10.3389/fpubh.2016.00135>
- Drennan, G., & Wood, F. (2019). Trauma-informed – Harm-aware – The restorative circle at SLAM. *Quality Network for Forensic Mental Health Services' Newsletter*, (42), 10-11. Retrieved from https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/secure-forensic/forensic-newsletters-qnfmhs/issue-42---trauma-informed-care.pdf?sfvrsn=96fc45ae_2
- Fazel, S., Xenitidis, K., & Powell, J. (2008). The prevalence of intellectual disabilities among 12000 prisoners — A systematic review. *International Journal of Law and Psychiatry*, 31(4), 369-373. <https://doi.org/10.1016/j.ijlp.2008.06.001>
- Freckelton, I. (2013). Autism Spectrum Disorder: Forensic Issues and Challenges for Mental Health Professionals and Courts. *Journal of Applied Research in Intellectual Disabilities*, 26(5), 420–434. <https://doi.org/10.1111/jar.12036>
- Gery, I., Miljkovitch, R., Berthoz, S., & Soussignan, R. (2009). Empathy and recognition of facial expressions of emotion in sex offenders, non-sex offenders and normal

- controls. *Psychiatry Research*, 165(3), 252-262. <https://doi.org/10.1016/j.psychres.2007.11.006>
- Gibbs, M., & Priest, H. (2010). Exploring the physical health needs of people with learning disabilities: Facilitation student engagement in learning, using Kolb's experiential learning cycle. *Nurse Education in Practice*, 10(3), 115-118. <https://doi.org/10.1016/j.nepr.2009.04.005>
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*, 179(6), 482-494. <https://doi.org/10.1192/bjp.179.6.482>
- Gusmano, B. (2018). The Kintsugi art of care: Unraveling consent in ethical non-monogamies. *Sociological Research Online*, 24(4), 661-679. <https://doi.org/10.1177/1360780418816103>
- Hampton, A. S., Conner, B. T., Albert, D., Anglin, M. D., Urada, D., & Longshore, D. (2011). Pathways to treatment retention for individuals legally coerced to substance use treatment: The interaction of hope and treatment motivation. *Drug and Alcohol Dependence*, 118(2-3), 400-407. <https://doi.org/10.1016/j.drugalcdep.2011.04.022>
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73(6), 1154-1163. <https://doi.org/10.1037/0022-006x.73.6.1154>
- Helverschou, S. B., Rasmussen, K., Steindal, K., Søndanaa, E., Nilsson, B., & Nøttestad, J. A. (2015). Offending profiles of individuals with autism spectrum disorder: A study of all individuals with autism spectrum disorder examined by the forensic psychiatric service

- in Norway between 2000 and 2010. *Autism*, *19*(7), 850–858.
<https://doi.org/10.1177/1362361315584571>
- Hill, C. E. (2005). Therapist techniques, client involvement, and the therapeutic relationship: Inextricably intertwined in the therapy process. *Psychotherapy: Theory, Research, Practice, Training*, *42*(4), 431-442. <https://doi.org/10.1037/0033-3204.42.4.431>
- Hill, C. E., & Knox, S. (2002). "Self-Disclosure" in *Psychotherapy Relationships That Work: Therapist Contributions and Responsiveness to Patients, First Edition*. Ed. John C. Norcross, (pp. 255-265). Oxford University Press.
- Hillbrand, M., & Young, J. L. (2008). Instilling hope into forensic treatment: the antidote to despair and desperation. *The Journal of the American Academy of Psychiatry and the Law*, *36*(1), 90–94. <https://pubmed.ncbi.nlm.nih.gov/18354129/>
- Jackson, A. L., & Bonacker, N. (2006). The effect of victim impact training programs on the development of guilt, shame and empathy among offenders. *International Review of Victimology*, *13*(3), 301-324. <https://doi.org/10.1177/026975800601300304>
- Jeglic, E. L., Vanderhoff, H. A., & Donovan, P. J. (2005). The function of self-harm behavior in a forensic population. *International Journal of Offender Therapy and Comparative Criminology*, *49*(2), 131-142. <https://doi.org/10.1177/0306624x04271130>
- Kemske, B. (2021). *Kintsugi – A poetic mend*. Bloomsbury Publishing Plc.
- Kemske, B. (2021, April 10). *Kintsugi helped me to understand my brother's death*. The Guardian. https://www.theguardian.com/lifeandstyle/2021/apr/10/kintsugi-helped-me-to-understand-my-brothers-death?CMP=Share_iOSApp_Other
- Keulemans, G. (2016). The geo-cultural conditions of Kintsugi. *The Journal of Modern Craft*, *9*(1), 15-34. <https://doi.org/10.1080/17496772.2016.1183946>
- Klein Tuente, S., Bogaerts, S., Van IJzendoorn, S., & Veling, W. (2018). Effect of virtual reality aggression prevention training for forensic psychiatric patients (VRAPT): Study protocol

- of a multi-center RCT. *BMC Psychiatry*, 18(1). <https://doi.org/10.1186/s12888-018-1830-8>
- Koren, L. (2008). *Wabi-Sabi for artists, designers, poets & philosophers*. Point Reyes, CA: Imperfect Publishing
- Kumai, C. (2018, April 17). *Honor your imperfections with the Japanese art of 'Kintsugi'*. Shine. <https://advice.theshineapp.com/articles/honor-your-imperfections-with-the-japanese-art-of-kintsugi/>
- Leberman, S. (2007). Voices behind the walls: Female offenders and experiential learning. *Journal of Adventure Education & Outdoor Learning*, 7(2), 113-130. <https://doi.org/10.1080/14729670701485832>
- Leetz, K. L. (1997). Abraham Lincoln, psychotherapist to the nation: The use of metaphors. *American Journal of Psychotherapy*, 51(1), 45-53. <https://doi.org/10.1176/appi.psychotherapy.1997.51.1.45>
- Lesser, C. (2018, August 24). *Exploring the Japanese Ceramics Tradition of Embracing Flaws with Gold*. Artsy. <https://www.artsy.net/article/artsy-editorial-centuries-old-japanese-tradition-mending-broken-ceramics-gold#:~:text=Some%20four%20or%20five%20centuries>
- Livingston, J. D., Nijdam-Jones, A., & Brink, J. (2012). A tale of two cultures: Examining patient-centered care in a forensic mental health hospital. *Journal of Forensic Psychiatry & Psychology*, 23(3), 345-360. <https://doi.org/10.1080/14789949.2012.668214>

- Lomas, T. (2016). The art of second wave positive psychology: Harnessing Zen aesthetics to explore the dialectics of flourishing. *International Journal of Wellbeing*, 6(2), 14-29. <https://doi.org/10.5502/ijw.v6i2.497>
- López, A., Sanderman, R., Ranchor, A. V., & Schroevers, M. J. (2017). Compassion for others and self-compassion: Levels, correlates, and relationship with psychological well-being. *Mindfulness*, 9(1), 325-331. <https://doi.org/10.1007/s12671-017-0777-z>
- Mahlke, C. I., Krämer, U. M., Becker, T., & Bock, T. (2014). Peer support in mental health services. *Current Opinion in Psychiatry*, 27(4), 276-281. <https://doi.org/10.1097/ycp.0000000000000074>
- Meddings, S, Campbell,E., Guglietti, S., Lambe, H., Locks, L., Byrne, D. and Whittington, A. (2015). From Service User to Student – The Benefits of Recovery College. *Clinical Psychology Forum*, 268, 32-37. <http://www.bps.org.uk/networks-and-communities/member-microsite/division-clinical-psychology/clinical-psychology-forum>
- Mezey, G. C., Kavuma, M., Turton, P., Demetriou, A., & Wright, C. (2010). Perceptions, experiences and meanings of recovery in forensic psychiatric patients. *Journal of Forensic Psychiatry & Psychology*, 21(5), 683-696. <https://doi.org/10.1080/14789949.2010.489953>
- Morley, R. H. (2017). The impact of mindfulness meditation and self-compassion on criminal impulsivity in a prisoner sample. *Journal of Police and Criminal Psychology*, 33(2), 118-122. <https://doi.org/10.1007/s11896-017-9239-8>
- Neff, K. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and Identity*, 2(2), 85-101. doi:10.1080/15298860309032

- Neff, K. D., & Seppala, E. (2016). Compassion, well-being, and the hypo-egoic self. In K. W. Brown & M. Leary (Eds.), *The Oxford handbook of hypo-egoic phenomena* (pp. 189–203). New York: Oxford University Press.
- Newman-Taylor, K., Stone, N., Valentine, P., Hooks, Z., & Sault, K. (2016). The recovery college: A unique service approach and qualitative evaluation. *Psychiatric Rehabilitation Journal, 39*(2), 187-190. <https://doi.org/10.1037/prj0000179>
- Plummer, M., & Cossins, A. (2016). The cycle of abuse: When victims become offenders. *Trauma, Violence, & Abuse, 19*(3), 286-304. <https://doi.org/10.1177/1524838016659487>
- Rankanen, M. (2014). Clients' positive and negative experiences of experiential art therapy group process. *The Arts in Psychotherapy, 41*(2), 193-204. <https://doi.org/10.1016/j.aip.2014.02.006>
- Renaissance Life Therapies. (2014). *Kintsugi and Depression*. Retrieved April 5, 2021, from <https://renaissancelifetherapies.com/kintsugi-depression/>
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411. <https://doi.org/10.3109/09638237.2011.583947>
- Richman-Abdou, K. (2019, September 9). *Kintsugi: The Centuries-Old Art of Repairing Broken Pottery with Gold*. My Modern Met. <https://mymodernmet.com/kintsugi-kintsukuroi/>
- Rosenman, S. (2008). Metaphor, meaning and psychiatry. *Australasian Psychiatry, 16*(6), 391-396. <https://doi.org/10.1080/10398560801995285>
- Salekin, K. L., Olley, J. G., & Hedge, K. A. (2010). Offenders with intellectual disability: Characteristics, prevalence, and issues in forensic assessment. *Journal of Mental Health*

- Research in Intellectual Disabilities*, 3(2), 97-116. <https://doi.org/10.1080/19315861003695769>
- Sanchez, M., Haynes, A., Parada, J. C., & Demir, M. (2018). Friendship maintenance mediates the relationship between compassion for others and happiness. *Current Psychology*, 39(2), 581-592. <https://doi.org/10.1007/s12144-017-9779-1>
- Santini, C. (2019). *Kintsugi: Finding Strength in Imperfection*. Andrews McMeel Publishing.
- Scherb, H. K. (2018). *The Kintsugi metaphor to conceptualize healing and repair after torture and trauma: A training program* (Publication No. 10810072) [Doctoral Dissertation, Alliant International University]. ProQuest Dissertations Publishing.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. <https://doi.org/10.1037/0003-066x.55.1.5>
- Simpson, A. I., & Penney, S. R. (2018). Recovery and forensic care: Recent advances and future directions. *Criminal Behaviour and Mental Health*, 28(5), 383-389. <https://doi.org/10.1002/cbm.2090>
- Smeijsters, H., & Cleven, G. (2006). The treatment of aggression using arts therapies in forensic psychiatry: Results of a qualitative inquiry. *The Arts in Psychotherapy*, 33(1), 37-58. <https://doi.org/10.1016/j.aip.2005.07.001>
- Smeijsters, H., Kil, J., Kurstjens, H., Welten, J., & Willemars, G. (2011). Arts therapies for young offenders in secure care—A practice-based research. *The Arts in Psychotherapy*, 38(1), 41-51. <https://doi.org/10.1016/j.aip.2010.10.005>
- Stangline, M. (n.d.). *Trauma Technique Therapy: Learn an Ancient Trauma Technique from Japan - Kintsugi: The art of "Golden Repair"*. Creative Counseling

101. <https://www.creativecounseling101.com/trauma-technique-kintsugi.html>
- The Mend Project. (2019, October 24). *The art of Kintsugi: How scars beautify and unite us*. <https://themendproject.com/the-art-of-kintsugi-how-scars-beautify-and-unite-us/>
- The Younique Foundation. (2017, March 31). *Healing survivors of child sexual abuse through Kintsugi repair* [Video]. Youtube. <https://www.youtube.com/watch?v=m1AY9govCOk>
- Thompson, R. W., Arnkoff, D. B., & Glass, C. R. (2011). Conceptualizing mindfulness and acceptance as components of psychological resilience to trauma. *Trauma, Violence, & Abuse, 12*(4), 220-235. <https://doi.org/10.1177/1524838011416375>
- Trachtenberg, M., Parsonage, M., Shepherd, G., & Boardman, J. (2013). *Peer support in mental health care: Is it good value for money*. London, England: Centre for Mental Health. Available from www.centreformentalhealth.org.uk
- Tromans, S., Chester, V., Kiani, R., Alexander, R., & Brugha, T. (2018). The prevalence of autism spectrum disorders in adult psychiatric inpatients: A systematic review. *Clinical Practice & Epidemiology in Mental Health, 14*(1), 177-187. <https://doi.org/10.2174/1745017901814010177>
- Volkert, J., Gablonski, T., & Rabung, S. (2018). Prevalence of personality disorders in the general adult population in western countries: Systematic review and meta-analysis. *The British Journal of Psychiatry, 213*(6), 709-715. <https://doi.org/10.1192/bjp.2018.202>
- Walton, M. (2020). Post Traumatic Growth during a pandemic: A literature review. *Journal Homepage: <http://mbsresearch.com>, 6*(8).
- Ward, T., & Durrant, R. (2014). Psychological altruism, empathy, and offender rehabilitation. *Empathy and Morality, 210-229*. <https://doi.org/10.1093/acprof:oso/9780199969470.003.0011>

- Wardi-Zonna, K. (2019). Finding Buddha in the clay studio: Lessons for art therapy. *Art Therapy, 37*(1), 42-45. <https://doi.org/10.1080/07421656.2019.1656459>
- West, M. L., Vayshenker, B., Rotter, M., & Yanos, P. T. (2015). The influence of mental illness and criminality self-stigmas and racial self-concept on outcomes in a forensic psychiatric sample. *Psychiatric Rehabilitation Journal, 38*(2), 150-157. <https://doi.org/10.1037/prj0000133>
- West, M. L., Yanos, P. T., & Mulay, A. L. (2014). Triple stigma of forensic psychiatric patients: Mental illness, race, and criminal history. *International Journal of Forensic Mental Health, 13*(1), 75-90. <https://doi.org/10.1080/14999013.2014.885471>
- Wood, F. (2019). *Kintsugi Course* [PowerPoint slides].
- Wood, F., & Drennan, G. (2021). *The Kintsugi Course – A Guide* [Unpublished manuscript].
- World Health Organization. (2007). The cycles of violence: The relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence. *Violence and Injury Prevention Programme WHO Regional Office For Europe*. Retrieved from https://www.euro.who.int/__data/assets/pdf_file/0008/98783/E90619.pdf
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being, 7*(3), 340-364. <https://doi.org/10.1111/aphw.12051>