FOCUSING-ORIENTED ART THERAPY AS A MEANS OF STRESS REDUCTION WITH GRADUATE STUDENTS

A Thesis
Submitted in Partial Fulfillment
of the Requirements
for the Degree of
Master of Arts in Marital and Family Therapy
Notre Dame de Namur University

By

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2012

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Abstract

This study sought to test the effectiveness of using a mindfulness based practice, Focusing-Oriented Art Therapy, as a way to reduce stress and raise students' perceived levels of self-compassion in graduate students. Participants consisted of 9 female graduate students in the Art Therapy Psychology program at Notre Dame de Namur University. Participants took part in two group sessions where FOAT's Clearing a Space with Art Directive and Non-Directive Imagery were administered. The Stress Arousal Checklist and a self-report stress scale were used as a pre and post test to measure stress levels before and after the CAS with Art exercise. Self-compassion was measured using the Self-Compassion Scale as a pretest in the first session and a posttest in the second session. Quantitative and qualitative results showed that FOAT's CAS with Art is an effective technique in reducing stress. Results did not indicate an increase of the participants' perceived levels of self-compassion. Quantitative and qualitative data are discussed. Artwork is used to illustrate the qualitative data.

Chapter 1
Problem Statement

Importance of Reducing Stress

Many people, of all ages and across the world, feel the strains of stress at various times throughout their lives. Stress can be physical, mental, or emotional, and severe amounts of stress can have a negative impact on an individual's body (Oswalt & Riddiock, 2007; Brougham, Zail, Mendoza, & Miller, 2009). Stressors that individuals carry may be chronic long-term stress, as well as daily acute stress (Gendlin, 1999). One population, in particular, where people may experience stress is graduate students. Among graduate students, stress can be caused as a result of academics (e.g., exams), assistantships or jobs, one's family, daily hassles (e.g., being late, parking, etcetera), changes in lifestyle (e.g., the transition from college to graduate school), as well as financial and social reasons (e.g., friendships and romantic relationships) (Oswalt et al., 2007; Brougham et al., 2009).

According to a national survey conducted by the American College Health Association (ACHA), 84.6% of students reported feeling stressed at any time throughout the year. Likewise, in a twelve-month period, 2.5% students reported not feeling stressed; 9.0% reported feeling less than average amounts of stress; 38.2% reported feeling average amounts of stress; 40.5% reported feeling more than average amounts of stress; and 9.8% reported feeling tremendous amounts of stress (ACHA, 2009, p. 16). This is a total of 87.7% of students surveyed that felt at least some level of stress in a year (not including those students who reported no stress) (ACHA, 2009). Oswalt et al. (2007) asserts that "college students indicated that many students felt overwhelmed with all they have to do, with almost half of students (46.5%) having this feeling at least 7 times a year, and 28.2% having this feeling 11 or more times a year" (p. 25).

Stress can negatively influence a student's academic ability. In a national survey, 27.8% "…reported receiving a lower grade on an exam, 6.6% receiving a lower course grade and 1.3% receiving an incomplete or withdrawing from a course because of their stress" (p.25, Oswalt et al., 2007).

While under the pressures of stress, students may engage in maladaptive coping strategies (e.g., denial, avoidance, punishment, substance abuse). Moreover, stress can also have an effect on the student's wellbeing and health (Brougham, et al., 2009). Research of college students and stress (i.e., Oman, Shapiro, Thoresen, Plante, & Flinders, 2008; Brougham et al., 2009; Wichianson, Bughi, Unger, Spruijt-Metz, Nguyen-Rodriguez, 2009) indicates that stress decreases resilience, sleep, and motivation to exercise. Stress can increase headaches and illnesses as well as the rates of athletic injury, depression and anxiety (Oman et al., 2008; Brougham et al., 2009; Wichianson et al., 2009). Similarly, the number of college students who are diagnosed with depression is one out of ten (Oswalt et al., 2007). High levels of stress over an extended period of time can also cause some individuals to contemplate and/or attempt suicide (Oman et al., 2008). As Oswalt et al. (2007) states, "…the number of [university] students with depression had increased significantly from 1989 to 2001, as did the percentage of students who were suicidal" (p. 25). As indicated in a national study conducted in 2009, 6.1% of the students surveyed said that they had seriously contemplated suicide within the past year. Out of the 6.1% of students who contemplated suicide, 1.3% of these students attempted suicide (ACHA, 2009). This number has slightly decreased from an older ACHA survey in 2006 (i.e., 10.7% of students considered suicide, whereas 2% of these students attempted suicide), but it still remains a serious consequence of stress (ACHA, 2006, as cited in Oswalt et al., 2007).

Furthermore, college students undergoing stress may engage in behaviors that negatively impact their health, such as consuming a great amount of junk food, and/or eating late at night on a consistent basis (Brougham et al., 2009; Wichianson et al., 2009). Consuming "comfort food" was the second highest coping strategy as found in a study conducted by Oswalt et al. (2007). These poor eating habits can cause weight gain and eating disorders (Brougham et al., 2009; Wichianson et al., 2009).

Studies that have Addressed Stress Reduction

Mind-Body Interventions

There are both psychological and physiological treatments to reduce stress. Previous studies focus on teaching students strategies of coping. The most common intervention used is the Mindfulness-Based Stress Reduction (MBSR) treatment program that was developed by Dr. Jon Kabat-Zinn (MBSR 1990-2003, as cited in Murphy 2006). MBSR is based on the concept of mindfulness meditation. The MBSR program is specially designed as a mindfulness meditation tool for managing stress (Murphy, 2006). MBSR has proven to be effective in previous studies for reducing stress and levels of anxiety, as well as increasing general happiness and contentment (Murphy, 2006; Walach, Nord, Zier, Dietz-Waschkowski, Kersig, & Schüpbach, 2007; Oman et al., 2008).

Focusing. Focusing is a six-step mind-body method developed by Eugene Gendlin (1981; 1996). The six steps are Clearing a Space (CAS), Felt Sense, Handle, Resonating, Asking, and Receiving. Focusing, and in particular the first step, CAS, has been found to be effective in reducing stress. Focusing is different from other stress reduction models because most models, unlike Focusing, only deal with stress as a whole. CAS is developed to sort out stressors, and

separate them from the body (Gendlin, 1999). Separating stressors from one another enables each individual stressor to be lighter and more tolerable. Additionally, CAS provides physiological and psychological relief (Klagsbrun, 2008). CAS has been used with students of varying ages (Klagsbrun, 2009). In the study, Klagsbrun describes the benefits of Clearing a Space as follows:

> Each person learns how to achieve a state that is neither abandoning problems nor confronting them, but merely 'parking' them at a comfortable distance in order to be present for the task at hand…The message of this practice is that each of us have the capacity to hold our issues without becoming contaminated by them, and to accurately find what will bring our lives forward (p. 218).

CAS has also been found to be effective in reducing stress in women with cancer (Klagsbrun, Rappaport, Marcow-Speiser, Post, Byers, Stepakoff, & Karman, 2005). In addition, a more recent study using CAS with women with breast cancer showed an improvement in the women's quality of life (Klagsbrun, Lennox, & Summers, 2010).

Emotion-Focused and Problem-Focused Approaches

Other common strategies of coping and reducing stress that are being implemented are teaching emotion-focused activities and problem-focused activities (Brougham et al, 2009; Doron, Stephan, Boice, & Le Scanff, 2009). In emotion-focused approaches, the goal is to express emotions and reframe (i.e., modify) expectations or reactions. A problem-focused approach, on the other hand, is a strategy that deals with taking action, planning, coping, and social support (Brougham et al., 2009; Doron et al., 2009; Giancola, Grawitch, & Borchert, 2009; Wichianson et al., 2009). Of the two methods, problem-focused tends to be more successful at managing stress than emotion-focused. Emotion-focused may encourage denial or

avoidance of the problem (i.e., stress) which ultimately leads to other poor or maladaptive ways of coping that will not reduce stress on a permanent basis (e.g., substance abuse) (Doron et al., 2009; Wichianson et al., 2009).

Art Therapy

Art Therapy has also been found to reduce stress. Studies and articles in the literature that address stress reduction are using art as a means of relaxation (Arrington, 2007; Bell and Robbins, 2007); Focusing and drawing (Leijssen, 1992); FOAT's CAS with art (Rappaport, 2009); creating mandalas for relaxation, as well as for reducing symptoms of anxiety and agitation (Arrington, 2007); and creating mandalas to reduce symptoms of Post Traumatic Stress Disorder (Henderson, Rosen, & Mascaro, 2007).

Focusing-Oriented Art Therapy (FOAT). Rappaport (2009) claims that one of the main approaches of Focusing-Oriented Art Therapy (FOAT) that she developed, namely, Clearing a Space (CAS) with Art, is also stress reducing. Rappaport states that CAS with Art "is beneficial for centering, stress reduction, clarifying and dis-identifying with issues, and helping [people] to have an experiential knowing of their intrinsic wholeness" (Rappaport, 2009, p. 91). CAS with Art is designed to teach people how to gain more distance from stressors and difficulties in their bodies (Rappaport, 2009). In CAS with Art, participants are guided to identify issues that are blocking them from feeling "All Fine." After identifying the issues, guided Focusing helps to engage the imagination and somatic experience to place issues outside the body at a distance that feels right and to sense an "All Fine Place." Art is used to externalize the stressors and to set them at a healthy distance, and also to concretize the "All Fine Place."

Focusing Attitude. One of the main concepts of Focusing, the Focusing Attitude, is thought to increase self-compassion (Rappaport, personal communication, 2011). The Focusing

Attitude welcomes or is friendly to all feelings, thoughts, emotions, and felt senses—whether positive or negative—present in one's mind and body. The fundamental elements of the Focusing Attitude are: welcoming; being friendly to; keeping company with; and friendly curiosity. *Welcoming* allows and invites feelings, thoughts, and felt senses to come as they are (either positive or negative) (Rappaport, 2009). *Being friendly* helps individuals to "make a safe inner space to hear the inner felt experience that is affecting them" (Rappaport, 2009, p. 27). *Keeping company* is a way in which individuals "can be in touch with their authentic felt sense without being identified with or lost in it" (Rappaport, 2009, p. 28). *Friendly curiosity* is a non-threatening way of accepting and approaching one's inner felt experience that may otherwise be painful or difficult (Rappaport, 2009).

Rappaport describes FOAT as a mindfulness-based approach. She states that through the Focusing Attitude, Focusers bring a mindful awareness, and a friendly, welcoming attitude toward their inner experience. Rappaport believes that it is the combination of setting issues aside, connecting with the "All Fine Place" and practicing a friendly, welcoming attitude that contributes to stress reduction and increased self-compassion over time (Rappaport, personal communication, 2011).

Deficiencies in the Literature

To date, there is only one study on using CAS with Art to reduce stress in sign language interpreters (Castalia, 2010). The qualitative results indicated improvement although the quantitative results did not show significance. Presently, there is an absence of research on FOAT as a stress reduction and management practice for graduate students.

Purpose of this Study

Clearly, stress is not a concept that should be taken lightly. High levels of stress can have a serious effect on the success of a graduate student. It is critical for graduate students to learn how to reduce and manage stress to avoid feeling burned out and overwhelmed, to excel in academics, and most importantly to be emotionally and physically healthy. The academic portion of graduate school can be challenging and stressful (not to mention other areas where graduate students may feel stress). Therefore, it is crucial for graduate students to learn techniques that they can apply when overwhelmed. Without teaching coping strategies for stress management, a student's elevated levels of stress may make it harder to take in and retain new information (Klagsbrun, 2008). As previously stated, research findings have found the following methods effective for stress reduction—Mindfulness Based Stress Reduction, Clearing a Space, and Art Therapy—and one study on FOAT with sign language interpreters showed promise of CAS with Art as a stress reduction method. Based on the limited research, it seems that CAS with Art would be a beneficial method to help reduce stress in graduate students.

Hypothesis

This study hypothesizes that Focusing-Oriented Art Therapy's Clearing a Space with Art approach will help graduate students reduce their stress, as well as increase their perceived level of self-compassion. This study also seeks to answer the qualitative question: What is the experience of Clearing a Space with Art?

Chapter 2
Literature Review

Introduction

Stress is a strain or tension that is either physical, mental, or emotional (Brougham et al., 2009). Stress is primarily a negative sensation that many people of all ages experience (Oswalt et al., 2007; Brougham et al., 2009; Hackett, personal communication, 2010). Though experiencing stress is normal, if left untreated stress can have a negative effect on an individual's psychological and physiological health (Oswalt et al., 2007; Brougham et al., 2009).

Graduate students are one population that faces stress. Not only are graduate students feeling stress as a result of academics, but they also experience stress due to other responsibilities (e.g., jobs or assistantships, families, etc.) (Oswalt et al., 2007; Brougham et al., 2009). When graduate students are under a great deal of pressure, they typically use coping strategies. There are two types of coping strategies, adaptive and maladaptive. Commonly, maladaptive coping strategies include avoiding and denying the feelings of stress. Examples of maladaptive coping strategies include the following: consuming junk food, substance use and abuse (e.g., alcohol, cigarettes, etc.) (Oswalt et al., 2007; Brougham et al., 2009; Wichianson et al., 2009). Adaptive coping strategies are healthy ways of relieving stress that increase happiness and boost one's immune system (Pawlik-Kienlen, 2009). Karen Hackett (personal communication, 2010) states that some examples of adaptive coping mechanisms are eating a well-balanced diet, getting enough sleep, exercising regularly, and practicing relaxation techniques. Additional, and more specific ways of adaptively coping with stress include acupuncture, gardening, as well as arts and crafts (e.g., knitting, painting, scrapbooking, etc.) (Pawlik-Kienlen, 2009).

Maladaptive coping strategies are temporary solutions to dealing with stress (e.g., drinking alcohol). Relieving stress symptoms through maladaptive coping strategies may cause

additional problems. For example, consuming large amounts of junk food may result in weight gain and/or eating disorders (Oswalt et al., 2007; Brougham et al., 2009; Wichianson et al., 2009). Therefore, it is important to teach students adaptive coping strategies to relieve and manage stress to avoid feelings of "burning out" and to increase their wellbeing. This review of the literature will discuss theories and types of stress as well as psychological and physiological treatments for stress.

What is Stress?

Eustress vs. Distress

Stress is a natural phenomenon that can be both positive (a.k.a. eustress) and negative (a.k.a. distress) (Hawkley, Berntson, Engeland, Marucha, Masi, & Gacioppo, 2005; Robotham and Julian, 2006; Giancola et al., 2009). Some individuals view eustress as a way to overcome a challenge or as a chance to be competitive (e.g., athletics, giving a speech, acting, etc.) (Hawkley et al., 2005; Giancola et al., 2009). Positive stress, or eustress, may also help individuals focus and motivate themselves to complete the task at hand (Robotham et al., 2006). Distress, on the other hand, is more serious and, if left untreated, can lead to illness and/or disease (Hawkley et al., 2005; Oswalt et al., 2007; Oman et al., 2008; Brougham et al., 2009; Wichianson et al., 2009).

Types of Stress

Psychological and physiological are two types of stress (Robotham et al., 2006). Psychological stress is caused by how individuals perceive stressors in their environment (either real or imagined) and their abilities to cope with said stressor(s) (Ray, 2004). If individuals do

not know how to, or feel like they cannot cope, they will experience psychological stress (Ray, 2004; Robotham et al., 2006; Sontag & Graber, 2010).

Bodily responses to stress differ depending upon whether the stress is psychological or physiological. Psychological stress causes bodily responses that are emotional, cognitive, and/or behavioral (Robotham et al., 2006; Sontag et al., 2010). Fear, anxiety, worry, guilt, grief, and/or depression are examples of emotional responses to stress. Cognitive responses include one's assessment of the stressful event or mechanisms with which to cope with the stressor. Behavioral responses to stress include crying, abuse to self or others, smoking, and feelings of irritability (Robotham et al., 2006). Physiological stress, on the other hand, refers to the physical symptoms (e.g., sweating, trembling, stuttering, weight loss or gain, headaches and/or other body aches) that are the responses to psychological stress (Robotham et al., 2006; Bach & Erdmann, 2007; Zellars, Meurs, Perrewe, Kacmar, 2009; Sontag et al., 2010).

Fight/Flight Response

It is theorized that what causes an individual to feel stress is different for everyone (Ross et al., 1999, as cited in Robotham et al., 2006). Robotham et al. (2006) explain, "It is an individual's perception and interpretation of demands placed upon them that causes harm, not the demands themselves" (p. 108). Therefore, reactions to a stressful event are going to be different for everyone (Robotham et al., 2006). When individuals perceive that they do not have the resources necessary to cope with a situation, they become stressed (Lazarus & Folkman, 1984, as cited in Robotham et al., 2006). In these cases, individuals are likely to feel fear. The way in which the body reacts to the feeling of fear is an instinctive process referred to as a fight or flight response (Robotham et al., 2006). A fight or flight response is triggered by a stressful situation. Therefore, the fight or flight response is the way that animals and humans survive threats.

Techniques to Manage Stress

The literature on stress demonstrates various techniques that are being applied to relieve and manage stress. The main method of treatment includes approaches that are psychological, but there are also some physiological approaches to treatment. Some psychological treatment approaches are theoretical (Hamdan-Mansour, Puskar, & Bandak, 2009); emotion and problem focused (Brougham et al., 2009; Doron et al., 2009; Giancola et al., 2009; Wichianson et al., 2009); focus on mind/body (Murphy, 2006; Walach et al., 2007; Klagsbrun, 2008; Oman et al., 2008**;** Schure, Schure, & Christopher, 2008; Rizzolo**,** Zipp, Stiskal, & Simpkins, 2009); use Art Therapy (Leijssen, 1992; Arrington, 2007; Bell et al., 2007; Henderson et al., 2007; Rappaport 2009) and provide additional interventions for stress reduction (Rizzolo et al., 2009). Physiological approaches to treatment are a much smaller area of research and are combined with psychological treatment approaches (Rizzolo et al., 2009; Zellars et al., 2009).

Psychological Treatment Approaches

Theoretical Approaches

CBT: Modified teaching kids to cope (MTKC). The purpose of the MTKC, a modified version of Teaching Kids to Cope, is to educate youth about ways to cope with problems and stress, in addition to increasing the usage of approach coping strategies. MTKC is a cognitive behavioral intervention that was used in conjunction with Cognitive Behavioral Therapy in a study aimed at reducing depressive symptoms and stress, as well as teaching coping strategies. The results showed that perceived levels of stress decreased in the first posttest, but increased again in a second posttest three months later. The levels of depression were among the most significant results of the study showing that depression decreased at the posttest, and continued to decrease even more at the follow up posttest. In addition, another significant result was the

implementation of adaptive coping strategies (i.e., approach coping from the R-COPE). The number of approach coping strategies used by students increased in the original posttest, and continued to amplify in the second posttest. The results were not as significant for the number of students who decreased the use of maladaptive coping (i.e., avoidance coping, from the R-COPE). The number of students who used maladaptive coping only slightly decreased on the posttest, and continued to reduce on the three month follow up posttest (Hamdan-Mansour et al., 2009). Similar to many other studies (i.e., Giancola et al., 2009; Rizzolo et al. 2009; Wichianson et al., 2009), this study was also limited in that it only took place at one university (Hamdan-Mansour et al., 2009).

Emotion and Problem Focused Coping Approaches

Brief COPE. Many studies use an abridged version of the COPE inventory called Brief COPE as a means to determine coping strategies of traditional and nontraditional (i.e., adult) undergraduate students that are both positive and negative (Doron et al., 2009; Giancola et al., 2009; Wichianson et al., 2009). The Brief COPE consists of fourteen scales with two subscales, emotion-focused and problem-focused coping strategies. There are both adaptive and maladaptive emotion-focused strategies (University of Miami, Department of Psychology). Doron et al. (2009) and Giancola et al. (2009) used the following emotion-focused subscales: positive reinterpretation, venting of emotions (i.e., adaptive emotion-focused strategies), and behavioral disengagement, and denial (i.e., maladaptive emotion-focused strategies). Moreover, the following problem-focused coping strategies were used: active coping and planning (Doron et al., 2009; Giancola et al., 2009). Unlike Giancola et al. (2009), Doron et al. (2009) also used other emotion-focused and problem-focused coping sub scales: seeking emotional support, seeking social support for emotional reasons (i.e., adaptive problem-focused coping strategies),

humor (i.e., adaptive emotion-focused coping strategies), versus blame, and distraction (i.e., maladaptive coping strategies). In like manner, Giancola et al. (2009) and Wichianson et al. (2009) also used an additional maladaptive emotion-focused strategy that Doron et al. (2009) eliminated in their study: substance use. Furthermore, Wichianson et al. (2009) and Doron (2009) also used other scales that Giancola et al. did not use in their study (i.e., use of instrumental support and acceptance). Wichianson et al. is the only study that used the scale for religion in the Brief COPE.

Doron et al. (2009) found in their study that adaptive problem-focused coping strategies (i.e., active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons) were more widely used, and the aforementioned strategies had a positive correlation with students' perceived academic ability. Using humor, an emotion-focused coping strategy, had a negative correlation with the students' perception of their academic ability. There were no significant relationships between the other scales used in the study (i.e., adaptive emotion-focused strategies, such as positive reinterpretation; and maladaptive strategies, such as denial, blame, and distraction). In a similar manner, there was no relationship found between coping strategies used and students' perceived control over examinations, as was hypothesized (Doron et al., 2009).

Similar to the Doron et al. (2009) study, Giancola et al. (2009) found that nontraditional adult undergraduate students implemented adaptive coping strategies more than maladaptive coping strategies. The Giancola et al. (2009) study showed that adult students used problem-focused strategies, such as planning, which is consistent with Doron's study. Unlike Doron's study of undergraduate students, Giancola et al. (2009) found that adult students also use emotion-focused coping strategies, such as positive reinterpretation. Adaptive coping strategies

are positively associated with a greater sense of wellbeing, whereas it was found that those who used maladaptive coping strategies (i.e., venting, denial, substance use, and behavioral disengagement) were not as healthy emotionally and physically (Giancola et al., 2009).

Consistent with Doron et al. and Giancola et al., Wichianson et al. (2009) found that females were more likely to use adaptive coping strategies than males. There was a correlation between high levels of perceived stress and using maladaptive coping strategies. There was also a strong correlation between high levels of stress and adaptive emotion-focused coping strategies (Wichianson et al., 2009).

These studies are mainly limited in terms of population. The population in the Doron et al. (2009) study consisted only of students enrolled in a Sport and Exercise Science class. Giancola et al. (2009) only had participants from one university. Most of the participants, 68%, were female, whereas the remaining 32% were male. Likewise, Wichianson's et al. (2009) study also limited their sample population to students at one university, and there were more women than men who participated in the study.

R-COPE. The Revised COPE (R-COPE) is a revised version of the original COPE. The R-COPE inventory has five subscales measuring five different coping responses to stress: self-help, accommodation, approach, avoidance, and self-punishment (Brougham et al., 2009). Brougham et al. (2009) proved three of their hypotheses regarding gender differences. They found that women experience stress at higher levels, and the causes of stress are often due to familial and/or social relationships, and daily hassles. Furthermore, women are more likely to use the subscales, self-help and approach, on the R-COPE (third hypothesis) (Brougham et al., 2009). The remaining two hypotheses concerning gender differences were disproved. College women experienced more levels of stress due to finances than men (the prediction was that men

would experience higher levels of financial stress). Lastly, women were more likely than men to use self-punishment as their main coping strategy. In general, women commonly used more maladaptive emotion-focused coping strategies, whereas men used adaptive emotion-focused coping strategies (Brougham et al., 2009). This finding differs from the studies that used Brief COPE (Doron et al., 2009; Giancola et al., 2009; Wichianson et al., 2009), which indicated that more problem-focused coping strategies were used than emotion focused. These studies also found that the majority of problem-focused strategies were adaptive, as opposed to maladaptive (Doron et al., 2009; Giancola et al., 2009; Wichianson et al., 2009).

There were a few limitations to this study. As mentioned by Brougham et al. (2009, as cited in Davies, McCrae, Frank, Dochnahl, Pickering, Harrison, et al., 2000), the results may be skewed due to previous research that found that men are generally less aware of health and illness, and may not detect stress as easily as women. The other limitations address the population of the study. Firstly, the students were selected from a single university. Secondly, the population predominantly consisted of Caucasian women and men (Brougham et al., 2009).

Mind/ Body Approaches

The mind/body approaches to treatment that will be discussed are mindfulness based stress reduction, yoga, qigong, and Focusing's CAS.

Mindfulness based stress reduction (MBSR). Mindfulness meditation is a practice that emphasizes being focused in the present moment in a way that is nonjudgmental. In this practice, people are asked to concentrate on their breathing (Murphy, 2006). The most researched mindfulness approach is Mindfulness Based Stress Reduction (Murphy, 2006; The Mindful Living Center, 2009). MBSR, developed by Jon Kabat-Zinn, is an eight-week intensive program that focuses on training participants in mindfulness meditation and how to integrate these

practices into everyday life. MBSR has proven to be successful for treating stress, pain, and various illnesses (The Mindful Living Center, 2009). Murphy (2006) and Oman et al. (2008) both used MBSR on college students, whereas Walach et al. (2007) used the program with employees in a workplace. All of the studies (i.e., Murphy, 2006; Walach et al., 2007; Oman et al., 2008) were based on a protocol that lasted for eight weeks. All of these studies proved to be successful in reducing stress (Murphy 2006; Walach et al., 2007; Oman et al., 2008). Oman et al. (2008) designed their study with an additional assessment that took place two months after the posttest. This follow-up showed that the students' levels of stress continued to decrease. Similarly, Walach et al. (2007) also found that participants were able to apply MBSR as a means to manage stress in their everyday lives.

The limitations of these studies lie in areas of commitment and measurement. Both Murphy (2006) and Oman et al. (2008) found that optimal commitment was difficult to achieve. Specifically, Murphy (2006) had problems with students completing the homework, and also with students who had irregular attendance. Similarly, Walach et al. (2007) found that some participants did not fully comply with what was asked of them, and these participants demonstrated a negative attitude toward the program. Furthermore, Oman et al. (2008) did not use any physiological measures to assess the levels of stress and wellbeing of the individuals. Rather, they were solely dependent on the self-report answers that were given.

Yoga and qigong. Schure et al. (2008) created a program for graduate counseling students that used yoga and qigong. Results showed that both yoga and qigong increased bodily energy and flexibility. In particular, yoga also increased body awareness, mental clarity and concentration. Moreover, qigong increased feelings of centeredness, and a mind-body-emotion connection (Schure, 2008). Parallel to the Oman et al. (2008) study, Schure et al. (2008) also

shared the same limitation. All responses to the effectiveness of using yoga and/or qigong were self-reports, and were not assessed using physiological measures.

Another study conducted by Rizzolo et al. (2009) also used yoga as an intervention. Restorative yoga that included light stretching, deep breathing, and meditation was used. Results showed that one thirty-minute session of yoga decreased both physiological and psychological stress (Rizzolo et al., 2009). This finding is consistent with Schure et al. (2008), who also found yoga to be helpful in increasing emotional and physical wellbeing. The Rizzolo et al. (2009) study is limited in terms of population. Students were chosen from one university and the study was only available to students in Doctor of Physical Therapy and Masters of Science in Occupational Therapy programs. The study also consisted of nineteen females, and only three males (Rizzolo et al., 2009).

Clearing a space. CAS, the first step in Eugene Gendlin's method of teaching the Focusing process, is an effective, relatively quick exercise in dealing with stress because it provides physiological and psychological relief through allowing a person to be friendly to the stressors while being able to place them temporarily aside (Klagsbrun, 2008). CAS has been taught as a means of reducing stress, while increasing attention and school performance in students. Studies have been conducted using CAS that have proven to be successful with elementary school students, as well as college and graduate students (Klagsbrun, 2008). A recent study conducted by Klagsbrun et al. (2010) used CAS with women with breast cancer. The women participated in one half hour session each week for six weeks. Overall, the women felt a greater sense of well-being. Other significant results showed that the women felt an increased level of calmness, an improved ability to regulate their emotions, better coping skills, more

mental clarity, and finally, they felt more empowered when managing issues associated with their illness, such as fear and anxiety.

Art Therapy Approaches

Art therapy interventions are becoming more researched in the literature, but are not as widely implemented as the previous interventions listed. Currently, there are articles in the literature discussing using art as a means of relaxation (Arrington, 2007; Bell et al., 2007); focusing and drawing different from FOAT (Leijssen, 1992), and FOAT's CAS (Rappaport, 2009); creating mandalas for reducing symptoms of anxiety, agitation, Post Traumatic Stress Disorder, and for relaxation (Arrington, 2007; Henderson et al., 2007).

Art as a means of relaxation. Arrington (2007) discusses studies where the creative process has been used as a means to promote relaxation and reduce stress. Arrington states, "…Creative expression and choice of media and subject promote physiological soothing, moving participants to their own appropriate and empowering outlets of self-soothing" (p. 7). One study found that the process of creating art served as a relaxant before students where given written language assignments (Baker, 1986, as cited in Arrington, 2007). In like manner, Arrington (2007) indicated that learning disabled children showed an improvement in cognitive abilities in areas of written language and reading after creating art to relax. Another study found that giving art tasks that are non-directed, versus directed art and written tasks, were considerably more beneficial in reducing levels of stress with adults in a partial hospitalization program (Schmidt, 1998, as cited in Arrington, 2007).

Another study, conducted by Bell et al. (2007) looked at the therapeutic effects of stress reduction and relaxation through the process of creating art versus being exposed to art. Participants were divided into two groups. The first group was directed to do a free drawing, and

the second group, the control group, was asked to view and sort sixty art prints. The results showed that there was a significant improvement of mood through the process of creating a free drawing, as compared to the control group who merely looked at and sorted through art images. The study, however, was limited to one session, and thus the results might not be as notably important if the study were extended to more sessions.

FOAT. Rappaport (1988) pioneered the integration of combining Focusing with art to reduce stress; other Focusers also integrated Focusing with art (Leijssen, 1992; Tsuchie, 1992; Merkur, 1997). Incorporating art with Focusing benefits individuals (i.e., Focusers) more than it would with just using Focusing. Benefits of adding art therapy to Focusing include: the felt sense is visually conveyed and illustrated through the art; a felt shift (i.e., change) can occur through drawing, as it helps to open and move the felt sense; art enables the Focuser to visually see the image that symbolizes the felt sense; the art product acts as a mirror and can be a physical aid to the felt sense acquired through the Focusing; and the art product can serve as a reminder to assimilate the experience in the future (Rappaport, 2009). Doing a free drawing (i.e., a drawing where individuals are free to draw whatever they wish) assists individuals to bring their attention to the present. A benefit to drawing is that it decreases tension, and as a result helps individuals gain mental clarity (Rappaport, 1988).

In FOAT, one can either begin with Focusing or art. When beginning with Focusing, Focusers are invited to find their felt sense by bringing attention inward, and being friendly and welcoming (i.e., the Focusing Attitude) towards the felt sense. Next, Focusers are asked to find an image that acts as a handle/symbol (i.e., a word, phrase, gesture, or sound) that represents their felt sense. The last phase is for Focusers to depict their handle/symbol in art.

A second way integrates Focusing into art therapy. In the second approach to FOAT, individuals create art and then are asked to be welcoming and accepting (i.e., Focusing Attitude) to the art and the inner experience of it. Next, the Focusers are asked to attain a felt sense of their art. Once they reach the felt sense of their art, they find a handle/symbol to match the felt sense (Rappaport, 2009).

The three clinical approaches to FOAT, modified from Gendlin's Focusing Method, are Clearing a Space with Art, Focusing-Oriented Art Psychotherapy, and Theme-Directed. CAS with Art is a beneficial approach for stress reduction and centering oneself (Rappaport, 2009). CAS with Art also guides Focusers "to have an experiential knowing that there is a self separate from their issues and that there is also a place of intrinsic wholeness within" (Rappaport, 2009, p. 103). Furthermore, CAS is also often an entry point to Focusing-Oriented Art Psychotherapy and Theme-Directed approaches. CAS with Art can be applied with a range of populations: individuals, couples, groups, and families. The second approach, Focusing-Oriented Art Psychotherapy, is an approach that is typically utilized as a part of psychotherapy with individuals or couples. The third approach, Theme-Directed is commonly used with groups but can also be used with individuals (Rappaport, 2009).

FOAT applications. FOAT has been used to reduce stress in adults in a psychiatric day treatment program. Similarly, CAS was used in a study with women who had breast cancer (Klagsbrun, Rappaport, Marcow-Speiser, Post, Byers, Stepakoff, & Kerman, 2005, as cited in Rappaport, 2009; Rappaport, 2009). The two groups have different goals. The goals for the psychiatric day treatment were focused on "identifying and releasing bodily tension," "Clearing a Space for stress reduction," "choosing an issue to work on," and "practice: relaxation, Focusing, art therapy skills from previous weeks" (Rappaport, 2009, p. 140). The group for

women with breast cancer was a support group that focused more on identifying "source[s] of strength," "working on an issue," and "what I want to carry with me" (Rappaport, 2009, p. 173). The main similarities are that both groups focus on an issue to work with and use CAS.

Mandalas. Henderson et al. (2007) published a study that examined the use of mandalas with people who experienced trauma or had Post Traumatic Stress Disorder. The participants were divided into two groups. The first group received the mandala intervention, whereas the second group was a control group and did not receive the intervention. Those in the mandala intervention were asked to draw (without using words) images using symbols, patterns, designs, and colors to symbolize feelings or emotions conveying their trauma. Results showed that participants showed increased symptoms of trauma in the mandala group, whereas symptoms decreased in the control group. After a follow up a month later, however, symptom severity of PTSD in the mandala group decreased. The researchers think this may have been due to the fact that "the exercise led to changes deep within cognition, thus facilitating increasing gains over time as opposed to the diminishing gains over time that are typically seen in such studies" (Henderson et al., 2007, p. 151). Henderson et al. mentioned that the limitations of this study were that the sample size was small, and the majority of the participants were female.

Previous studies of mandalas, however, have had more significant results than what Henderson et al. (2007) found. For instance, the process of drawing mandalas was found to be meditative in that it is calming (Jung, 1973, as cited in Henderson et al., 2007). In addition, the circular design may help emotional healing. A study found that elementary school children were notably more relaxed after creating mandalas than they were from partaking in puzzles (DeLue, 1994 and Folken, 1998, as found in Arrington, 2007). Furthermore, creating mandalas decreased

levels of anxiety and agitation in adolescents in psychiatric residential care (Cohen, 1994, as cited in Arrington, 2007).

Additional Interventions for Stress Reduction

Humor and reading. The literature also suggests that humor and reading (i.e., Rizzolo et al., 2009), though not widely researched, are additional interventions that have been applied to reduce and manage stress. For the humor intervention, Rizzolo et al. (2009) showed one of *The Best of Saturday Night Live* videos. For the reading intervention, the participants were given articles to read of material that was not provocative, nor did the subject of the articles have to do with maintaining one's health. Instead, the themes of the articles consisted of historical events and innovative technology. Results showed that both psychological and physiological types of stress were reduced during the humor intervention (Rizzolo et al., 2009). Whereas, in a different study with students and academic ability, Doron et al. (2009) found that humor was negatively associated with perceived academic ability. Although students showed reduced levels of stress in the reading intervention, the level of stress reduction in participants was not high enough to make the results significant (Rizzolo et al., 2009). A limitation was the duration of the study. This study was only conducted for a total of three weeks, one session each week. In order to see if results for the humor intervention continued to be significant, and to see if the reading intervention proved to be more successful, the study would need to be prolonged for a longer period of time (Rizzolo et al., 2009).

Physiological Treatment Approaches

Physiological treatments tend to be combined with psychological approaches. Zellars et al. (2009) conducted a study that looked at the correlation between negative affectivity (NA) and physiological responses when an individual is in a situation that is stressful. It was hypothesized

that those high in NA will exhibit an increase in physiological symptoms as opposed to those with lower NA. NA was measured using the Positive and Negative Affect Schedule scale developed by Watson, Clark, and Tellegen (1988). The physiological symptoms measured were heart rate, muscle tension, and skin temperature. While measuring the physiological symptoms, the participants were asked to relax and participate in a mental exercise. To measure beats per minute of a heart rate, the researchers used an automatic sphygmomanometer. The most significant result found was that after the mental relaxation exercise, the individuals high in NA exhibited lower skin temperatures. Results from the Electromyography (EMG) indicate that the mental exercise increased levels of stress in individuals high in NA, and these individuals had a harder time recovering from the stress. Those high in NA experienced more physiological arousal to stressful events as opposed to the participants who were low in NA.

Another study conducted by Rizzolo et al. (2009) measured the body's physiological response to stress in addition to the interventions to reduce stress (i.e., humor, reading, and yoga). The researchers used an automatic Critikon Dinamap XL 9340 Vital Signs Monitor to measure systolic blood pressure (SBP), diastolic blood pressure (DSP), and heart rate (HR) before and after each intervention. Results indicated that individual's SBP, DSP, and HR notably decreased after a session of yoga, as well as after showing *The Best of Saturday Night Live* video.

Conclusion

Stress is different for everyone, but stress can be both positive and negative. The ways in which an individual's body responds to stress are psychological and physiological. Similarly, there are different methods of coping with and relieving stress that are psychological and physiological. Most of the research discusses non-art therapy related methods of coping.

Specifically, the research discovers which methods people are using as well as teaching coping strategies to relieve and manage stress in the future. An area of research that is lacking is art therapy. It has been shown that mind-body approaches such as MBSR and Focusing's CAS, have been helpful in stress management. It is also evident, though under researched, that art therapy is also an effective tool to manage stress and promote relaxation. FOAT's CAS with Art uses Gendlin's CAS, but adds an art component. Therefore, since Gendlin's CAS reduces stress, it also seems likely that Rappaport's CAS with Art would be effective in reducing stress. In addition, the Focusing Attitude of teaching Focusers to be friendly and welcoming to their inner experience may lead to increased self-compassion.

Hypothesis

This study hypothesizes that Focusing-Oriented Art Therapy's Clearing a Space with Art approach will help graduate students reduce their stress, as well as increase their perceived level of self-compassion. This study also seeks to answer the qualitative question: What is the experience of Clearing a Space with Art?

Chapter 3
Methodology

Hypothesis

This study hypothesized that Focusing-Oriented Art Therapy's Clearing a Space with Art approach would help graduate students reduce their stress, as well as increase their perceived level of self-compassion. It also sought to answer the qualitative question: What is the experience of Clearing a Space with Art?

Research Design

The research was a pre-experimental group that followed a within-group research design, which incorporated mixed methods to collect quantitative and qualitative data. The group met for two sessions.

Participants

The population consisted of graduate students in the Art Therapy Psychology Department at Notre Dame de Namur University (NDNU). There were nine participants in this study.

Selection of participants. The sampling was a convenience sample as the students were obtained through NDNU. Prior to selecting participants, the researcher obtained permission from Richard Carolan, Chair of the Art Therapy Psychology Department (see Appendix A for a sample letter). The researcher recruited students in the Art Therapy Psychology program through flyers (Appendix B) and e-mails (Appendix B). With prior arrangement from the instructors, the researcher also made in-class presentations (Appendix C). Students who were interested in the researcher's study were able to contact her by phone: 650-413-5275, or by e-mail: cweiland@student.ndnu.edu.

Inclusion criteria. To be eligible for the researcher's study, the participant needed to be a graduate student, and able to commit and dedicate time to each of the two sessions that the FOAT group met.

Informed consent. Interested students signed an informed consent form (Appendix D), and a second consent form for the artwork (Appendix E). The signed consent forms were returned to the researcher by hand or by mail in self-addressed envelopes.

Debriefing. A Debriefing Statement (Appendix F) was given to the participants at the conclusion of the FOAT Stress Reduction Group. This statement specified the purpose of the research and included the researcher's contact information for any follow-up questions or concerns.

Location

The FOAT group took place at NDNU in a room in Gavin Hall. The researcher tried to choose a time in which there were few to no classes, so the room was quiet and as non-distracting as possible. The room had desks, chairs, and art supplies. The researcher arranged the furniture in a circular shape to promote a feeling of inclusion.

Instruments

Self-compassion scale. The researcher used the long version of the Self-Compassion Scale (SCS) (Appendix H) developed by Kristin Neff. SCS consists of twenty-six Likert scale items. The scale has six subscale items: self-kindness (questions 5, 12, 19, 23, 26), self-judgment (1, 8, 11, 16, 21), common humanity (3, 7, 10, 15), isolation (4, 13, 18, 25), mindfulness (9, 14, 17, 22), and over-identification (2, 6, 20, 24). The researcher reverse scored negative subscales (i.e., self-judgment, isolation, and over-identification). The other subscales were scored normally by adding the numbers together. To find the overall self-compassion score, the researcher

computed the total mean of all of the scores. The SCS measures how much self-compassion an individual feels about him/herself. Thus, the higher the score, the more self-compassion an individual feels. SCS has good validity (e.g., content validity), and test-retest reliability (Neff, 2003).

Stress arousal checklist. The Stress Arousal Checklist (SACL) (Appendix I) was also used in the researcher's study. The SACL was developed by Colin Mackay and Tom Cox, and is a self-report measure that consists of thirty stress and arousal adjectives typically implemented when explaining an individual's psychological experience of stress. Positive stress adjectives include: tense, apprehensive, worried, and negative stress adjectives include: relaxed, restful, peaceful. Positive arousal adjectives include: active, energetic, vigorous, and negative arousal adjectives include: drowsy, tired, idle. There are eight negative stress adjectives (questions 2, 3, 15, 21, 22, 25, 27, and 28) and ten positive stress adjectives (questions 1, 5, 6, 9, 10, 11, 12, 13, 18, 23). There are seven positive arousal adjectives (questions 4, 7, 14, 19, 20, 29, 30) and five negative arousal adjectives (questions 8, 16, 17, 24, 26). People circle a double plus (++) if the word definitely describes how they feel, a plus sign (+) if the word more or less describes how they feel, a question mark (?) if the participant does not understand the word or if they cannot decide if the word describes how they feel, or a minus (-) if the word does not describe how they feel. If a double plus or plus was circled for positive adjectives, a score of one was given. If a question mark or minus was circled for positive adjectives, a score of zero was given. Negative adjectives were reversed scored. If a question mark or minus was circled for negative adjectives, a score of one was given. If a double plus or plus was circled for negative adjectives, a score of zero was given. To find the final score, the researcher added the scores for the positive and negative stress adjectives together. Next, the researcher added the scores for the positive and

negative arousal adjectives together. The sums of stress scores range from zero to eighteen, whereas the sums of arousal scores range from zero to twelve. High scores indicate higher stress and/or arousal. SACL has concurrent validity, but there is no information available on reliability (Corcoran and Fischer, 2000).

Art materials. Art materials were provided for the artistic process after the CAS exercise. The researcher provided white paper, colored construction paper, cardstock in different sizes (i.e., 5.5" x 8.5", 8.5" x 11", and 9" x 12"), coloring utensils (i.e., crayons, markers, color pencils, nontoxic oil pastels) and other miscellaneous utensils (i.e., scissors, glue, and fabric).

Demographic questionnaire. Participants completed a demographic questionnaire (Appendix G) prior to the first FOAT group.

Procedure

1. Participants were asked to read and sign two consent forms: Informed Consent form (Appendix D) explaining the purpose, methods, benefits, and risks of the research study; and a Consent for Artwork form (Appendix E) in which they gave permission for the artwork to be reproduced and shown for educational and research purposes, with names remaining confidential.
2. Participants filled out a Demographic Questionnaire (Appendix G).
3. Participants attended two sessions that lasted ninety minutes in which they participated in art-based stress reduction exercises known as CAS with Art Directive Imagery and Non Directive Imagery (Rappaport, 2009).
4. Participants filled out one questionnaire, the Self-Compassion Scale (Appendix H), before session one and after session two that took approximately ten minutes. Participants were asked to fill out a second questionnaire, the Stress Arousal

Checklist (Appendix I) as a pre and post test for each session that took approximately ten minutes.

5. Participants also filled out a self-report stress Likert scale (Appendix J) at the beginning and the end of each session that took approximately one minute.
6. At the end of both sessions, participants filled out a qualitative questionnaire (Appendix K) that took approximately ten minutes.
7. At the end of the last session, participants were given a Debriefing Statement (Appendix F).

Data Collection

Upon IRB approval for the study, the researcher obtained permission from the Chair of the Art Therapy Psychology Department to conduct the study. Once permission was granted, the researcher sought participants through flyers (Appendix B), e-mails (Appendix B), and in-class presentations (Appendix C). The interested volunteers were sent two types of informed consent forms that needed to be read over, signed, and returned to the researcher. The first consent form explained the purpose, methods, benefits, and risks of the researcher's study. The second consent form gave permission for the researcher to use the participant's artwork for educational and research purposes. Next, every participant that returned both consent forms was given a Demographic Questionnaire (Appendix G). Each participant filled out the questionnaire and returned it to the researcher. The researcher then selected participants depending upon which participants fit into the inclusion criteria of the research study (i.e., she was a graduate student, and had the time to commit and dedicate to each of the two sessions). The two sessions were scheduled depending upon the participants' schedules and that of the researcher. Each session

occurred on the NDNU campus in Gavin Hall. The sessions were no longer than an hour and a half in length.

Session one. The researcher introduced herself, and welcomed everyone to the FOAT group. She gave a brief introduction to FOAT. The researcher administered the following pretests: Self-Compassion Scale (Appendix H), Stress Arousal Checklist (Appendix I), and self-report stress scale (Appendix J). The researcher administered the following posttests: a qualitative questionnaire (Appendix K), as well as the SACL, self-report stress scale. After the pretests were collected, the researcher led the group in CAS with Art II (directive imagery) (Appendix L). Following the exercise, the participants had about twenty to thirty minutes to express their experiences through art. Each participant was given the option of 5.5" x 8.5", 8.5" x 11", and 9" x 12" sized paper and cardstock, as well as a variety of art materials (i.e., crayons, markers, color pencils, and nontoxic oil pastels), and utensils (i.e., scissors, glue sticks, and fabric) for the art component of the FOAT group. Participants were given the opportunity to share with the entire group about their experience and/or their artwork. At the end of the session, the researcher asked participants to fill out the SACL, the self-report stress scale, and a qualitative questionnaire.

Session two. The researcher administered the SACL as a pre/post test. The researcher led the group in CAS with Art I (nondirective imagery) (Appendix M). The rest of the session was identical to session one. The SCS was also administered at the end of the session. At the conclusion of the final group session, participants were thanked for their participation in the researcher's study, and were given a Debriefing Statement (Appendix F).

Data Analysis

Quantitative results. The researcher scored the SCS that was given as a pretest in the initial session and as a posttest in the final session. The researcher also scored the SACL given as a pre and posttest in each session. The researcher compared the two scores to see if there was a difference in each participant's perceived level of self-compassion and stress from the first session to the last session as a result of using CAS with Art. The researcher also looked at each participant's perceived level of stress from the self-report stress scale and how this compared to the SACL. Measures of central tendency and variability, as well as t-test scores were compiled for all of the quantitative test results. The results were displayed in tables and graphs, and written up in a narrative summary.

Qualitative results. Qualitative data were analyzed for common themes and written in a narrative summary. The researcher conducted the qualitative data analysis based on the eight steps that Tesch (1990) suggests:

1. Get a sense of the whole.
2. Pick one document… asking, "What is this about? Write thoughts in the margin.
3. Make a list of topics. Cluster together similar topics. Put into columns of major topics, unique topics, and leftovers.
4. Take the list and return to the original data. Write codes next to the topics.
5. Create categories. Related topics and quotes are grouped into one category.
6. Make a final decision on topics.
7. Assemble data. Group quotes and art images within each topic.
8. If necessary, recode data (p. 186).

Risks

Potential risks that may have occurred from participating in this group included the possibility of unresolved emotional issues that may have surfaced in response to the Focusing experience in the sessions. The art therapy directives following the Focusing exercise were designed to minimize risk and to teach people how to gain more distance from stressors and difficulties. Participants were told that they were free to open or close their eyes during the guided Focusing. The researcher checked in with participants at the end of both session to ensure comfort and emotional safety. Participants had the liberty to withdraw from the group at any point. If there were any concerns that stemmed from participation in this study, the participants were directed to contact the NDNU Counseling Center at 650-508-3578.

Benefits

The researcher hoped that this study served as a break from daily stressors for students. Additional benefits that may have occurred from participation in this group included the possibility of decreased symptoms of stress, and FOAT may have also served as a successful, adaptive coping mechanism for stress management in the future.

Confidentiality

To assure confidentiality, each participant was assigned a number code at the time in which they were chosen. Participants knew their number, and were asked to write their number on the upper right hand corner of each pretest/posttest, the self-report stress scale, qualitative questionnaire, and on all of their art pieces throughout the sessions. The researcher had a list of each participant's name and corresponding number code, in case a participant forgot her number. The researcher, however, was the only one to see this list. If there were any identifying

characteristics present in the artwork (e.g., name of the participant), the researcher censored/ blocked those characteristics to protect the participant's identity.

Protection of Human Participants

This research followed the ethical guidelines of Notre Dame de Namur University, the American Psychological Association (APA), and the Art Therapy Credentials Board (ATCB).

Chapter 4
Results

The purpose of this study was to determine the effectiveness of using Focusing-Oriented Art Therapy as a method to reduce stress in graduate students. A within-group research design was used that incorporated mixed methods to collect quantitative and qualitative data. Three pre and post tests were administered: the Stress Arousal Checklist (SACL), a self-report stress scale, and the Self-Compassion Scale (SCS). The SACL and the self-report stress scale were administered as pre and post tests in both sessions. The SCS was used at the beginning of the first session and at the end of the second session. Quantitative and qualitative data were collected through an open-ended questionnaire that was administered at the end of both sessions. The open-ended questionnaire was used to gather information regarding each participant's experience of the Clearing A Space (CAS) with Art exercise. The study also used two of FOAT's CAS with Art exercises: CAS with Art Directive Imagery and CAS with Art Non-Directive Imagery.

The overall results of the study indicated that stress decreased in both sessions, but the decrease was higher in the first session than in the second session. The results from the SACL showed that there was a 60% decrease in stress at the end of the first session. The results from the self-report stress scale indicated that there was a 49% decrease in stress at the end of the first session. The results from the SACL showed that there was a 56% decrease in stress at the end of the second session. The results from the self-report stress scale indicated that there was a 20% decrease in stress at the end of the second session. The overall results of self-compassion from the SCS decreased 2% from the first session to the second session. The quantitative results of this study used t-tests to statistically analyze the data and through descriptive statistics.

The qualitative results of CAS with Art yielded the following themes: Peaceful; Setting Stressors Aside; Acceptance and Trust; Decreased Stress (anxiety); Difficulty; and Color.

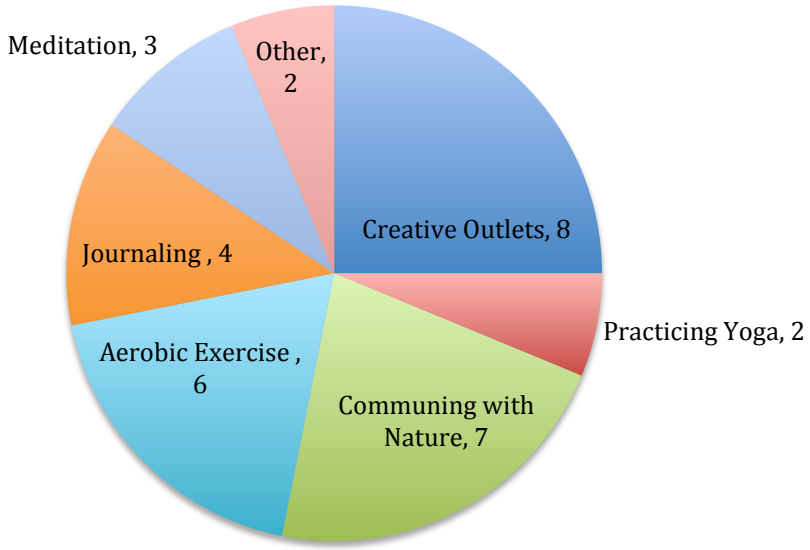
Quotes from the qualitative questionnaire were included to highlight the experiences that resulted from the FOAT group. The art made by the participants was also included to visually illustrate the data from the qualitative questionnaire.

Demographics

The participants in the study consisted of nine female graduate students enrolled in the Art Therapy Psychology program at Notre Dame de Namur University. There were no male participants. Three participants have been enrolled in the Art Therapy Psychology program for two semesters, ranging from 6 to 21 units. Three of the participants have been enrolled in the program for four semesters, ranging from 20 to 50 units. Two participants have been enrolled in the program for five semesters, ranging from 26 to 35 units. One participant has been enrolled in the program for eight semesters and has completed all 63 units. The average age of participants was 36, ages ranged from 25 to 55. Seven participants were Caucasian; one participant was Asian; and one participant was Hispanic.

Previous stress management strategies. In order to find out the participants' use of stress management strategies, participants were asked to identify activities that they participated in, including: aerobic exercise, meditation, creative outlets (art, music, theater, dance), journaling, communing with nature, yoga, and other.

Methods to Manage Stress (Figure 1), illustrates various stress management strategies that participants use.



Responses to "other"—napping, listening to music, going out, and playing with dogs

Figure 1. Methods to manage stress

The majority of participants (8 out of 9) stated they managed stress through creative outlets (e.g., art, music, theater, dance). The least common method for managing stress was through practicing yoga, (2 out of 9 participants). Seven selected communing with nature, six identified aerobic exercise, four selected journaling, and three identified meditation. Two participants wrote in other ways they manage stress that were not listed on the demographic questionnaire—napping, listening to music, going out, and playing with dogs.

Quantitative Results

SACL: Stress Results

The SACL was administered as pre and post tests for each of the two sessions. The SACL was used to test each participant's level of stress and arousal before and after the FOAT group. This section describes the results of the stress component of the SACL. The results of the

SACL are divided into two parts. The first part gives an overview of the individual stress test scores and the range. The second part depicts the paired t-test results.

The total stress scores on the SACL range from 0 (low stress) to 18 (high stress). Thus, the higher the stress score, the more stressed a person is (Corcoran et al., 2000).

The results in Table 1: SACL Stress Session 1, depicts the pre and post test scores of each participant's level of stress at the beginning and at the end of the first group session. The lowest pretest score for stress was 0. The highest pretest score for stress was 12. The range stress score of the pretest was 12.

There was a 60% decrease in stress between the pre and post tests. The lowest posttest score for stress was 0. The highest posttest score for stress was 6. The range stress score of the posttest was 6. Eight of the 9 participants showed a decrease in stress. One participant's level of stress did not change.

Table 1: SACL Stress Session 1

Participant #	Pretest: Stress	Posttest: Stress	Stress Change
1	8	4	50% Decrease
2	10	6	40% Decrease
3	7	1	86 % Decrease
4	12	5	58% Decrease
5	5	0	100% Decrease
6	0	0	No Change
7	6	5	17% Decrease
8	1	0	100% Decrease
9	3	0	100% Decrease
Range	12	6	

The results of the paired t-test indicate that after receiving FOAT, participants showed a significant decrease in stress levels, $t = 4.30$, $p = .003$. Table 2: Stress Levels Session 1, reviews the data from the paired t-test. There were a total of nine participants. The mean of the pretest was 5.78. The mean of the posttest was 2.33. The standard deviation (SD) of the pretest was 3.99. The standard deviation (SD) of the posttest was 2.60.

Table 2: Stress Levels Session 1

	Pretest Session 1	Posttest Session 1
Number (N)	9	9
Mean	5.78	2.33
SD	3.99	2.60

The results in Table 3: SACL Stress Session 2, depict the pre and post test scores of each participant's level of stress and arousal at the beginning and at the end of the second group session. The lowest pretest score for stress was 2. The highest pretest score for stress was 14. The range stress score was 12. There was a 56% decrease in stress between the pre and post tests. The lowest posttest score for stress was 0. The highest posttest score for stress was 14. The range stress score of the posttest was 14. Eight of the 9 participants showed a decrease in stress. One participant's level of stress did not change.

Table 3: SACL Stress Session 2

Participant #	Pretest: Stress	Posttest: Stress	Stress Change
1	13	2	85% Decrease
2	10	8	20% Decrease
3	14	14	No Change
4	10	3	70% Decrease
5	2	0	100% Decrease
6	12	6	50% Decrease
7	6	1	83% Decrease
8	13	0	100% Decrease
9	6	4	33% Decrease
Range	12	14	

The results of the paired t-test indicate that after receiving FOAT, participants showed a significant decrease in stress levels, $t = 3.62$, $p = .007$. Table 4: Stress Levels Session 2 reviews the data from the paired t-test. There were a total of nine participants. The mean of the pretest

was 9.56. The mean of the posttest was 4.22. The standard deviation (SD) of the pretest was 4.07. The standard deviation (SD) of the posttest was 4.55.

Table 4: Stress Levels Session 2

	Pretest Session 1	**Posttest Session 1**
Number (N)	9	9
Mean	9.56	4.22
SD	4.07	4.55

Self-reported Stress Levels

Participants self-reported their level of stress on a Likert scale developed by the researcher. The lower the score, the more stress she felt. Self-reported stress levels for the first session are illustrated in Table 5: Self-Reported Stress Session 1.

Table 5: Self-Reported Stress Session 1

Stress levels before and after the FOAT exercise (with '1' being exceedingly stressed and '5' being stress free).

Participant #	**Self-Reported Stress Pretest**	**Self-Reported Stress Posttest**	**Stress Change**
1	2	3	50% Decrease
2	2	3	50% Decrease
3	2	4	100% Decrease
4	2	3	50% Decrease
5	3	4	33% Decrease
6	4	5	25% Decrease
7	2.5	3.5	40% Decrease
8	3	5	67% Decrease
9	3	4.5	50% Decrease
Mean	2.61	3.89	49% Decrease
Range	2	1.5	

The mean score of the pretest for self-reported stress was 2.61. The mean score of the posttest for self-reported stress was 3.89. There was a 49% decrease in self-reported stress between the pre and post tests. The lowest (i.e., higher level of stress) pretest score for self-reported stress was 2. The lowest posttest score for self-reported stress was 3. The highest (i.e., lower level of stress) pretest score for self-reported stress was 4. The highest posttest score for self-reported stress was 4.5. The range stress score of the pretest was 2. The range stress score of the posttest was 1.5.

Self-reported stress levels for the second session are illustrated in Table 6: Self-Reported Stress Session 2. The mean score of the pretest for self-reported stress was 3. The mean score of the posttest for self-reported stress was 3.61. There was a 20% decrease in self-reported stress between the pre and post tests. The lowest (i.e., higher level of stress) pretest score for self-reported stress was 1. The lowest posttest score for self-reported stress was 2. The highest (i.e., lower level of stress) pretest score for self-reported stress was 4. The highest posttest score for self-reported stress was 5. The range stress scores of both the pre and post tests were 3.

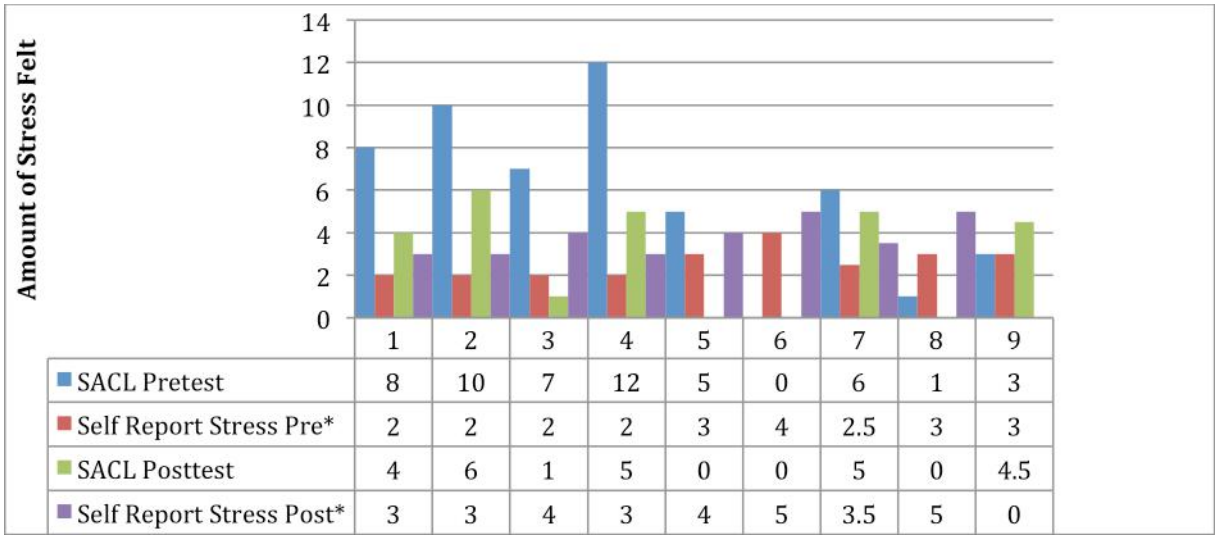
Table 6: Self-Reported Stress Session 2

Stress levels before and after the FOAT exercise (with '1' being exceedingly stressed and '5' being stress free).

Participant #	Self-Reported Stress Pretest	Self-Reported Stress Posttest	Stress Change
1	1	2	100% Decrease
2	3	3	No Change
3	3	3	No Change
4	3	4	33% Decrease
5	4	5	25% Decrease
6	2	3	50% Decrease
7	4	4.5	12.5% Decrease
8	4	5	25% Decrease
9	3	3	No Change
Mean	3	3.61	20% Decrease
Range	3	3	

Overall Stress Results Session 1

Overall Stress Results Session 1 (Figure 2) portrays the overall results of stress scores from the SACL as well as self-reported stress in the first session. The vertical axis indicates the amount of stress felt. The horizontal axis indicates the participant number. Higher numbers of stress on the SACL indicate higher levels of stress. The opposite is true for the self-reported stress scale as higher numbers indicate low levels of stress, whereas lower numbers indicate more stress. The overall decrease in stress, as indicated on the SACL, was 60%. The overall decrease in self-reported stress was 49%. Eight of the 9 participant scores on the SACL posttest showed a decrease in stress. One participant did not show any change in stress on the SACL, but her self-reported stress level decreased. All nine participants showed a decrease in stress on the self-stress reported stress scale.



	1	2	3	4	5	6	7	8	9
SACL Pretest	8	10	7	12	5	0	6	1	3
Self Report Stress Pre*	2	2	2	2	3	4	2.5	3	3
SACL Posttest	4	6	1	5	0	0	5	0	4.5
Self Report Stress Post*	3	3	4	3	4	5	3.5	5	0

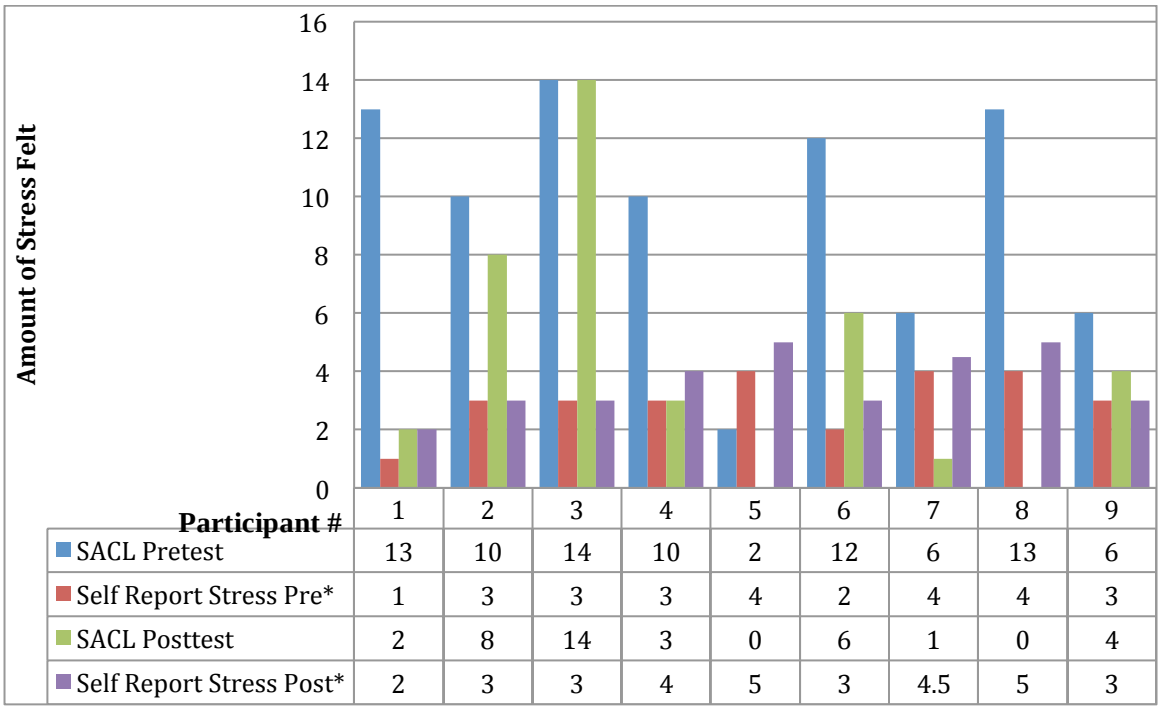
** Self-Report stress pre and post: '1' indicates exceedingly stressed and '5' indicates stress free*

Figure 2: Overall Stress Results Session 1

Overall Stress Results Session 2

Overall Stress Results Session 2 (Figure 3) portrays the overall results of stress scores from the SACL as well as self-reported stress in the second session. The vertical axis indicates the amount of stress felt. The horizontal axis indicates the participant number. Below the graph are each participant's individual results for the SACL and self-reported stress. Higher numbers on the SACL indicate higher levels of stress. The opposite is true for the self-reported stress scale as higher numbers indicate low levels of stress, whereas lower numbers indicate more stress. The overall decrease in stress, as indicated on the SACL, was 56%. The overall decrease in self-reported stress was 20%. Eight of the 9 participant scores on the SACL posttest showed a decrease in stress. One participant did not show any change in stress on the SACL, nor was there a change in stress on her self-reported scale. Six participants reported that their stress decreased. Three participants did not report any change in stress. Two out of the 3 participants who did not

show any change in stress in the self-reported scale, did show decreased levels of stress on the SACL.



Participant #	1	2	3	4	5	6	7	8	9
SACL Pretest	13	10	14	10	2	12	6	13	6
Self Report Stress Pre*	1	3	3	3	4	2	4	4	3
SACL Posttest	2	8	14	3	0	6	1	0	4
Self Report Stress Post*	2	3	3	4	5	3	4.5	5	3

** Self-Report stress pre and post: '1' indicates exceedingly stressed and '5' indicates stress free*

Figure 3: Overall Stress Results Session 2

SACL: Arousal Results

This section presents the results of the arousal component of the SACL. The results of the SACL are divided into two parts. The first part gives an overview of the individual arousal test scores and the range. The second part depicts the paired t-test results.

The total arousal scores range from 0 (low arousal) to 12 (high arousal). Thus, the higher the arousal score, the more aroused a person is (Corcoran et al., 2000). The results in Table 7: SACL Arousal Session 1 depicts the pre and post test scores of each participant's level of arousal at the beginning and at the end of the first group session. The higher the score, the more aroused the person is. The lowest pretest score for arousal was 3. The highest pretest score for arousal was 12. The range arousal score of the pretest was 9.

There was a 6% increase in arousal between the pre and post test. The lowest posttest score for arousal was 4. The highest posttest score for arousal was 11. The range arousal score of the posttest was 7. Three of the participants' arousal increased. Four of the participants' arousal decreased. Two of the participants' arousal stayed the same.

Table 7: SACL Arousal Session 2

Participant #	Pretest: Arousal	Posttest: Arousal	Arousal Change
1	3	7	133% Increase
2	4	4	No Change
3	10	9	10% Decrease
4	6	6	No Change
5	12	11	8% Decrease
6	10	11	10% Increase
7	10	9	10% Decrease
8	6	11	83% Increase
9	10	7	30% Decrease
Range	9	7	

The results of the paired t-test indicate that after receiving FOAT, there was no statistical significance in arousal levels, $t = 0.5219$, and $p = 0.62$. Table 8: Arousal Levels Session 1, reviews the data from the paired t-test. There were a total of 9 participants. The mean of the pretest was 7.89. The mean of the posttest was 8.33. The standard deviation (SD) of the pretest was 3.18. The standard deviation (SD) of the posttest was 2.50.

Table 8: Arousal Levels Session 1

	Pretest Session 1	**Posttest Session 1**
Number (N)	9	9
Mean	7.89	8.33
SD	3.18	2.50

The results in Table 9: SACL Arousal Session 2 depicts the pre and post test scores of each participant's level of arousal at the beginning and at the end of the second group session. The lowest pretest score for arousal was 0. The highest pretest score for arousal was 12. The range arousal score of the pretest was 12. There was a 2% increase in arousal between the pre and post tests. The lowest posttest arousal score was 3. The highest posttest score for arousal was 12. The range arousal score of the posttest was 9. Three of the participants' arousal increased. Three of the participants' arousal decreased. Three of the participants' arousal stayed the same.

Table 9: SACL Arousal Session 2

Participant #	Pretest: Arousal	Posttest: Arousal	Arousal Change
1	11	11	No Change
2	5	5	No Change
3	5	3	40% Decrease
4	0	9	100% Increase
5	12	12	No Change
6	11	5	55% Decrease
7	9	4	56% Decrease
8	2	6	200% Increase
9	10	11	10% Increase
Range	12	9	

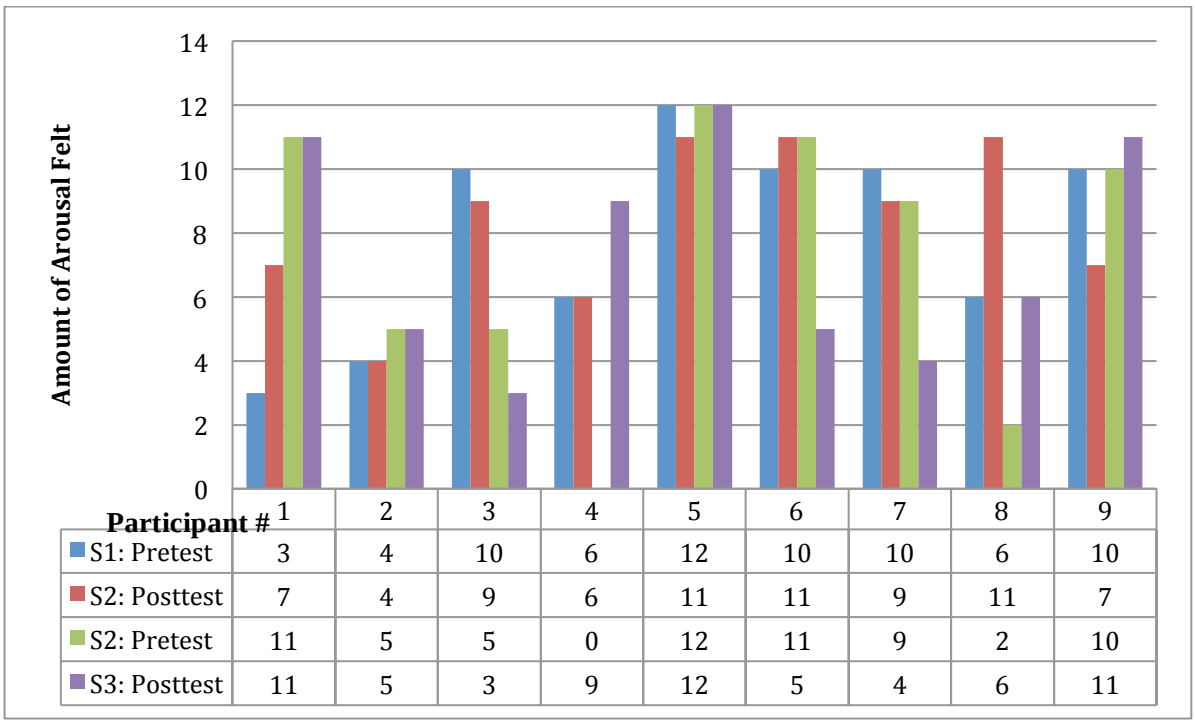
The results of the paired t-test indicate that after receiving FOAT, there was no statistical significance in arousal levels, $t = 0.0739$, and $p = 0.94$. Table 10: Arousal Levels Session 2, reviews the data from the paired t-test. There were a total of 9 participants. The mean of the pretest was 7.22. The mean of the posttest was 7.33. The standard deviation (SD) of the pretest was 4.35. The standard deviation (SD) of the posttest was 3.43.

Table 10: Arousal Levels Session 2

	Pretest Session 1	**Posttest Session 1**
Number (N)	9	9
Mean	7.22	7.33
SD	4.35	3.43

Overall Arousal Results Sessions 1 and 2

Arousal Results (Figure 4) depicts the results from the arousal component of the SACL for each participant from both sessions. Session one is labeled S1, and session two is labeled S2. The vertical axis indicates the amount of arousal felt. The horizontal axis indicates the participant number. The overall change in arousal in session one, as indicated on the SACL, was 6%. There was a 2% overall change in arousal in session two. Participant one's arousal increased (+) in the first session, but did not change in the second session. Participant six's arousal increased (+) in the first session, but decreased (-) in the second session. Participant five's arousal decreased (-) in the first session, but did not change in the second session. Participant nine's arousal decreased (-) in the first session, but increased (+) in the second session. Participant four's arousal did not change in the first session, but increased (+) in the second session. Participant two's arousal did not change in the first or second sessions. Participant three's and seven's arousal decreased (-) in both the first and second sessions. Participant eight's arousal increased (+) in both the first and second sessions.



Participant #	1	2	3	4	5	6	7	8	9
S1: Pretest	3	4	10	6	12	10	10	6	10
S2: Posttest	7	4	9	6	11	11	9	11	7
S2: Pretest	11	5	5	0	12	11	9	2	10
S3: Posttest	11	5	3	9	12	5	4	6	11

Figure 4: Arousal Results

Overall Results SACL From Sessions 1 and 2

Table 11: Overall Results of SACL (Sessions 1 and 2) represents the overall results from both sessions from the SACL and the self-report stress scale (indicated as "Self Stress" on the table). Stress decreased on both the SACL measure and the self-report stress scale in each session. The overall percentage of arousal increased in both sessions. The decrease of stress was greater in the first session (60% decrease from SACL, 49% decrease from self-report stress scale); the decrease in stress was lower in the last session (56% decrease from SACL, 20% decrease from self-reported stress scale). Arousal increased 6% in the first session and 2% in the last session.

Table 11: Overall Results of SACL (Sessions 1 and 2)

S1: SACL Stress	S1: SACL Arousal	S1: Self Stress	S2: SACL Stress	S2: SACL Arousal	S2: Self Stress
60% Decrease	6% Increase	49% Decrease	56% Decrease	2% Increase	20% Decrease

Self-Compassion Scale

The Self-Compassion Scale was administered at the beginning of the first session and at the end of the second session. The purpose of administering the SCS was to examine what each participant's level of self-compassion was prior to the FOAT group. This score was then compared to the participants' level of self-compassion after the FOAT group to see if self-compassion increased (as stated in the hypothesis), decreased, or stayed the same. Lower scores (i.e., scores between 1 and 2.5) indicate low levels of self-compassion. Moderate scores (i.e., scores between 2.5 and 3.5) indicate moderate levels of self-compassion. Higher scores (i.e., scores between 3.5 and 5.0) indicate high levels of self-compassion (Neff, 2009).

Table 12: Self-Compassion indicates the results from the pre and post test scores of the SCS for each participant. The lowest pretest score was 2.58 and the highest pretest score was 3.81. The range of the pretest scores was 1.23. The lowest posttest score was 2.58 and the highest post test score was 4.15. The range of the posttest scores was 1.57. There was a 2% decrease in self-compassion between the pre and post tests. Three of the participants' self-compassion scores increased from the first to the last session. Five of the participants' self-compassion scores decreased from the first to the last session. One participant's self-compassion score did not change between the two sessions.

Table 12: Self-Compassion

Participant #	Pretest	Posttest	Self-Compassion Change
1	3.39	3.12	8% Decrease
2	2.58	2.58	No Change
3	3.38	3.01	11% Decrease
4	3.01	2.78	8% Decrease
5	3.62	3.66	1% Increase
6	3.5	3.23	8% Decrease
7	2.89	2.97	3% Increase
8	3.65	4.15	14% Increase
9	3.81	3.65	4% Decrease
Range	1.23	1.57	

The results of the paired t-test indicate that after receiving FOAT, there was no statistical significance in self-compassion levels, $t = 0.8508$ and $p = 0.42$. Table 13: Self-Compassion Levels, reviews the data from the paired t-test. There were a total of 9 participants. The mean of the pretest was 3.31. The mean of the posttest was 3.24. The standard deviation (SD) of the pretest was 0.4044. The standard deviation (SD) of the posttest was 0.4950.

Table 13: Self-Compassion Levels

	Pretest Session 1	**Posttest Session 1**
Number (N)	9	9
Mean	3.31	3.24
SD	0.4044	0.4950

Quantitative Results (FOAT Questionnaire)

A qualitative questionnaire (Appendix K) was given to the participants at the end of both sessions. The responses from questions four through seven represent quantitative data. Questions four (parts one and two) through five are represented in tables and figures (i.e., Table 14, Figures 5, 6). Questions six and seven were summarized.

Setting Stressors Aside

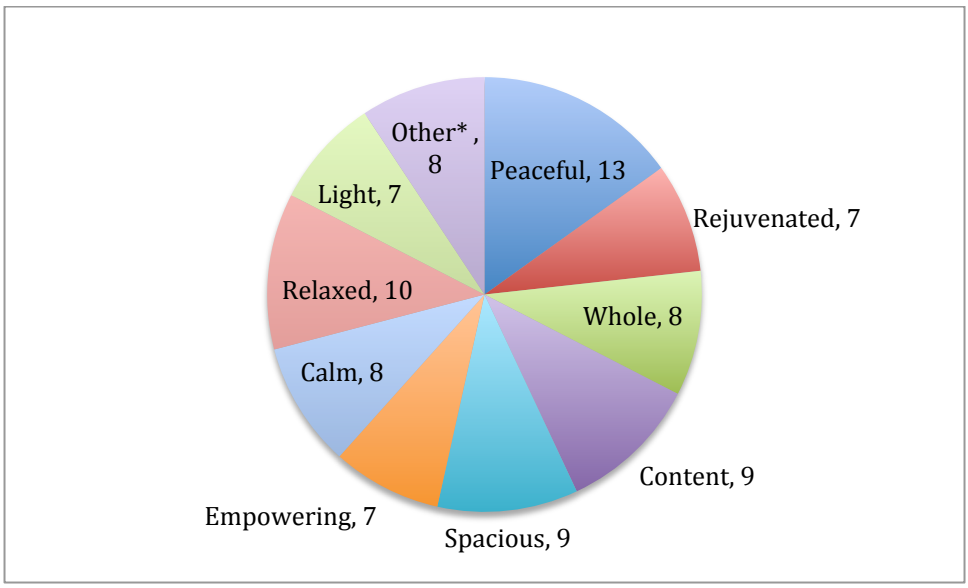
Question four, part one asked participants: "Were you able to set your stressors aside and get a sense (even briefly) of an 'All Fine Place' or a cleared space?" Table 14: Were you Able to Set Stressors Aside, includes the responses for both sessions one and two. Everyone was able to set aside their stressors to some extent in both sessions. Six people in both sessions one and two were able to set aside their stressors from their bodies, whereas the remaining three participants were "sort of" able to set aside stressors. Participants' numbers two and four were "sort of" able to set aside stressors for both sessions. Participant number five who was only able to "sort of" set stressors aside in the first session was able to completely set aside stressors in the last session. Participant number three who was able to completely set aside stressors in session one, was only able to "sort of" set stressors aside in session two. There were not any participants who were unable to set aside their stressors.

Table 14: Were you Able to Set Stressors Aside?

Participant #	Session 1 Response	Session 2 Response
1	Yes	Yes
2	Sort of	Sort of
3	Yes	Sort of
4	Sort of	Sort of
5	Sort of	Yes
6	Yes	Yes
7	Yes	Yes
8	Yes	Yes
9	Yes	Yes

Words Describing The "All Fine Place"

Question four, part two asked participants to: "Circle any words or phrases that describe your experience of the "All Fine Place." Words describing the "All Fine Place" (Figure 5) depict the words that participants used to describe their "All Fine Place" in both sessions. Thirteen participants chose *peaceful*; ten chose *relaxed*; nine chose *content*; nine chose *spacious*; eight chose *calm*; seven chose *empowering*; seven chose *light*; seven chose *rejuvenated*; and eight chose *other*." Responses for other included: warmth/ warm (three people wrote this), still, integrated, colorful, joyful, vibrant, clean, levelheaded, direct, and confident.



**Other: warmth/warm (x3), still, integrated, colorful, joyful, vibrant, clean, levelheaded, direct, and confident*

Figure 5: Words describing the "All Fine Place"

Difficulty During CAS

Question five asked participants to: "Check any difficulties that you had during Clearing a Space with Art." Difficulties during CAS with Art (Figure 6) represents difficulties, if any, that participants had in each session. The results show that eleven participants had difficulty setting stressors aside; six had difficulty judging their art; two had difficulty because they did not know if they were doing it right; and one had difficulty because she was triggered by an identifying stressor and was unable to set it aside. Three of the participants did not express any difficulties. None of the participants added any other difficulties.

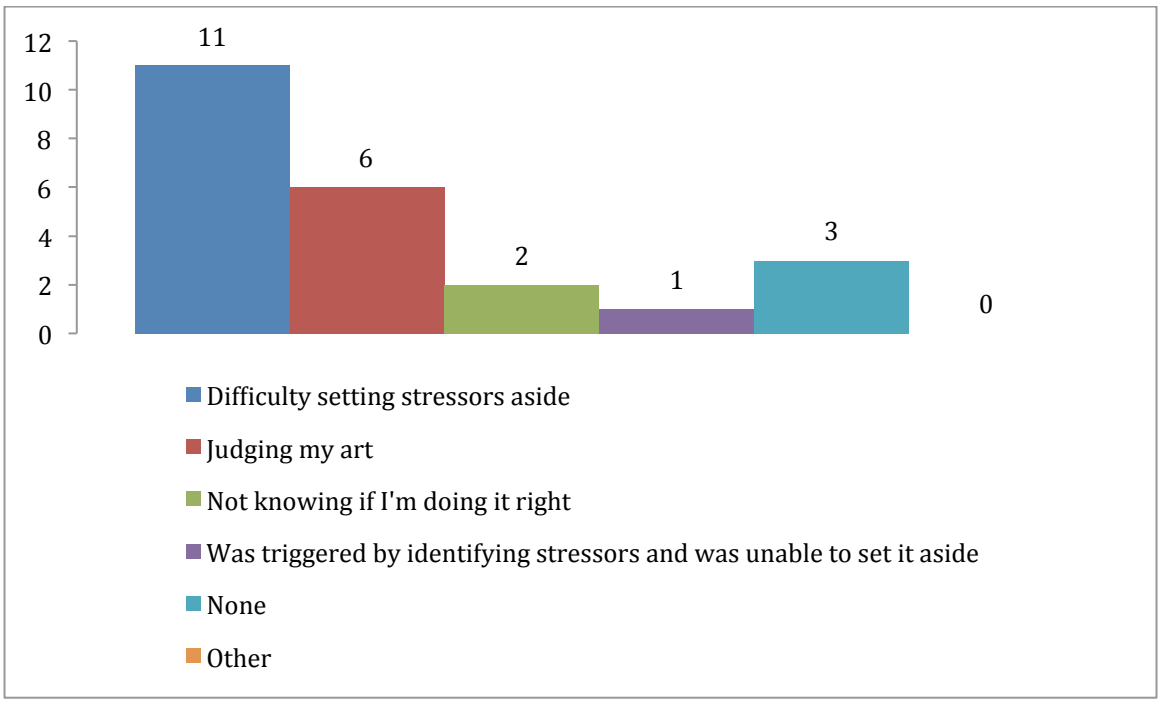


Figure 6: Difficulties during CAS with Art

Additional Comments

Question six (entire responses found in Appendix Q), asked participants: "Is there anything else that you would like to share about your experience using FOAT for stress reduction?" Two people did not answer. Three people enjoyed their time, or thought it was "neat." The rest of the responses are grouped into three common themes among those who answered: recommendations; continue using FOAT; reflection on process.

Recommendations include: pairing FOAT with hypnosis therapy; and to include Laury Rappaport's (the creator of FOAT) presence. Four people indicated that they wanted to continue using FOAT. Four reflected on the process in general, or on their experience. Reflections that were mentioned included references to the artistic process, a bodily change, while others commented about the effectiveness of FOAT and the fact that it separates stressors from the body.

CAS with Art as Stress Reduction Tool

Question seven asked participants: “Would you recommend using CAS with Art as a Stress reduction tool?” All nine participants (as indicated on the qualitative questionnaire in both sessions) said that they would recommend CAS with Art as a stress reduction tool.

Qualitative Results (FOAT Questionnaire)

A qualitative questionnaire (Appendix K) was given to the participants at the end of both sessions. The responses to the qualitative questions one, two, and three were compiled together into common themes that answer the researcher’s qualitative questions: “Please write about your experience during the Clearing a Space with Art exercise” (entire responses for qualitative question 1 found in Appendix N); “Please describe your experience of the ‘All Fine Place’ ” (entire responses for qualitative question two found in Appendix O); “Please describe what your art represents to you” (entire responses for qualitative question number three found in Appendix P).

There were six overall common themes for questions one, two, and three: Peaceful; Setting Stressors Aside; Acceptance and Trust; Decreased Stress (anxiety); Difficulty; and Color. Each theme is represented in a table (i.e., tables 15, 16, 17, 18, 19, 20) and includes quotes with corresponding artwork to demonstrate the theme.

Theme 1: Peaceful

In the qualitative answers, participants discussed feeling peaceful, calm, relaxed, or described their experience as a breathing space (N=18 participants). Table 15: Theme 1—Peaceful includes quotes with the corresponding artwork to demonstrate the peaceful theme.

Table 15: Theme 1— Peaceful

Quote	Art
"The experience was very relaxing and thought provoking."	
"I felt it was very calming to create an 'All Fine Place.' "	
"[CAS with Art] calmed me down."	

"[The art represents] the rolling hills that used to be behind my house. I would go and sit on top of one to relax and think."	

Theme 2: Setting Stressors Aside

Participants discussed setting their stressors aside during the CAS with Art exercise (N=12 participants). Table 16: Theme 2—Setting Stressors Aside includes quotes with the corresponding artwork to demonstrate the theme.

Table 16: Theme 2— Setting Stressors Aside

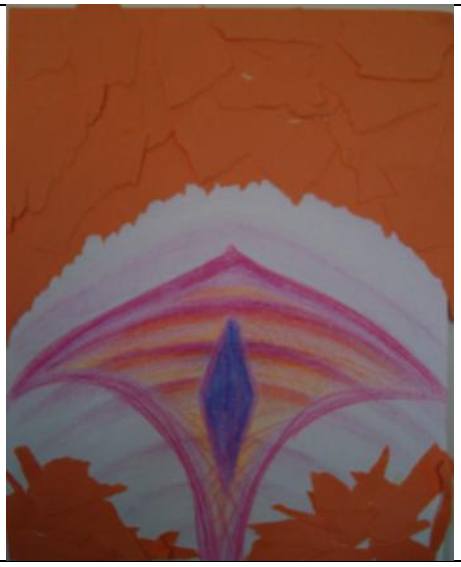
Quote	Art
"My art represents a process of letting certain themes/ feelings I carry go to seek alternative views of myself and what I carry daily. It was nice to imagine physically taking them out of me and putting them elsewhere away from me."	

"Stopping to breathe and imagine an 'All Fine' space helped a little… [by] taking a break from [my stressors]."	
"I had just endured a stressful situation about an hour earlier [before FOAT] and I was able to really let it go and set it aside."	

Theme 3: Acceptance and Trust

Participants discussed feelings of acceptance or trust that everything will be okay (N=8participants). Table 17: Theme 3—Acceptance and Trust includes quotes with the corresponding artwork to demonstrate the theme.

Table 17: Theme 3— Acceptance and Trust

Quote	Art
"An enlightened and peaceful 'all one' feeling reaching out and accepting from the outside into the center of my soul/being."	
"[My art] represents the place inside where everything is taken care of."	

"[My art] represents closure, my fears around this, and embracing it to make it an 'all fine experience.' [I] know that all will be okay—No—All will be fabulous!"	

Theme 4: Decreased Stress (anxiety)

Participants discussed feelings of decreased stress or anxiety, or that they were free of stress as a result of the CAS exercise. (N=7participants). Table 18: Theme 4—Decreased Stress (anxiety) includes quotes with the corresponding artwork to demonstrate the theme.

Table 18: Theme 4— Decreased Stress (anxiety)

Quote	Art
"My art represents a rest from recent anxiety and distractions. It is a place of peace, floating and moving on a cloud through color."	

"[My 'All Fine Place'] is a place where all the toxic feelings have dissipated, stress is low, anxiety is low. It is like the pressure has been released and everything is light. The load I have been carrying around is gone."	
"I found CAS with art a nice way to think outside of my stressors and focus on a relaxing moment where I am free of anxiety and stress."	

Theme 5: Difficulty

Participants discussed feelings of difficulty during the CAS with Art exercise and/or during the artistic process (N=7participants). Table 19: Theme 5—Difficulty includes quotes with the corresponding artwork to demonstrate the theme.

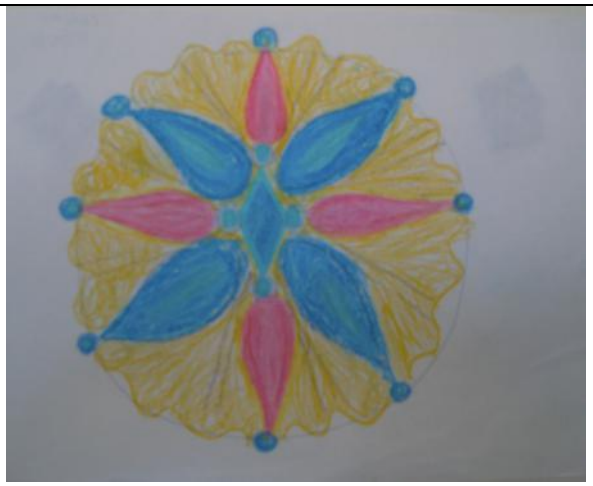
Table 19: Theme 5—Difficulty

Quote	Art
"I enjoyed [CAS with Art] at first, but then I began to think about my 'to do' list. I kept going back and fourth from being in a relaxed state to a 'to do' list state."	
"I am in pain from the neck, so it was hard for me to be totally present and relaxed here. Setting aside the neck pain, however, did help me to relax some and I did feel more relaxed and still after the Clearing a Space exercise"	
"I felt anxious while drawing...so I think the strokes and colors reflect that anxiety of trying to go with the flow but feeling confused and lost at the same time."	

Theme 6: Color

Participants discussed color that was seen during the CAS with Art exercise and/or depicted in the art. Some participants also talked about color regarding feelings. (N=5participants). Table 20: Theme 6—Color includes quotes with the corresponding artwork to demonstrate the theme.

Table 20: Theme 6—Color

Quote	Art
"[In my 'All Fine Place'] I saw some violet color...perhaps it was around the lake [I saw]."	
"The turquoise and vibrant magenta/yellows represents a JOY and Vibrancy of Life that I would like to call in more into my life experience right now…it was stress relieving to color hard (pressure) in of itself."	

Conclusion

The quantitative data were represented through t-tests and descriptive statistics. As hypothesized, quantitative results showed that FOAT's CAS with Art does reduce stress. Results indicated that the participants' levels of self-compassion decreased (the opposite of what was hypothesized). Qualitative data indicated that FOAT's CAS with Art was successful in that it led to increased feelings of calmness and relaxation (greater stress reduction). The qualitative data also provided insight into the role of the art in Clearing a Space with Art, as well as some of the challenges with setting stressors aside.

Chapter 5
Discussion

This research study hypothesized that Focusing-Oriented Art Therapy (FOAT) would be effective in reducing stress and increasing self-compassion in graduate students in the Art Therapy Psychology Program. The outcome of this study supported the first hypothesis of the researcher's study—Clearing a Space (CAS) with Art proved to be an effective technique to reduce stress in graduate students in the Art Therapy Psychology program. The SACL showed an overall 58% decrease in stress at the end of both sessions (60% decrease in the first session and 56% decrease in the second session). This finding corresponds with the overall results from the Likert scale measuring self-reported stress which indicated that there was a 34.5% total decrease (counting both sessions) in stress (49% decrease in the first session and a 20% decrease of self-reported stress in the second session). In addition, the results of the paired t-test of the stress portion of the SACL indicated that this study was statistically significant; however, the study had a limited sample size of nine. CAS with Art was successful in reducing stress in this study, which corresponds with past studies on CAS with elementary school students, college and graduate students (Klagsbrun, 2008), women with breast cancer (Klagsbrun et al., 2005; 2010), and the qualitative findings with sign language interpreters (Castalia, 2010).

The outcome of this study did not support the second hypothesis that an individual's perceived level of self-compassion would increase through CAS with Art. The result of the paired t-test was not statistically significant. There was a 2% overall decrease in self-compassion. Three participants' levels of self-compassion increased, however. Two of the participants' levels of self-compassion increased slightly, 1% and 3% respectively. The third participant had a higher increase of self-compassion, 14%. A fourth participant's level of self-compassion did not change from the first to the second session. This finding is consistent with

the fact that the SCS has good test-retest reliability. There has not been previous research stating that self-compassion levels would increase as a result of using FOAT. Although, a past study in the literature using CAS with women with breast cancer showed an increase in the women's level of wellbeing, which the researcher believes to be a similar concept to self-compassion.

An interesting result of the study, which was not a part of the hypothesis but of the SACL, was each participant's level of arousal. Arousal is defined by words that indicate both positive (e.g., active, energetic, vigorous) and negative (e.g., drowsy, tired, idle) arousal. Even though the results of the t-test were not statistically significant, the mean percentage from the pre to the post test increased in both sessions. SACL indicated a 6% increase in the mean arousal score in the first session, whereas there was a 2% increase of the mean arousal in the second session. The increase in arousal largely indicates negative arousal as opposed to positive arousal. Therefore, the majority of participants (twelve participants) felt more drowsy and less alert at the end of the sessions (as indicated on their negative arousal scores, and not necessarily from the total arousal score). The remaining participants' levels of arousal either did not change (four participants), or their levels of positive and negative arousal both decreased (two participants). Thus, results indicate that FOAT's CAS with Art may decrease stress while increasing feelings of tiredness and/or idleness. The researcher believes that the increased arousal (e.g., feelings of tiredness/idleness) may relate to participants feeling more relaxed. This belief corresponds with the qualitative findings of this study where some participants stated that they felt more relaxed as a result of FOAT's CAS with Art. It would be interesting to research how "tiredness" or "idleness" in the arousal aspect of the SACL corresponds with relaxation.

The results from the qualitative questionnaire were largely in support of the quantitative findings, that CAS with Art proved to reduce stress. Overall, participants discussed feeling calm,

relaxed, peaceful, grounded, and/or centered. Some participants also discussed being free of stress or anxiety. Other participants stated that CAS with Art provided them with reduced stress, or a break from their worries. The main difficulty that participants felt was their ability to set stressors aside. All participants, however, were able to set stressors aside to some extent. Finally, all participants recommended using FOAT's CAS with Art as a stress reduction tool.

Significance

This study is significant both for the field of art therapy, as well as for the evidence-based practice of FOAT. The researcher's study benefits the field of art therapy by furthering research using a mindfulness-based practice that implements art as a means of stress reduction. Similarly, FOAT is still a relatively new mindfulness practice and does not have extensive research studies in support of its effectiveness. This study adds to previous research on FOAT that used CAS with Art to reduce stress in sign language interpreters (Castalia, 2010).

Limitations

There were three limitations of this study. Limitations that may have impacted the validity of the research include lack of time, limited sample, and length of time between sessions.

Lack of time. One of the most significant limitations of the study was the lack of time available to conduct the study, which may have impacted the validity in terms of accuracy. Originally, the study was designed to have three sessions. Due to the limited amount of time available, the researcher was only able to offer two sessions. If there were more sessions, the researcher would have been able to give a more detailed introduction to FOAT. The level of prior knowledge of FOAT varied among the participants. Most of the participants had at least some basic knowledge of FOAT, but there were some participants who did not know anything about FOAT. The results might have differed if all participants had an equal knowledge of

FOAT. If there were more time, the researcher might have also been able to recruit more than nine participants, which would have increased the sample size, thus adding to the study's significance.

The researcher also believes that the self-compassion component of the study would have been more positive if the study were prolonged. The researcher does not believe that the self-compassion results decreased as a result of this study, as indicated in the paired t-test, which showed that the results were not statistically significant. Self-compassion may have decreased due to participants feeling more stressed in the second session. The researcher believes that this study was too short to measure the impact of FOAT to increase self-compassion.

Limited sample. The researcher was only able to collect data from one university, graduate program, and gender. The researcher originally wanted to compare data from two graduate programs, the Art Therapy Psychology program and the Clinical Psychology program. The researcher, however, was unable to recruit Clinical Psychology graduate students.

In addition, since all of the participants were in an art therapy program, they were most likely comfortable creating art, enjoyed the process, and/or use art as a stress reduction tool. The results might have varied with a population that is in a non-art therapy based psychology program. Non-art therapy students may not necessarily be comfortable creating art, enjoy the process, and/or use art as a stress reduction tool. Furthermore, the Art Therapy Psychology program largely consists of females, which may be a contributing reason why males were not represented in this study.

Length between sessions. Another limitation of the study was the length of time between sessions. The researcher had difficulty finding enough participants to take part in her study. Therefore, she had to offer four different FOAT stress reduction groups. The gap between each

session from the different groups varied because of scheduling conflicts. The researcher wanted to make sure that each participant who began the group was able to complete it. There was a one-week gap between sessions for four participants. There was a two-week gap between sessions for another four participants. There was a six-week gap for the remaining participant, as she had to reschedule her second session. The length of time between the sessions may have had an effect on the results, including the self-compassion aspect of the study. For instance, the amount of academic work could have been more (or less), which may have increased (or decreased) how stressed a participant felt during the second session. Higher levels of stress, due to more academic work, may have decreased how much self-compassion a participant felt towards herself during the second session.

Recommendations for Future Research

There needs to be further research and studies conducted to see if using FOAT is effective for reducing stress, and if the Focusing Attitude, one of the components of FOAT, leads to greater self-compassion. There are many different directions in which future research could go. Some recommendations for future research are to increase the time of the study, as well as to have a larger population and demographic, and adding an arousal component to the study.

Time. One way to increase the validity of the results in the future is to prolong the time of the study. Increasing the number of sessions and being able to have a consistent length between sessions (e.g., once a week for four weeks) would be beneficial to determine if stress results continue to decrease, and to test whether or not self-compassion levels would increase.

Population and demographic. Another factor that will help gain further validity in future studies, is to have a wider population and demographic. Recruiting more participants, and having an equal (or close to equal) number of women and men represented would help validity in future

studies. Expanding the population to other students who experience stress (e.g., undergraduate or high school students) would be an interesting factor to see if there is a specific population (or age) that benefits more from FOAT as a stress reduction tool. There also need to be more graduate students represented from graduate psychology programs, or from other graduate programs, as well. Another suggestion for further research would be to expand to different universities.

Arousal component. The researcher found the results of the arousal portion of the SACL interesting. If a similar study was to be conducted in the future, and the researcher used the SACL to measure stress, adding an arousal component to the hypothesis might be a noteworthy addition. From this study, it appears that CAS with Art seems to be related to words indicating negative arousal (e.g., tiredness or idleness as stated on the arousal scale) from the SACL. The researcher believes that it may be important to determine if the words "tiredness" or "idleness" indicate feelings of relaxation or calmness. Therefore, further research could indicate if there is a potential correlation between CAS and the SACL's arousal scale. Further research could also look at a potential connection between the SACL's negative arousal and how this relates, if at all, to feelings of relaxation or calmness.

Conclusion

The researcher believes this study was successful overall considering the time and resource constraints. FOAT's CAS with Art was an effective way to reduce stress in a small sample of art therapy graduate students. Though this study did not prove to be effective in increasing self-compassion, the researcher recommends a longer study to see if self-compassion would increase with continued practice of FOAT.

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Appendices

Appendix A

Sample Letter to the Department Chairs of Art Therapy and Clinical Psychology

Date: January 2011
Department Chairs of Art Therapy Psychology and Clinical Psychology

RE: Permission to Conduct Research Study

Dear Department Chairs,

I am writing to request permission to conduct a research study at NDNU in the Art Therapy/ Marriage and Family Therapy and Clinical Psychology programs. I am currently enrolled in the Art Therapy and Marriage and Family Therapy program and am in the process of writing my Master's Thesis. The study is entitled, A Focusing-Oriented Art Therapy Group for Stress Reduction with Graduate Students.

The purpose of this study is to determine the effectiveness of using Focusing-Oriented Art Therapy as a method to reduce stress in graduate students. Research has shown that Focusing's first step, Clearing a Space, has been a successful technique in reducing stress. The goal of adding art to Clearing a Space offers a creative outlet to the Focusing practice to decrease levels of stress, as well as teach students an adaptive way to manage stress.

I hope that you will allow me to recruit graduate students from both the Art Therapy and Clinical Psychology departments to participate in my Focusing-Oriented Art Therapy (FOAT) group. Interested students, who volunteer to participate, will be given an informed consent form and artwork consent form to be signed and returned to the primary researcher prior to starting the three week FOAT group. Participants will complete a 2-page Self-Compassion Scale and a 1-page Stress Arousal Checklist as pre and post measures. There will be one qualitative questionnaire to fill out.

If approval is granted, student participants will meet for three sessions and will participate in FOAT's Clearing a Space with Art exercises in Gavin Hall at NDNU. Each group session should take no longer than 90 minutes. The results will be pooled for the thesis project and individual results of this study will remain absolutely confidential and anonymous. Should this study be published, only pooled results will be documented. No costs will be incurred by either NDNU or the individual participants.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address: cweiland@ndnu.edu

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on NDNU letterhead acknowledging your consent and permission for me to conduct this study at NDNU with Art Therapy/ Marriage and Family Therapy and Clinical Psychology students.

Sincerely,
Liz Weiland

Approved by:

_____ _____ _____

Print your name and title here Signature Date

Appendix B

Flyer and E-mail

Attention Graduate Students:

Do you often find yourself feeling stressed out?
Then, this group is just for you!

You are invited to join a stress reduction group that uses a mindfulness based practice called Focusing-Oriented Art Therapy.
This group is part of a research study to determine the effectiveness of using Focusing-Oriented Art Therapy as a method to reduce stress in graduate students.

If you are interested, please contact Liz Weiland at cweiland@ndnu.edu

Appendix C

In-Class Presentation Letter

Dear Student,

I am currently enrolled in the Art Therapy and Marriage and Family Therapy program and am in the process of writing my Master's Thesis. I am seeking volunteers to participate in my research study. The study is entitled, A Focusing-Oriented Art Therapy Group for Stress Reduction with Graduate Students.

The purpose of this study is to determine the effectiveness of using Focusing-Oriented Art Therapy as a method to reduce stress in graduate students. Research has shown that Focusing's first step, Clearing a Space, has been a successful technique in reducing stress. The goal of adding art to Clearing a Space offers a creative outlet to the Focusing practice to decrease levels of stress, as well as teach students an adaptive way to manage stress.

Your interest and consent to participate in the study will be greatly appreciated. There are two forms that require your signature, an informed consent form and an artwork consent form signed and returned to the primary researcher prior to starting the three week FOAT group. Participants will complete a 2-page Self-Compassion Scale and a 1-page Stress Arousal Checklist as pre and post measures. There will be one qualitative questionnaire to fill out.

The individual results of this study will remain absolutely confidential and anonymous to all parties. The data results will be utilized for this thesis project only. NDNU's institutional review board has granted permission for this study. Neither the school nor the individual participants will incur any costs.

Please feel free to contact me if you have any questions or require additional information at 650-413-5275 or cweiland@student.ndnu.edu.

Sincerely,

Liz Weiland

Appendix D

Informed Consent

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY
Notre Dame de Namur University
1500 Ralston Avenue
Belmont, CA 94002

Title of Research: A Focusing Oriented Art Therapy Group for Stress Reduction with Graduate Students
Principal Investigator: Liz Weiland
Contact Information: 650-413-5275
Research Committee Chair: Dr. Laury Rappaport
Contact Information for Chair: 650-508-3674

A. Research Purpose and Background

The purpose of this study is to determine the effectiveness of using Focusing-Oriented Art Therapy as a method to reduce stress in graduate students. Research has shown that Focusing's first step, Clearing a Space, has been a successful technique in reducing stress. The goal of adding art to Clearing a Space offers a creative outlet to the Focusing practice to decrease levels of stress, as well as teach students an adaptive way to manage stress.

B. Procedures

This study consists of graduate students participating in a FOAT group that will meet for three sessions. Students will be encouraged to partake in a guided Focusing exercise (i.e., Clearing a Space) and in an art experiential that will take place afterward. By providing consent to participate in this group, I understand that the following process will occur:

1. Participants will be asked to read and sign two Consent forms: Informed Consent form explaining the purpose, methods, benefits, and risks of the research study; and a Consent for Artwork form in which they give permission for the artwork to be reproduced and shown for educational and research purposes, with names remaining confidential.
2. Participants will fill out a Demographic Questionnaire.
3. Participants will attend two sessions that last 90 minutes in which they participate in a variety of three art-based stress reduction exercises known as Clearing a Space with Art.
4. Participants will complete two pre and post questionnaires that will take approximately 20 minutes to fill out. There will be one post qualitative questionnaire that will take approximately 10 minutes to answer.
5. At the end of the last session, participants will be given a Debriefing Statement.

6. Participants can request to keep my artwork. The facilitator will be photographing all artwork created in the FOAT group sessions.
7. At the end of group sessions, the researcher will check in with participants for questions or concerns. The researcher's contact information will be provided for follow-up questions or concerns.

C. Risks

Potential risks that may occur from participating in this group include the possibility of unresolved emotional issues that that may surface in response to the Focusing experience in the sessions. The art therapy directives following the Focusing exercise are designed to minimize risk and teach people how to gain more distance from stressors and difficulties. Participants will be told they are free to open or close their eyes during the guided Focusing. The researcher will check in with each student before the end of every session to ensure comfort and emotional safety. Participants have the liberty to withdraw from the group at any time. If there are any concerns stemming from participation in this study, please contact the NDNU Counseling Center at 650-508-3578.

D. Benefits

Potential benefits that may occur from participating in this group include the possibility of decreasing symptoms of stress, and FOAT may also serve as a successful, adaptive coping mechanism for stress management in the future.

E. Confidentiality

The records from this study will be kept confidential. No individual identities will be used in any reports or publications resulting from the project. Only the primary researcher will have access to the data. Data and records from this study will be kept for three years (seven if published), after which they will be destroyed.

F. Alternatives

Participation in this study is voluntary and you may withdraw at any time without penalty.

G. Costs/Compensation

There will be no costs or compensation as a result of taking part in this research study.

H. Questions

Please feel free to contact either Liz Weiland at 650-413-5275 or Dr. Laury Rappaport at 650-508-3674 with any questions, concerns, or for further information.

NDNU
NOTRE DAME DE NAMUR UNIVERSITY

PARTICPATION IN THIS RESEARCH STUDY is voluntary. I am free to choose to not participate in this research study, and I may withdraw my participation at any point without penalty.

Print Name: _____ Date: _____

Participant

Signature: _____ Date: _____

Participant

Signature: _____ Date: _____

Principal Researcher/Investigator

Signature: _____ Date: _____

Principal Research/Investigator

1500 Ralston Avenue, Belmont, CA 94002-1997
650-508-3556 I arttherapy@ndnu.edu

Appendix E

Artwork Consent Form

NDNU
NOTRE DAME DE NAMUR UNIVERSITY

I hereby give permission to Liz Weiland, Masters Student, to use my artwork for research purposes. I understand that names will not be attached to the artwork and my identity will not be released.

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

_____ _____

Participant Signature **Date**

1500 Ralston Avenue, Belmont, CA 94002-1997
650-508-3556 I arttherapy@ndnu.edu

Appendix F

Debriefing Statement

Thank you for your participation in this research project! The purpose of this research project was to determine the effectiveness of using Focusing-Oriented Art Therapy as a method to reduce stress in graduate students. Your participation in this research project will result in a greater understanding of the potential effectiveness of using a creative outlet combined with a mindfulness based practice as a means to decrease stress.

Liz Weiland, the Principal Investigator, will be available to answer any questions concerning my involvement in the research project, and Liz may be reached by phone: 650-413-5275, or by e-mail: cweiland@student.ndnu.edu. Dr. Laury Rappaport, Research Committee Chair, will also be available to answer any questions regarding the qualifications of Liz Weiland. Dr. Laury Rappaport may be reached by phone: 650-508-3674, or by e-mail: lrappaport@ndnu.edu.

If you have any unresolved feelings from the research that cannot be answered Liz Weiland or Dr. Laury Rappaport, the following free service is available:

Notre Dame de Namur University's Counseling Services.

1500 Ralston Ave. | Belmont, CA 94004

Located in the Oaks (near the swimming pool).

Appointment times are available Monday through Friday 10 a.m. to 4 p.m. To schedule an appointment, call 650-508-3578. There are drop-in times available, as well as scheduled appointments.

Appendix G

Demographic Questionnaire

Directions— Please answer the following questions.

Gender: _____ Age: ____ Race: _____

What do you currently do to manage stress? (Check all that apply)

___ Aerobic exercise

___ Meditation

___ Creative outlets (art, music, theater, dance)

___ Journaling

___ Communing with nature

___ Practicing yoga

___ Other: _____

Directions— Please check the appropriate answer (yes or no).

1. Are you a graduate student? Yes ___ No ___
2. Are you enrolled in the Marriage and Family Therapy/ Art Therapy program?

   Yes ___ No ___
3. Are you enrolled in the Clinical Psychology Program? Yes ___ No ___
4. What semester are you currently in? 1st____ 2nd_____3rd____ 4th_____ 5th____

   6th_____7th _____8th____ 9th_____ 10th_____ more than 10th_____
5. How many units have you taken thus far? _____
6. Do you have time to commit to a Focusing-Oriented Art Therapy Stress Reduction group for two weekly sessions in February of 2011? Yes ___ No __

Appendix H

Self-Compassion Scale

Code #:_____ Date:_____

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____ 5. I try to be loving towards myself when I'm feeling emotional pain.

_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

_____ 8. When times are really difficult, I tend to be tough on myself.

_____ 9. When something upsets me I try to keep my emotions in balance.

_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____ 13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

_____ 16. When I see aspects of myself that I don’t like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.

_____ 19. I’m kind to myself when I’m experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 23. I’m tolerant of my own flaws and inadequacies.

_____ 24. When something painful happens I tend to blow the incident out of proportion.

_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix I

Stress Arousal Checklist

Code #:_____ Date:_____

SACL

The words shown below describe different feelings and moods. Please use this list to describe your feelings *at this* moment.

If the word *definitely* describes your feelings, circle the double plus (++). If the word *more or less* describes your feelings circle the plus (+). IF you do not understand the word, or *you cannot decide* whether or not it describes how you feel, circle the question mark (?). IF the *word does not describe* the way you feel, circle the minus (-).

First reactions are most reliable; therefore do not spend too long thinking about each word. Please be as honest and accurate as possible.

1. Tense	++ + ? -	**16.** Tired	++ + ? -
2. Relaxed	++ + ? -	**17.** Idle	++ + ? -
3. Restful	++ + ? -	**18.** Up-tight	++ + ? -
4. Active	++ + ? -	**19.** Alert	++ + ? -
5. Apprehensive	++ + ? -	**20.** Lively	++ + ? -
6. Worried	++ + ? -	**21.** Cheerful	++ + ? -
7. Energetic	++ + ? -	**22.** Contented	++ + ? -
8. Drowsy	++ + ? -	**23.** Jittery	++ + ? -
9. Bothered	++ + ? -	**24.** Sluggish	++ + ? -
10. Uneasy	++ + ? -	**25.** Pleasant	++ + ? -
11. Dejected	++ + ? -	**26.** Sleepy	++ + ? -
12. Nervous	++ + ? -	**27.** Comfortable	++ + ? -
13. Distressed	++ + ? -	**28.** Calm	++ + ? -
14. Vigorous	++ + ? -	**29.** Stimulated	++ + ? -
15. Peaceful	++ + ? -	**30.** Activated	++ + ? -

Appendix J

Self-Report Stress Scale

Code #:_____ Date:_____

On a scale of 1 to 5 (with 5 being the highest), please circle your level of stress **BEFORE** the FOAT exercise.

1	2	3	4	5
Exceedingly Stressed				**Stress Free**

Appendix J

Self-Report Stress Scale (con't 2)

Code #:_____ Date:_____

On a scale of 1 to 5 (with 5 being the highest), please circle your level of stress **AFTER** the FOAT exercise.

1	2	3	4	5
Exceedingly Stressed				**Stress Free**

Appendix K

Qualitative Questionnaire

Code #:_____ Date:_____

Directions: Please answer the following questions as honestly as you can.

1. Please write about your experience during the Clearing a Space with Art exercise.
   _____
   _____
   _____
   _____
   _____

2. Please describe your experience of the "All Fine Place."
   _____
   _____
   _____
   _____
   _____

3. Please describe what your art represents to you.
   _____
   _____
   _____
   _____
   _____

4. Were you able to set your stressors aside and get a sense (even briefly) of an "All Fine Place" or a cleared space? (Check one) _____yes _____sort of _____no

   If yes, circle any words or phrases that describe your experience of the "All Fine Place."

Peaceful	Content	Empowering	Relaxed
Rejuvenated	Spacious	Calm	Light
Whole	Other: _____		

5. Please check any difficulties you had during Clearing a Space with Art:

   ___ Difficultly setting stressors aside

   ___ Judging my art

___ Not knowing if I'm doing it right

___ Was triggered by identifying stressors and was unable to set it aside

___ Other: _____

6. Is there anything else that you would like to share about your experience using FOAT for stress reduction?
_____
_____
_____
_____
_____

7. Would you recommend using CAS with Art as a stress reduction tool? ____yes _____no

Thank you for participating and taking the time to fill this out.

Appendix L

Exercise 7.2 Clearing a Space with Art II: Directive Imagery

(*from* Rappaport, 2009, p. 120-121)

(First, invite the client to find a comfortable position.) Take a few deep breaths, inviting your body to relax … If you feel like it, you may close your eyes … or keep them open … whichever is more comfortable for you. Take a few more deep breaths … and when you're ready, ask, "How am I from the inside right now?" Just listen… Give an answer time to form in your body … Turn you attention like a searchlight inside to your body and just greet whatever you find… Be accepting to whatever you find there, without judgment… Now imagine yourself in a peaceful place… The sky is crystal blue and the air is clear. In this peace place is a calm lake that you are sitting next to… Imagine sitting in a place cared out just for you… When you're ready, check inside your body and ask, "What's in the way between me and feeling 'All Fine' right now?" Let whatever comes up, come up… Don't go inside any particular thing right now… As each thing comes up, imagine putting it into a boat docked at the lake. Set the boat at the right distance from you… Continue the process of asking your body, "So what's between me and feeling 'All Fine' right now?" As each thing arises, imagine stacking it or placing it into the boat. When the list stops, you can check it by asking, "Except for all of that, I'm 'All Fine,' right?" … If more comes up, add it to what's in the boat. Keep a comfortable distance from the boat holding the things.

Background feeling
Sometimes there's a background feeling that we're always carrying… It may be something like *always* a little anxious… or *always* a bit depressed, or some other *always* feeling… Check inside and see if there is a background feeling that's in the way of feeling "All Fine"… If so, add it to your stack… Check again. How is it now?
"All Fine Place": Keeping everything at a distance, now, I'd like to invite you to bring your attention to the "All Fine Place"… See if there is an image that matches or acts like a "handle" for the "All Fine Place"… Check it against your body to make sure it's right. If not, invite a new image that matches or acts like a "handle" for the "All Fine Place" to come… If what comes is a word or phrase, that's fine… Be accepting of that.

Appendix M

Exercise 7.1 Clearing a Space with Art I: Nondirective Imagery

(*from* Rappaport, 2009, p. 118-119).

(First, invite the client to find a comfortable position.) Take a few deep breaths, inviting your body to relax… If you feel like it, you may close your eyes… or keep them open… whichever is more comfortable for you. When you're ready, ask, "How am I from the inside right now?"… Turn your attention like a searchlight inside to your body, just noticing whatever you find… See if you can be accepting to whatever you find there, without judgment… Now imagine yourself in some peaceful place… It may be a place you know already, or it may be one you create in your imagination… When you're ready, ask, "What's between me and feeling 'All Fine' right now?" Let whatever comes up, come up… Don't go inside any particular thing right now… As each thing comes up, imagine placing it at some distance from you… perhaps out on a park bench… or in a box… or use imagery like relaxing on a beach and putting all of the things between you and feeling "All Fine" on a boat… or wrapping each issue or concern up in a package… As each thing arises, place it at a comfortable distance from you while you stay in your peaceful place… (*Pause.*) After you place each thing a distance, check inside again and ask in a friendly way, "What's between me and feeling 'All Fine' right now?" Again, with each thing that comes up, find a way to put it at a comfortable distance from you. If the list stops, gently ask inside, "Except for all that, I'm 'All Fine,' right?"…. If more comes up, add that to the stack. Keep a comfortable distance from your stack.

Background feeling

Sometimes there's a background feeling that we're *always* carrying… It may be something like *always* a little anxious… or *always* a bit depressed, or some other *always* feeling… Check inside and see if there is a background feeling that's in the way of feeling "All Fine"… If so, add it to your stack… Check again… (*Pause.*) "Except for all that, I'm 'All Fine,' right?"

"All Fine Place": Keeping everything at a distance now, I'd like to invite you to bring your attention to the "All Fine Place"… See if there is an image that matches or acts like a "handle" for the "All Fine Place"… Check it against your body to make sure it's right. If not, invite a new image that matches or acts like a "handle" for the "All Fine Place" to come… If what comes is a word or phrase, that's fine… Be accepting of that.

Appendix N

Responses to Qualitative Questionnaire Question 1: *Please write about your experience during the Clearing a Space with Art exercise.*

Session 1:

Participant #	Response
1	It was hard for me to focus and concentrate at first.
2	I was glad to use art as a means of expression. I feel like the place I was trying to express could have been more of an energy than a shape, but I drew what came first. Because I had a lot of time to create the piece I also made the environment that held the "All Fine Place"—which is like a soft warm nest.
3	I felt it was very calming to create an "All Fine Place." I am very pleased with the image I created and feel that I really connected with it.
4	I am in pain from the neck, so it was hard for me to be totally present and relaxed here. Setting aside the neck pain, however, did help me to relax some and I did feel more relaxed and still after the clearing a space exercise.
5	It calmed me down. I felt a bit frantic, thinking of my to do list. But what I found was that I still had my to list on my mind, but the emotion of frantic was gone.
6	I identified a few things to set aside. First I was picturing the ocean, not a lake.
7	I found CAS with Art a nice way to think outside of my stressors and focus on a relaxing moment where I am free of anxiety and stress.
8	I like the guided imagery. It really is a good way to recognize and set aside all the little things that are weighing on me that I didn't even realize.
9	I was able to set aside my stressors, and what's even more exciting was that I am able to accept and address them. This was a good feeling.

Session 2:

Participant #	Response
1	I enjoyed it at first but then I began to think about my "to do" list. I kept going back and forth from being in a relaxed state to a "to do" list state.
2	I had trouble being in the "All Fine Place." I don't think I was able to really be there because my thoughts kept intruding.
3	I felt initially feelings of worry, confusion, hopeless, discouraged and guilty.
4	Helped to envision putting issues at the correct distance (some all the way across the pond/lake and hidden in the bushes!) Helped to

	acknowledge the anxious/ depressive background feelings, but hard to get a felt sense completely free from it.
5	I felt not that stressed at the beginning, but I felt very activated, thinking it was with the help of coffee, but after the Focusing I felt much more grounded. Feeling a little more centered.
6	I am more stressed today, worrying about practicum sites and a client issue. Stopping to breathe and imagine an “All Fine” space helped a little, even taking a break from them.
7	The experience was very relaxing and thought provoking, almost made me feel sleepy.
8	I had just endured a stressful situation about an hour earlier and I was able to really let it go and set it aside.
9	I wanted to hang onto my stuff at first. While sitting with this I allowed myself to hang onto it to understand. Then I discontinued that because action is needed. If I put it aside, I might not “get around to it.” So I figured out how I could set them aside by placing them on a “things to do” list and place the list aside. Then all went well and smoothly and I was able to find the “all fine place.”

Appendix O

Responses from Qualitative Questionnaire Question 2: *Please describe your experience of the "All Fine Place."*

Session 1:

Participant #	Response
1	This exercise reminded me of a hypnosis exercise. I love the breathing exercise, which helped me relax. By putting all my worries aside and trying to find an "All Fine Place" I gained a lot of patience for the rest of the day.
2	It was hard to remain there, because stressors kept showing up. I would put the stressor aside and it would show up again. I only had a few moments of feeling the "All Fine Place."
3	In the beginning I had an image of a weeping child in fetal position because of the negative sources of stressors, but I was able to replace that with an image of my bed and a picture taped to the ceiling that is calming and pleasant to me.
4	Warm.
5	I thought of my experience in New York when I remembered really taking charge of my life, my experience, and taking the responsibility of self care— it brought me back to a time when I knew what I needed to do to say time out—take a breather.
6	I saw some violet color and perhaps it was around the lake place.
7	The "All Fine Place" for me is a representative of a moment of happiness and relaxation. It is a place where I am me without criticism and judgment, particularly from myself.
8	My "All Fine Place" was a brief time when I wasn't anxious with all the things I have to do especially working on my research.
9	A very enlightened space of acceptance.

Session 2:

Participant #	Response
1	This time my "All Fine Place" came naturally/ fast to me. I separated the things that I did not want (the things that were holding me back) from the things I did want. I enjoyed being here (on my private island).
2	It's the place where all the toxic feelings have dissipated, stress is low, anxiety is low. It is like the pressure has been released and everything is light. The load I have been carrying around is gone.
3	I imagined a waterfall surrounded by green shrubbery and completely isolated in a swampy environment, remote, tranquil and warm to bathe in!

4	Usually my “All Fine Place” is beach like, but this time the color turquoise really came to me, particularly a mandala I have recently seen entitled “Joy.”
5	My “All Fine Place” was in the Redwoods, a familiar place and once I was asked to put my not fine words, objects, images far away I imagined hanging them high in the trees— distant, and unable to reach from me, I imagined putting them there and walking a distance away.
6	I didn’t get a detailed visual, but the color and imagined the park bench with all of my “stuff” on it.
7	My experience was that of weightlessness, and freedom of worries. I was floating in a cozy bed or the water, just drifting at sea. It was a very peaceful and happy place.
8	The “All Fine Place” was very peaceful and restful. It was filled with nature and sunlight and hope. It was also warm and comfortable.
9	Very pleasant, tranquil, deep breathing space. It’s very calming and inspirational at the same time.

Appendix P

Responses from Qualitative Questionnaire Question 3: *Please describe what your art represents to you.*

Session 1:

Participant #	Response
1	At first I wanted to draw something positive but midway through I realized that I was still feeling overwhelmed by my priorities. This realization actually helped me and now my day will be more happy and positive.
2	The art represents my "All Fine Place." The image came to me during the guided meditation. The orange paper is soft like feathers, comforting and supporting the "all fine" energy inside. It is like a warm nest. The energy in the middle pulses in waves. It represents the place inside where everything is taken care of.
3	My art represents a more colorful adaptation of a large print I have taped to my ceiling over my bed that is black and white and shows a bird flying in the sky.
4	Image of sinking into warm sand, holding a loved one's hand came up as a handle.
5	My "All Fine Place" reminds me of a place in which I say its my time to take a time out, it's my time to make a choice about what I need to be healthy, restful, and in-tune with myself and my relation with others and my environment.
6	It represents a calm place— the violet and the 2 strips and red squiggles are the things to set aside. The curved piece is kind of a safe haven concept.
7	A place that reminds me of peace and relaxation. Looking at the art again brings me back to that moment of relaxation and helps me visualize myself being there.
8	My art represents a rest from recent anxiety and distractions. It is a place of peace, floating and moving on a cloud through color.
9	An enlightened and peaceful "all one" feeling reaching out and accepting from outside into the center of my soul/being.

Session 2:

Participant #	Response
1	There are the rolling hills that use to be behind my house. I would go and sit on top of one to relax and think. There is an open door to my "All Fine Place." It's open because today I managed to set it open.
2	The art represents the feeling of having the stress gone. The place where stuff builds up is empty, and everything is open and free.

3	The art was supposed to be a waterfall, but it looks more like a stream from a farther up waterfall. I felt anxious while drawing it so I think the strokes and colors reflect that anxiety of trying to go with the flow but feeling confused and lost at the same time.
4	The turquoise and vibrant magenta/yellows represents a JOY and Vibrancy of Life that I would like to call in more into my life experience right now. Mandala is peaceful/ contentment wholeness of Being. It was stress relieving to color hard (pressure) in of itself.
5	I feel my art represents a process of letting certain themes/feelings I carry and letting them go to seek alternative views of myself and what I carry daily. It was nice to imagine physically taking them out of me and putting them elsewhere away from me.
6	The park bench has my worries on it— the lawn area is approximately the color that I saw, kind of a turquoise.
7	My art represents a place I can go to feel comfortable and relaxed without worries. Nothing can drag me down or upset me there.
8	It represents a space where everything is okay and I am happy and I am able to be still without intrusive thoughts.
9	It represents closure, my fears around this, and embracing it to make it an “all fine experience.” It was a way of claiming the zipper metaphor I’ve been experiencing, and allow the concerns to evaporate from my being and know that all will be okay—No— All will be fabulous!

Appendix Q

Responses from Qualitative Questionnaire Question 6: *Is there anything else* you would like to share about your experience using FOAT for stress reduction?

Session 1:

1	I would recommend pairing it with hypnosis therapy, maybe?
2	It was hard for me to do the meditation both times, but I like the non-directive better. I would be interested in seeing if I could get farther with practice.
3	None.
4	None.
5	It was interesting to see myself draw myself looking at the themes of stress from a far, but then I didn't want to look at that anymore, I erased myself and drew my face looking the other way, feeling as if I was done looking at it and ready to move on.
6	I think doing this repeatedly would build a response to relax. Will try, I have the book.
7	It gives one an opportunity to not throw away or ignore your stressors, but set them aside in order to deal with them at another time. It also gives you the opportunity to be in your all fine space without feeling guilty about not dealing with your stressors.
8	After the meditation and art making I have experienced a bodily change. I am not feeling any stress or muscle tension.
9	I'd like more!

Session 2:

Participant #	**Response**
1	Working on a larger surface would be great too! I felt constrained by the small work space I had. But overall I enjoyed my time!
2	None.
3	Thanks for the variety of art supplies! (And the fabric scissors!)
4	FOAT has been helpful for me in previous sessions. This time it was a little helpful, but my neck pain interfered. Laury's presence makes a difference.
5	Neat!
6	Good reminder to set things aside and to put it on paper as a more sensory way to externalize it.
7	I do think it's a great tool enabling someone to set aside their

	stressors even for a moment. I do wish that sensation would last longer. I also love the visualization of putting the stressors in a boat, not just tossing them away.
8	I should use it more often.
9	I enjoyed it very much. Provided some moments of self care.