

THE EFFECT AND EXPERIENCE OF CLEARING A SPACE WITH ART ON  
STRESS REDUCTION IN SIGN LANGUAGE INTERPRETERS

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Submitted by  
Ari-Asha Castalia  
December 14, 2010

## **SIGNATURE PAGE**

I certify that I have read this thesis and that, in my opinion, it meets the thesis requirement for the Master of Arts in Marriage and Family Therapy degree.

---

Laury Rappaport, Ph.D., ATR-BC, LMFT  
Thesis Director

I certify that I have read this thesis and that, in my opinion, it meets the thesis requirement for the Master of Arts in Marriage and Family Therapy degree.

---

Richard Carolan, Ed.D. ATR-BC  
Art Therapy Psychology Department Chair  
Second Reader

Approved for submission to the School of Sciences at Notre Dame de Namur University.

---

Lisa Bjerknes, M.D., M.B.A.  
Interim Dean, College of Arts and Sciences,

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**TABLE OF CONTENTS**

LIST OF TABLES .....vii

LIST OF ILLUSTRATIONS .....viii

ABSTRACT.....ix

CHAPTER 1. INTRODUCTION .....1

    Stress.....1

    Interpreting.....2

    Stress Management Interventions .....6

CHAPTER 2. LITERATURE REVIEW.....13

    Introduction.....13

    Stress .....13

    Occupational Stress.....17

    Stress Management Interventions .....25

    Art Therapy For Stress Reduction.....32

    Focusing.....36

    Conclusion .....41

CHAPTER 3. METHODOLOGY.....42

    Hypothesis.....42

    Research Design.....42

    Participants.....43

    Selection Of Participants.....44

    Location .....44

    Instruments.....44

Procedure.....	47
Data Collection .....	49
Presentation Of Results.....	56
Risks.....	56
Benefits .....	57
Confidentiality .....	58
Protection Of Human Participants .....	58
CHAPTER 4. RESULTS.....	59
Introduction.....	59
Demographics .....	60
Quantitative Results .....	64
Art-Based Research Results.....	67
Qualitative Phenomenological Results .....	90
Conclusion .....	109
CHAPTER 5. DISCUSSION.....	111
Overview Of Significant Findings .....	111
Quantitative Results .....	111
Qualitative Results .....	113
Art-Based Results .....	114
Limitations Of This Study .....	115
Recommendations For Future Research .....	117
Implications, Applications, And Contributions.....	122
APPENDIX A: Participant Recruiting Letter .....	126
APPENDIX B: S-Anxiety Scale [from the State-Trait Anxiety Inventory (STAI)].....	127

APPENDIX C: Body Map .....	131
APPENDIX D: Written Reflection Statement .....	132
APPENDIX E: Informed Consent to Participate in a Research Study .....	134
APPENDIX F: Demographic Information .....	137
APPENDIX G: Permission to Use Artwork .....	139
APPENDIX H: Debriefing Statement .....	140
APPENDIX I: Final Questionnaire .....	141
APPENDIX J: Clearing a Space with Art III (Concrete Imagery) .....	143
APPENDIX K: Clearing a Space with Art II (Directive Imagery) .....	144
APPENDIX L: Clearing a Space with Art III (Non-Directive Imagery) .....	146
REFERENCES .....	148

**LIST OF TABLES**

Table 1, S-STAI Anxiety Scale Results for Sessions 1, 2, and 3 .....	65
Table 2, Session 1 Commonly Marked Areas of Stress on Body Maps (Pre- and Post) .....	70
Table 3, Session 1 Body Map Examples of Commonly Marked Areas (Pre- and Post) .....	71
Table 4, Session 2 Commonly Marked Areas of Stress on Body Maps (Pre- and Post) .....	78
Table 5, Session 2 Body Map Examples of Commonly Marked Areas (Pre- and Post) .....	79
Table 6, Session 3 Commonly Marked Areas of Stress on Body Maps (Pre- and Post) .....	85
Table 7, Session 3 Body Map Examples of Commonly Marked Areas (Pre- and Post).....	86
Table 8, Session 1 Process-Oriented Statements in Written Reflection Question 1.....	91
Table 9, Session 1 Process-Oriented Statements in Written Reflection Question 2.....	92
Table 10, Session 1 Pre- and Post Responses to Question 3.....	94
Table 11, Session 2 Process-Oriented Statements in Written Reflection Question 1.....	96
Table 12, Session 2 Hypothesis Related Statements in Written Reflection Question 2 .....	97
Table 13, Session 2 Pre- and Post Responses to Written Reflection Question 3.....	98
Table 14, Session 3 Hypothesis Related Statements in Written Reflection Question 2 .....	101
Table 15, Session 2 Pre- and Post Responses to Question 3.....	102
Table 16, Statements Supporting Preferences for Approach in Clearing a Space .....	105
Table 17, Process-Oriented Statements Related to Creating the All Fine Place .....	107
Table 18, Hypothesis-Related Statements Regarding Using CAS for Stress Reduction.....	108

## LIST OF ILLUSTRATIONS

### Figure

1. Experience with Guided Imagery.....	61
2. Experience with Mindfulness.....	62
3. Stress Management Techniques Used by Participants .....	63
4. Level of Comfort Making Art .....	64
5. S-STAI Anxiety Scale Results .....	67
6. Session 1 Body Map Markings (Pre- and Post) .....	69
7. Session 1 Alex’s Pre-Intervention Body Map .....	72
8. Session 1 Alex’s Post-Intervention Body Map .....	73
9. Session 1 Alex’s Depiction of the All Fine Place (detail [a]) .....	74
10. Session 1 Alex’s Depiction of the All Fine Place (detail [b]) .....	74
11. Session 1 Alex’s Depiction of the All Fine Place .....	75
12. Session 2 Body Map Markings (Pre- and Post) .....	77
13. Session 2 Quinn’s Pre-Intervention Body Map .....	80
14. Session 2 Quinn’s Post-Intervention Body Map .....	81
15. Session 2 Quinn’s Depiction of the All Fine Place .....	82
16. Session 3 Body Map Markings (Pre- and Post) .....	84
17. Session 3 Chris’s Pre-Intervention Body Map .....	87
18. Session 3 Chris’s Post-Intervention Body Map .....	88
19. Session 3 Chris’s All Fine Place .....	89
20. Clearing a Space Variation Preferred .....	104



**ABSTRACT**

Interpreters report higher levels of stress than other individuals involved in practice professions. This study hypothesized that Clearing a Space with Art, a Focusing-Oriented Art Therapy approach (Rappaport, 2009) would lead to measurable as well as perceived decreases in stress. Three variations to Clearing a Space with Art were used: concrete, directive, and non-directive. Participants expressed a preference for the non-directive approach. Measurable stress did decrease, although not markedly. At the same time, participants reported perceived reductions in stress, centered around themes of pleasure and relaxation in art-making, and an overall sense of physical and psychological well-being.

*Keywords: Focusing Oriented Art Therapy, Sign Language Interpreters, Stress*

## **CHAPTER 1.**

### **INTRODUCTION**

#### **Stress**

“I’m stressed out.” We hear it (and say it) all the time. Stress is seen as “what occurs when an individual feels that environmental requirements clearly exceed the resources available to him for coping with them” (Riccardi, Marinuzzi & Zecchin, 1998, p. 96). Stress contributes to poor mental health, damage to personal relationships, lost workdays and the resultant drop in productivity, burnout and costs of turnover to industry, increased utilization of health care and increased use of substances (American Psychological Association [APA], 2007; National Institute for Occupational Health and Safety [NIOSH], 2008, 1999, 1987; Taylor, 2008; World Health Organization [WHO], 2004). Thirty-three percent of Americans are “living with extreme stress and nearly half of Americans believe their stress has increased over the past five years” (APA, 2007, paragraph 1).

#### **Effects of Stress**

For many of those experiencing stress, the effects are pervasive. Statistics from a 2007 APA study found that approximately one half of Americans believe that stress negatively impacts both their personal and their professional lives. About one-third (31%) of adults who are employed have difficulty balancing work and family responsibilities. A major cause of stress, cited by more than one-third (35%) of those surveyed, is interference of work with family or personal time. Slightly more than half of Americans blame stress for fights with people they care about, and 25% report alienation from those same people because of the impact of stress on their lives. Additionally, eight percent surveyed link stress to divorce or separation.

## **Research on Stress**

Research on occupational stress has shown that perception of stress by an individual has a tremendous impact on the person's physical well-being and work performance (Bressert, 2006; Giga, Noblet, Faragher & Cooper, 2003; Murphy & Sauter, 2003; Segerstrom & Miller, 2004; Zautra, 2003). Occupational stress has been found to ultimately lead to declines in cognitive capabilities (Gross, 2010, Taylor, 1995). Any decline in cognitive capability is undesirable, especially when work being performed places high cognitive demands on the worker.

## **Interpreting**

One profession presenting high cognitive demands is interpreting. Defined concisely by Bowen (2001), interpreting is “the process by which a spoken or signed message in one language is relayed, with the same meaning, in another language” (p. 18). Interpreting is a cognitively demanding, high stress profession, according to Kurz (2003). Referring to spoken language interpreting, Riccardi et al. (1998) stated: “Few activities require so much concentration or place as many demands on the human psycho-motor apparatus as simultaneous interpreting” (p. 99). In addition, they explained:

Simultaneous interpreting is the result of cognitive processes, of which language comprehension and production are the most significant. Language comprehension is always a dynamic, active process during which the interpreter decodes the input text by means of both linguistic and extra-linguistic knowledge.

Knowledge of the preceding linguistic context, the topic under discussion, the conference setting and the role of the various

participants in the conference are essential to successful interpreting. (p. 95)

Interpreting requires a “highly complex discourse performance” (Tommola & Hyona, 1990, p. 2). This discourse performance, or communication event that is facilitated by an interpreter, requires that interpreters know both source and target language vocabulary (e.g. the language in which the message originates, and the language into which the message is being translated). Fluent Language Solutions (2007) described the process of both spoken and sign language interpreting as taking:

...all the semantic, connotative and aesthetic content from a given 'source' language and then transfer[ing] it into another language, using the lexical, syntactic and stylistic resources of the second, or 'target' language. It is then detached from the words used in the original source and reconstituted, with all its subtlety and intended meaning, in the words of the 'target' language. Interpreters perform this work in real time in spoken and signed form. ([http://www.fluentls.com/career\\_opportunities.html](http://www.fluentls.com/career_opportunities.html))

Source and target language terminology required in a specific interpreting event is dependent on the setting (e.g. medical, legal, business, educational). Additionally, interpreters must understand norms for a wide variety of settings, and understand power dynamics and oppression. Interpreters are required “to pay attention carefully, understand what is communicated in both languages, and express thoughts and ideas clearly. Strong research and analytical skills, mental dexterity, and an exceptional memory also are important” (Bureau of Labor, 2007, p. 1).

Another consideration for interpreters, according to the Registry of Interpreters for the Deaf [RID] Code of Professional Conduct (2005), is that the messages produced by sign language interpreters are required to be objective, neutral and accurate. The goals of objectivity and neutrality can be additional stressors, as sign language interpreters often find themselves in situations that have high stakes outcomes for the D/deaf and hard-of-hearing individuals they serve, such as medical procedures or legal proceedings (Bowen, 2001; Vidal, 1997). [This author will use the convention D/deaf to include both culturally Deaf and audiolgically deaf individuals, as originally suggested by Woodward in 1972 and elucidated by Padden and Humphries (1992), as follows:

We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language -- American Sign Language (ASL) -- and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves, and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people (p. 2).]

Interpreters work in every imaginable setting where a person who is D/deaf needs to communicate with persons who do not use sign language. This includes facilitating

communication in police stations and courtrooms (both settings where a specialist Legal Certificate offered by the Registry of Interpreters for the Deaf applies), psychiatric institutions and therapist's offices, as well as all types of workplaces from the post-office to corporate settings. They provide access to public events like concerts, rallies, and performances.

Interpreters are found working with health care professionals in medical appointments, in social service settings and in religious settings. They work in video relay services, making it possible for people who are D/deaf to use the telephone to communicate with non-signers. Even the seemingly benign work of classroom interpreting, often a setting where recent graduates of many sign language interpreter training programs initially work in spite of a potential lack of qualifications, has far-reaching implications for academic and vocational futures of consumers who are D/deaf and hard-of-hearing (Marschark, Sapere, Convertino & Seewagen, 2005; Napier & Barker, 2004). Some researchers have found events that are routine for seasoned interpreting professionals are most likely to cause inexperienced interpreters to have feelings of insecurity, fear of failure, and in general, a high degree of stress (Kurz, 2003; Riccardi et al., 1998).

However, Dean, Pollard and Samar (2010) found it noteworthy that occupational health risks did not differ when they "controlled for interpreters' years of experience in the field" (p. 42)

### **Impacts of Stress on Interpreters and Interpreting**

Stress impacts the field of interpreting in a number of ways. Most broadly, any decline in cognitive capability caused by stress could have a deleterious effect on both the translated message as well as the physical and mental health of the interpreter themselves. More specifically, in their article about sign language interpreting and Demand-Control Theory, Dean and Pollard (2001) described the variety of stressors that can impact the interpreted product,

stating, “The characteristics and goings-on in the physical environment, the dynamics and interactions between the people who are present, and even the “inner Noise” of the interpreter contribute to the accuracy, or lack thereof, of the resulting translation” (p. 1).

Decreased accuracy in rendering an interpreted message and resultant misunderstandings may lead to negative outcomes for people who are D/deaf or hard-of-hearing (Vidal, 1997). Lack of clear communication culminates in inadequate access to information. These inadequacies impact users of interpreter services in all domains of their lives, including educational, vocational, legal, medical, and mental health settings (Bowen, 2001; Marschark & Spencer, 2003; Marschark et al., 2005; Stewart & Kluwin, 1996).

Stress faced by interpreters leads to interpreting related injuries. Research has shown that Cumulative Motion Injury, Cumulative Trauma Disorders, or Repetitive Stress Injuries (RSI) are a significant problem among sign language interpreters (Scheuerle, Guilford, & Habal, 2000; Stedt, 1992). The Rochester Institute of Technology determined that working as a sign language interpreter carries one of the highest risks in terms of ergonomic injury (RIT, Marshall et al., 2008).

There are also far-reaching and wide-scale effects of stress in the field of sign language interpreting, as evidenced by burnout of interpreters. Burnout ultimately leads to a shortage of qualified individuals to serve as communication bridges between the “hearing” world and the world of individuals who are D/deaf and hard-of-hearing (Dean & Pollard, 2001; Ivars & Calatayud, 2001; Marschark et al., 2006).

### **Stress Management Interventions**

In general, two broad avenues are available to address job and performance stress. These

are organizational change and stress management. Organizational change addresses root causes of stress at work and is recommended as the priority for improvement in working conditions. Stress management training may rapidly reduce stress symptoms and is inexpensive and easy to implement. A major disadvantage of stress management training programs is the temporary nature of beneficial effects of symptom reduction (NIOSH, n.d.)

Many stress reduction approaches offered in the workplace are not easily available to interpreters. This unavailability is due to a number of factors, including the nature of interpreting work, the status of interpreters as private contractors, and the code of professional conduct under which interpreters function. Ivars and Calatayud (2001) state “the capacity to control stress has traditionally been considered one of the prerequisites for interpreting” (p. 105), yet beyond encouraging interpreters to pay more attention to their coping strategies, very little has been suggested specifically in terms of stress reduction for either working/expert or novice/student interpreters (Dean & Pollard, 2001; Riccardi et al., 1998; Shaw & Craw, 2007).

While there are studies addressing stress and coping in various other performance oriented tasks (e.g. golfing, orchestral musicians, equestrians, individuals training in medical clerkships, health care professionals), there are only a limited number of studies addressing the impact of stress on interpreters and the quality of their work. These limited studies have mainly been conducted on spoken language interpreters in conference settings providing simultaneous translation services (Cooper, David & Tung, 1982; Kurz, 2003; Riccardi et al., 1998) and not on sign language interpreters, or students in sign language Interpreter Training or Education or Preparation Programs (Steward & Kluwin, 1996). In a rare study considering occupational health risks faced by sign language interpreters, Dean et al. (2010) found, “interpreters on the whole



reported significantly more psychological distress, depression and physical exertion than either the practice profession or the technical profession norms” (p. 41). These results replicated findings of a smaller-scale study Dean et al. conducted in 2005.

Thus far, the only organized effort in a Stress Management Intervention (SMI) that has been offered to interpreters is the Job Demand Control Model (JD-C) developed by Karasek (1979). The Demand-Control approach has been popularized in application to the field of interpreting by Dean and Pollard (2001). While use of this schema has become widespread, the primary focus is on work and the workplace, and not on the individual. Additionally, because the focus is on providing a framework in which to analyze work settings, it is not available for interpreters to use for stress reduction on a personal level, prior to or upon completion of an interpreting assignment.

### **Clearing a Space as a Stress Management Intervention**

One technique that has been helpful in stress reduction is the first step in Focusing, called Clearing a Space (CAS). Clearing a Space is reputed to reduce stress (Gendlin, 1999; Hendricks, 2001; Katonah & Flaxman, 2008; Rappaport, 2009). The process of Clearing a Space can “open up a perspective that is wider than the intense emotional experience” (Katonah & Flaxman, 2008, paragraph 5) of being mired in negative self-talk, overwhelmed by feelings, or inundated by the perception or reality of a crisis. Individuals are invited to attend to or take an inventory of a few issues that are of current concern, and to notice especially how those issues are felt in the body (Katonah & Flaxman, 2008; Rappaport, 2008).

According to Gendlin, placing of concerns at a distance and therefore outside the body leads to a release of somatic tension and subsequent relaxation (1999). Relief is also gained by

the sense of well-being resulting from the “cleared space” and “the sense of how [the client] would feel if their lives were going forward in a positive way” (Katonah & Flaxman, 2008, paragraph 6). Rappaport enumerates benefits of Clearing a Space when she states it:

[h]elps clients to dis-identify with the issues or problems they are carrying. By setting the issues at an imaginary distance, an experience of self is experienced that is “whole.” Clearing a Space puts the client in touch with a natural life-affirming energy that is always available yet is often buried or blocked by issues or problems (2009, p. 45).

While there are studies on the entire Focusing process (see Hendricks, 2001, for a review), most studies have measured the process variable of “Experiencing Level” [EXP] and the impact of this level on the outcome of therapy. According to Hendricks (1986), “the concept of Experiencing refers to a client’s immediately sensed, but implicit, experience.” A client with a High EXP level is able to attend directly to the felt sense, and can verbalize it. A client with a Lower EXP level finds it more challenging to “discriminate this initially vague sense and get stuck in an intellectual or repetitively emotive process” (Hendricks, 1986).

Klagsbrun et al. (2005) included Clearing a Space in a study on women with cancer as a part of a larger exploration of effectiveness of Focusing and Expressive Arts Therapy. They found a significant difference between pre-and post-intervention scores as measured on the Clearing a Space Scale, indicating, in part, “the participants’ abilities to place issues aside and find places of inner peace and well being” (p. 129).

Few researchers have specifically and quantitatively investigated effects of the outcome of the Clearing a Space experience. References to Clearing a Space with Art are mainly anecdotal reports.

### **Art Therapy as a Stress Management Intervention**

In addition to psychological methods for reducing stress, creating art in general and Art Therapy in specific have been credited with positive impacts on quality of life, including stress reduction (American Art Therapy Association, 2010). Generally, art is said to have a “healing potential” (Schaverien, 2001, p. 116). Rogers described the creative process as “a powerful integrative tool” (2001, p. 164) in and of itself. Allen (2001) declared “art making is one means to receive and cultivate [life force] energy” (Allen, 2001, pg 182) and claimed making art “answers one’s own spiritual needs” (p.182). Creating art can lead to discovery of new perspectives (Garai, 2001), and aid in self-discovery and expanded self-perception (Rogers, 2001). Art is used to “let go, to express, and to release” (Rogers, 2001, p. 164), and to identify and access feelings (Rogers, 2001). Those engaging in art report the process helps them “to go beyond their problems, to find a new sense of soul or spirit, and to envision themselves taking constructive action in the world” (Rogers, 2001, p. 164). Edwards (2001) wrote there is “magic” in the act of creating (p. 98). Symbolic expression of feelings have potential to augment capacity to tolerate anxiety (Belfiore, 1994).

More specifically, Liebmann (2004) enumerated a number of benefits of art therapy, including: self-expression, increased awareness and clarity of feelings, exploration of self, and release of feelings such as anger and aggression. Rubin posited the internal shifts that come from engaging in art therapy can lead to change that is extensive and durable (2001). Robbins

addressed how art therapy aims to encourage novel perceptual organization involving changes in patterns of energy (2001).

Benefits that come from art-making related to stress management and reduction are “improve[d] and enhance[d] “physical, mental and emotional well-being” (<http://www.arttherapy.org/aboutart.htm>) through access, expression and release of emotions (Garai, 2001; Liebmann, 2004; Rhyne, 1973; Rogers, 2001; Rubin, 1984). Also, the artwork may also serve as a transitional object that can assist in self-soothing (Rubin, 2001; Winnicott, 2005). Through Clearing a Space with Art, participants in this study had the opportunity to use art to identify and set stressors aside (accessing, expressing and releasing emotions), as well as use of art materials to create a depiction of the All Fine Place. This depiction could be used as a transitional object.

**Focusing Oriented Art Therapy.** The addition of art-making to the process of Focusing has been pioneered by Rappaport (2009) as an “approach that synthesizes Gendlin’s original teaching method of Focusing and the principles of Focusing–Oriented Psychotherapy with art therapy theory and practice” (p. 91). She called this approach Focusing Oriented Art Therapy (FOAT). Focusing Oriented Art Therapy is detailed extensively in Rappaport’s 2009 book. She wrote, “Clearing a Space with Art is a fundamental approach of Focusing Oriented Art Therapy” (2009, p. 111). Once the individual has identified issues, they are asked to use imagery to imagine placing them at a distance that feels appropriate. Rappaport suggested three ways to place issues at a distance. She used a concrete approach, consisting of writing down and then creating “a symbol for each issue or concern ... identified through writing” (2009, p. 121), as well as directive imagery (e.g. placing concerns “into a boat docked at the lake” and setting “the

boat at the right distance” ) (2009, p. 120), and non-directive imagery, suggesting possibilities from which the listener can choose (2009, pg 119). Art can be used to “concretize and symbolize the felt sense of the issues being set aside” (Rappaport, 2009, p. 111)

Once the issues are at a distance, the individual is asked to notice the now “cleared space.” The exercise concludes with a connection to the “All Fine Place.” Rappaport explains the All Fine Place as “an aspect of self that resides within every person and has an inherent sense of well-being” (2009, p. 37). In FOAT, individuals can create an art product depicting their sense of the “All Fine Place” (Rappaport, 2009).

### **Purpose of the Proposed Study**

Interpreters experience stress in the workplace, which leads to health consequences for them personally. Additionally, stress negatively impacts their ability to engage in the difficult task of interpreting. Any distraction from the task can lead to decreased accuracy for consumers of interpreting services. Stress management interventions (SMIs) are often unavailable to interpreters. One way to reduce stress is the first step of Focusing, which is Clearing a Space. FOAT pairs art-making with CAS. Art-making has been credited with providing many benefits, including stress and anxiety reduction (Bell & Robbins, 2007; Curl, 2008; Malchiodi, 1998; Nainis, Paice, Ratner, Wirth, Lai & Shott, 2006; Rhyne, 1973; Rubin, 1999).

This study proposed the use of Clearing a Space with Art as a stress reduction technique. The hypothesis is that Clearing a Space with Art will reduce both measurable and perceived levels of stress for sign language interpreters.

## **CHAPTER 2.**

### **LITERATURE REVIEW**

#### **Introduction**

This paper begins with a brief explanation of stress, harmful consequences of stress for individuals, and negative impacts of stress on workers and the workplace, and then reviews stress management interventions and existing studies of such interventions. The current paper will enumerate the stresses related to the process of sign language interpreting, and elucidate the barriers in traditional stress reduction approaches for sign language interpreters. An accessible and easily adoptable approach to stress reduction for sign language interpreters called Clearing a Space with Art will be suggested.

#### **Stress**

##### **Definitions of Stress**

There are multiple definitions of stress (Beehr et al., 2001; Ivancevich et al., 1990; Lazarus, 1993; Ongori & Agolla, 2008; Selye, 1983; Seymour & Grove, 2005; Zautra, 2003). Stress can be seen as an environmental stimulus, the response to an environmental stimulus, or as a stimulus-response relationship (Kinman & Jones, 2005). These multiple definitions exist, in part, because of ubiquitous usage of the word stress in everyday discourse (Zautra, 2003). A number of factors further complicate the ability to define stress. Stress encompasses physiological and psychological aspects, the context in which the stress takes place, the frequency of the stressful event, and the ability of the individual to have an impact on the event (Zautra, 2003). The confusion of “stress” with any negative emotion also adds to the problem of clear nomenclature. Further, popular measures in the field of stress research have added to the

problem of definition, because “measures assess tendencies to perceive events as stressful, as well as how much stress is in people’s lives” (Zautra, 2003, p. 36), thereby conflating the stimulus with the response.

### **Individual Appraisals of Stress**

Some researchers, including Lazarus and Folkman (1984) believe it is important to conduct personal appraisals of sources and individual ramifications of stress. However, this personal appraisal can prove challenging, according to Pelletier, who wrote about the challenges of such an appraisal: “With stress deriving from myriad psychosocial, environmental, and personal sources which often operate at subliminal levels, it is a formidable task for each person to sort out these factors in his or her life” (1977, p. 114).

Clearly, personal perception of stress is a factor. One’s perception is impacted by one’s appraisal of the potential of a situation to cause harm or benefit (Lazarus & Folkman, 1984). Our past experiences, expectations, and learned attitudes impact our perception of situational stress as well as impacting how we react to stressful situations (Pelletier, 1977).

There are drawbacks, especially from a research point of view, in depending on an individual’s appraisal of stress. Because individuals are different, the kind and degree of their reactions will also be different. Lazarus and Folkman (1984) remind us that “People and groups differ in their sensitivity and vulnerability to certain types of events, as well as in their interpretations and reactions” (p. 22). Additionally, depending solely on self-reports is by nature subjective, and makes it difficult to separate the construct of stress from other related concepts (e.g. tension or anxiety). Another complication is the difficulty in accessing the agendas that influence appraisal, given that cognitive processes influencing appraisals are not necessarily

conscious (Lazarus & Folkman, 1984). Further, individuals differ in their ability to reliably self-report, as well as their willingness to disclose emotions. As Zautra (2003) declared:

If those who do not reveal the emotions are more prone to illness, and if we are attempting to test whether stress is also related to illness, we are up the proverbial creek when we rely on self-reports to define the ‘stressfulness’ of an experience (p. 37).

**Differences in individual appraisals of stress.** Differences exist in the susceptibility of individuals to stress, and are important to acknowledge. These differences are multi-faceted. For example, individuals may differ in both amount of control or decision-making latitude they perceive themselves to have (Dean & Pollard, 2001; Karasek & Theorell, 1992; Messer & Jones, 1999), and their resources for coping (Lazarus & Folkman, 1984; Messer & Jones, 1999). Individuals may also have differing commitments. Commitments “express what is important to the person. ... [and] determine what is at stake in a specific stressful encounter” (Lazarus & Folkman, 1984, p. 56). Commitments are relevant since “any encounter that involves a strongly held commitment will be evaluated as meaningful to the extent that the outcome harms or threatens the commitment or facilitates its expression” (Lazarus & Folkman, 1984, p. 56). Commitments determine appraisals in three ways, according to Lazarus and Folkman (1984). First, the existence of a commitment will “guide people into and away from situations that can challenge or threaten, benefit or harm them” (Lazarus & Folkman, 1984, p 57). Secondly, commitments also influence appraisal in terms of impact on “cue-sensitivity,” since people evaluate situations differently based on how they measure and assign importance to various factors of situations (Lazarus & Folkman, 1984). And lastly, “commitments influence appraisal ... through their relationship to psychological vulnerability” (Lazarus & Folkman, 1984,



p. 58). This means, according to Lazarus and Folkman (1984), the possibility for any experience to be seen as threatening, harmful or challenging is directly related to the level of commitment an individual holds. They summarized, “The greater the strength of a commitment, the more vulnerable the person is to psychological stress in the area of that commitment” (p. 58).

Individuals may also have differing resources at their personal disposal, such as health and energy, positive beliefs, problem-solving skills, social skills and social support, and material resources (Lazarus & Folkman, 1984). All of these factors contribute to differences in perception and appraisal of stress from individual to individual.

### **Incidence and Impact of Stress**

The differences in definition among experts have not prevented Americans from reporting a sense that their stress level has been steadily increasing (APA, 2007; Murphy & Sauter, 2003). Stress has been linked to many physical and psychological concerns.

On the individual level, stress contributes to physical and psychological ailments. These diseases and disorders can lead to changes in the immune system. Cumulative, this circumstances result in increased utilization of health care services (Beehr et al., 2001; Sauter et al., 1999; Segerstrom & Miller, 2004; Seymour & Grove [BOHRF], 2005). Segerstrom and Miller stated, “studies have convincingly established that stressful experiences alter features of the immune response as well as confer vulnerability to adverse medical outcomes that are either mediated by or resisted by the immune system” (2004, p. 619). In their study for the National Institute for Occupational Safety and Health, Sauter et al. (1999) maintained that “evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems-especially cardiovascular disease, musculoskeletal disorders, and psychological

disorders” (“Job Stress and Health,” para. 3) Chronic and continuous stressors “pervade a person’s life, forcing him or her to restructure his or her identity or social roles” (Segerstrom & Miller, 2004, p. 601). Theorell and Karasek (1996) found the “daily residual strain arising from a stressful work situation gives rise to accumulated feelings of exhaustion, which may inhibit learning attempts by leading to withdrawal from the learning challenges presented on the job” (p. 11).

The predisposition on the part of some individuals to hide and/or repudiate effects of stress is an additive factor in development of stress disorders (Pelletier, 1977). Psychosomatic medicine studies “inner mechanisms involved in the processing of emotions, including feelings of stress, and their role of physical health” (Zautra, 2003, p. 37). This field of study holds that “people who fail to acknowledge their inner emotional conflicts may suffer dire health consequences due to unhealthy physiological sequelae of emotional inhibition” (Zautra, 2003, p. 37).

### **Occupational Stress**

Similarly to the broad concept of stress discussed earlier, the more narrow concept of occupational stress has been defined in different ways. According to a number of researchers in the field, “occupational stress is defined as the perception of a discrepancy between environmental demands (stressors) and individual capacities to fill these demands” (Kinman & Jones, 2005; Lazarus, 1966; Ongori & Agolla, 2008). Pelletier defined occupational stress as “lack of harmony between the individual and his work environment” (1977, p. 90) and claimed that “job stress is one of the most universal and intense kinds of stress” (1977, p. 90). Stress was seen by Beehr et al. (2001) as “a process in which some characteristics of work or a workplace produce harmful consequences or responses on the part of the employees” (p. 1). The definition

that Beehr et al., (2001) employed included both the stimulus, or force that is applied to a person in the workplace, as well as the response, either psychological or physiological, to that stimulus. This definition emphasized the relationship between the person (in the form of their characteristics) and the nature of the environment and event, and by definition included the appraisal that an individual makes of a situation as “taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 142). Mechanic (1984) offered that stress occurred when individuals perceived their skills and resources inadequate for the task, or when their skills and resources were in fact inadequate. Paradoxically, “most people still find contentment at work, even when their jobs are so taxing physically and psychologically that their activities are truly harmful to their health” (Zautra, 2003, p. 191).

Although perspectives of experts vary as to the distribution of weight each factor receives (Karasek & Theorell, 1992), ultimately, occupational stress is a combination of environmental and personal factors, Beehr et al., (2001) viewed stress as a cumulative process that takes place over time, wherein multiple situational and individual factors cause workers to experience negative psychological or physiological consequences, as opposed to a product of any single variable.

### **Research on Occupational Stress**

Specific inquiries into occupational stress have resulted in a body of research by both individuals (Cox, Karankika, Griffiths & Houdmont, 2007; Giga et al., 2003; Ivancevich & Ganster, 1987; Ivancevich, Matteson, Freedman & Phillips, 1990; Murphy & Sauter, 2003; Richardson & Rothstein, 2008; Taylor, 2008) and organizations (American Psychological Association [APA], 2007; National Institute for Occupational Health and Safety [NIOSH], 1999;

NIOSH, 2002; Northwestern National Life Insurance Company, 1991; St. Paul Fire and Marine Insurance Company, 1992; United States Department of Labor [DOL], 2001; British Occupational Health Research Foundation by Seymour & Grove [BOHRF], 2005; World Health Organization [WHO], 2008). The body of research developed includes studies on stress, the incidence of stress, its causes and impacts, and a variety of stress management interventions (SMIs), among other topics.

In the occupational setting, stress is blamed for lost workdays, decreased productivity, increased burnout, and the resulting costs of employee turnover (Bressert, 2006; Giga et al., 2003; Murphy & Sauter, 2003; Segerstrom & Miller, 2004). Stressful work causes a multitude of psychological and physiological impacts for individuals. Given these impacts, occupational stress reduction is a worthwhile goal for both individuals and businesses to pursue.

Given the prevalence and deleterious effects of stress, it is only natural that the efficacy of stress management interventions has been studied on a wide variety of workers in various professions (Beehr, Jex & Ghosh, 2001; Seymour & Grove [BOHRF], 2005). A sample of studies chosen to illustrate evaluation of SMIs shows a robust representation of teachers and nurses (Beehr et al., 2001). Yet, the impact of stress and stress management interventions on workers in many specific occupations, including sign language interpreting, has thus far remained unexamined.

### **Interpreting**

Similarly, stressors in interpreting have remained for the most part unexamined. Studies have been limited in scope, and primarily focused on spoken language interpreting that takes place in conference settings (see Ivars & Catayalud, 2001; Kurz, 2003; Riccardi et al., 1998;

Tommola & Hyona, 1990). This type of interpreting involves working from one spoken language to another spoken language, often done in booths with consumers of the service wearing headphones to listen to the translation. Studies of stressors for sign language interpreters, who are working between American Sign Language or other sign languages and English or other spoken languages, are rare. (See Dean et al. (2101). Still, cognitive processes and mental acuity required for spoken and sign language interpreters have sufficient commonalities, making it possible to extrapolate that the work of sign language interpreting is equivalently high-stress and equally cognitively demanding.

**The process of interpreting.** Interpreting requires multiple skills and diverse knowledge to successfully transmit messages between two or more individuals who do not share the same language. Angelilli (2004) saw “interpreters as vital agents between cultures and languages” (p. 1). Ivars and Catalayud (2001) stated interpreting involves a “complex cognitive process of language and cultural transfer” (p. 105). Both spoken and sign language interpreters must be familiar with both the source language(s) and the target language(s) of participants in order to comprehend and produce messages. This familiarity includes understanding of linguistic and extra-linguistic features (Riccardi et al., 1998). The knowledge bases required by interpreters range from lexicon, stylistic features, semantics, and connotative meanings (in both source and target languages) to prior context, cultural implications, power dynamics, and roles of participants.

Interpreting requires a variety of skill sets. An interpreter needs to have the ability to attend and concentrate over long periods of time (Kurz, 2003), as well as to express a message with clarity (Bureau of Labor, 2007). Interpreters must have academic knowledge of the topic of

interpreting and ability to translate between two (or more) languages. Additionally, Dean and Pollard (2001) detailed other skills interpreters need: “They must develop unique knowledge bases and other skills (beyond those pertaining to language *per se*) regarding the varied service settings where interpreters work and, most importantly, expand and hone their professional judgment skills” (p. 9).

Other core traits required to be successful as an interpreter are “strong research and analytical skills, mental dexterity, and an exceptional memory” (Bureau of Labor, 2007). In her study about the physiological stress of spoken language interpreting, Kurz mentioned preferable personal qualities for interpreters, including “unflappability,” “nerves of steel,” and “coolness under pressure” (2003, p. 3).

**Stress for interpreters.** Empirical studies on the impact of stress in spoken language interpreting performance are scarce, according to Ivars and Catalayud, in spite of, “wide consensus that stress is intrinsic to interpreting” (2001, p. 105). Studies of the influence of stress for student spoken language interpreters are even more rare (Riccardi et al., 1998). Yet, ability to manage stress is considered crucial in interpreting. According to Ivars and Catalayud (2001), in entrance exams for spoken language interpreter training programs, the “capacity to cope with a situation of continuous stress during a relatively long time is considered more important than the actual performance *per se*, provided candidates show a minimum number of skills” (p. 106).

In a seminal article on research with sign language interpreters and stress, Dean and Pollard (2001) chronicled a number of sources for stress, including:

the static, restrictive nature of the interpreter’s role, ...working conditions, unattainably high performance expectations, ...

emotional reactions and duress with no outlet for dealing with them, involvement in private and sensitive situations, limited ability to help consumers other than through the direct translational role, and real or perceived skill inadequacies (p. 3-4).

Other potential stressors for sign language interpreters include hostility toward interpreters expressed by some consumers (Neville as cited in Dean and Pollard, 2001), vicarious trauma experienced when witnessing physical suffering or inequities faced by people who are D/deaf during interpreting situations, and overall lack of decision-making latitude (Dean & Pollard, 2001). Complicating the already complex nature of the process of interpreting are expectations of the interpreter, who, according to Bowen, “may be expected to provide anything from straightforward neutral language interpretation, to cultural interpretation, to advocacy....or educator functions” (2001, p. 18). Some have expressed concerns about such a broad definition of the role of interpreters (Bowen, 2001; Davidson, 2000). Dean and Pollard (2001) noted “conflicting views among consumers’ understanding of the interpreter’s role” as a source of stress for interpreters (p. 4). Writing about spoken language interpreters working in health care settings, Roat noted interpreters may be asked to switch between varied roles as advocate, culture broker, clarifier and conduit (<http://www.diversityrx.org/html/moipr3.htm>, n.d.). Interpreters were encouraged by Roat to choose the least invasive role that still maintains communication and delivery of health care services. An additional source of stress, according to Dean et al. (2010) was as follows:

[the] gap between interpreting practice rhetoric versus the *de facto* practice experiences and behaviors of interpreters. That is to say, there is a “disconnect” between what interpreters often say or

believe they do on the job (the “invisibility” myth yielding a straightforward, “source-to-target language” technical product) versus what they actually do in their day-to-day work (exercise a great array and degree of complex choices in response to the varying contextual factors of each particular assignment), leading to a stressful conundrum that heightens occupational health risks (p. 42).

*Impact of stress on interpreters.* Stress can cause a decline in cognitive capabilities (Karasek & Theorell, 1992), which is antithetical to what is needed to perform the “highly complex discourse performance” (Tommola & Hyona, 1990, p. 3) of interpreting.

Stress faced by interpreters also leads to interpreting related injuries. Interpreters are prone to Repetitive Stress Injuries, sometimes called Cumulative Trauma Disorders or Cumulative Motion Injuries. There are a number of inflammatory conditions that can be under the umbrella of RSI. One RSI is Carpal Tunnel Syndrome (CTS). Carpal Tunnel Syndrome results in numbness and tingling sensations in the hand. Stedt (1992) found that 87% of interpreters studied had experienced at least two symptoms associated with RSI. Scheuerle et al. (2000) studied Cumulative Trauma Disorders in sign language interpreters and noted that 82% of survey respondents experienced pain that was considered disabling during and after working. In a study of sign language communicators (including interpreters, D/deaf and hard-of-hearing individuals and signing educators by Smith et al. (2000), over half (59%) of respondents reported hand/wrist problems. Of these, 26% experienced problems that limited their ability to work.

Linking mind and body, Gross (2010) stated, “when you engage in stressful thinking your cognitive abilities are compromised” (p. 15). Gross explained:



... chronic stressful thinking ... affects every bodily system. In addition to inhibiting blood circulation, upsetting your body's hormonal balance and causing physical muscle tension, chronic stress can also affect the ability of your cells to receive nutrition from the food you eat..... Obviously, this impacts the ability of your body to repair and nourish itself” (p. 15).

Gross (2010) offered that, rather than poor ergonomics, “the effect of psychological predispositions is far more significant in its overall impact” on injuries. Examples of such predispositions include a belief that there is an “external locus of control [which] can set an interpreter up for injury”, “stressful thinking,” a “‘Savior’ mentality,” and the perceived need for “perfectionism.” This last predisposition is especially problematic, since Davidson stated “most, if not all, serious analyses of interpretation acknowledge that perfection in interpretation is unattainable” (2000, p. 2).

Tommola and Hyona (1990) summed up requirements of the process of interpreting by declaring it required “language perception, comprehension, translation, and production operations [to be] carried out virtually in parallel and under severe time pressure” (p. 3). Given the myriad of requirements to perform the task of interpreting, and the general lack of job decision latitude, it follows working as an interpreter is stressful.

**Research on stress for interpreters.** The vast majority of studies to date investigating stress levels of interpreters have been conducted with professional spoken language interpreters. The processes of spoken language interpreting and sign language interpreting do require many similar skills, level of concentration and attention, and knowledge bases. Given these similar requirements, one can assume similarly high levels of stress for both spoken and sign language

interpreting. A search of the literature revealed minimal information regarding stress experienced by sign language interpreters (see Dean et al. for two studies), and no mention of stress management interventions specific to their needs or available to them in general, in spite of a recognition of need (Dean & Pollard, 2001; Ivars & Calatayud, 2001).

### **Stress Management Interventions**

With the multitude of psychological and physiological impacts of stressful work, and the impact stress has on skills such as coping and learning required to engage and excel in a working environment, it is important to consider stress reduction techniques in a systematic way.

Stress management interventions have been widely adopted since the 1970's and broadly studied since the 1990's (Giga et al., 2003; Murphy & Sauter, 2003; Richardson & Rothstein, 2008). A generally accepted definition of "stress management intervention" can be found in Ivancevich et al.: "Any activity, program, or opportunity initiated by an organization, which focuses on reducing the presence of work-related stressors or on assisting individuals to minimize the negative outcomes of exposure to these stressors" (1990, p. 252). A variety of meta-analyses show moderate evidence that SMIs can have a positive impact (Ivancevich et al., 1990; Richardson & Rothstein, 2008; Seymour & Grove [BOHRF], 2005).

SMIs act on three factors of workplace stress. The first factor relates to the intensity of the stress(ors) faced by workers. The second factor addresses the appraisal an employee makes of stress(ors) they face. The third factor is focused on coping mechanisms the employee has in place to face stress(ors) (Ivancevich et al., 1990; Richardson & Rothstein, 2008).

### **Categorization of Stress Management Interventions**

Stress management interventions are categorized in a number of ways. At times

interventions conducted in the workplace appear to be hybridizations of these various designations.

**Organizational and individual.** Some see interventions as divided into two different levels: organizational and individual. Organizational level interventions seek to impact work-related factors in a broader context, whereas individual level interventions focus on assisting employees in limiting effects of stressors they face at work (Richardson & Rothstein, 2008) via efforts in job redesign or increases in participative decision making (Beehr et al., 2001). There are also interventions combining the two approaches.

**Emotions and problems.** Another categorization system divides SMIs into those focused on emotion and those focused on problems. According to Bond & Bunce (2000), in an emotion-focused SMI emphasized is on identifying “undesirable thoughts and emotions aroused by work stressors” (p. 1). A problem-focused SMI, on the other hand, is intended to catalog and mitigate the stressors themselves (Bond & Bunce, 2000).

**Primary, secondary, and tertiary.** Additionally, stress management interventions are seen as occurring on three levels: primary, secondary, and tertiary.

Primary interventions are proactive efforts directed at sources of stress in the workplace (Ongori & Agolla, 2008; Richardson & Rothstein, 2008), similar to problem-focused SMIs. Primary interventions include efforts to alter sources of stress on an organizational level by reducing the cause(s) of stress or limiting exposure of workers to stress itself. These efforts include job redesign, peer support groups, and increasing decision-making authority for workers. Secondary interventions attempt to reduce severity of stress symptoms in employees, with an eye toward preventing medical sequelae, similar to emotion-focused SMIs.

Secondary interventions include learning opportunities often offered as seminar programs (Ongori & Agolla, 2008). The most common secondary individual level interventions are prevention programs with content devoted to instruction in stress management and coping techniques (Giga et al., 2003; Richardson & Rothstein, 2008; Seymour & Grove [BOHRF], 2005).

Tertiary interventions consist of referral, counseling and health care aimed at those individuals who are suffering the effects of stress that have not been successfully prevented by secondary interventions (Richardson & Rothstein, 2008).

**Additional categorization schema.** In their 2001 study, Van der Klink, Blonk, Schene and Dijk employed five categories for their meta-analysis of SMIs in occupational settings: cognitive-behavioral, relaxation, organizational, multimodal, and alternative interventions.

Using a somewhat different approach to categorization, Bunce divided SMIs into four groups based on their particular focus: (1) educational and information sharing, (2) cognitive-behavioral, (3) arousal reduction, and (4) training in personal skills (such as assertion classes, or instruction in time management, goal setting and conflict resolution techniques) (Bunce, 1997; Richardson & Rothstein, 2008).

Educational interventions provide a review of causes of stress and information regarding approaches to stress management (Bunce, 1997). Cognitive-behavioral approaches often have roots in clinical psychology and have at their core educating individuals about the impact of their thoughts and feelings related to management of stress (Richardson & Rothstein, 2008). These approaches also seek to offer and enhance coping skills (Richardson and & Rothstein, 2008) and include anger management, stress inoculation and rational emotive techniques (Bunce, 1997).

Relaxation type interventions fall under the broad category of arousal reduction strategies, and are based on the idea that a state of relaxation is physiologically incompatible with stress (Richardson & Rothstein, 2008). Forms of relaxation type interventions are progressive muscle relaxation training, meditation, deep-breathing, and biofeedback. Bunce (1997) stated in addition to single-mode approaches, there are various combinational permutations of these four characterizations.

### **Research on Stress Management Interventions**

The lack of a standardized definition of stress has complicated research studies on SMIs (Beehr et al., 2001; Giga et al., 2003; Ivancevich et al., 1990; Murphy & Sauter, 2003; Richardson & Rothstein, 2008; Seymour & Grove, 2005). There are also significant challenges in assessing effectiveness of SMIs (Beehr et al., 2001). A number of authors performed meta-analyses and concluded there is a lack of data to adequately assess effects of SMIs and a lack of standardization regarding measurement of effectiveness existing across the spectrum of studies reported (Ivancevich et al., 1990; Beehr et al., 2001; BORF, 2005; Richardson & Rothstein, 2008). Some have argued for a more broadly understood and varied framework for studies of SMI efficacy, claiming the current paradigm of traditional research methods has limitations in the context of real-world environments (Cox et al., 2007). Additionally, the concept of ‘positive’ stress, sometimes termed, “eustress” (coined by Selye, 1956) and possible benefits of this type of stress have muddied the already unclear waters (Beehr et al., 2001).

To date, research has primarily focused on individual interventions (Beehr et al., 2001; Bond & Bunce, 2000; Murphy & Sauter, 2003, Richardson & Rothstein, 2008). It appears there is an overall belief that the heart of stress management requires the individual to predict stressors

and respond constructively (Beehr, et al., 2001). Organizationally targeted SMIs, such as work reorganization, have been understudied and there is a paucity of empirical research documenting the effects of such interventions (Beehr et al., 2001, Sauter et al., 2002). Sauter et al. (2002) also critiqued SMI research as “beset by various methodological problems, especially the absence of strong study designs involving randomized trials, making evaluation and attribution of outcomes difficult” (Chapter 4, para. 4) However, they admit there are a number of constraints impacting design of strong studies, including legal, practical, and ethical concerns. Suggestions by Sauter et al. (2002) for improving research on SMIs include: (1) a substantial increase in research of organizational practices and policies that may serve to protect worker safety and health; (2) methodological advances in intervention research in support of these studies; and (3) closer examination of factors that influence the implementation of interventions within organizations.

There is moderate evidence that SMIs can have a positive impact (Ivancevich et al., 1990; Richardson & Rothstein, 2008; Seymour & Grove [BOHRF], 2005). In addition, there is evidence, albeit limited, to show that individually based SMIs are more effective than organizationally targeted SMIs (BORF, 2005). Also, in a meta-analysis that investigated the efficacy of various SMIs, Bunce (1997) found, “findings of many comparative studies point to outcome equivalence” (p. 14), meaning that only minor variations exist in the majority of measures considered in his analysis.

Evaluations of SMIs need to be, at least in part, individual as well. Pelletier (1977) remarked about the need to take into account idiosyncratic responses of individuals to interventions. No one intervention will meet the needs of all individuals, and yet, according to Bunce, “scant attention has been paid to the influence of individual differences in stress

management research” (1997, p. 10). Zautra (2003) counsels “not everyone responds in the same way to their job assignments, and by focusing on each individual’s wants and needs, management reforms can have more powerful effects” (p. 203).

It should be noted that not all researchers view stress as an inevitable by-product of specific jobs or specific job settings. Karasek and Theorell, who wrote extensively on Karasek’s Job Demand Control Model (JD-C) in studying occupational stress, hold “conventional models of work organization in Western industrial society” responsible for job stress (1992, p. 2). The demand-control model was originally developed by Robert Karasek (1979). It takes into account interaction between the worker and the workplace. Demands are seen as requirements of the task being performed, and do not necessarily cause stress in and of themselves. Controls, on the other hand, relate to ability, power, and resources that an individual has in performing the task. In this model, interplay between occupational demands and available control resources becomes predictive of job stress, rather than requirements of the job itself (Dean & Pollard, 2001). Use of the demand-control model to conceptualize workplace challenges and responses to stressful or anxiety provoking challenges applied to sign language interpreting was pioneered by Dean and Pollard. They believe, instead of SMIs, it would be most efficacious to institute full-scale “transformation of the workplace” (1992, p. 2). They called the impact of SMIs “limited” (Dean & Pollard, 2001, p. 2), because SMIs overlook the interactional relationship between worker and work environment on the definition of stress as well as efficacy of SMIs (Dean & Pollard, 2001, p. 2). Dean et al. (2010) warned that, “focusing attention on the worker (e.g., relaxation, stress, reduction, alterations in interpreting technique) ignores the significance of the dynamic interplay between the worker and the job, that is, controls and demands” (p. 42-43).

### **Current Use of Stress Management Interventions**

The most commonly used SMIs appear to be secondary and emotion-focused interventions often in the form of prevention programs geared toward teaching individuals stress management and coping techniques (Giga et al., 2003; Seymour & Grove [BOHRF], 2005).

While the business sector has expressed interest in assisting employees to reduce and manage stress, interventions instituted are generally limited to changes in the physical environment. These changes manifest in ergonomic evaluations, lighting that reduces glare, and consideration of open space in building design. Additionally, business sector interventions focused on workers themselves tend towards educational seminars on reducing workplace stress, general wellness, and discounts in memberships to health clubs or availability of on-site exercise facilities (Karasek & Theorell, 1992; Dean & Pollard, 2001, 2002). While very little research has been done to assess efficacy of work reorganization, there have been some studies “looking at the effect of interventions such as work rescheduling, workload reduction, role clarification and the redesign of jobs to improve worker decision-making and autonomy” (Sauter et al., 2002, Ch. 4, p. 1). According to Zautra (2003) “some far-sighted companies are already fostering ways to reduce health risks of job-related stressors” (p. 202). He stated “some of the best methods have been based on evidence from carefully designed research on emotions and health” (p. 202) and provides an example of a company using autobiographical writing while working with individuals who have lost their jobs.

There are many strategies employed to reduce worker stress, such as providing opportunities to participate in decisions affecting their work, opportunities for social interaction among workers, and reducing uncertainty about career development. Zautra (2003) cautioned



that freedom to “develop mindful strategies tailored to our unique emotional needs ... do not extend proportionately across every occupation” (p. 203). This disproportionate freedom definitely impacts development and delivery of SMIs in the profession of interpreting. Many working interpreters are not employed, per se, and instead work as vendors or contractors, rendering individual level, emotion-focused workplace specific SMIs unavailable to them. Although a freelance interpreter may provide services regularly in specific locations, they are ethically prohibited from engaging in some SMIs, such as input into workplace specific job redesign or increases in participative decision making processes. Freelance interpreters travel from workplace to workplace, often to three or four locations in one day, subject to whatever varying organizational level interventions have been initiated in each specific workplace. Often, work environments are not originally developed with the provision of interpreters in mind, and something as simple as a comfortable chair to sit in or a well-lighted place to stand while working are by no means guaranteed, to say nothing of addressing more pervasive and systemic stressors present in all workplaces that prove even more challenging to manage.

Additionally, high demands of interpreting and low decision making latitude available to interpreters due to their ethical code make both organizational change and stress management training generally ineffective in impacting the stress levels of interpreters (Dean & Pollard, 2001). Instead, Dean et al. (2010) encouraged “job redesign as the most salient approach to addressing such occupational health problems” (p. 42).

### **Art Therapy For Stress Reduction**

Those confronting stressors in their lives look to manage and decrease those stressors in a number of ways, including engaging in a creative process. The creative process has long been

considered to have a variety of positive impacts on quality of life for individuals who engage in it (American Art Therapy Association, 2010; Belfiore, 1994; Edwards, 2001; Rappaport, 2009; Rhyne, 1973; Rogers, 2001; Rubin, 1984; Schaverien, 2001; Wallace, 2001). This creative process can be accessed in many ways, including via Art Therapy.

### **Therapeutic Benefits of Art-Making**

**Creating visible forms.** Movement toward wholeness is enhanced and confirmed by ability of the artist to see what they have created in a physical form (Zinker as cited in Rhyne, 2001, p. 136; Schaverien, 2001). Art exists as a separate, concrete, tangible entity that can be returned to and viewed over time (Liebmann, 2004; Rappaport, 2009). This allows the creator to recognize shifts that occur in development (Liebmann, 2004). Movement toward wholeness is enhanced and confirmed by the ability of the artist to see their creation as it exists in a physical form (Schaverien, 2001). Creating art permits the individual to examine all aspects of the visible product, allowing a more complete experience of the effects (Edwards, 2001). Jung expressed a similar perspective: “Moreover, the effort to give visible form to the image enforces a study of it in all its parts, so that in this way its effect can be completely experienced” (Jung as cited in Rubin, 2001, p. 2). When feelings are expressed in visible forms, art can be used as a language to “communicate inner truths” (Rogers, 2001, p. 163). In addition to feelings being expressed in concrete ways, an externalization of one’s own self may be seen in tangible art produced (Rubin, 1984.) Symbolic expression of feelings have potential to augment capacity to tolerate anxiety (Belfiore, 1994).

**Accessing, expressing, and releasing emotions.** Langer called art a, “symbolic expression of an artist’s knowledge of feeling” (in Garai, 2001, p. 153). Broadly, Nainis, Paice, Ratner,

Wirth, Lai and Shott (2006) stated creative process allows “awareness and expression of an individual’s deepest emotions” (p. 163). Likewise, Rubin (1984) stated art can be used, “to express or release strong feelings...” (p. 93) and Rhyne (1973) called art experience “an immediate medium for cathartic expression (p. 42). When feelings are brought into consciousness it leads to understanding, which in turn can lead to healing (Wallace, 2001). Rubin (1984) posited benefits in “genuinely experiencing the expression of any affect and finding that it can be controlled and need not be destructive” (p. 93). Healing and change, many believe, are primarily influenced by an “individual’s ability to listen to the messages emanating from his or her own mind” (Garai, 2001, p. 154). Art is used to identify and access feelings (Garai, 2001; Liebmann, 2004; Rogers, 2001) and to, “let go, to express, and to release” (Rogers, 2001, p. 164). Those who engage in art report the process helps them “to go beyond their problems, to find a new sense of soul or spirit, and to envision themselves taking constructive action in the world” (Rogers, 2001, p. 164). Through creating art, an individual can gain more independence in reducing their tension (Brem, 2002; Lachman-Chapin, 2001).

**Sublimation.** Still, according to Rubin (1984), catharsis in and of itself is not enough. A second element, that of “experience of strong affect in a controlled context” (Rubin, p. 140) lends overall therapeutic effectiveness to art-making. This effectiveness lies, at least in part, in the ability of art to activate sublimation and influence direction of the sublimative process (Kramer, 2001). Rubin (1984) agreed, and stated, “some people improve in their mental health following involvement in creative activity with minimal reflection, so that the healing element probably is sublimation...” (p. 140). The concept of sublimation is suggested as an outcome by Liebmann when she wrote that art therapy “can provide a safe and acceptable way of dealing

with unacceptable feelings” (2004). Rubin explained:

When sublimation is successful, it must partake of intense involvement, as well as the taming and forming required to make the product attractive to self and others. The act of containing forbidden impulses and ideas in an aesthetic form may provide a sense of mastery, similar to the more intellectual act of understanding what is hidden in the art. Sublimation is a most useful defensive/adaptive mechanism for otherwise unacceptable impulses, permitting as it does both gratification and disguise in symbolic form (p. 140).

**Transitional objects.** Sublimation can be enhanced by “transformation of the tension into a self-regulatory mechanism, like the transitional object (Lachman-Chapin, 2001, p. 68).

Transitional objects can serve as a visual reminder of a participant’s memories of the stress reduction experience and a tool used to quickly visually re-access participant’s memories of that experience.

**Containment.** The relationship between container and contained is an important aspect of the therapeutic process (Bion, 1995). The analogy of “art as a container” is commonly used in the Art Therapy community (Rappaport, 2009). Rappaport (2009) affirmed “art is strong and flexible enough to hold and contain the entire range of human experience—pain, fear, anger, hatred, and shame, as well as love, joy, compassion and peace” (p. 68). Art can function as a container, as well as behaving as a buffer or filter (Edwards, 2001). Art can literally be a “framed experience” which serves as a boundried experience (Liebmann, 2004). This container, or organizer, can “mirror internal object relations, as well as associated defenses and developmental

problems” (Robbins, 2001, p. 59).

### **Research on the Benefits of Art Therapy**

The American Art Therapy Association stated that benefits and improvements for people who engage in art therapy are “based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight” (<http://www.arttherapy.org/aboutart.htm>).

Art has been credited as having a role in improving quality of life (Klagsbrun et al., 2005) and in anxiety reduction (McMurray & Schwartz-Mirman, 2001). These claims are like numerous others made about benefits of art therapy, in that they are “not empirically supported in controlled trials[s]” (Bell & Robbins, 2007).

Still, there are a few empirically supported controlled trials important to mention. In their study of production of art (as opposed to viewing of art), Bell & Robbins, (2007) found art production showed a substantial decrease in scores of negative moods, thereby supporting “one of the fundamental tenets of art therapy: the idea that the production of art has general mood-enhancing properties” (pg 73). More specifically, in another empirical study, Curry & Kasser (2005) found that coloring mandalas reduced anxiety, and resulted in a greater reduction of anxiety than coloring a plaid design. Studies conducted with individuals and their families in medical settings showed art therapy assisted in the process of coping with stressful experiences, and aided in increasing self-awareness and management of symptoms (Nainis et al., 2006).

### **Focusing**

In addition to art therapy, a number of other therapeutic approaches lay claim to stress

management, among them Focusing. Eugene Gendlin developed Focusing in the 1950s while at the University of Chicago. At that time he was collaborating with Carl Rogers, who emphasized empathy, along with unconditional positive regard and congruence, as key features of his Client-Centered approach to psychotherapy. Gendlin investigated the impact of empathy in the therapeutic relationship, and shifted focus from content of therapy (what is being said) to process of therapy (how the content is discussed) (Hendricks, 2001). After examining therapy sessions via videotape and transcripts, Gendlin hypothesized successful therapy clients showed “an increasing ability to refer directly to bodily felt experience” (Hendricks, 2001, paragraph 3) and an ability to speak from “inner experience” (Hendricks, 2001, paragraph 3). Gendlin endeavored to teach those clients who were not innately able to connect to their inner experience how to do so through a six-step technique he named Focusing. According to Rappaport, an “integrated, embodied knowing” can be accessed through Focusing (2009, p. 23).

### **The Felt Sense**

Rappaport (2009) described Focusing as “a mind-body practice of bringing a welcoming, friendly attitude towards one’s felt sense of an issue, situation, or experience” (p. 23). In Focusing, an individual connects with “a special kind of internal bodily awareness” (Gendlin, 1978, p. 10) that Gendlin called a “felt sense.” The felt sense refers to “meanings felt in the body” (Hendricks, 2001, paragraph 7). Gendlin (1978) described the felt sense a “something you do not at first recognize—it is vague and murky. It feels meaningful, but not known. It is a body-sense of meaning” (p. 10). Rappaport further elucidated the felt sense:

The felt sense is a direct bodily awareness and experience of our inner state. It is more than simply knowing there is sadness or

anger or happiness inside. It is as if you can extract a feeling and all that surrounds it-where the feeling came from, what's inside of it, the strands of its intricacies and subtleties and its historical roots (2009, p. 28).

A felt sense is different than an emotion, according to Gendlin. He described emotions as "sharp and clearly felt" (1978, p. 35) and easy to identify and name. In contrast, a felt sense is "larger and more complicated, is almost always unclear-at least until you focus on it-and almost never comes with a convenient label" (Gendlin, 1978, p. 35).

Gendlin (1978) believed, if approached properly, the felt sense of a situation can change, subsequently leading to changes in people's lives. Hendricks (2001) concurred, and stated:

The attention both therapist and client pay to the client's felt sense allows exact words, or images or gestures or new action steps to arise from the felt sense to carry the body forward into fuller living. This brings an easing in the body which we call a "felt shift." With many such small shifts, life changes (paragraph 10).

Benefits of focusing were summarized by Rappaport (2009) as: facilitating a mind-body-spirit connection, making it possible for a person to access their "body's innate wisdom" (p. 26), encouraging compassion and loving kindness, tapping into creativity, allowing alignment with one's authentic self, reducing stress, improving decision making, and creating an entry into "spiritual dimensions of living" (p. 26). Attention to the felt sense helps individuals go beyond merely verbally commenting on a situation, yet prevents them from being overwhelmed by the emotion of the situation (Hendricks, 2001).

### **Clearing a Space**

Clearing a Space is the first step in Focusing. Gendlin (1978) described Clearing a Space as “enormously important” (p. 71) and called it the place an individual would “live in while the rest of the focusing process is going on” (p. 71). Clearing a Space is to Focusing what *mise en place* [a French term referring to having all the ingredients necessary for a dish prepared and ready to combine up to the point of cooking] (<http://www.epicurious.com/tools/fooddictionary/entry/?id=3523>) is to cooking. Gendlin (1978) called this first step “one in which you give yourself what might be called a ‘positive set’” (p. 71). It is a way to inventory, stated Rappaport (2009), anything in the way of feeling ease or peace. The inventory is not all encompassing, but instead consists of a handful of current concerns that are affecting the individual at this specific time (Katonah & Flaxman, 2008; Rappaport, 2009). Time should be given to sensing “how each ‘issue’ is carried in the body” (Rappaport, 2009, p. 37). After each issue is felt, it is then mentally set apart from the body.

There may also be a “background feeling” that Rappaport described as “the wallpaper of our emotional lives” (2009, p. 114). This background feeling is chronic and always operating under the surface, almost imperceptibly (Rappaport, 2009).

### **Clearing a Space with Art**

Clearing a Space with Art, according to Rappaport (2009), “is a simple yet profound exercise that helps clients 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” (p. 103). The use of art transforms Focusing from a solely internal process to a combined internal-external process (Rappaport, 2009). Clearing a Space with art is “useful as a stress reduction tool unto itself” (Rappaport, 2009, p. 122). It also serves as a way to center, and to distance when feelings



are all-encompassing (Rappaport, 2009).

Art can be incorporated into the process of Clearing a Space in a variety of ways. To assist in accessing the state of mind and body needed in Clearing a Space, use of imagery can be helpful. One can consider images of cleaning up a cluttered room, setting down a burden, or of locating the right distance from the problem (Gendlin, 1978). Rappaport (2009) offered three options for using art while Clearing a Space: a non-directive imagery approach, a directive imagery approach, and a concrete imagery approach. Choice of approach is client dependent, and is based on the level of structure and safety needed by the client. Rappaport suggested a number of directive visual images, including wrapping issues into packages, placing concerns on a boat that floats away, attaching issues to the string of a kite or a balloon, and others (2009).

Rappaport claimed the act of drawing, which requires physical movement of the body, can facilitate movement of the felt sense. This, in turn, can promote occurrence of a felt shift (Rappaport, 1988, paragraph 2). Visual representations of setting one's issues at a distance can be created using art materials (Rappaport, 2009). Similarly, making art can create a visual allegory of the "All Fine Place" (Rappaport, 2009). Use of art assists in accessing qualities of the felt sense, and renders those qualities as visual symbols (Rappaport, 2009). That visual symbolization, along with tangible depictions in art, aid in concretizing the felt sense (Rappaport, 2009). Alternatively, art can be done prior to Focusing, and serve as a vehicle to assist in accessing the felt sense.

### **Accessing the All Fine Place**

Once space has been cleared, the exercise concludes with the client spending some time in the "All Fine Place" that has just been created by the clearing process. Rappaport (2009)

characterized the “All Fine Place” as “an aspect of self that resides within every person and has an inherent sense of well-being. Issues, feelings, concerns, and pain are set aside, clearing the way for a sense of inner peace, ‘okayness,’ and wholeness” (p. 37).

In the categorization schema of SMIs, Clearing a Space would be considered a secondary level intervention geared toward an individual worker. It is an emotion-focused intervention that aims to reduce arousal.

### **Conclusion**

Stress has many negative physical and mental health consequences. Additionally, being under stress has the unfortunate effect of decreasing one’s cognitive capabilities, making an already stressful job more difficult to complete. Qualified interpreters who are able to provide services with a literal and figurative steady hand are needed to ensure full participation of individuals who are D/deaf in society. A straightforward, individual, emotion-focused SMI aimed at reduction of arousal for interpreters could serve as a tool for their use throughout their professional and personal lives. CAS with Art could be one such tool. This study proposes use of Clearing a Space with Art as a stress reduction technique for sign language interpreters. The hypothesis is that Clearing a Space with Art will reduce perceived levels of stress for sign language interpreters. It is hoped that Clearing a Space with Art will lead to measurable as well as perceived decreases in stress.

## **CHAPTER 3.**

### **METHODOLOGY**

#### **Hypothesis**

Stress has many undesirable consequences for personal physical and emotional wellness and worker productivity and satisfaction. Statements of the multitude of benefits possible through engaging in art-making and Art Therapy are legion, including the ability of art to reduce stress. Yet, there is limited published and empirical data on which these statements are based. This study aimed to examine one specific aspect of the benefit of creating art, that of stress management. The purpose of this research was to examine the effect of a stress management intervention called Clearing a Space with Art (Rappaport, 2009) when used with sign language interpreters. It was hypothesized that Clearing a Space with Art will reduce stress in sign language interpreters. Additionally, it was anticipated that sign language interpreters will perceive the experience to be positive and helpful in managing their stress levels.

#### **Research Design**

To explore stress reduction amongst sign language interpreters and the impact of Clearing a Space with Art as a stress management intervention, the researcher conducted a between-participant pre-experimental study. This study used a mixed methods approach to examine the effect of Clearing a Space with Art as a stress reduction tool with sign language interpreters. Mixed method approaches offer the potential to discover what Carolan described as the “relationship between the linear concept of cause and effect and the circular process of looking again” (2001, p. 194). Carolan (2001) discussed the “relationship between the observable and the mystery” (p. 194) and posited “through looking at cause-and-effect relationships, we can

establish clear ground for being in relationship with the mystery” (pp. 193-194). A blending of quantitative and qualitative approaches avoids polarizing and pitting one approach against the other, and allows for science to be “re-enchanted” by discarding ideas that scientific knowledge and aesthetic knowledge occupy separate and opposite ends of the continuum of knowing (Carolan, 2001). It is hoped that by “honoring the knowledge gained from each approach” (Carolan, 2001, p. 191), the researcher will be able to rise to “the challenge ... [of] being able to bridge the knowledge obtained through these approaches” (Carolan, 2001, p. 191).

Collecting empirical data on interventions utilizing art is important and adds to the credibility of the field of art therapy as a whole. As Carolan (2001) stated, “No pattern of findings based on cause and effect is absolute, but it is irresponsible and unethical not to pursue research focused on predictability and probability because of our love affair with the mystery” (p. 194).

At the same time, to avoid the monogamous “love affair with ‘facts’” against which Carolan (2001) cautioned (p. 194), this study also qualitatively investigated the experience of Clearing a Space with Art, using a phenomenological approach. Qualitative data analysis allows participants to have their own voices become part of the study. By delving into qualitative analysis of the words of participants, and subsequently marrying these results with quantitative data, the researcher hopes to take the “creative leap from the known to the imagined” that Carolan (2001, p. 190) described.

The following section outlines the details of methodology, including participant selection, location, instruments, research design, data collection and data analysis.

### **Participants**

The participants were 9 sign language interpreters over the age of 18. These interpreters were recruited through the local chapter of the Northern California Registry of Interpreters for the Deaf. There were no exclusion criteria.

### **Selection Of Participants**

A recruitment document (Appendix A) was sent to the Northern California Registry of Interpreters for the Deaf (NorCRID) listserv. No permissions are necessary for members of the organization, such as this researcher, to post on the listserv. Potential participants were asked to reply to the researcher by email to express their interest in participating.

Before the study began, all participants were given an informed consent document (Appendix D) that detailed the purpose of the research, the procedure, and potential risks and benefits.

### **Location**

The interventions and data collections took place in the Strong Conference Room on the first floor at the main branch of the San Francisco Public Library. The library is accessible via a number of different modes of public transportation. The room held a large wooden conference table, and had ten wooden chairs around the table. There was a counter in the back of the room.

### **Instruments**

#### **Quantitative Measures**

Collecting empirical data on interventions utilizing art is important and adds to the credibility of the field of art therapy as a whole. As Carolan (2001) states, “No pattern of findings based on cause and effect is absolute, but it is irresponsible and unethical not to pursue research focused on predictability and probability because of our love affair with the

mystery” (p. 194).

**Speilberger’s State-Trait Anxiety Inventory.** For the quantitative arm of the study, the S-Anxiety scale from Speilberger’s State-Trait Anxiety Inventory for Adults (1983) (STAI) was used in a pre-test, post-test design in each of the three sessions. Schwarzer (1997) declared this self-report survey instrument to be the standard for measurement of state and trait anxiety (<http://www.macses.ucsf.edu/Research/Psychosocial/notebook/anxiety.html>). Katkin (1978) described the STAI as “easy-to-administer, easy-to-score, reliable, and valid index of either individual differences in proneness to anxiety or individual differences in transitory experience of anxiety” (p. 1096). The STAI is the most frequently employed scale in research across the globe, and according to Schwarzer (1997), “no other measure has received as many foreign language adaptations and citations in the last three decades” (paragraph 8). Katkin (1978) wrote about the popularity of the STAI, stating, “Research with the State-Trait Anxiety Inventory has been proliferating to the point where there is probably more published research on the STAI, and more ongoing research now on the STAI, than on any other commercially available anxiety inventory” (p. 1096). According to Katkin (1978), there is “voluminous research literature attesting to its reliability and validity in a variety of contexts” (p. 1096). In their research, Noteboom, Barnholt and Enoka (2001) concluded that the STAI is an appropriate measure of anxiety in studies of motoric performance. This standardized pencil and paper assessment measure is written at a sixth grade reading level, and is considered ideal for use with college students.

The STAI considers anxiety as both a situational state and a long-standing trait and consists of a section dealing with each type. The first section is the S-Anxiety scale, which is used in this

study. It presents twenty statements used to collect information about how respondents feel in the current moment. Responses for the A-State scale are given on a four-point Likert scale: *not at all* (1); *somewhat* (2); *moderately so* (3); *very much so* (4). This twenty-item scale can be completed in under ten minutes.

***Reliability and validity of the S-Anxiety Scale.*** According to Katkin (1978), there is “voluminous research literature attesting to reliability and validity [of the STAI] in a variety of contexts” (p. 1096). In terms of validity for the STAI, the Center for Psychological Studies (CPS) states “correlations are presented in the manual between this scale and other measures of trait-anxiety: the Taylor Manifest Anxiety Scale, the IPAT Anxiety Scale, and the Multiple Affect Adjective Check List. These correlations are .80, .75, and .52, respectively” (<http://www.cps.nova.edu/~cpphelp/STAI.html>, paragraph 4). Katkin (1978) reviewed the STAI and found the validity of the anxiety state scale “has been demonstrated in a wide variety of studies” (p. 1096). Dreger (1978) notes reliability of the STAI is “nearly as high as one would expect for intelligence scales” (1095). Reliability of this inventory was established via assessments of both high school and college age males and females, using test-retest intervals of one hour on the low end, and 104 days on the high end. According to the Center for Psychological Studies:

The magnitude of the reliability coefficients decreased as a function of interval length. For the Trait-anxiety scale the coefficients ranged from .65 to .86, whereas the range for the State-anxiety scale was .16 to .62. This low level of stability for the State-anxiety scale is expected since responses to the items on this

scale are thought to reflect the influence of whatever transient situational factors exist at the time of testing (n.d., paragraph 3).

**Body map.** An additional quantitative measure was an art-based assessment. A “Body Map” or gingerbread person outline (Appendix C) will be given to each participant before and after the Clearing a Space intervention. Participants had the opportunity to mark the figure to indicate somatic locations where they felt, experienced, or sensed stress.

### **Qualitative measures**

**Written reflection.** From the qualitative perspective, participants completed an open-ended written reflection statement at the conclusion of each session (Appendix D). This questionnaire asked participants to describe their experience with Clearing a Space with Art in a narrative fashion, and added to the qualitative data being collected.

**Final questionnaire.** Participants completed a final questionnaire, which, among other queries, asked the participants to compare the three approaches to Clearing a Space that they experienced.

### **Art Materials**

The materials offered to the participants will be Chinese food takeout-type boxes, 2 x 3 inch colored strips of paper, colored pencils, thin and thick tip Crayola brand markers, non-toxic oil pastels, and white 80 lb. drawing paper, sized 14 x 17.

### **Procedure**

The following section summarizes what took place during the sessions that took place on three consecutive Saturday afternoons. Later sections will describe data collection in further detail.



1. Participants were given an Informed Consent form (Appendix E), explaining the purpose, methods, benefits and risks of the study.
2. Participants were given the Permission to Use Artwork form (Appendix G) in which they gave permission for the art work to be reproduced for use in a written thesis and for possible presentation or future publication, with the understanding that no identifying information will link their artwork with them or their names.
3. All participants were asked to fill out a brief demographic survey (Appendix F).
4. All participants marked the “Body Map” (Appendix C) both before and after each Clearing a Space intervention.
5. All participants completed the S-STAI (Appendix B) at two time points during each of the three sessions. The two time points were: prior to the Clearing a Space with Art intervention (after Informed Consent was signed), and upon completion of the intervention.
6. Upon completion of the intervention and the post “Body Map” and post S-STAI, all participants responded in writing to open-ended questions (Appendix D) about their experience of the process and their self-perception of stress before and after the intervention.
7. In session one of three sessions, participants were led in the Clearing a Space with Art III (Concrete Imagery) intervention (Appendix J) (Rappaport, 2009, p. 121) and completed an art product depicting their sense of the “All Fine Place” at the end of the intervention. In session two, participants were led in the Clearing a Space with Art II (Concrete Imagery) intervention (Appendix K) (Rappaport,

2009, p. 120) and completed an art product as described above. In session three, participants were led in the Clearing a Space with Art III (Concrete Imagery) intervention (Appendix L) (Rappaport, 2009, p. 118) and completed an art product, as described above.

8. At the end of session three, participants completed a Final Questionnaire (Appendix I), answering open-ended questions as to their sense of the overall experience of the three sessions.
9. All data, including names of participants, will be kept confidential and will be used for research purposes only. Data has been given a code number that matches a code given to each participant's consent form. Consent forms and data are stored separately, and only the researcher has access to these materials.
10. Data will be stored for at least three years after the completion of the research. If the study is published, the data will be stored for at least seven years.
11. If the participant wished to keep their original artwork, the researcher digitally photographed the art and returned the originals to the participants.
12. At the end of the intervention, participants received a Debriefing Statement (Appendix H). The Debriefing Statement specified the purpose of the research and included the contact information for the researcher for follow-up and concerns, as well as referral information for low-cost or sliding scale counseling sites in the area.

### **Data Collection**

To evaluate the efficacy of Clearing a Space with Art as a stress management intervention

and to understand the experience of the participants and their sense of the effect of the intervention, this study used both quantitative and qualitative measures. Quantitatively, the S-STAI was used to measure at two time points in each of the three meetings. These two time points were prior to the intervention and after the intervention.

Qualitatively, this study used a written reflection statement that participants were asked to filled out before and after each session (Appendix D), as well as responses made to the final open-ended questionnaire (Appendix I) given at the conclusion of of the study to collect data.

From an art-based perspective, this study used Body Maps (Appendix C) showing somatic locations of stress marked by each participant before and after each session.

## **Session One**

### ***Beginning the study in session one:***

1. Participants completed the Informed Consent form (Appendix E). When the form was complete, it was collected by the researcher. To do this, the researcher said, “Welcome, and thank you for participating in this research study. Please take time to read the consent form. If you have any questions, please let me know. When you are ready to make a decision about participating in the study, sign and date the consent form and return it to me.”
2. Participants then completed the Permission to Use Artwork form (Appendix G) and the researcher collected the form. The researcher said, “You will be making some art as a part of this study. In order to include your art in my research, I would like your permission. Please read the form “Appendix G Permission to Use Artwork.” If you have any questions, please ask. When you are ready to make a decision about giving

- your permission to use your artwork, sign and date the consent form and return it to me.”
3. Participants completed a brief demographic survey (Appendix F). The researcher said, “Please look in your packet and find a brief demographic survey. Please answer the questions, and when you are finished, return the survey to me.”
  4. Participants completed the Body Map (Appendix C). The researcher said, “Now find the Body Map marked “Appendix C (Session 1, Pre)” in your packet. Please use this outline of a figure to mark where in your body you sense, carry, or feel stress at this time. When you are finished, please return the Body Map to me.”
  5. Participants filled out the S-STAI Anxiety Scale (Appendix B). The researcher said, “Next, locate the S-Anxiety Scale marked “Appendix B, (Session 1, Pre)” in your packet. You will fill this out before and after the intervention at each session. Please take time now to answer the questions on this index. When you are finished, please return the form to me.”

***Conducting the study in session one:***

6. The researcher led participants in Clearing a Space with Art III (Concrete Imagery) and in creating the All Fine Place. [Clearing a Space with Art process adapted slightly from Rappaport, pp. 121-122] (Appendix K). The researcher said, “When you are done, please let me know if you would like to keep the art you’ve created. If so, I will take a digital photograph and return the piece to you at this time. If not, please leave your artwork with me.”

***Concluding the study in session one:***

7. Participants completed the Body Map (Appendix C). The researcher said, “Next find the Body Map marked “Appendix C (Session 1 Post)” in your packet. Please use this outline of a figure to mark with a pencil where in your body you sense, carry, or feel stress at this time. When you are finished, please return the Body Map to me.”
8. Participants filled out the S-STAI Anxiety Scale (Appendix B). The researcher said, “Next, locate the S-Anxiety Scale marked “Appendix B (Session 1, Post)” in your packet. You will fill this out before and after the intervention at each session. Please take time now to answer the questions on this index. When you are finished, please return the form to me.”
9. Participants wrote answers to brief-open ended questions about their experience of this process (Appendix D). The researcher distributed the questions and said “Please find the form marked “Appendix D: Written Reflection Statement 1” and take a few minutes to write your answers to the questions on this page. When you are finished, please return the page to me.”
10. The researcher distributed the Debriefing Statement (Appendix H), and said, “Thank you for being a part of this study. Keep this paper, and if you have any questions, please contact either myself or the research supervisor listed on this page. If you experience any discomfort or distress because of your participation in this study, please contact the one of the counseling centers listed in this document for assistance.”

## **Session Two**

### ***Beginning the study in session two:***

1. Participants completed the Body Map (Appendix C). [See session one.]
2. Participants filled out the S-Anxiety Scale (Appendix B). [See session one.]

***Conducting the study in session two:***

3. The researcher led participants in Clearing a Space with Art II (Directive Imagery) [Clearing a Space with Art process adapted slightly from Rappaport, 2009, pp. 120-121] (Appendix K).
4. After participants completed their depiction of the “All Fine Place,” the researcher said, When you are done, please let me know if you would like to keep the art you’ve created. If so, I will take a digital photograph and return the piece to you at this time. If not, please leave your artwork with me.”

***Concluding the study in session two:***

5. Participants completed the Body Map (Appendix C). [See session one.]
6. Participants filled out the S-Anxiety Scale(Appendix B). [See session one.]
7. Participants wrote answers to brief-open ended reflection questions about their experience of this process (Appendix D). [See session one.]

### **Session Three**

***Beginning the study in session three:***

1. Participants completed the Body Map (Appendix C). [See session one.]
2. Participants filled out the S-Anxiety Scale (Appendix B). [See session one.]

***Conducting the study in session three:***

3. The researcher led participants in Clearing a Space with Art I (Non-Directive Imagery) [Clearing a Space with Art process adapted slightly from Rappaport, 2009, pp. 118-119] (Appendix L).
4. After participants completed their depiction of the “All Fine Place,” the researcher said, “When you are done, please let me know if you would like to keep the art you’ve created. If so, I will take a digital photograph and return the piece to you at this time. If not, please leave your artwork with me.”

***Concluding the study in session three:***

5. Participants completed the Body Map (Appendix C). [See session one.]
6. Participants filled out the S-Anxiety Scale (Appendix B). [See session one.]
7. Participants wrote answers to brief-open ended reflection questions about their experience of this process (Appendix D). [See session one.]
8. Participants wrote answers to brief open-ended questions comparing their experience of each of the CAS with Art variations and their overall experience with the process (Appendix I). The researcher said, “Please find the form marked “Appendix I: Final Questionnaire” in your packet and take some time to write your answers to the questions. When you are finished, please return the questionnaire to me.”

**Data Analysis**

**Quantitative Data Analysis**

Quantitative data collected from the S-STAI pre-tests and post-tests were compared and analyzed to determine if there is any change in reported stress. Charts, tables and graphs were created to visually depict the results. Additionally, a written analysis of results was crafted,

which included identification and discussion of confounding variables and consideration of other limitations that may have effected this study.

Body Maps were compared from a pre-and post-test standpoint. Marked areas were tallied. Changes in individual pre- and post-intervention maps were noted.

### **Qualitative Data Analysis**

The researcher engaged in data analysis for written reflection and final questionnaire responses following the eidetic phenomenological approach proposed by Colaizzi (as cited in Heppner & Heppner, 2004). Eidetic phenomenology endeavors to achieve a description, from the point of view of the participant, of the meaning of an experience. Colaizzi used seven steps: (1) reading written statements and noting and making sense of the participant's descriptions of meaning; (2) excerpting important statements; (3) identifying the meaning of each important statement; (4) organizing the composite meanings into clusters of themes (while continuing to refer to the data to confirm the themes); (5) organizing the themes into an exhaustive and thorough description; (6) developing a statement of the essential structure of the phenomenon; and (7) validating the findings with each participant (Heppner & Heppner, 2004). In this study, step seven was eliminated. In order to ensure reliability and internal validity of the qualitative arm of the study, the researcher secured final validation via peer review of written reflections and answers to the final questionnaire. The peer examiner was unaware of coding or analysis done by the principal investigator. This provided an opportunity to corroborate themes identified by the principal investigator.

Finally, S-STAI scores, Body Maps, written reflections and answers to the final questionnaire were examined for potential correlations.



### **Presentation Of Results**

The researcher presented a written evaluation of the results, in addition to representing information attained in a visual manner via charts or graphs where appropriate.

### **Risks**

There were potential risks associated with this study. Some participants may have experienced emotional discomfort from completing the stress index, since much of the information requested on the survey required them to consider their level of anxiety. This attention to anxiety level may have had the effect of raising their anxiety. Participants may have experienced physical or emotional discomfort when asked to locate their stress on the Body Map, and may have found they became aware of their physical stress. This awareness may have caused discomfort. Participants may have also faced discomfort or frustration from creating art, whether due to lack of manual dexterity or their perceptions of their drawing skills or creativity.

### **Mitigation of Risks**

Risks of participation in this study were addressed in a variety of ways. This was a study hypothesizing a reduction in stress level with the Clearing a Space with Art intervention. It was anticipated participants would finish the study with a generally improved sense of psychological health and specifically notice a decrease in stress.

Review and approval by the NDNU Institutional Review Board (IRB) was secured prior to authorization to conduct the study. As a part of the procedure, the principal investigator reassured participants that their artwork would not be judged. The principal investigator was available to talk with participants after the study, and distributed a debriefing statement that included information about low-cost and sliding scale community counseling services. These services

included: Integral Counseling Center in San Francisco at 415.776.3109, the Access Institute at 415.861.5449 or The Psychotherapy Institute at 510.548.2250.

### **Benefits**

The results of this study expanded knowledge of the stress levels faced by sign language interpreters and effectiveness of a technique called Clearing a Space with Art as a tool to help interpreters manage their stress.

There were several possible benefits to individuals who participated in this study.

Participants may have:

1. Experienced a reduction in level of stress.
2. Benefitted from participating in the Clearing a Space with Art intervention and found it useful for stress reduction in their personal and professional lives.
3. Found that they felt more confident in completing an interpreting task.
4. Enjoyed the process of making art and of working with the art materials.

Additionally, there are potential benefits to other entities.

1. The research done for this study has advanced the understanding in the broader Art Therapy community.
2. Given the pre-experimental design of this study, it had a role in what Carolan (2001) called “clarify[ing]the conditions under which art can make a positive difference in individual’s behavior and experience of life.”
3. The research done for this study added to understanding of Clearing a Space within the Focusing community.
4. The research done for this study was of interest to those therapists and individuals who are

interested in use of art and the process of Clearing a Space when paired together.

5. This study yielded information on benefits of art-making for stress reduction.
6. The research done for this study advanced understanding of effectiveness of SMIs.
7. Both professional sign language interpreters as well as consumers they serve benefitted from the outcomes of this study.

### **Confidentiality**

All demographic surveys, inventories, and artwork has been labeled by the researcher with a number code. This number code matches the corresponding consent, permission to use artwork, and demographic forms. The materials were kept in a locked cabinet during the duration of the study, and were only accessible to the researcher. Consent forms, demographic surveys, and permission to use artwork forms were kept separately from the inventory, Body Map, and art products.

Results from the study may be published or presented, yet all information that could identify participants will remain confidential. The demographic and anxiety inventory data were pooled. In reported statements and scores, participants were given gender-neutral pseudonyms.

All data will be kept for at least three years after the study date. In the event of publication or use in professional presentations, the data will kept for at least seven years after the study date. At that time all data may be may be disposed of safely.

### **Protection Of Human Participants**

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

## **CHAPTER 4.**

### **RESULTS**

#### **Introduction**

The purpose of this study was to explore the hypothesis that Clearing a Space with Art would reduce perceived levels of stress for sign language interpreters and lead to measurable as well as perceived, decreases in stress. In the study, three different variations of Clearing a Space with Art (Rappaport, 2009) were used as interventions. The three variations were as follows: FOAT with concrete imagery (using art without inner guided Focusing instructions), FOAT with directive imagery, and FOAT with non-directive imagery.

A mixed methods approach was used to collect and analyze data. Quantitatively, the S-STAI Anxiety scale was given pre- and post intervention to measure anxiety levels. In addition, participants marked an art-based assessment of body maps to show the physical location of their stress both before and after the intervention. Results were tabulated by counting the identified areas of stress pre- and post-intervention. To gather qualitative data, participants answered questions in a written reflection questionnaire after each session, and responded in writing to a final questionnaire about their overall experience with the three different approaches to Clearing a Space with Art.

The results of this study were presented using descriptive statistics to address the hypothesis regarding perceived and measurable reduction in stress levels in sign language interpreters by using Clearing a Space with Art. Art-based results using the body maps indicated post-intervention reductions in marked areas of stress. Qualitatively, written reflections and final questionnaires were examined for themes related to the hypothesis of stress reduction.

Additionally, process-oriented themes regarding CAS with Art and accessing the AFP that were noted by the participants during and after the study were included. Vignettes specific to individual participants were presented to further illustrate the process and provide access to the words and art of the participants. These individuals were chosen as representative of the overall central tendencies found in both the qualitative and quantitative data collected.

Quantitatively, this researcher found very small measurable reductions in stress after the interventions. In the qualitative results, participants expressed overall enjoyment of the process, and found it to be relaxing. After analyzing written responses, a number of themes were identified. In order to be considered a theme, comments of at least three participants were necessary in support of the theme. Various themes were identified to support of the sense stress reduction expressed by the participants, including positive experiences with art-making and their felt-sense of the All Fine Place, as well as time with one's self, relaxation, making of art as distraction, inward focus, and an attitude of non-judgment or acceptance. Other themes emerged that were process-oriented, having to do with participating in the three approaches to the CAS with Art intervention. Among these more process-oriented themes were difficulty in naming stressors, and concerns regarding the artistic process (materials, creativity, outcomes). These themes and others will be discussed more thoroughly later in this chapter.

## **Demographics**

### **Age, Gender and Higher Education**

The participants in this study were nine sign language interpreters local to the San Francisco Bay Area. There were originally 11 individuals committed to the study. One person was unable to attend, and one arrived more than a half hour late to the initial session and

therefore could not take part. The average age of participants was 42.5, ranging from 29 to 52 years old. Five females and four males took part in the study. Of nine participants, eight had completed an Interpreter Training/Preparation Program. In terms of higher education, five participants had completed a Master's degree, three had Bachelor's degrees, and one had an Associate degree from completion of community college coursework.

### **Prior Experience with Guided Imagery**

In terms of prior experience using guided imagery, none of the participants described themselves as having extensive exposure, two-thirds claimed to have some or little experience, and one-third had no experience. Figure 1 displays the level of experience with guided imagery reported by the participants.

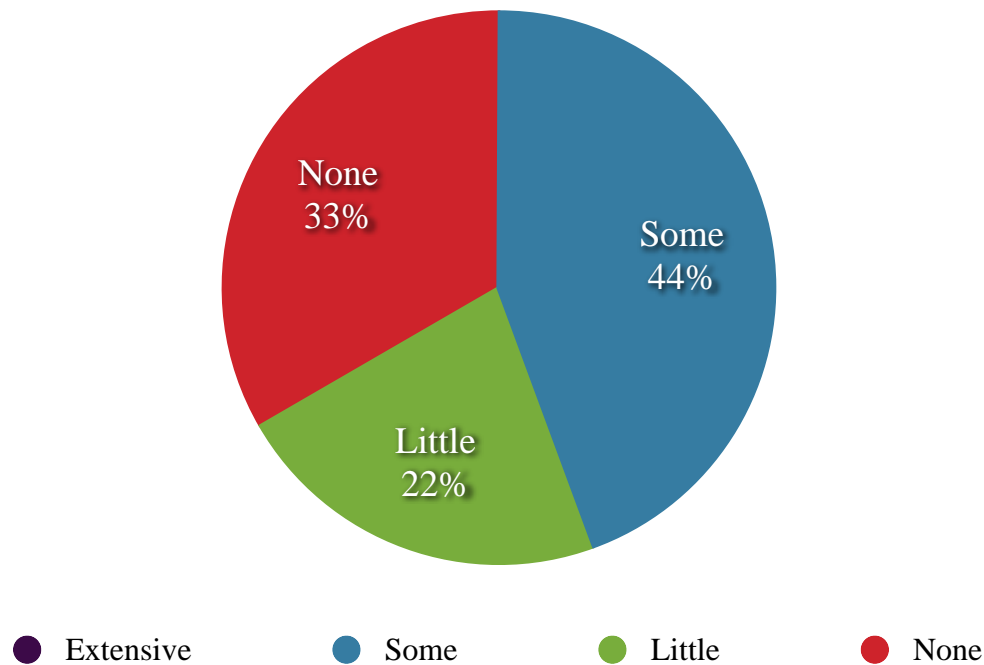


Figure 1. Experience with Guided Imagery

### **Prior Experience with Mindfulness**

Similarly, two-thirds of participants described themselves as having “some” or “little”

experience with mindfulness, while almost one-quarter (22%) had no experience. One individual reported “extensive” experience. Figure 2 depicts experience of participants with mindfulness.

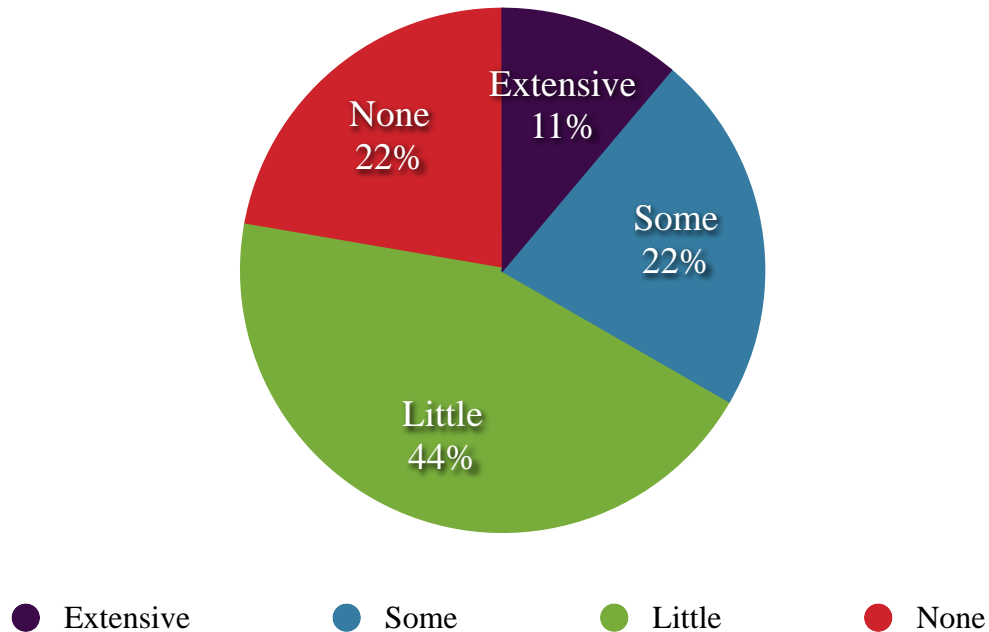


Figure 2. Experience with Mindfulness

### **Prior Experience with Focusing**

None of the participants had previously engaged in Focusing as developed by Eugene Gendlin.

### **Prior Training in stress Reduction**

Seven of nine participants reported no prior training in any type of stress reduction.

### **Current Stress Management Strategies**

In terms of stress management, five participants mentioned both “aerobic exercise” and “communing with nature” as strategies they employed. (Participants were able to check multiple strategies.) “Journaling” and “engagement with the arts” were used by three participants. Two individuals practiced meditation, and one person practiced yoga to reduce stress. “Other” stress

reduction methods employed included: spending time with friends (mentioned by two participants), and singing, cleaning, reading, walking, watching films, listening to music, swimming, gardening, and playing with one’s cat, all mentioned by one individual each. Figure 3 shows stress management techniques currently employed by participants.

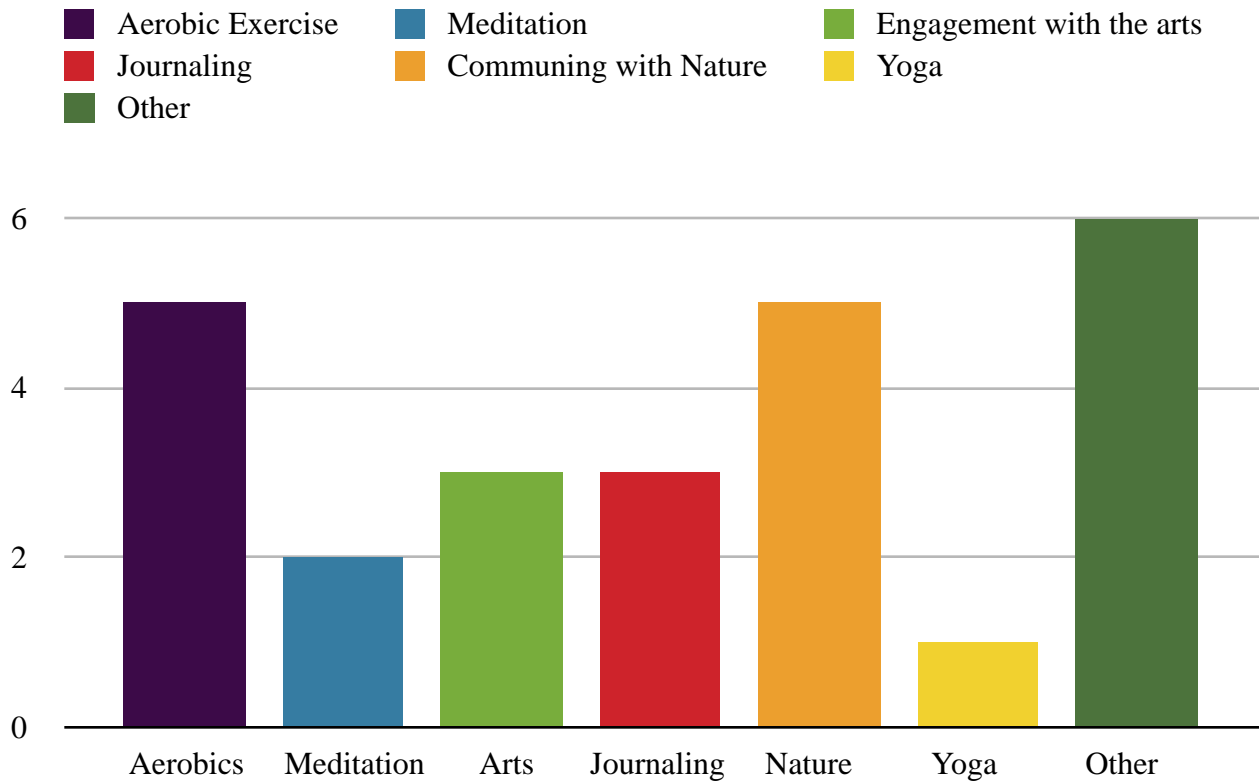


Figure 3. Stress Management Techniques Used By Participants

**Level of Comfort Making Art**

Four individuals rated themselves as either “very uncomfortable” or “somewhat uncomfortable” making art. Three people stated they were “comfortable” making art, and one individual labeled themselves “very comfortable” making art. These results are visually represented in Figure 4.



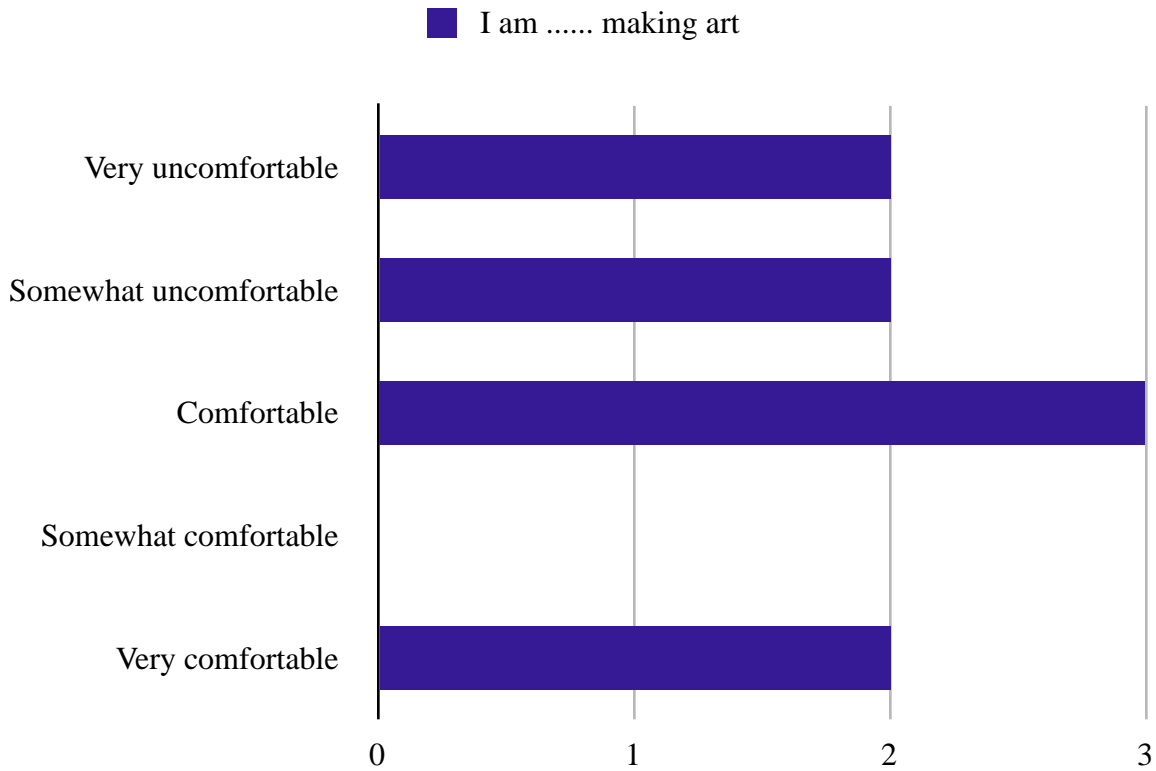


Figure 4. Level of Comfort Making Art

### Quantitative Results

The quantitative research in this study was conducted to demonstrate what, if any, effect the three variations on Clearing a Space with Art had on anxiety levels of participants. The S-Anxiety scale from Spielberger’s State-Trait Anxiety Inventory for Adults was administered before and after the intervention in each session. Using the S-Anxiety Inventory allowed the researcher to collect numeric data reflecting the state of stress reported by each participant prior to and after the intervention. Scores on the S-Anxiety scale can range from 20 to 80. The higher the number, the more state (current) anxiety reported by the participant. Table 1 shows mean pre- and post test results for all participants across three sessions using three variations of Clearing a Space with Art.

Table 1

## S-STAI Anxiety Scale Results for Sessions 1, 2, and 3

Participant Name	Session 1 pre	Session 1 post	Session 2 pre	Session 2 post	Session 3 pre	Session 3 post
Pat	40	36	42	43	43	46
Morgan	27	25	26	23	27	24
Jessie	33	32	28	26	23	23
Quinn	29	38	37	32	35	36
Alex	42	37	53	33	44	35
Jamie	32	27	25	29	25	25
Rory	40	50	33	53	42	58
Dylan	28	21	21	21	28	22
Chris	32	23	40	23	36	31

In Session One, the lowest reported pre-test anxiety score was 27, and the highest was 40. In the post-tests for Session One, the lowest and highest scores were 21 (a decrease of 7 points by Dylan) and 50 (an increase of 10 points by Rory), respectively. The largest decrease in stress as seen on the S-STAI Anxiety scale in Session One was a nine point decrease for Chris. Chris initially reported a score of 32 prior to the intervention, and decreased to a 23 after the intervention. Rory and Quinn each reported increases in stress post-intervention (10 and nine points, respectively). Rory began the session with a score of 40, and ended with a score of 50. Quinn began with a score of 29, and their score increased to 38. It is important to note that four individuals out of the nine had less than a five point difference between pre- and post-test scores.

In Session Two, the lowest reported score for the pre-test was 21 (Dylan). A 21 indicates

only minimal stress. The highest pre-test score was 53 (Alex). In Session Two post-test numbers, the lowest reported score was also 21, by Dylan, who showed no change from the pre-test stress level. The highest score was 53 (Rory), an increase of 20 points from the pre-test score of 33. The largest decrease in a score was reported by Alex, who began the session at 53 points and decreased by 20 points to 33 points. Chris also experienced a significant decrease of 17 points. The only participant with a significant increase of stress (20 points) was Rory. This increase for Rory is similar to what occurred in Session One, where Rory's measured stress increased as well. In this session, six individuals had less than a five point difference between pre- and post test scores, including one individual whose score remained the same.

For Session Three, lowest and highest pre-test scores were 23 and 42, and post-test scores resulted in a low of 22 and a high of 58. In Session Three, Alex's reported stress decreased the most, by a total of nine points. Alex began the session with a score of 44. At the end of the session, Alex scored 35 points. Rory showed a significant increase in stress as measured by the S-STAI Anxiety Scale, beginning with 42 points and concluding with 58 points, for an increase of 16 points. As in Session Two, in this session, six individuals had less than a five point change in score. Scores of two individuals showed no change in pre- and post-test results.

Figure 5 shows the average of pre-test and post-test scores for all three sessions.

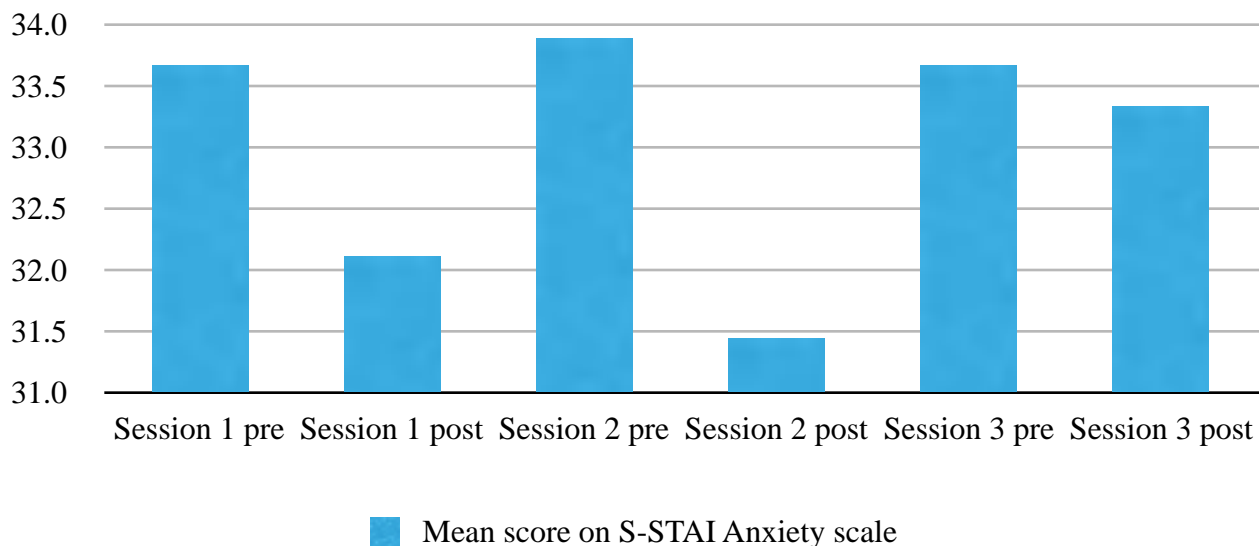


Figure 5. S-STAI Anxiety Scale Results

As seen in Figure 5, Session Two (directive imagery) results showed the largest decrease in State Anxiety as measured by the S-STAI Anxiety Scale, with a 2.4 point drop in scores, or a 7.2 % decrease. Session Three (non-directive imagery) post-test scores registered a .3 drop in points (.99%), making it the smallest decrease in S-STAI scores, while Session One (concrete imagery) scores decreased 1.56 points or 4.6 %.

In summary, this researcher found very slight quantitative reductions on S-STAI Anxiety Scores after using all three approaches of CAS with Art. The largest decrease in reported stress occurred after Clearing a Space with Art using directive imagery in Session Two.

### **Art-Based Research Results**

For art-based research, this study considered areas of stress marked by participants in each session on body maps (Appendix C), pre- and post-intervention. Each participant was able to mark multiple areas of the map. In the case of body parts that are bilaterally symmetrical, such as shoulders and knees, each part marked was tallied individually. For example, if a participant marked both shoulders, it was counted as two separate marks.

## Session One

In Session One, pre-intervention body maps showed stress being carried by participants in the following areas of the body (in order of how often marked): shoulders (6), neck (5), temples and jaw (4 each), base of skull, abdomen and chest (3 each), and hand, top of the head, spine, lower back and waist (all marked once).

After the intervention, three areas marked most often in Session One were shoulders, (reduced fifty percent from six to three markings), neck (reduced from five marks to one mark), the temples (reduced completely, from four to no marks) and the jaw (originally marked by four individuals and later marked by two individuals). The arms, not marked pre-intervention, were marked post-intervention. Temples, hand, and spine were no longer marked in post-intervention maps.

Areas marked as indicating reduction in stress in Session One after Clearing a Space with Art (concrete imagery) included the jaw, neck, shoulders, base of the skull, chest and abdomen (all reduced from being marked by three participants to one participant). The top of the head and lower back showed no change. All commonly marked areas showed a decrease in Session One. These results are shown graphically in Figure 6.

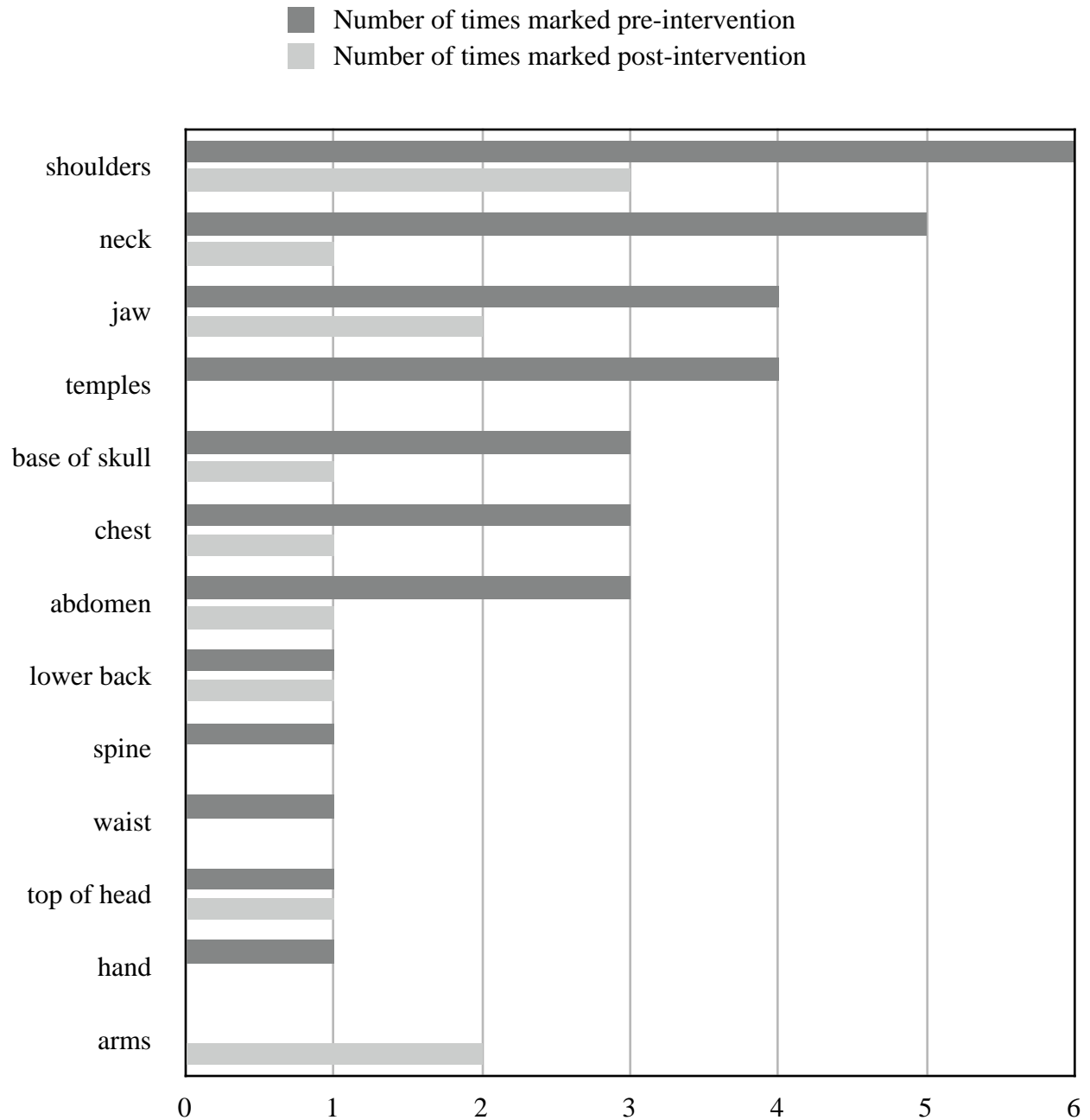


Figure 6. Session 1 Body Markings Map (Pre- and Post)

In Table 2 the four most often marked areas of stress (shoulder, neck, temples and jaw) in Session One before the intervention are shown and compared to the number of times these areas were marked after the intervention. (In order to be categorized as “Commonly Marked,” an area had to be marked four or more times in pre-intervention body maps.)

Table 2






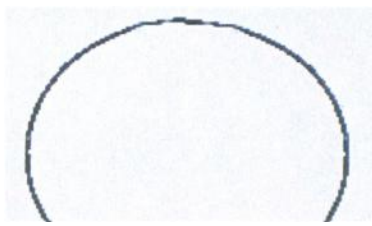

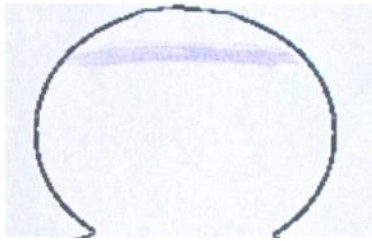
## Session 1 Commonly Marked Areas of Stress on Body Maps (Pre- and Post)

<b>Area of the Body Marked Most Often in Session One Pre-intervention</b>	<b>Number of Participants Marking this Area Pre-intervention</b>	<b>Number of Participants Marking this Area Post-intervention</b>	<b>Change</b>
Shoulder	6	3	-3
Neck	5	1	-4
Temples	4	0	-4
Jaw	4	2	-2

Table 3 provides pre- and post-intervention examples from Body Maps of four individuals who choose the most commonly marked areas of shoulders, neck, temples and jaw.

Table 3

Session 1 Body Map Examples of Commonly Marked Areas (Pre- and Post)

Area of Body Marked on Map	Example from the Art Pre-intervention	Examples from the Art Post-intervention
Shoulders		
Neck		
Temples		
Jaw		

**Session One vignette.** Alex began Session One with a score of 42 on the S-STAI Anxiety Scale. Shoulder and neck were the most commonly marked areas in Session One pre-intervention maps, and Alex’s markings contributed to those numbers, as well as depicting somatic stress in their right hand and their lower back. Figure 7 is their pre-intervention body map.



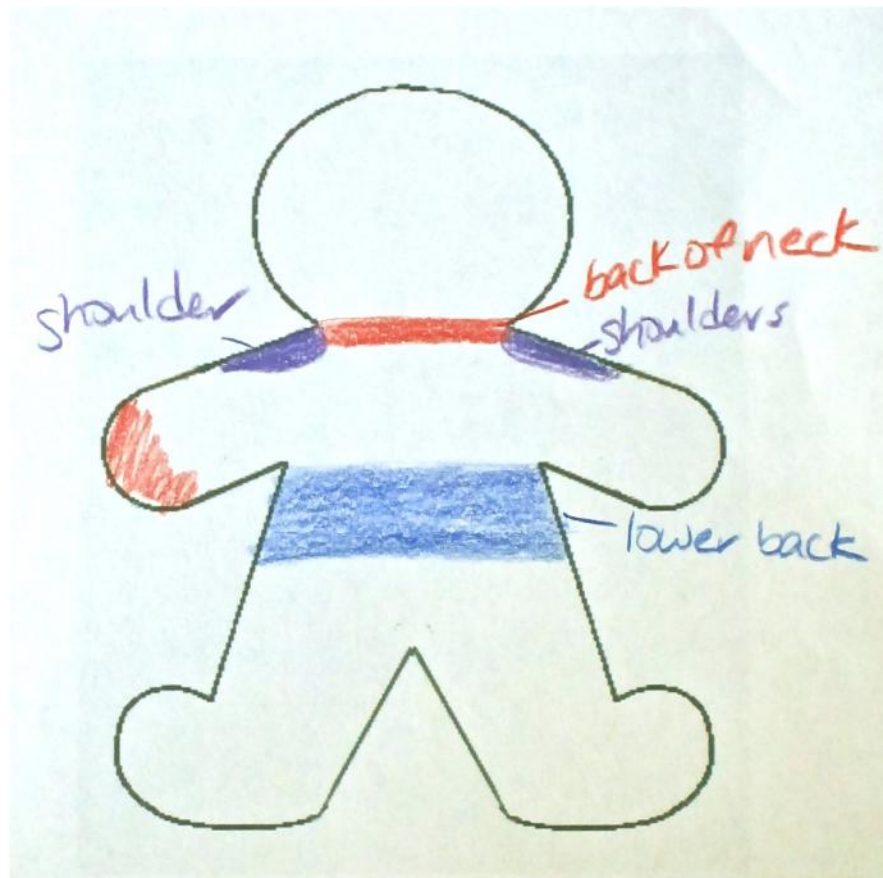


Figure 7. Session 1 Alex's Pre-intervention Body Map

Before the intervention Alex commented they, "felt nervous about the activity." They also noted that they were "tense" in their shoulders. Post-intervention, they wrote that their experience of Clearing a Space, "helped to reduce my fear of the activity. I felt at peace with this part of the process." Additionally, Alex commented, "I felt the stress leave the areas of my body where I felt tense BEFORE the activity." This was illustrated in the post-intervention body map, Figure 8, where Alex's hand and the lower back are no longer marked. Although still present, the sensations in their shoulders and the back of their neck have changed in appearance from Alex's pre-intervention map.

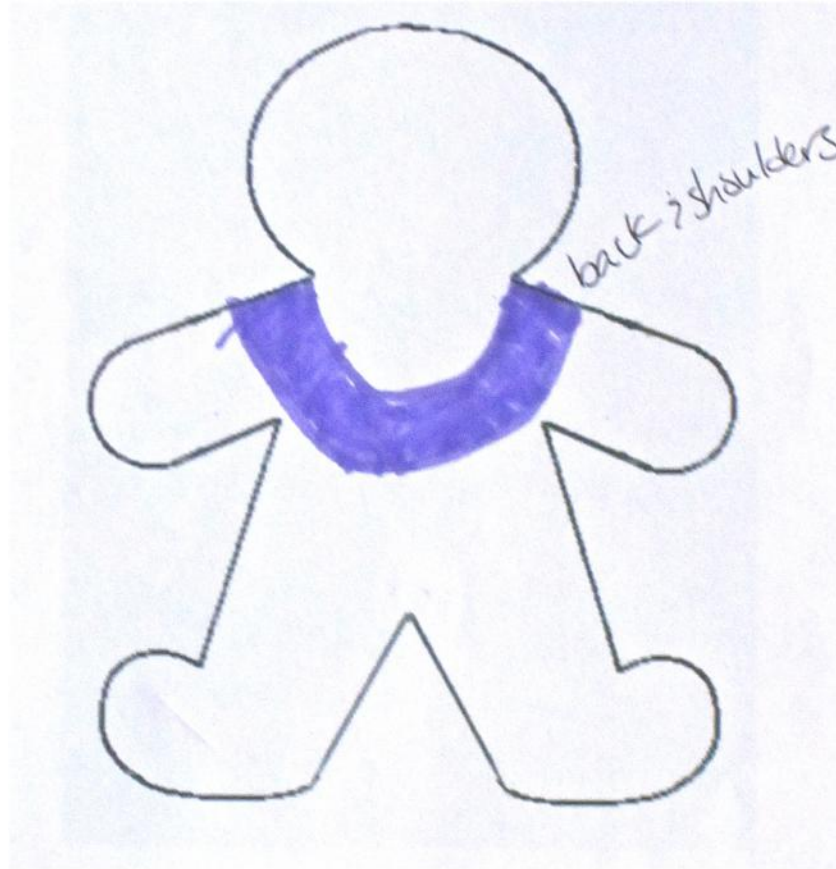


Figure 8. Session 1 Alex's Post-intervention Body Map

When writing about the experience of the All Fine Place, Alex reflected the process-oriented theme of concern about creativity expressed by other participants when they noted the activity was, “difficult for me as I am not a very creative person.” Alex continued, “I felt my ‘art’ was random and unfocused. I felt I needed more guidance in this process. I finished feeling more tense than when I started.” This participant also reflected the theme of concern regarding materials when they expressed, “I wished I had graphite pencils.” While Alex noted their, “nerves were gone,” they also mentioned that the “All Fine Place caused more tension in my back and shoulders” which was reflected in markings on the post-intervention body map (Figure 8). Alex’s S-STAI Anxiety Scale score of 37 did not reflect the heightened tension of this self-report, instead showing a decrease of five points. Alex also commented that they were, “more

interested in what the others were doing. Figures 9, 10, and 11 are views of the All Fine Place created by Alex. Figure 9 is the underside of the art piece, and not visible once the piece is folded. Figure 10 is partially visible when the piece is folded.



Figure 9. Session 1 Alex's Depiction of the All Fine Place (detail [a])



Figure 10. Session 1 Alex's Depiction of the All fine Place (detail [b])



Figure 11. Session 1 Alex's Depiction of the All Fine Place

### Session Two

In Session Two, participants marked the following areas of stress prior to Clearing a Space with Art (directive imagery) (listed in the order marked): shoulders (5), eye area (4), hands (3), and the top of the head, neck, jaw, chest, arms and lower back (all marked two times). The back of neck, knees, and feet were all marked once. Shoulders and eye area were marked most often and back of the neck, abdomen, knees and feet were the least marked.

After the intervention in Session Two, areas marked in order of frequency were: shoulders (5), eye area (4), hands (3). Marked by two individuals were arms, chest, neck, top of head, jaw, and lower back. Abdomen, back of neck, knees, and feet were all marked once.

Shoulders were listed more often in post-intervention maps than in pre-intervention body maps (an increase of 8 times as compared with 5 times). The least marked were the top of the head, neck, and abdomen. Post-intervention, none of the participants marked the jaw, back of

neck, hands, abdomen, lower back, knees, and feet, although all of those areas had been marked on the pre-intervention body maps. Figure 12 illustrates the areas of the body marked and how often each area was marked pre- and post-intervention in Session Two.

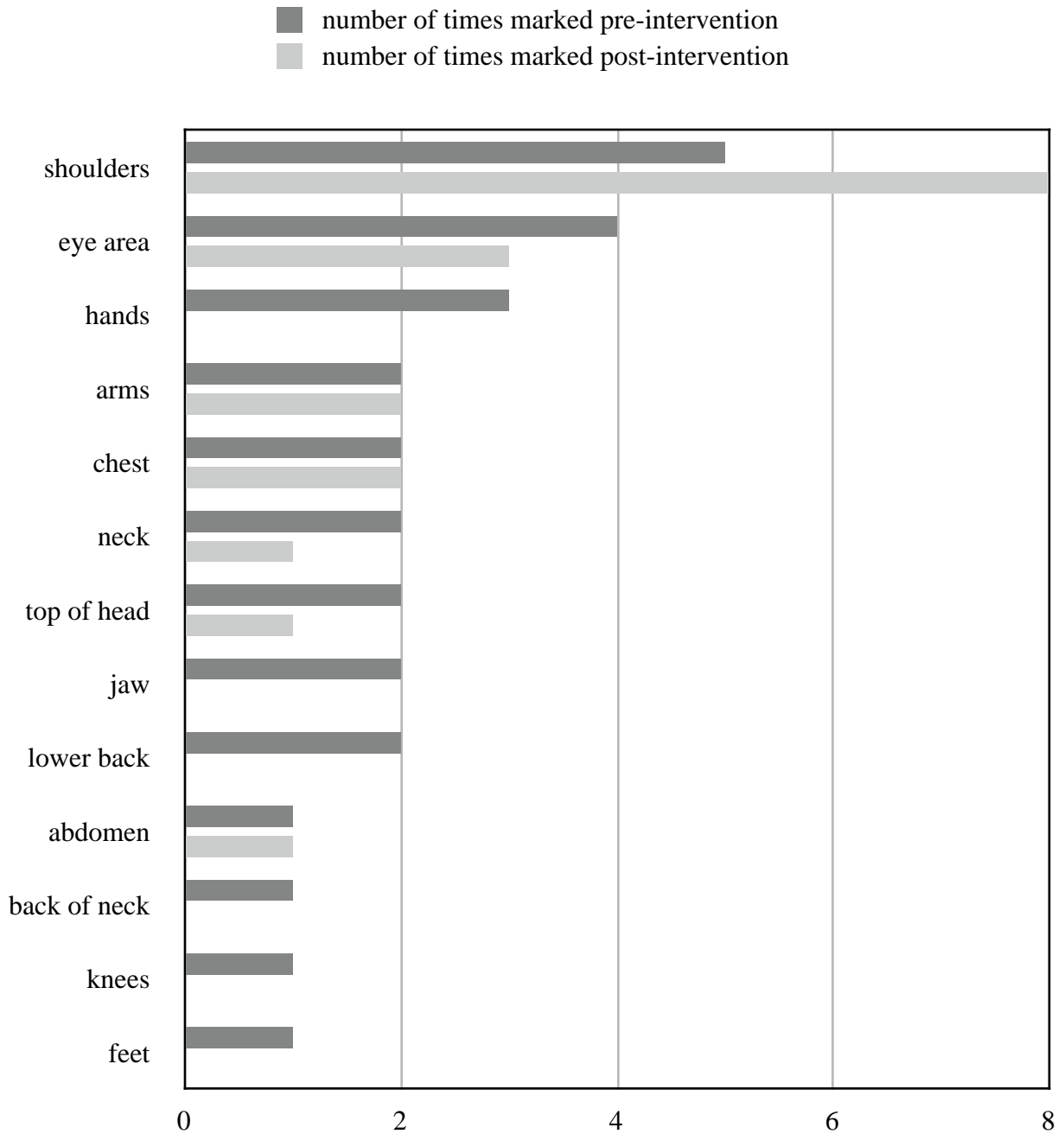


Figure 12. Session 2 Body Map Markings Map (Pre- and Post)

Table 4 shows the two most often marked areas of stress (shoulder and eye area) in Session Two before the intervention and compares the number of times these areas were marked after the intervention. (In order to be categorized as “Commonly Marked,” an area had to be marked four or more times in pre-intervention body maps.)

Table 4








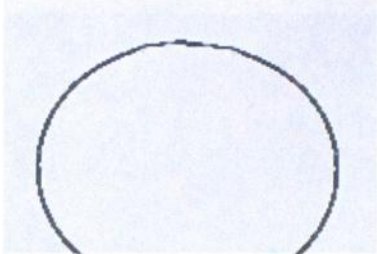
Session 2 Commonly Marked Areas of Stress on Body Maps (Pre- and Post)

<b>Area of the Body Marked Most Often in Session Two Pre-intervention</b>	<b>Number of Participants Marking this Area Pre-intervention</b>	<b>Number of Participants Marking this Area Post-intervention</b>	<b>Change</b>
Shoulder	5	8	+3
Eye area	4	3	-1

Table 5 provides pre- and post-intervention examples from Body Maps of two individuals who choose the most commonly marked areas, those of shoulder and eye area.

Table 5

Session 2 Body Map Examples of Commonly Marked Areas (Pre- and Post)

Area of Body Marked on Map	Example from the Art Pre-intervention	Examples from the Art Post-intervention
Shoulders	 <hr/> 	 <hr/> 
Eye Area	 <hr/> 	 <hr/> 

**Session Two vignette.** Quinn began Session Two with a score of 37 on the S-STAI Anxiety Scale. Their pre-intervention body map markings (Figure 13) showed stress in their



shoulders, which was one of the most common pre-intervention areas marked by participants in Session Two.

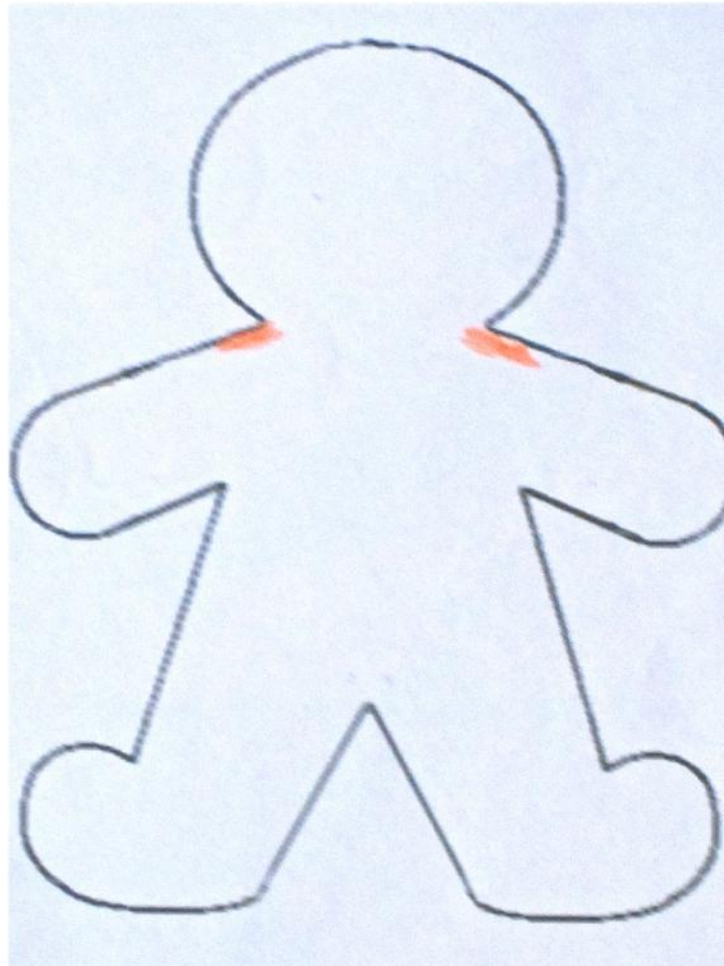


Figure 13. Session 2 Quinn's Pre-Intervention Body Map

In narrative comments about the process of CAS with Art, Quinn observed that they found it was, “difficult to name stressors--they are more of a feeling without a name. Yet once I felt I could place the feelings aside, I felt a sense of space. Wrapping them up and putting them in a pile allowed me to stop giving them attention.” Quinn remarked that their “[All Fine Place] feels fleeting, yet when I can feel ‘in it’ it feels spacious, round and relaxing.” Post-intervention, the S-STAI Anxiety Scale score for Quinn dropped 5 points, to a 32. This decrease was reflected in

Quinn's comments comparing pre- and post-intervention stress. Prior to the intervention, Quinn described themselves as "scattered, distracted, not grounded." After the intervention, Quinn noticed feeling "calmer." They identified that, "the act of drawing circles felt releasing. Covering the paper with color felt like filling up with warmth. I felt more grounded."

Figure 14 is a reproduction of Quinn's body post-intervention map. The map shows no stress in the shoulders, which had been marked in the pre-intervention map. Stress shifted in location, to the forehead area.

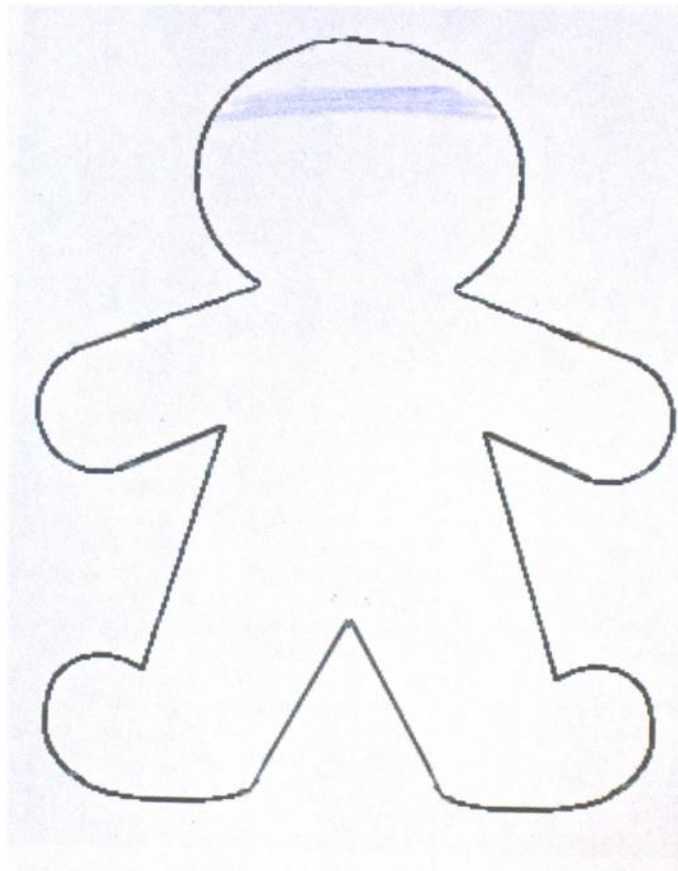


Figure 14. Session 2 Quinn's Post-Intervention Body Map

In creating a visual representation of the All Fine Place, many participants folded or otherwise altered the paper, making it smaller. This was true in Session Two for Quinn, who folded the paper into thirds and drew on one third of the paper (Figure 15).



Figure 15. Session 2 Quinn's Depiction of the All Fine Place

### **Session Three**

Prior to the Clearing a Space with Art (non-directive imagery) intervention in Session Three, participants marked the following areas of stress, listed in the order of frequency marked: shoulders (10), back (6), eyes (5), abdomen (3). Hands, jaw, chest and the top of head were all marked two times. The forehead was marked once.

After the intervention in Session Three, the area most commonly marked was shoulders, receiving ten marks showing no change from their pre-intervention status. The next most frequently marked was the back (marked four times, compared to six marks pre-intervention). Eyes showed a decrease of three marks, from five down to two. Abdomen decreased by one mark, from three marks to two marks. Hands and jaw showed no change from pre-intervention status, both marked twice regardless of time point. Chest decreased from two down to one mark. Top of the head was marked pre-intervention, yet not marked post intervention. Forehead remained the same, with one mark both pre- and post-intervention. New in post-intervention body maps were temples, hips, back of neck, and sides of head, all marked twice, and neck and posterior, marked once each. Figure 16 illustrates the areas of the body marked and how often each area was marked pre- and post-intervention in Session Three.

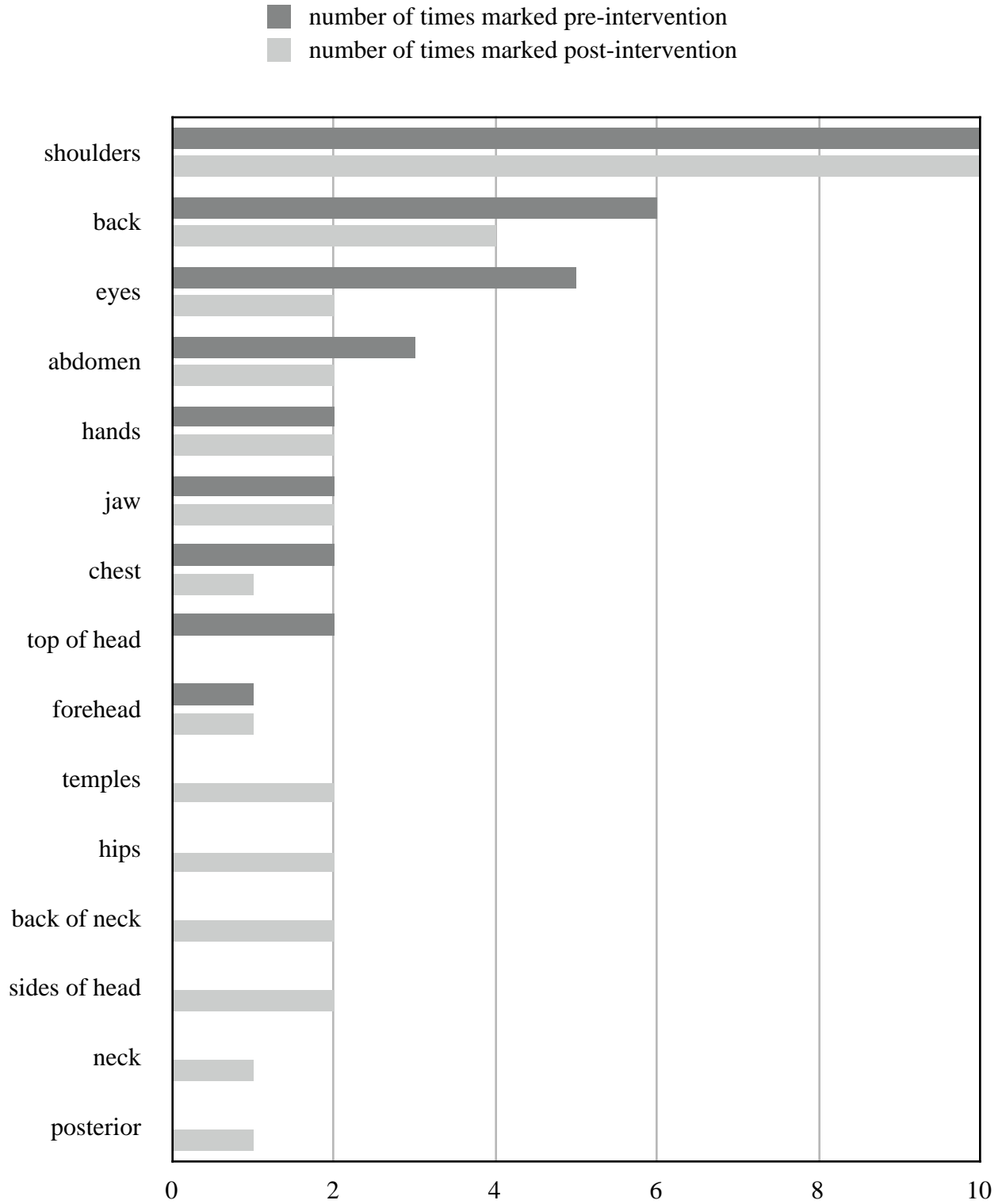


Figure 16. Session 3 Body Map Markings (Pre- and Post)

Table 6 shows three most often marked areas of stress (shoulders, and back) in Session Three before the intervention and shows the change in the number of times these areas were marked after the intervention. (In order to be categorized as “Commonly Marked,” an area had to be marked four or more times in pre-intervention body maps.)

Table 6

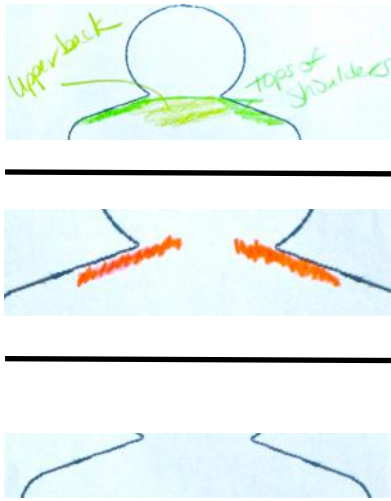
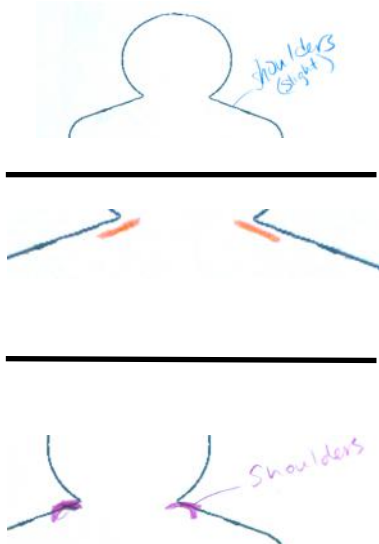
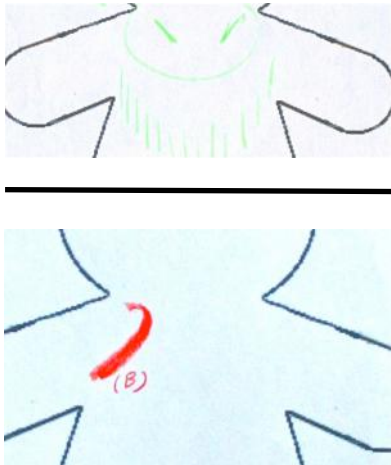
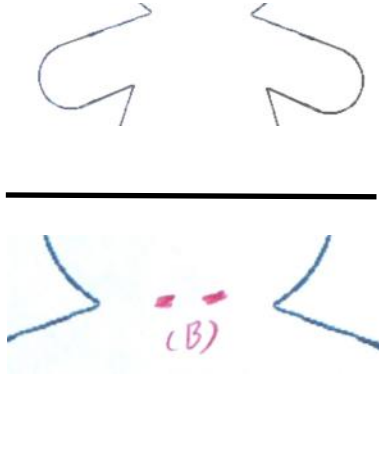
## Session 3 Commonly Marked Areas of Stress on Body Maps (Pre- and Post)

<b>Areas of the Body Marked Most Often in Session Three, Pre-intervention</b>	<b>Number of Participants Marking this Area Pre-intervention</b>	<b>Number of Participants Marking this Area Post-intervention</b>	<b>Change</b>
Shoulders	10	10	0
Back	6	4	-2

Table 7 provides pre- and post-intervention examples from Body Maps of five individuals who choose the most commonly marked pre-intervention areas, those of shoulders and back.

Table 7

Session 3 Body Map Examples of Commonly Marked Areas (Pre- and Post)

Area of Body Marked on Map	Example from the Art Pre-intervention	Examples from the Art Post-intervention
Shoulders		
Back		

**Session Three vignette.** Chris began the third session with a score of 36 on the S-STAI Anxiety Scale. Chris’ pre-intervention body map (shown in Figure 17) shows stress in the top of the head, the shoulders, and the abdomen and chest area. All participants felt stress in their shoulders in Session Two, both pre- and post-intervention. Chris was one of three participants

who marked abdomen in the pre-intervention maps, and one of two to mark top of head and chest. The narrative comments Chris made about how they felt prior to the intervention supported the markings on the body map. Chris remarked, “I was feeling some stress and some anxiousness. Identifying where in my body--asking my body where stress was helped me identify that I was feeling anxious.”

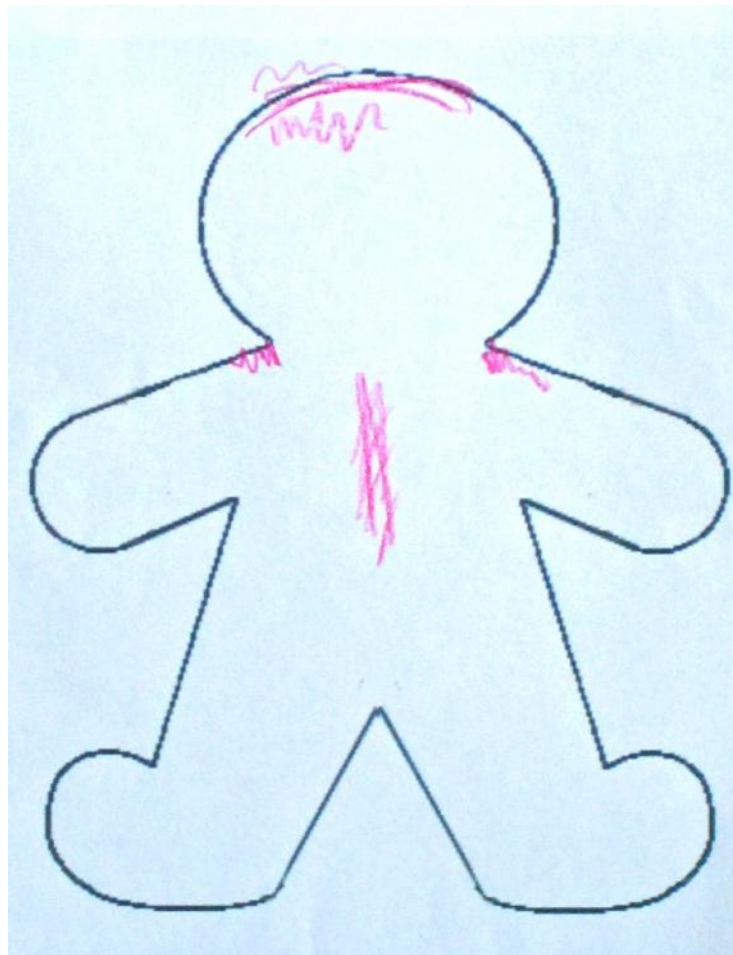


Figure 17. Session 3 Chris's Pre-Intervention Body Map

Narratively, Chris commented they were, “just trusting whatever came up” during the CAS with Art process. They added, “at first I wanted to censor or judge the images, however after I just let it flow, the images flowed to my head.”



After the intervention, Chris scored a 31 on the S-STAI Anxiety Scale, a decrease of four points. This decrease coincides with the narrative comments Chris made about the process. When describing their experience of the AFP, Chris noted it was “very empowering” and that they had a, “feeling of contentment.” More specifically, they saw “the image of blue water flowing through me” and felt both “expanded” and at the same time as though they were “dissolving and becoming connected to everything.” Figure 18 is Chris’s post-intervention body map.

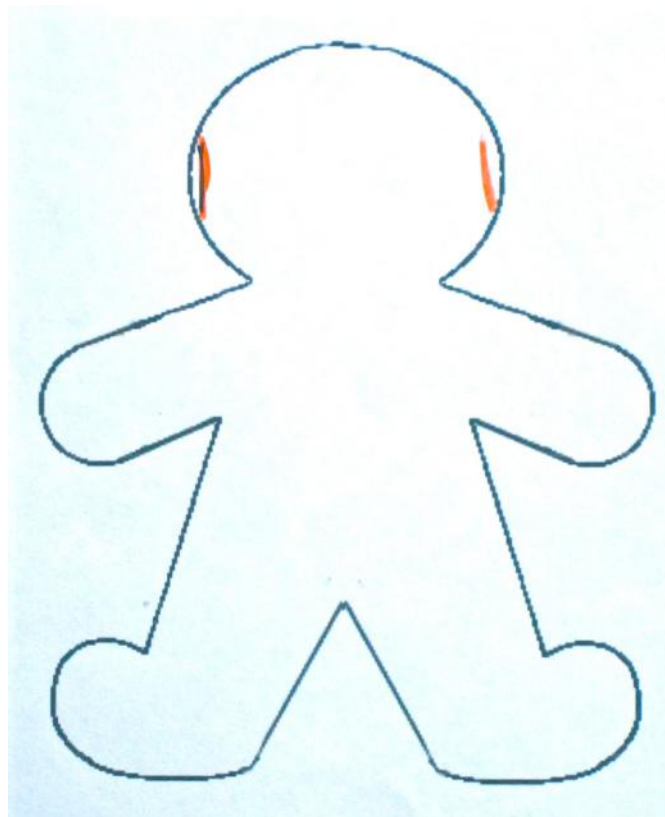


Figure 18. Session 3 Chris’s Post-Intervention Body Map

Chris’s post-intervention map shows no signs of the stressors (shoulders, top of head, chest and abdomen) marked in the pre-intervention map. In their post-intervention map, the stress has shifted to the sides of the head.

Figure 19 is Chris’s AFP.

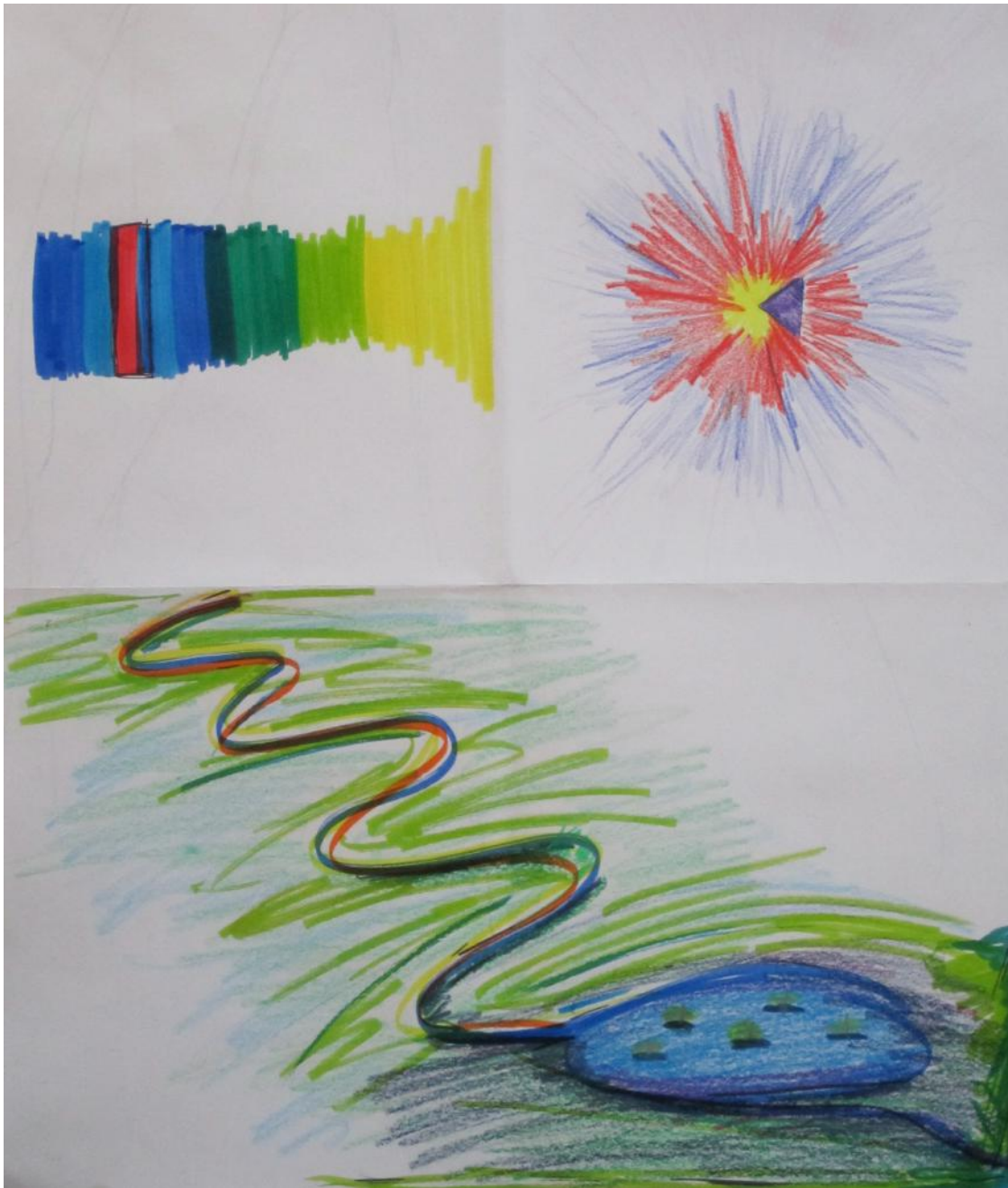


Figure 19. Session 3 Chris's All Fine Place

Chris mentioned that post-intervention, they felt, “open, expanded, calm, energy flowing through me, relaxed and content,” and that they, “wanted to hold on to this feeling as long as I can.”

### **Qualitative Phenomenological Results**

After each session, participants completed a Written Reflection Statement (Appendix D). Additionally, at the conclusion of the study, they wrote answers to a Final Questionnaire (Appendix I). Answers to the questions were examined and common themes related to both the hypothesis of stress reduction and the process of CAS with Art and accessing the AFP were identified.

#### **Session One**

In question one, participants were asked to write about their experience of “using guided Focusing to identify stressors and set them at a distance” (Appendix D). Related to the hypothesis that CAS with Art would result in stress reduction, the researcher noted a theme of participants recognizing the benefits of CAS with Art. This theme was supported by the statements of five participants. Sample statements that led to the identification of this theme were:

1. “This process helped to reduce my fear of the activity. I felt at peace with this part of the process. I felt the stress leave the areas of my body where I felt tense BEFORE the activity.” (Alex)
2. “Putting them [stressors] on the floor out of my way, but still nearby, felt realistic.” (Dylan)
3. “I liked placing them away from me and closing the box. When I tried to think of what was in the box before, I couldn’t.” (Quinn)
4. “It felt good to get it out on paper.” (Jessie)
5. “I felt in control of them--that they [the stressors] could be handled. It also felt

empowering. (Morgan).

The experience of naming stressors was a process-oriented theme in response to the first question in the Written Reflection Statement. Sample statements elucidating the experience of naming stressors are summarized in Table 8.

Table 8

Session 1 Process-Oriented Statements in Written Reflection Question 1

Theme	Statements Related to the Theme
Experience naming stressors	<p>“It took time to name stressors. I know I could draw them, then I worried about not knowing what they meant at a later date.” (Quinn)</p> <p>“Initially I found it difficult to accurately identify any particular stressors which I was experiencing at the present.” (Jamie)</p> <p>“I was resistant to naming too many stressors and feeling overwhelmed.” (Dylan)</p> <p>“I was afraid I would not be able to let go of the stress. [Yet] actually writing them [the stressors] down discretely made me feel less like there is limitless enormity of stress and more like, ‘Oh, these are the specific things I am stressed about.’” (Chris)</p> <p>“I enjoyed naming my stressors, and then physically placing them into the box.” (Morgan)</p>

Question two asked the participants to write about their “experience of the All Fine Place” (Appendix D). The theme identified relating to the hypothesis of stress reduction was a positive felt-sense of the AFP. Four individuals made statements supporting this theme. These statements included:

1. “While working with my imagery...I tapped into a place of joy and celebration of myself. It reconnected me to a sense of myself that I sometimes forget.” (Morgan)
2. “I had mostly a feeling of expansion and possibilities. All possibilities were/are there. Once I was aware of my ‘AFP’ I experienced more and more relaxation. It just washed over me in waves. Very pleasant.” (Chris)
3. “In the end [my All Fine Place art] truly represented what I felt and I really liked that. [The All Fine Place] feels like a home place. A safe place. A fun place.” (Dylan)
4. “So many things I am grateful for.” (Rory)

The process-oriented themes that emerged in response to this question were:

1. concern regarding materials (supported by statements of four participants) ,
2. concern regarding creativity (supported by statements of six participants),

These process-oriented themes and sample statements elucidating them are summarized in Table 9.

Table 9

Session 1 Process-Oriented Statements in Written Reflection Question 2

Theme	Statements Related to the Theme
Concern Regarding Materials	<p>“I was stressed using mediums that I don’t usually use. I’ve never been comfortable with pen, pencil, paper as an art form.” (Quinn)</p> <p>“I wished I had graphite pencils.” (Alex)</p> <p>“I needed a pencil sharpener.” (Morgan)</p> <p>“There were no scissors and the paper was too tough to rip.” (Dylan)</p>

Theme	Statements Related to the Theme
Concern Regarding Creativity	<p>“I do admit the permission of origami relieve my stress of actually having to draw something-whew!” (Pat)</p> <p>“I found I would become focused on particular lines, shapes, patterns and then at times start questioning to myself whether or not what I was drawing was indeed related to All Fineness or whether I had simply been focused on qualities of aestheticism.” (Jamie)</p> <p>“The action of scribbling has my heart racing. (Or it may be my caffeine is finally kicking in.)” (Rory)</p> <p>“I wanted time to play and explore BEFORE committing to something. ... Once I saw what I had done, I wanted to change it.” (Quinn)</p> <p>“[This was] difficult for me as I am not a very creative person. I felt my ‘art’ was random and unfocused.” (Alex)</p> <p>“I worried about my creativity, or lack thereof and how pictographic it was.” (Dylan)</p>

Question three asked participants to compare how they “felt in terms of stress before the experience of Clearing a Space with art with how they felt after the process” (Appendix D). Prior to the intervention, the majority of participants listed they were stressed, anxious, or nervous. After the intervention, participants listed relaxation and enjoyment as themes, supporting the hypothesis of CAS with Art as reducing perceived levels of stress. Pre- and post-intervention responses from each participant are noted below in Table 10. Key words supporting the hypothesis that the experience of CAS with Art resulted in decreases in perceived levels of stress are highlighted in bold.

Table 10

## Session 1 Pre- and Post Responses to Question 3

Participant Name	Pre-intervention feelings of stress	Post-intervention feelings
Pat	“I was stressed for having ...to create a piece of art .... and to having this art being made public.”	“I did not expect to <b>enjoy</b> making the art as much as I did.” “I felt a sense of <b>gratitude</b> and <b>calm</b> .” “I noticed my body was far more <b>relaxed</b> than it was to start with--I had several ailments physically prevalent that seemed to considerably subside while creating the art.”
Rory	“lethargic”	“ <b>rejuvenated</b> ”
Jessie	“Didn’t have a way. I wasn’t thinking about a way.” “How to deal with things going on with me.”	“Nice to take a <b>calm</b> look at what’s going on with me--not feeling like anything needs to be solved now, just out there to look at <b>calmly</b> .”
Quinn	[did not answer]	[did not answer]
Alex	“I felt nervous about the activity.”	“My <b>nerves were gone</b> .”
Jamie	“In general relaxed, but possibly a little stressed by the unexpected nature of what might be required of us.”	“Some sense of <b>relief, mild satisfaction</b> at completion of the task at hand.” “Mostly as <b>relaxed</b> , if not slightly moreso.”
Morgan	“Nervous.” “Concerned about finding the right imagery, right materials.” “I was a little anxious and self-critical.”	“I had <b>fun</b> and <b>enjoyed</b> myself.” “I wasn’t concerned about the product.” “ <b>Tension down, joyfulness up</b> .”
Dylan	“I nervous about being stymied by ‘materials’ and ‘creativity.’”	“ <b>peaceful, satisfied, proud, calm, centered</b> ”

Participant Name	Pre-intervention feelings of stress	Post-intervention feelings
Chris	“I had some anxiety in my body and overall tightness.” “I felt stress in my back, neck, back of skull and the top of the head.”	“All the <b>previous stress points changed.</b> ”

## Session Two

In question one, participants were again asked to write about their “experience using guided Focusing to identify stressors and set them at a distance” (Appendix D). The researcher identified a theme regarding the stress-reduction benefits of CAS with Art based on statements by three individuals.

1. “Felt good to have ‘permission’ to relax, think about how I’m feeling and get some distance.” (Jessie)
2. “[This was] very helpful in calming my body and my monkey brain.” (Dylan)
3. Once I felt I could place the feelings aside, I felt a sense of space. Wrapping them up and putting them in a pile allowed me to stop giving them attention.” (Quinn)

Additionally, two process-oriented themes emerged. They were:

1. difficulty in naming stressors (supported by statements of four participants),
2. differences between Session One’s concrete imagery and Session Two’s directive imagery (supported by statements of four participants).

These process-oriented themes and sample statements elucidating them are summarized in Table 11.



Table 11

Session 2 Process-Oriented Statements in Written Reflection Question 1

Theme	Statements Related to the Theme
Difficulty in naming stressors	<p>“Constant battle between relaxing into a therapeutic exercise and analyzing the exercise and/or analyzing myself going through the exercise.” (Rory)</p> <p>“I find it difficult to name stressors-they are more of a feeling w/o a name.” (Quinn)</p> <p>“To some extent it was initially somewhat of a struggle to visualize or identify any particular stressor which in itself, while not exactly stressful, was slightly aggravating.” (Jamie)</p> <p>“The same stressors come up several times and I wrapped them and tossed them away several times.” (Chris)</p>
Contrasting concrete and directive imagery	<p>“This experience was helpful, though not as successful for me as the physical act of writing them down on paper and placing them at a distance.” (Morgan)</p> <p>“This exercise was less tangible than last week.” (Dylan)</p> <p>“It was harder to have them feel like I had set them aside today compared with last week.” (Chris)</p> <p>“Having after some degree of introspection some possible stressors, I found the act of visualizing them in a discreet package perhaps slightly easier to do.” (Jamie)</p>

Question two asked participants to write about their “experience of the All Fine Place” (Appendix D). Themes identified that both related to the hypothesis and to the process were:

1. experience and felt-sense of the All Fine Place (supported by statements of seven participants), and

- 2. positive experience with art-making (supported by statements of three participants).

These themes and sample statements elucidating them are summarized in Table 12.

Table 12

Session 2 Hypothesis Related Statements in Written Reflection Question 2

Theme	Statements Related to the Theme
Experience and felt-sense of the All Fine Place	<p>“The AFP in my mind is free of clutter of all the utter chaos that seems to permanently reside there.” (Pat)</p> <p>“My ‘AFP’ is a SAFE HAVEN.” (Rory)</p> <p>“I felt like waves from the center of my chest emanating out to the rest of my body, very cool in temperature, but not cold, pleasant. Almost like the ripples from a pebble drooped into a pond, but in slow motion.” (Dylan)</p> <p>“When I can feel “in [the All fine Place],” it feels spacious, round, relaxing.” (Quinn)</p> <p>“This week it was more of a feeling of well-being, a floating sensation.” (Chris)</p> <p>“fairly easy for me to imagine the place” (Jessie)</p> <p>“I’m not exactly sure if it was because this is the second consecutive week of practicing this activity or a greater comfort level, but I found it a significantly easier activity to clearly see aspects of the AFP in my minds eye this time.” (Jamie)</p>
Positive experience with art-making	<p>“I feel so...REJUVENATED-I am <u>FEELING</u> not <u>THINKING</u> [<u>sic</u>].” (Rory)</p> <p>“Felt relaxing to draw.” (Jessie)</p> <p>“I could have drawn all day, except my hand and shoulders were getting tired.” (Alex)</p>

Question three asked participants to compare how they “felt in terms of stress before the

experience of Clearing a Space with art with how they felt after the process” (Appendix D). As with Session One, a majority of participants were listed they were stressed, anxious, or nervous prior to the intervention. After the intervention, participants listed relaxation and enjoyment as themes. Pre- and post-intervention responses from all participants can be found in Table 13. Key words supporting the hypothesis that the experience of CAS with Art result in decreases in perceived levels of stress are highlighted in bold.

Table 13

## Session 2 Pre- and Post Responses to Written Reflection Question 3

Participant Name	Pre-intervention feelings of stress	Post-intervention feelings
Pat	<p>“I kept hearing my friend, who is an artist and who is always telling me, ‘give art a try and shut up the voice that says you can’t because it is not perfect.’”</p> <p>“I just drew what I wanted-I didn’t quite finish as time seemed of greater importance.”</p>	<p>“I was happy to ‘somewhat’ finish.”</p> <p>“I am also <b>pleased</b> with having an idea and crating an image to represent that idea on paper.”</p> <p>“I am not pleased with the result, but was not displeased with it.”</p> <p>“It changed from the original idea and sort of took a form of its own.”</p>
Rory	“insecure”	“ <b>powerful</b> ”
Jessie	<p>“already having a good day.”</p> <p>“wasn’t feeling stressed too much.”</p>	<p>“Even <b>more relaxed.</b>”</p> <p>“I don’t usually draw so having this opportunity was <b>fun and relaxing.</b>”</p>
Quinn	“scattered, distracted, not grounded”	<p>“I felt <b>calmer</b> after.”</p> <p>“The act of drawing circles felt <b>releasing.</b>”</p> <p>“I felt <b>more grounded.</b>”</p>
Alex	“I felt nervous about the activity.”	“My <b>nerves were gone.</b> ”

Participant Name	Pre-intervention feelings of stress	Post-intervention feelings
Jamie	“came into the process and activity with a minimal amount of stress feeling calm and relaxed.”	“felt equally <b>relaxed</b> after the process with perhaps slightly more fatigue.” “I wouldn’t characterize the fatigue as a negative, but perhaps akin to what one might feel after some light exercise.”
Morgan	“fairly relaxed, calm” “had an idea of what to expect so that was helpful.” “Would be interesting to repeat the first exercise because of the familiarity factor.”	“I <b>enjoyed</b> , again, the time creating the image and listening to the music.” “ <b>mini-break</b> in the middle of the day.” “I <b>liked my image</b> , which was a bonus.”
Dylan	“My foot was really bothering me. I also have felt a bit jittery lately. Not anxious, but a little shaky.”	“My <b>foot doesn’t hurt</b> at all! I still feel jittery (like too much caffeine, but that is not the case here).” “I feel at <b>peace</b> making art or creating visually what my body is sensing.”
Chris	“more stress” “more feelings of having to be places and do stuff--stress.” “Some general anxiety.” “Felt like I was carrying the days experience around with me.”	“ <b>Warm, relaxed.</b> ” “not sleepy, but like I had just woken up.” “a <b>really nice feeling of contentment.</b> ” “somewhat more <b>free</b> ”

### Session Three

In question one, participants were again asked to write about their “experience using guided Focusing to identify stressors and set them at a distance” (Appendix D). The researcher identified one theme related to the hypothesis, that of benefits derived from the Focusing process. This theme was supported by statements made by four participants. FOAT was described as “a great visual exercise,” and a “treat.” One participant remarked that they “look forward to having the space/time to reflect on how I am feeling.”

“A feeling of release--body sensation changing,” was noted by a participant, who “like[d] the sense of stressors diminishing as I got farther from them.” The inclusion of the background feeling in the guided process assisted a participant to “identify a lingering ‘something’” they hadn’t yet cleared.

Three individuals made statements that led to naming a process-oriented theme of difficulties naming stressors. “[This was]not as effective as I would...like?...it to be,” stated Rory, “because my brain gets in the way.” Alex mentioned having to, “search for my stressors.” Jamie commented, “As with previous experiences I initially had slight difficulties identifying and visualizing potential stressors in my life. The envisioning of a particular stress and placing that at a distance from my mind’s self was slightly difficult to maintain to my complete satisfaction. I’d be able to grasp on to placing a stressor, say on a park bench for a few seconds but not hold on to the image assessing how I felt by being distanced from this stressor.” Jaime concluded, “This time I found it more challenging to follow the guided focusing. My mind kept jumping from one suggested image to the next suggested image.”

Question two asked participants to write about their “experience of the All Fine Place” (Appendix D). The theme related to the hypothesis of stress reduction was the felt-sense of the All Fine Place (supported by statements of six participants). Statements to support this theme are presented in Table 14, with key words in boldface.

Table 14

## Session 3 Statements Related to the Hypothesis in Written Reflection Question 2

Theme	Statements Related to the Theme
Felt-sense of the All Fine Place	<p>“I felt it [the All Fine Place] was a <b>hidden place, familiar</b>. It was a <b>place I knew when I was a long younger</b>-like a park I used to play in and roll down the grassy hills.” (Pat)</p> <p>“I could <b>sense calm</b> while in the AFP and a <b>kind of warmth</b>.” (Quinn)</p> <p>“Once I entered my AFP I immediately <b>relaxed</b>. The <b>pain I was feeling began to melt away</b>.” (Alex)</p> <p>“[I felt] a <b>moderate feeling of satisfaction and peacefulness</b>.” (Jamie)</p> <p>“Very <b>empowering</b> and again the feeling of <b>contentment</b>. I felt <b>expanded</b>, like I was <b>dissolving and becoming connected to everything</b>.” (Chris)</p>

Rory, however, had a different experience of the All Fine Place, and commented, “I did not feel ‘all fine’ at the end.”

Question three asked participants to compare how they “felt in terms of stress before the experience of Clearing a Space with art with how they felt after the process” (Appendix D). Pre- and post-intervention responses from all participants can be found in Table 15. Key words supporting the hypothesis that the experience of CAS with Art resulted in decreases in perceived levels of stress are highlighted in bold.

Table 15

## Session 2 Pre- and Post Responses to Question 3

Participant Name	Pre-intervention feelings of stress	Post-intervention feelings
Pat	<p>“I did not feel particularly stressed beforehand.”</p> <p>However, I did have quite a lot on my mind and still do.”</p>	<p>“I felt <b>relieved</b> to be finished as the process of creating the image took a lot longer than I’d expected.”</p> <p>“Although the time was allotted I felt the urgency to finish and be “out” self imposed partially by the fact that the majority had exited already.</p>
Rory	<p>“Always enter this space with a bit of stress.”</p> <p>“Mix of shy, insecure, and forcing myself to relax.”</p>	<p>“Feel more anxious than when I began.”</p> <p>“Perhaps it’s simply the thought of the end or maybe expectations from my connection last week.”</p> <p>“My brain took over and I could not shut it off.”</p>
Jessie	<p>“This week I was a lot more relaxed”</p> <p>“I’ve been experiencing physical pain in my elbows and that has gone away with medicine and exercise in the past week. So I was less focused on that.”</p> <p>“I also had a clear idea of what I wanted to draw this time.”</p>	<p>“<b>Felt clear</b> about what I drew and <b>happy</b> with it.”</p> <p>“Have been challenging myself lately (in terms of career) and this was a <b>good exercise-it helped me express how I feel</b> about it.”</p>
Quinn	<p>“Both before and after it felt hard to identify the stress-where it was.”</p>	<p>“I could <b>still feel the stress, but it felt less, or more manageable.</b>”</p>
Alex	<p>“I’ve been suffering in my shoulders for many days without relief. I have also been suffering with other physical pain.”</p>	<p>“The <b>pain I was feeling was alleviated</b> somewhat after the art.”</p> <p>“I definitely felt <b>more relaxed.</b>”</p>
Jamie	<p>“I started the process calm and relaxed.”</p>	<p>“Slight fatigue, feeling focused to a mildly greater degree. Still <b>calm and relaxed</b>, perhaps with an <b>elevated mood.</b>”</p>

Participant Name	Pre-intervention feelings of stress	Post-intervention feelings
Morgan	“Little stress.”	“ <b>Less than little stress!</b> ” “I connected to a <b>joy, thrill of creativity</b> during the process.”
Dylan	“A little in my jaw (but mostly, I think, from the lollipop I was just sucking.) Otherwise, no complaints.”	“I checked ‘over-excited’ as somewhat today.” “I think I feel <b>‘jazzed’</b> by drawing and re-living my joy from this morning.” “The whole landscape just came to me as a vision and my drawing pretty closely resembles what was in my mind’s eye. This also makes me <b>feel good.</b> ”
Chris	“I was feeling stress and some anxiousness.”	“Feeling <b>open, expanded, calm, energy flowing</b> through me, <b>relaxed and content.</b> ” “ <b>[I] wanted to hold on to this feeling as long as I can.</b> ”

### Final Questionnaire

At the close of the third session, participants wrote answers to four questions in a Final Questionnaire (Appendix I). The first question asked, “In our sessions, we experienced three different approaches to Clearing a Space with Art. In session one, concrete imagery was used. In session two directive imagery was used, and in session three non-directive imagery was used. Which method of Clearing a Space with Art did you prefer? What aspects made it preferable? Why?” (Appendix I). Two individuals stated a preference for CAS with concrete imagery; two persons stated a preference for directive imagery and four participants preferred non-directive imagery. These results are presented in Figure 20.



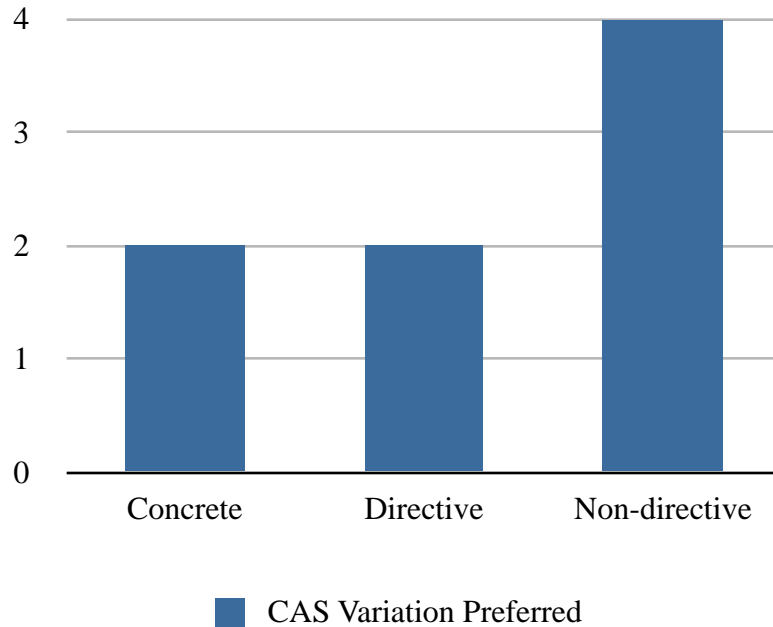


Figure 20. Clearing a Space Variation Preferred

One participant wrote they preferred both directive and non-directive approaches. Another participant stated, “I think the progression of approaches is what made each one successful for me.” Some participants appreciated the tangibility of the concrete approach in Session One (Rory and Morgan), while others felt reluctant to give physicality or life to their stressors by writing or depicting them (Pat and Quinn). Similarly, some individuals gravitated to directed imagery used in Session Two, finding ease with a specific suggested image (Jamie). Overall, more individuals expressed a preference for the non-directive imagery used in Session Three, and felt relief in being able to choose their own image (Jessie, Quinn, and Chris).

Table 16 excerpts statements describing preferences and challenges that participants faced with the three approaches used.

Table 16

Statements Supporting Preferences for Approach in Clearing a Space

<b>Clearing a Space Variation</b>	<b>Preferred because...</b>	<b>Not preferred because...</b>
Concrete Imagery	<p>“tangible”</p> <p>“physically active”</p> <p>“I need tangible and physically active or it feels fake--like a mind game with myself. If my body is active (sometimes ) I can turn the brain off. If it is all head games, does not feel real.”</p> <p>“The specific physical act of writing on the papers and placing them in the box was empowering and ‘clear to my mind/body.’”</p> <p>“I needed the concrete to tap into the process.”</p>	<p>“I didn’t want to dwell on those things [the stressors] by having to given them physicality.”</p> <p>“Doing something tangible as a representation of something intangible was not effective for me.”</p> <p>“I think the box inhibited my Clearing a Space.”</p> <p>“The physicality of removing the stressors didn’t resonate with me. I still felt a connection to whatever stressors I had.”</p> <p>“didn’t match my All Fine Place”</p>
Directive Imagery	<p>“more accessible”</p> <p>“Taking things mentally and setting them aside was very effective.”</p> <p>“Having a particular image with which to focus on in a clearly defined way, whilst still providing some struggles, was easiest for my mind to attempt to accomplish.”</p>	<p>“didn’t match my All Fine Place”</p>

<b>Clearing a Space Variation</b>	<b>Preferred because...</b>	<b>Not preferred because...</b>
Non-directive Imagery	<p>“more accessible”</p> <p>“Taking things mentally and setting them aside was very effective.”</p> <p>“I arrived on an image on my own and faster and felt in it more so.”</p> <p>“It felt more abstract and less confusing.”</p> <p>“I was able to think/allow in more stressors than in the directed way.”</p> <p>“My mind was able to come up with a way that I could put things away from me that resonated with me, and my body--greater sense of relaxation.”</p> <p>“I felt more free to categorize or label my ‘blocks’ as I wished.”</p>	<p>“The third session’s ambiguous elements made it more of a challenge for me to definitively set up a space to clear.”</p>

The second question on the Final Questionnaire asked, “Can you write about your experience of finding or sensing and then creating the “All Fine Place?” (Appendix I). Two individuals addressed the felt-sense they had while creating their All Fine Place that related to the hypothesis of stress reduction. One individual wrote, “I felt very peaceful and joyful while I was making them [my All Fine Place] into art.” Another commented, “Creating the all fine place gave me the feeling of expanding and dissolving at the same time. A feeling of contentment and freedom came up.”

Two process-oriented themes identified by this researcher were concerns about art-making

and difficulty in sensing the All Fine Place. These themes were both supported by statements of three individuals, and are shown in Table 17.

Table 17

Process-Oriented Statements Related to Creating the All Fine Place

Themes	Statements in support of the theme
Concerns about art-making	<p>“In the beginning I was hesitant-if not adamantly opposed to drawing anything, so instead created something out of the paper.” (Pat)</p> <p>“Every time I received the huge blank sheet of paper, I needed in some way to make it smaller (more manageable) and to take away the WHITE somehow.” (Rory)</p> <p>“I became frustrated with myself when the picture didn’t quite match the image in my mind.” (Alex)</p>
Difficulty in sensing the All Fine Place	<p>“In previous sessions my mind was wandering and couldn’t really focus on one thing.” (Jessie)</p> <p>“It was difficult to truly find an AFP.” (Quinn)</p> <p>“It was more successful for me when I felt there was less direction.” (Morgan)</p>

The third question on the Final Questionnaire asked, “Can you comment about the effect of Clearing a Space with Art has had on your stress levels?” (Appendix I). This researcher recognized the following themes related to stress reduction in response to this question:

1. CAS for stress reduction (supported by statements of five participants), and
2. use of CAS for stress reduction once the research is completed (supported by statements of three participants).

Statements supporting these themes are compiled in Table 18.

Table 18

## Hypothesis-Related Statements Regarding Using CAS for Stress Reduction

<b>Themes related to stress reduction through CAS</b>	<b>Statements in support of the theme</b>
Clearing a Space as stress reduction	<p>“It’s definitely been relaxing.” (Jessie)</p> <p>“While actually doing the art, I had a sense of distraction from focusing on stress/stressors. The distraction was relaxing. It’s a sense of being consumed and/or too busy to worry about anything else.” (Quinn)</p> <p>“It was a creative distraction/break from ‘the world’ out there.” (Morgan)</p> <p>“Ever since the aftermath on that Saturday, I actually looked forward to it. When we sit at this table, I feel centered and inward focused. The feeling lasts well into the day.” (Dylan)</p> <p>“[I had an]overwhelming feeling of contentment... I could have continued with more paper--contentment feels good.” (Chris)</p>
Utility of CAS for stress reduction	<p>“Outside of the study, I started picturing myself in an AFP to help identify stress in my body. It seems to work for physical stress reduction.” (Alex)</p> <p>“I’m not sure if/how I might use this in the future to deal with stress...but I can see it has value.” (Jessie)</p> <p>“I would say perhaps I would consider incorporating some of the tools used in these sessions were I to experience stressors in my life in the future.” (Jamie)</p>

The last question on the Final Questionnaire was open-ended. It asked, “Is there anything else you’d like to say about your experience of Clearing a Space with Art?” (Appendix I). This was an effort to provide an opportunity for participants to make comments that hadn’t been addressed by the first three questions. Two participants left this question blank. Others pondered

the impact of this experience in a group setting. One participant wondered how it would be for them to have had a similar experience on an individual level, since they thought, “the environment had an effect on how free I felt to express myself. I’m not saying it was good or bad, just curious about it.” This participant went further, and explained, “It was a little off to be expressing myself in such close proximity to others. I’m sure in ‘real world’ practice, this would be more individual work, not group. If [in a] group, then need more SPACE to feel private.” On the other hand, another participant felt differently, and remarked, “I smiled to myself about the group creating.”

Two individuals expressed an interest in using art as a way to manage stress. One individual said, “I am going to continue art exploration as a way to reduce stress at home. I’m in no way an artist, but I would like to see what happens.” Another individual wrote that they were “motivated to spend this evening making art...with sweet music playing.”

Group members mentioned their overall enjoyment of the process as well, calling it “deeply moving,” “better than a coffee break” and enjoyable. One person stated, “I connected to a joy, thrill of creativity during the process.” Another expressed their initial reluctance, saying, “I did something that I thought might make me feel worse, but I did it anyway.” Yet, they continued, “In the end, I feel lucky to have had these three days to sit and be with just myself, but especially spend time in my All Fine Place.”

### **Conclusion**

This study considered the effect of CAS with Art on perceived and measurable stress for sign language interpreters. Three approaches to CAS were used. Results were analyzed both qualitatively, using answers to written reflection questions and a final questionnaire, and

quantitatively by using the S-STAI scale and counting markings on the art-based body maps.

Changes body maps from pre- to post-intervention were seen in the majority of the participants. In commenting on CAS with Art in terms of their stress levels, they referenced enjoying the process, and said they found it relaxing. Some individuals noted in both the body maps and in written comments that areas of physical stress were transformed during the process. Themes related to stress reduction identified by the researcher were: time with one's self, art as distraction, inward focus, and an attitude of non-judgment or acceptance. In addition, many participants noted a sense of aesthetic satisfaction during and after creating art, especially in the second and third sessions, suggesting that practice and familiarity with the process were also important. Overall, participants expressed well-being as a result of their engagement in CAS with Art.

Process-oriented themes related to the experience of CAS with Art were also noted, most often around challenges in identifying stressors or setting them at a distance, and concerns related to materials.

## **CHAPTER 5.**

### **DISCUSSION**

#### **Overview Of Significant Findings**

In this chapter, results of researching Clearing a Space with Art as a stress management intervention for interpreters are discussed. Limitations of the study as well as implications for future research and clinical practice are noted, and benefits to various communities are enumerated.

Overall, qualitative data collected supported the hypothesis that CAS with Art reduced perceived levels of stress for sign language interpreters. These qualitative results were not supported by the quantitative, measurable data, however. While S-STAI scale scores did in fact decrease in each session, these decreases did not reflect marked measurable decreases in stress for the group as a whole. Additionally, there were a small number of individuals who reported both significant increases (nine points or more) in scores, as well as an equivalently small number of individuals who showed significant decreases in their state anxiety scores.

#### **Quantitative Results**

From a purely quantitative standpoint, declines in pre- and post-intervention results were generally negligible as measured by the S-STAI. In Session One (CAS with Art using concrete imagery), the average S-STAI score decreased 4.6 %. In Session Two (CAS with Art using directive imagery), the greatest average decrease was seen, that of 7.2 %. Session Three used a non-directive approach to CAS with Art, which was most preferred by the participants. Yet the average decrease in anxiety in Session Three was the smallest, at .99 %.



It should be noted that anxiety levels in pre-tests for all three sessions were relatively low, averaging 33.7 out of a possible 80 points. These results are similar to other distributions in the State subscale of the STAI when given to so-called “typical” individuals. It is understandable that individuals beginning a study with already low levels of anxiety will not realize significant reductions in post-test results.

There were examples of individuals who began a session with higher than the average reported anxiety score who subsequently reported significant decreases in post-test inventories. For example, two individuals who began Session Two with higher than average levels of stress did report significant reductions (20 and 17 points) in anxiety. (See Table 1). Given these results, further inquiry is warranted to more thoroughly investigate the potential for CAS with Art to decrease stress and/or anxiety, or as a way to increase a sense of well-being.

Some individuals reported post-intervention increases in anxiety, both qualitatively and quantitatively. Two process-oriented themes (related to the experience of CAS with Art rather than to the hypothesis of CAS with art leading to stress reduction) appear to be relevant in relation to these increases. The first theme related to concerns about the creative process. Comments supporting this theme included feelings of inadequacy or being overwhelmed in terms of art-making, a desire for different materials than provided (especially in Session One), and frustration about final artistic product. This was to be expected, given that two individuals marked they were “very uncomfortable” making art, and two additional individuals marked they were only “somewhat comfortable” making art. To illustrate, the S-STAI results for one participant who marked that they were very uncomfortable making art showed consistent increases in anxiety in post-intervention measures. This increase in anxiety was attributed by this

participant to dissatisfaction with their art-making process. These quantitative increases occurred despite qualitative comments made to the contrary. For example, in Session Two, they began as “insecure” and ended feeling “powerful.” In this same session, this participant had what they described as a powerful experience with art-making. They stated, “HOWEVER today-first time I have EVER felt connected to ART. WOW. I felt a sense of power. ... For the first time I was able to create a VISUAL of what [SAFE HAVEN] means to me [sic].”

The second theme that appeared relevant in both narrative statements about stress and numeric increases in stress were frustrations related to the process of CAS, often regarding naming stressors or successfully setting stressors aside, or in accessing the All Fine Place.

### **Qualitative Results**

Despite a lack of numeric data to support decreases in anxiety levels, more than half of the participants referenced the relaxing and enjoyable nature of CAS with Art in their narrative comments. These comments referenced enjoyment of the process, creativity and satisfaction with the art product, supporting Zinker’s idea as expressed in Rhyne (2001) regarding movement toward wholeness being enhanced by the artist seeing what they’ve created. Other themes connected to stress reduction included appreciation of time with one’s self and of the inward focus, as well as a sense of relaxation in general. Statements made by participants about a sense of well-being (See Table 18) pointed to claims Rogers (2001) made regarding expression and release of feelings through art, as well as the statements Allen (2001) made regarding the creative process as a way of tapping into life force energy.

Participants made statements about the benefits of Clearing a Space with Art experience that were related to benefits of art-making in assisting accessing, expressing and releasing

emotions. Additionally, the therapeutic benefits of accessing, expressing and releasing emotions (Garai 2001; Nainis et al., 2006; Rhyne, 1973; Rogers, 2001; Rubin, 1984) were referenced in participant remarks. The benefits of creating visible forms (Belfiore, 1994; Edwards, 2001; Liebman, 2004; Rappaport, 2009; Zinker as cited in Rhyne, 2001; Rubin, 2001; Schaverien, 2001) were well supported by narrative comments.

### **Art-Based Results**

The use of body maps provide a different approach to quantitative data collection, and can be used to corroborate or expand on other subjective and objective findings. In this study, the majority of post-test intervention body maps marked in each session showed overall decreases in areas of the body when compared to markings on pre-intervention maps. Via her own felt-sense, this researcher also detected apparent decreases in severity of stress for many participants. These decreases were noted by observing changes depicted in body maps completed after the intervention in use of color and reductions in area or intensity of marking. These decreases in stress were supported by qualitative comments made by participants in Written Reflections and in the Final Questionnaire.

It is interesting to note that markings on the body maps for this particular population may be somewhat skewed, due to the high susceptibility for Repetitive Stress Injuries (Scheuerle et al., 2000; Smith et al., 2000; Stedt, 1992). For example, shoulders were marked most often in all three pre-intervention sessions. In Session One the number of people marking shoulders decreased post-intervention. Conversely, Session Two markings of shoulders increased. In Session Three, markings for shoulders remained the same. Other body parts marked that are implicated in RSIs include hands, arms and neck. In some sessions, marking of these areas

showed no change from pre-to post-intervention. In one session hands, an area not marked pre-intervention, was marked post-intervention. The use of the hand in terms of grasping and manipulating drawing materials while creating a depiction of the AFP may have contributed to the post-intervention body map markings.

### **Limitations Of This Study**

#### **Sample size**

Clearly, the small number of participants (nine) limited the ability to make generalizable inferences based on the data collected. With a small sample, statistics reported can only be descriptive. Further studies with statistically significant sample sizes may find a correlation between decreases in measured anxiety with qualitative comments describing CAS with Art as relaxing and stress reducing.

#### **Quantitative Instrument**

At the same time, the S-STAI may not be sensitive enough to detect these decreases. While some questions in the S-STAI pre- and post-tests elicited fairly normal distribution in responses, some did not. For example, question six asks participants to consider if they “feel upset” (Appendix B). Question fourteen asks participants if they are “high strung” (Appendix B). Question eighteen asks they if they are “over-excited and rattled” (Appendix B). In all three sessions, the vast majority of participants answered that “not at all” in both pre- and post-test inventories on these three questions.

#### **Baseline Anxiety in Participants**

Narrative comments by many participants pointed to CAS with Art as a relaxing process, lending support to the hypothesis that the experience would reduce perceive levels of stress. Yet,

statistical data collected on the S-STAI did not support the hypothesis that CAS with Art would reduce measurable stress. This may have been due to the low pre-test levels of anxiety as measured by the S-STAI. This sample group scored quite low in state anxiety, despite research that showed higher levels of stress in the interpreting community than in other similar professions (see Dean, et al., 2005 and Dean, et al., 2010)

### **Order of CAS approaches**

There may have been increased comfort with the CAS process by the time Session Three (non-directive imagery) took place, leading participants to choose that approach as preferred. Their preferences may have also been due to the progression of approaches from more concrete to less concrete, or to a general increase in comfort with study procedures as a whole.

### **Comfort making art**

Comfort levels in making art varied among participants, which could have increased anxiety.

### **Threats to Internal Validity**

**History.** Sessions were held weekly, for three weeks. There was no attempt to control the personal and occupational experiences had by participants between sessions.

**Selection.** Participants were all known to the researcher in a collegial sense, albeit in varying degrees.

**Instrumentation.** Scoring of the S-STAI is not subject to changes in scoring procedure. However, tallying of marks made on pre-and post-intervention body maps by the researcher could have been subject to changes in perspective on the markings. In some instances, the marks

were somewhat ambiguous, and the researcher was in a position to choose what body category was tallied.

### **Threats to External Validity**

**Multiple treatment interference.** Since there was no attempt to control for history, participants could have participated in stress reducing activities between sessions, or attended their own personal therapy session, or received medical treatment for specific somatic complaints.

**Reactive arrangements.** Individuals may have enjoyed making art, or simply appreciated the opportunity to gather in a non-work environment to socialize.

**Experimenter effects.** As mentioned, this researcher was known by all participants in this study, which may have had an effect on their experience. Also, while this researcher has read Rappaport's book about FOAT, attended a weekend class and a workshop on Focusing, as well as having experienced and led Focusing herself, she is still relatively new to the process.

**Pretest sensitization.** The pre-intervention body maps and stress inventory may have had the effect on participants of increasing their focus on stress and their somatic experience of stress. Asking participants to focus solely on stress, especially in post-test maps, might have skewed markings.

### **Recommendations For Future Research**

#### **Sample Size**

An important way to further research on CAS with Art would be collection of results from a larger sample. A larger sample would allow for more than descriptive statistics, and move beyond the pilot study nature of the current endeavor. It would behoove art therapists to have

access to empirical data derived from controlled trials to support claims made regarding the benefits of art therapy (Bell & Robbins, 2007). Art Therapists and their clients would be well-served by studies quantifying claims often made about benefits attributed to Art Therapy, such as answering spiritual needs (Allen, 2001), self-discovery and expanded self-perception (Rogers, 2001), release of feelings (Garai, 2001; Liebmann, 2004; Rubin, 1984), augmented capacity to tolerate anxiety (Belfiore, 1994), art serving as a transitional object (Lachman-Chapin, 2001), art providing a therapeutic container (Edwards, 2001; Rappaport, 2009; Robbins, 2001) and art increasing client/artist independence in reducing tension (Brem, 2002; Lachman-Chapin, 2001). Measurable, quantifiable data about the role of art-making in stress reduction can only further the practice of art therapy. For example, this researcher is aware of and looks forward to results from a study in process that will measure cortisol levels after coloring mandalas.

### **Baseline Anxiety in Participants**

To test the efficacy of CAS with Art as an activity that reduces anxiety, it would be helpful to study individuals who were experiencing higher levels of anxiety. It may be helpful to study interpreters prior to a simulated stressful work assignment to more specifically address work place stress.

### **Alternative/Additional Quantitative Instruments**

It may also be helpful to consider measurement constructs other than state anxiety. A measure of stress rather than anxiety, using the Index of Clinical Stress or another similar measure, may allow subsequent studies to quantitatively support the stress reduction data expressed by participants in their qualitative reflections. Measuring stress specifically would have the added benefit of distinguishing stress from anxiety, something that researchers are

seeing as increasingly important (Hersen, Hilsenroth, & Segal, 2004). Another measurement avenue would be to include inventories used in the field of Positive Psychology, or other wellness measures. These measures could be used in addition to, or in substitution for, measures of state anxiety or stress.

### **Body Maps**

Were this study to be repeated, this researcher would suggest significant changes in the use of the body maps. Both pre- and post-intervention body maps directed participants to “use a crayon or a colored pencil to mark places on your body where you are currently feeling, sensing, or experiencing stress” (see Appendix C). For future research, it may be more efficacious to direct participants to mark both areas of relaxation and stress in pre- and post-intervention maps. Relaxation and stress could be delineated by different colors, or possibly marked on separate maps. Also, it would be helpful for maps to show both front and back of the body, to ease in the process of differentiation of anterior or posterior placement of stressful sensations.

Future research may also want to consider data collected from body maps in different ways. This researcher tallied areas of stress marked in each map. Another approach could involve employing measures from the Formal Elements of Art Therapy Scale (FEATS) (Gantt, 2001), such as prominence of color and line quality. Use of a scale that measures variables and attends to structure makes it possible to compare non-representational art products (Gantt, 2001). The maps could also be considered from a qualitative perspective, using the felt-sense of the researcher, for example, or a more assessment/projective imagery approach. Additionally, participants could be asked to write or otherwise comment on their own markings.

### **Variation in Order of CAS with Art Approaches**



Another avenue for subsequent research would be to vary the order of CAS imagery approaches. This study began with CAS using concrete imagery, progressed to directive imagery in Session Two, and then to non-directive imagery in Session Three. To get a sense of which style of imagery is most preferred, the study could be redesigned. Participants could be presented with imagery approaches in a different order. It may also be advantageous to add more sessions and repeat each variation more than once.

It would be interesting see if preferences for a particular approach CAS with Art (concrete, directive, non-directive) could be correlated to comfort in making art. It may be discovered that individuals who prefer a specific approach may be likely to express certain levels of comfort or lack of comfort with art-making in general.

### **CAS With and Without Art**

It may be helpful to evaluate the benefits of CAS with and without asking individuals to create art representing their All Fine Place. This would allow the researcher to avoid spikes in anxiety due to such concerns as creativity, judgment or evaluation, the act of creating, or dissatisfaction with the final art product.

### **Importance of the Transitional Object**

The participants were given the option to take their art with them after having it photographed by the researcher. Only one individual asked to do so, as they wanted to continue working on their piece. At the request of the researcher, they returned the piece the following week, and subsequently chose to leave the now-finished piece with the researcher. This causes curiosity about the utility of an art product serving as a transitional object (Lachman-Chapin, 2001). Additional research on this topic may be warranted.

### **Importance of Art as a Visible Form**

It would also appear that the function of art as a visible form that can be returned to and viewed over time (Liebman, 2004; Rappaport, 2009) was not a factor for individuals in this study. It may be both the process of making art and the completed art served to facilitate access, expression and release of emotions (Brem, 2002; Lachman-Chapin, 2001; Nainis, et al. 2006; Rogers, 2001; Rubin, 1984; Wallace, 2001), and that the participants were adequately satisfied by this catharsis. At the same time, it may be that these participants were engaging in the “creative activity with minimal reflection” that Rubin (2004, p. 140) wrote about while discussing art-making and sublimation. Still, studies to determine the importance of being able to return and re-engage in the art would be interesting to pursue.

### **Alternate Approaches to Analyzing Art**

Researchers who are inclined to interpret art made by clients may be interested in analyzing the AFP drawings created by participants. These drawings could also be considering using a FEATS approach, or other projective imagery/assessment-style approaches.

### **Research on Occupational Stress**

A number of approaches to SMIs are touted in the literature, from more narrowly focused emotion-based individual interventions to wide-scale workplace redesign. Minimal research exists to document workplace redesign types of interventions (Beehr et al., 2001, Sauter et al., 2002). At this time, there is only limited evidence to show that individually based SMIs are effective (BORF, 2005). More research on the efficacy of individual interventions would be appreciated, especially since workers can access these strategies without dependence on management initiatives.

**Research on occupational stress for interpreters.** The current call in the field of interpreting is for primary organizational workplace re-design as generally advocated by Karasek and Teorell (1992) and specifically for interpreters by Dean et al (2010). The goal of redesign is laudable. Depending upon employers to undertake whole scale re-design of the workplace may, however, be unrealistic. Furthermore, given the community-based interpreting that many practitioners do, workplace re-design is unlikely to consider and/or impact an interpreter who is at a work-site for a limited number of hours per week or only sporadically. With the shift underway in the interpreting field, where many interpreters are now employed in Video Relay Service interpreting positions, the “thoughtful redesign of interpreting job setting and job demands” that Dean et al. (2010, p. 43) call for may now be more feasible. In the meantime, and in addition, it would seem that any efforts to reduce stressors in the workplace or stressors for workers would be welcomed. Additional research on tools that interpreters can use independent of work environment empowers them to manage their own stress.

### **Implications, Applications, And Contributions**

#### **Art Therapy Research**

Broadly, results of this study contribute to existing research in the Art Therapy community. It is often claimed the act of art making has many broad benefits, such as improving quality of life (Klagsbrun et al., 2005), having a healing potential (Schaverien, 2001), and leading to the discovery of new perspectives (Garai, 2001). (For a more extensive discussion of the benefits attributed to Art Therapy, see Chapter 2). More specifically, art therapy is credited with stress and anxiety reduction (Bell & Robbins, 2007; Curl, 2008; Malchiodi, 1998; McMurray & Schwartz-Mirman, 2001; Nainis et al., 2006; Rhyne, 1973; Rubin, 1999). While

the current study adds to the body of literature regarding positive outcomes of engaging in the creative art-making process and the specific role of art-making in reducing anxiety, it does not quantify such claims, except anecdotally.

### **Clinical Applications**

It would be instructive for Art Therapists to consider concerns about comfort making art with subsequent increases in anxiety. In Session One, participants noted their discomfort about art making and concern that their art or art-making skills would be judged. Following advice from this researcher's thesis advisor during a debriefing after Session One, the researcher informed participants their actual art products depicting the All Fine Place were not intended to be analyzed as a part of the research. Participants expressed their relief verbally, although one noted in writing, "Of course, now I analyze my art even if you don't." Reassuring individuals that their art will not be judged or evaluated for pathology (and actually adopting these non-evaluative practices) may help to put some individuals at ease, and to encourage a sense of comfort with art making. Asking individuals for their own interpretation or felt-sense about their art, and refraining from making interpretive statements that add to the perception clients possess regarding the "reductive quantification of imagery" (Betts, 2010) may also assist in increasing comfort and safety.

It may be instructive to note that participants mentioned preferences for media that were not related to drawing, due to concerns about their drawing skills. Offering a broader variety of materials that permit three-dimensional construction or collage materials as alternatives to drawing could facilitate comfort and safety.

Also, in each session, many participants folded or tore the paper, reducing its size. This may indicate a lack of ease in making art and an effort to increase comfort by decreasing just how much art participants would have to make. An alternative interpretation, based on the low presenting levels of anxiety, is that participants did not sense the need for a large sized ‘container.’ At any rate, offering choices in a variety of sizes of paper may assist in ameliorating overwhelmed feelings. Additionally, it may be helpful for some individuals if the Art Therapist explains that non-representational art using color and line is as equally valid as representational art and perhaps make examples of abstract art available in the environment.

**Focusing and FOAT communities.** Those engaged in the broader Focusing community, as well as those using Focusing-Oriented Art Therapy in their work may find insights regarding the process of CAS from the participant perspective. Based on increased information, practitioners using FOAT or CAS with or without Art may find it beneficial to start with more concrete imagery and progress to non-directive imagery. Of course, knowledge of the individual and their style is paramount. It may be beneficial to offer each type of imagery and solicit preferences from the individual. Certain approaches may work better at certain times, and as exposure to the technique continues, an individual may find that an approach previously not preferred becomes more accessible to them.

### **Performance Enhancement**

Individuals interested in enhancing performance potential in sports, business and creative endeavors may incorporate this information into their practices. Learners who are facing performance tasks may also benefit by using CAS with Art, as well as educators who teach individuals who will engage in physical performance tasks as part of their activities.

### **Interpreter Communities**

Interpreter educators, working interpreters and trainees may use the results in their personal and professional lives in a variety of ways. CAS with Art can be utilized in many ways, including as an on-going mindfulness practice, as well as part of pre-assignment readiness, or post-assignment personal debriefing. This researcher believes that individual, secondary level emotion-focused SMIs have an important place as a part of overall coping strategies for people in general.

### **Consumers of Interpreter Services**

Ultimately, consumers of interpreter services have potential to see benefits from results of this study, since a decrease in stress may lead to increased optimal message rendering by interpreters. In turn, increased accuracy in interpreted messages would result in higher satisfaction for people who use services of a sign language interpreter. Additionally, decreases in stress may lead to reduced burnout in interpreters. Both increases in quality of message rendered and a reduction in burnout in interpreters will ultimately result in increased access for people who are D/deaf and hard-of-hearing and individuals with whom they interact.

## APPENDIX A

### PARTICIPANT RECRUITING LETTER

Hello! My name is Ari-Asha Castalia. I have been a sign language interpreter for twenty years, as well as an interpreter educator. I am currently in graduate school at Notre Dame de Namur (NDNU), studying to be an Art Therapist. As a part of my Master's degree, I am doing research for my thesis on the use of a stress management technique with sign language interpreters. This study has been approved by the Institutional Review Board at NDNU.

Working as a sign language interpreter can be stressful, as you know. In addition to the many demands placed on interpreters in the linguistic, environmental, interpersonal, and intrapersonal domains, there is also the issue of leaving an assignment and carrying "the things that aren't yours." The cumulative effect of carrying all these things can lead to an experience of vicarious stress.

The results of this study will help expand knowledge of the levels of stress faced by sign language interpreters and the effectiveness of a stress management method called Clearing a Space with Art as a tool to help interpreters manage their stress.

This research will consist of three meetings to take place at the main branch of the San Francisco Public Library (100 Larkin St., SF, CA) in the Strong Conference Room on the first floor on three Saturdays: 9/11/10, 9/18/10, and 9/25/10 from 1-3 pm. (At the time you sign up for the study, you must anticipate availability for ALL THREE Saturdays.) Being involved in the study means you will be asked to fill out a demographic survey at the first meeting. You will also complete research inventory scales related to stress. Additionally, you will take part in guided mindfulness-type stress reduction exercises, and will create art pieces as a part of that process. You will also be asked to answer an open-ended questionnaire.

#### **Experience with art is not necessary.**

Your participation is completely voluntary. Even if you agree to participate, you may change your mind at any time, without affecting your relationship with me, with the Registry of Interpreters for the Deaf and/or with the Northern California Registry of Interpreters for the Deaf (NorCRID), and with NDNU.

There will be no cost to you for participating in this research study, and likewise, there will be no compensation for your participation.

I would deeply appreciate your willingness to take part in this study. If you are interested, please send an email to: ari.thesis@gmail.com.

Ari-Asha Castalia, B.S., CI/CT, MFTT in Art Therapy Psychology

**APPENDIX B****S-ANXIETY SCALE [FROM THE STATE-TRAIT ANXIETY INVENTORY (STAI)]**

Number Code: \_\_\_\_\_

*(to be filled in by the researcher)*

A number of statements which people have used to describe themselves are given below. Read each statement and then select the appropriate one to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

1. I feel calm

- Not at all
- Somewhat
- Moderately So
- Very Much So

2. I feel secure

- Not at all
- Somewhat
- Moderately So
- Very Much So

3. I am tense

- Not at all
- Somewhat
- Moderately So
- Very Much So

4. I am regretful

- Not at all
- Somewhat
- Moderately So
- Very Much So



5. I feel at ease

- Not at all
- Somewhat
- Moderately So
- Very Much So

6. I feel upset

- Not at all
- Somewhat
- Moderately So
- Very Much So

7. I am presently worrying over possible misfortunes

- Not at all
- Somewhat
- Moderately So
- Very Much So

8. I feel rested

- Not at all
- Somewhat
- Moderately So
- Very Much So

9. I feel anxious

- Not at all
- Somewhat
- Moderately So
- Very Much So

10. I feel comfortable

- Not at all
- Somewhat
- Moderately So
- Very Much So

11. I feel self-confident

- Not at all
- Somewhat
- Moderately So
- Very Much So

12. I feel nervous

- Not at all
- Somewhat
- Moderately So
- Very Much So

13. I am jittery

- Not at all
- Somewhat
- Moderately So
- Very Much So

14. I feel "high strung"

- Not at all
- Somewhat
- Moderately So
- Very Much So

15. I am relaxed

- Not at all
- Somewhat
- Moderately So
- Very Much So

16. I feel content

- Not at all
- Somewhat
- Moderately So
- Very Much So

17. I am worried

- Not at all
- Somewhat
- Moderately So
- Very Much So

18. I feel overexcited and rattled

- Not at all
- Somewhat
- Moderately So
- Very Much So

19. I feel joyful

- Not at all
- Somewhat
- Moderately So
- Very Much So

20. I feel pleasant

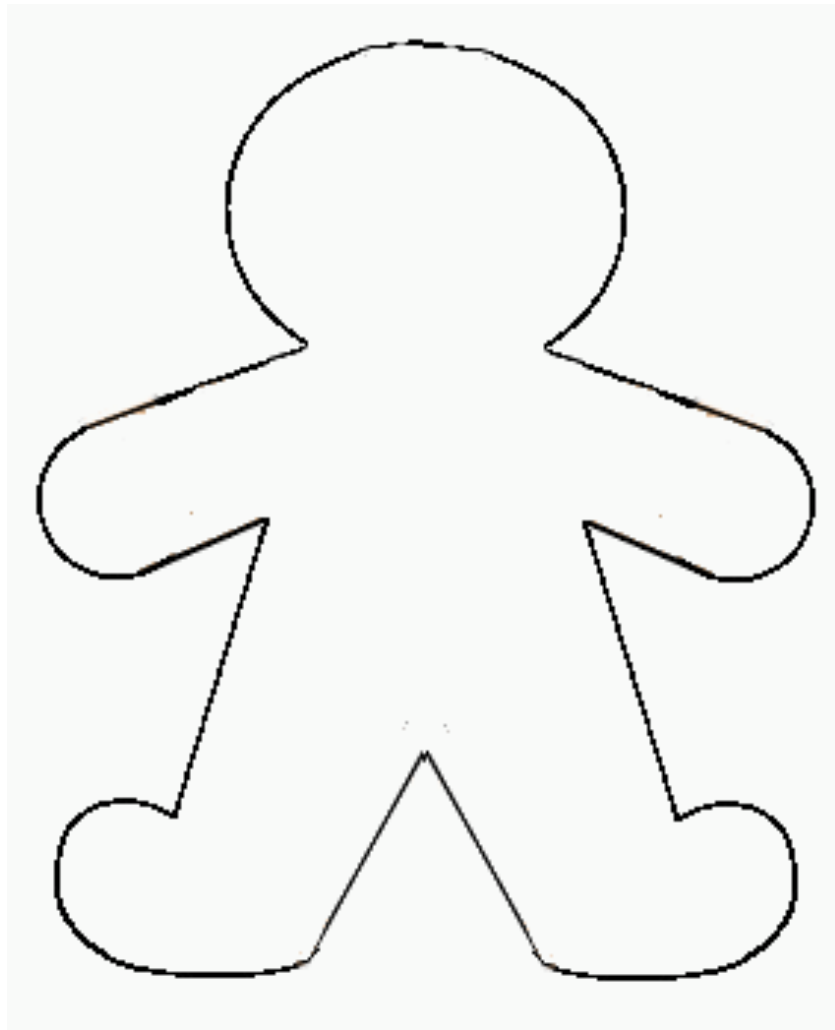
- Not at all
- Somewhat
- Moderately So
- Very Much So

## APPENDIX C

### BODY MAP

Number Code: \_\_\_\_\_  
(to be filled in by the researcher)

Please use a crayon or a colored pencil to mark places on your body where you are currently feeling, sensing, or experiencing stress.



**APPENDIX D**

**WRITTEN REFLECTION STATEMENTS**

Number Code: \_\_\_\_\_  
(to be filled in by the researcher)

1. Please write about the process of writing stressors and setting them at a distance.

2. Please write about your experience of the “All Fine Place.”

3. Compare how you felt in terms of stress before the experience of Clearing a Space with art with how you felt after the process.

Before:

After:

## APPENDIX E

### INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Notre Dame de Namur University (NDNU)  
1500 Ralston Avenue  
Belmont, CA 94002

Number Code: \_\_\_\_\_  
(to be filled in by the researcher)

**Title of Research:** The Effect and Experience of Clearing a Space With Art on Stress Reduction in Sign Language Interpreters

**Name and Phone Number of Principal Investigator/Researcher:** Ari-Asha Castalia (415) 297-0172

**Name and Phone Number of Research Committee Chair:** Laury Rappaport, Ph.D., A.T.R.-B.C. (650) 508-3674

#### A. Research Purpose and Background

The purpose of this research is to examine the effect of a stress management intervention called Clearing a Space With Art when used with sign language interpreters. The effectiveness of the intervention will be measured by an index of stress and marking a ‘Body Map’ of stress. Additionally, you will be asked to create art pieces during the intervention and reflect via a short answer questionnaire on your experience of the interventions. The research will be conducted under the supervision of Dr. Laury Rappaport, Associate Professor in The Art Therapy Psychology Department at Notre Dame de Namur.

#### B. Procedure

In voluntarily consenting to participate in this research study, I understand that I will:

1. complete a brief demographic questionnaire.
2. give permission for my artwork to be photographed and used in the study.
3. attend three sessions not to last more than two hours.
4. complete an index of stress before and after each of the three sessions.
5. mark a ‘Body Map’ of where I experience stress before and after each of the three sessions.
6. experience three guided mindfulness exercises that are variations on Clearing a Space with Art.
7. write my reflections on a few brief questions about my experience of Clearing a Space with Art, and on the study.
8. be aware that my artwork, photographs of my artwork, and written statements (without identifying information) may be reproduced for use in a written thesis and for possible presentation and/or future publication.

#### C. Risks

There are some potential psychological risks associated with participating in this study.

Participants may experience discomfort based on reaction to the survey questions, to marking the 'Body Map,' and possibly to emotional content in their art. Some individuals may be uneasy about creating art products. Participants are free to withdraw from the study at any time. Should feelings of discomfort, anxiety, or other feelings of concern arise that affect me after the study, I may contact the Integral Counseling Center in San Francisco at 415.776.3109, the Access Institute at 415.861.5449 or The Psychotherapy Institute at 510.548.2250.

No physiological risks are anticipated.

#### **D. Benefits**

There are several possible benefits to participation in this study. Participants may:

1. Find a benefit from the experience of Clearing a Space with Art that could be useful for stress reduction in their personal and professional lives.
2. Enjoy the process of making art and working with art materials.
3. Experience a reduction in the level of stress they have.
4. Feel more confident prior to interpreting.

The results of this study will help expand our knowledge of the levels of stress faced by sign language interpreters, and the effectiveness of a technique called Clearing a Space with Art as a tool to help interpreters manage their stress.

#### **E. Confidentiality**

The results from this study, including assessment scores, written reflections, and artwork, may be published or presented, but any information from this study that can be identified with me as a participant will remain confidential. The demographic and inventory data will be pooled to maintain confidentiality. All artwork and inventory scales will be identified by a code number that matches the consent and permission to use artwork forms. Forms will be kept separately from artwork and inventory results, and will be accessible only to the researcher. All data will be kept for at least three years after the study date. In the event of publication or use in professional presentations, the data will be kept for at least seven years after the study date. At that time all data may be destroyed.

#### **F. Alternatives**

I know that I am free to decline to participate in this research study. My participation is voluntary and I may withdraw at any time, without affecting my relation with NDNU, or with the researcher.

#### **G. Costs/Compensation**

There will be no cost to me for participating in this research study, and likewise, there will be no compensation for my participation in this research study.

#### **H. Questions**

If I have further questions about this study, I know that I can contact Ari-Asha Castalia by emailing her at arithesis@gmail.com, calling her at 415.297.1072, or writing to her in care of Notre Dame de Namur, 1500 Ralston Avenue, Belmont, CA, 94002.



I have received a copy of this consent form for my file.

**I. Consent**

**PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. I understand that I am free to decline participation in this research study. I may withdraw as a participant at any point during the study without penalty or adverse consequences.**

I have made a decision whether or not to participate. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED AND THAT I HAVE DECIDED TO PARTICIPATE.

Print Name \_\_\_\_\_  
Research Participant Date

Signature \_\_\_\_\_  
Research Participant Date

Signature \_\_\_\_\_  
Principal Investigator/Researcher Date

**APPENDIX F**

**DEMOGRAPHIC INFORMATION**

Number Code: \_\_\_\_\_  
 (to be filled in by the researcher)

**Please answer the following questions. All responses will be kept confidential.**

**1. Age \_\_\_\_\_**

**2. Please circle your Registry of Interpreters for the Deaf certification status (as many as apply).**

- |       |                   |
|-------|-------------------|
| IC    | CI/CT             |
| TC    | NIC               |
| IC/TC | NIC Advanced      |
| CSC   | NIC Master        |
| CI    | OIC               |
| CT    | SCL               |
| EIPA  | Student/Associate |

**3. Gender: (circle one)**

- |        |      |             |
|--------|------|-------------|
| Female | Male | Transgender |
|--------|------|-------------|

**4. Have you completed an Interpreter Training Program/Interpreter Preparation Program?**

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

**5. Highest completed education level: (circle one)**

- High school   Community College   Bachelor’s Degree   Master’s Degree   Ph.D.



**APPENDIX G**

**PERMISSION TO USE ARTWORK**

Notre Dame de Namur University  
1500 Ralston Avenue  
Belmont, CA 94002

Number Code: \_\_\_\_\_  
*(to be filled in by the researcher)*

I give permission to Ari-Asha Castalia to use my artwork and/or photographs of my artwork in her art therapy research project. I understand that my name will not be attached to my artwork. The researcher will not reveal my identity to any other researchers involved in the project.

I also understand that some of my artwork or photographs of my artwork may be used in professional art therapy publications and/or presentations. No information related to my identity will be used in any way in these publications and/or presentations.

Print name \_\_\_\_\_ Date \_\_\_\_\_  
Research Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Research Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal Investigator/Researcher

## **APPENDIX H**

### **DEBRIEFING STATEMENT**

Thank you for your participation in this research study. The data collected are for research purposes, and will examine the effects of stress management interventions called Clearing a Space with and without Art, and the experience the participants had while engaging in the intervention. The data collected will remain confidential.

Your participation represents a valuable contribution to the development of research in the field of art therapy, as well as a potential contribution to the field of sign language interpreting.

If you have any questions about this study, or Clearing a Space with or without Art, please feel free to contact the principal investigator, Ari-Asha Castalia via email at [ari.thesis@gmail.com](mailto:ari.thesis@gmail.com), or the research supervisor, Laury Rappaport, Ph.D., ATR-BC, LMFT, LMHC at the Art Therapy Department of Notre Dame de Namur University, at (650) 508-3674.

This study has been designed to reduce stress and contains minimal risk to you. If you feel upset in any way from having participated in this study, please contact one of the low-cost or sliding scale psychotherapy clinics below

Thank you again for taking part in this research.

## APPENDIX I

### FINAL QUESTIONNAIRE

Number Code: \_\_\_\_\_  
(to be filled in by the researcher)

1. In our sessions, we experienced three different approaches to Clearing a Space with Art. In session one, concrete imagery was used. In session two directive imagery was used, and in session three non-directive imagery was used. Which method of Clearing a Space with Art did you prefer? What aspects made it preferable? Why?

2. Can you write about your experience of finding or sensing and then creating the “All Fine Place”?

3. Can you comment about the effect of Clearing a Space with Art has had on your stress levels?

4. Is there anything else you'd like to say about your experience of Clearing a Space with Art?

**APPENDIX J****CLEARING A SPACE WITH ART III (CONCRETE IMAGERY)**

“Now we will begin with a variation of Clearing a Space with Art. See if you can notice what’s in the way of feeling, ‘All Fine’ or ‘okay’ or ‘present’ right now. Write your issues or concerns on the pieces of paper provided. Once you have written down each issue or concern, place them in one of the provided containers of your choice, and set the container at a distance that feels comfortable and right to you.

Now, use the art materials to represent a part of yourself that is separate from all the concerns you placed in the container. We call this the ‘All Fine Place.’ ”



**APPENDIX K****CLEARING A SPACE WITH ART II (DIRECTIVE IMAGERY)**

“Now we will begin with a variation on Clearing a Space with Art. 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 your attention like a searchlight inside 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. Imagine sitting in a place carved out just for you... When you are 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 wrapping it up and placing it 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 wrapping it up in a package. When the list stops, you can check it by asking, “Except for all of that, I’m ‘All Fine,’ right? ... If more comes up, wrap it up. Keep a comfortable distance from your wrapped packages.’

**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.

#### Artistic Expression

When you’re ready, use the art materials to create something expressing your felt sense of the ‘All Fine Place.’ Some people prefer to only create an expression of the ‘All Fine Place,’ while others like to create the things set aside. [You can choose to do whatever feels right for you.] If you received a word or phrase, feel free to express them creatively.”

## APPENDIX L

### CLEARING A SPACE WITH ART I (NON-DIRECTIVE IMAGERY)

“Now we will begin with Clearing a Space with Art. ‘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 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 the 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 at 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 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 that to your stack... Check again... (*Pause.*) 'Except for all of 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."

#### Artistic Expression

"When you're ready, use the art materials to create something expressing your felt sense of the 'All Fine Place.' If you received a word or phrase, feel free to express them creatively."

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