Visual Prayer Journaling for Christian Care Professionals:

A New Self-Care Intervention Model

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A Thesis Submitted in Partial
Fulfillment of the Requirement
for the Master of Arts in Art Therapy Degree

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December 13, 2017
ABSTRACT

In this mixed methods study, the researcher investigated the effects of visual prayer journaling (VPJ) on the work stress and current self-care practices of Christian care professionals (CCPs), including pastors and ministry workers. The researcher utilized a three-hour visual prayer journaling workshop, pre-test and post-test administration of the Professional Quality of Life (ProQOL) scale (version 5), a two-week period of private journaling by participants, and a follow-up survey. A small sample size (N=5) negated statistical significance and no significant patterns were detected among participants’ ProQOL scores. The qualitative results of the study revealed five overarching themes. They included: (a) shift of focus to the positive and especially to God; (b) expression, transformation and containment of overwhelming affect and expression of more positive, self-regulating emotions; (c) deepened self-awareness; (d) transformation and newness; (e) nature. Further research was recommended.
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CHAPTER I

Introduction

Problem Statement

Care professionals manage high-stress situations in caring for others, yet often struggle to engage enduring habits of self-care, and a current lack in accessible resources may exacerbate this struggle (Huet & Holttum, 2016). Judging from the research, Christians in ministry including pastors and missionaries and Christian care professionals (CCPs) appeared to be an especially overlooked population. The needs of CCPs, especially those working abroad, were unique, suggesting that CCPs require self-care tools that are spiritually relevant, simple, and easy to access (Abernethy, Grannum, Gordon, Williamson, & Currier, 2016; Huss, Sarid, & Cwikel, 2010). According to Abernethy et al. (2016), pastors appeared to be especially vulnerable to burnout, compassion fatigue, and vicarious trauma. Pastors seemed to suffer from excessive workloads and time demands, loneliness and isolation, unrealistic expectations, blurred ministry roles, unhealthy lifestyles, low salaries, spiritual dryness, lack of appreciation, low self-esteem, perfectionism, and fear of failure (Abernethy et al., 2016; Barnard and Curry, 2012; Chandler, 2009; Doehring, 2013; Gemignani, 2002; McMinn et al., 2005). Art therapy could offer relevant, simple, and accessible self-care tools for CCPs, but there appeared to be a lack of art therapy-based approaches and preventative self-care techniques for this population (Abernethy et al., 2016; Huet & Holttum, 2016).

Research Questions

This study, inspired in part by Mercer, Warson, and Zhao (2010), examined how Christian care professionals’ practice of visual prayer journaling impacted their experience of work stress and their current practices of self-care. Specifically, this researcher explored:
1. How did participants incorporate the visual prayer journaling into their current practices of self-care? If not, why not?

2. How did the visual prayer journaling contribute to participants’ identification of sources of work stress, acknowledgement of underlying emotions around work stress, and/or work satisfaction?

3. How, if at all, did participants feel the visual prayer journaling affected their experience of work stress?


**Basic Assumptions**

Regular visual journaling in an intentional way could reveal underlying emotional issues, reduce stress, and bolster self-care habits in care professionals (Huet & Holttum, 2016; Mercer et al., 2010). A journal could serve as a container for overwhelming feelings accompanying work stress, and if used regularly by CCPs, could be a useful, accessible practice of regular self-care (Hinz, 2009).

**Statement of Purpose**

This study aimed to strengthen the field of art therapy and expand art therapy-based research on self-care practices for Christian care professionals. This researcher hoped to ignite creative inner resources for care professionals, and to provide a spiritually relevant, cost-effective, simple, and accessible self-care tool to deepen self-awareness and self-regulation habits for CCPs. Finally, this study aimed to design a creative self-care workshop model for CCPs.

**Hypothesis**

This researcher expected the visual prayer journaling intervention and two-week practice
to incite greater self-awareness on work-related stress and enhance existing self-care practices for Christian care professionals (Huet & Holttum, 2016). Additionally, she expected this pilot study to strengthen similar studies in art therapy and to form a new model of self-care practice for CCPs.

**Definition of Terms**

**Art therapy.** According to the American Art Therapy Association (AATA, 2017), art therapy referred to the mental health field in which art therapists guided clients in utilizing art media, processes, and products to recognize and express emotions, increase self-awareness and self-esteem, resolve conflicts, grow in social skills, manage behavior, control addictions, become oriented to reality, and decrease anxiety. A Masters level degree in Art Therapy was identified as the entry level requirement for practicing art therapy, blending training in visual arts and the creative process with training in psychology and counseling theories and skills (AATA, 2017).

**Visual prayer journaling.** Visual journal referred to a notebook with blank, unlined pages in which a person could depict their experiences utilizing imagery along with written text (Deaver & McAuliffe, 2009). This researcher added the component of prayer.

**Christian care professionals.** For the purposes of this study, Christian care professionals referred to Christians working as helping professionals as well as Christian clergy or Christian ministry workers. Helping professionals have included health care professionals, mental health practitioners, therapists (e.g., speech, physical, occupational, recreational, massage), social service workers, lawyers and attorneys, teachers, firefighters, police officers, airline and other transportation staff, and other professionals who respond to a variety of crises, from individual to international (Stamm, Varra, Pearlman, & Giller, 2017).

**Christian ministry workers.** For the purposes of this study, Christian ministry workers referred to both church ministers under ecclesiastical authority and those recognized as being
called to serve in a special vocation within or related to a church (Ministry [Christianity], n. d.).

**Self-care.** Gellatly et al. (2007) defined self-care as anything contributing to a person’s physical, cognitive, emotional, and/or social life so that a balance between one’s personal and work life could be found.

**Burnout.** In the context of the workplace, Maslach and Leiter (1997) defined burnout as “an erosion in values, dignity, spirit, and will,” and comprising three factors: chronic exhaustion, cynicism and detachment, and a feeling of ineffectiveness at work (p. 17). Kaschka, Korczak, and Broich (2011) claimed that there was no valid or international agreement on the definition of burnout and recommend further studies, including those that explore neurobiological factors.

**Compassion fatigue and satisfaction.** According to Figley (1995), compassion fatigue could occur in response to being exposed to a sufferer and the stress associated with that. Figley identified four primary factors leading to compassion fatigue: poor self-care, unresolved trauma, lack of control over work stress, and inability to find satisfaction in work. Compassion satisfaction, on the other hand, involved feelings of professional and personal fulfillment during the work of helping others (Radey & Figley, 2007).

**Prayer and self-transcendence.** Prayer was described as a sincere request for help, a petition, a conversation, or an expression of thanks directed towards God in either word, thought, or one’s heart or soul (Prayer, n.d.a; Prayer, n.d.b). Self-transcendence, similar to spiritual transcendence, referred to stepping beyond oneself and acknowledging a greater, more spiritual view beyond current circumstances (Golden et al., 2004).

**Resilience.** The term resilience referred to a person’s positive adaptability to challenging and trying circumstances (Skovholt & Trotter-Mathison, 2016).

**Justification of the Study**

In the researcher’s opinion, there was a disconnect between spirituality and
psychotherapy, despite spirituality as a major component to personal growth and healing and despite studies on prayer that have pointed to powerful therapeutic benefits. The researcher saw an even larger disconnect between the worlds of art therapy and Christianity, believing a marriage of those worlds could yield profound, accessible and relevant therapeutic benefit to Christian populations. The researcher believed that Christian ministry workers, Christian pastors, and Christian helping professionals faced unique struggles in maintaining adequate self-care while also facing serious and unique manifestations of burnout, compassion fatigue, and vicarious trauma.

It was this researcher’s hope that this innovative study would strengthen the body of art therapy research related to the spiritual component of therapy as well as self-care for care professionals. More specifically, this researcher hoped it could pave the way for further studies bridging the worlds of art therapy and Christian counseling. Overall, the researcher created this research study as a model for art therapists hoping to implement a similar purpose with a similar population.
CHAPTER II

Literature Review

History of Christian Ministry and Care

Mission in the Christian sense has been referred to as going forth in proclamation of good news, specifically transmission of the news of the gospel or message of Jesus Christ across cultures (de la Torre Saransig, 2016; Werner, 2010). Church history chronicled, in broad strokes, three determining periods of missionary effort, from the emergence of Christendom up to 1400, to Modern Mission up to the 1800s, to a current stage of global networking beginning in 1910 (Werner, 2010). The nineteenth century saw the growth of youth ministry in the spirit of volunteerism and flowing from theories of rabinic teaching, Christian revival, and Christian nurture (Senter, 2014). During World War II, para church youth ministries sprouted up and theories of Evangelical theology and pietism took precedence (Senter, 2014). According to Dana L. Robert (2004), Truman Collins Professor of World Christianity and the History of Mission at Boston University, women in particular have been key to Christian mission since Jesus' time despite lack of attention and resistance to the contribution of women within missiology. Robert (2004) described North American Christian mission work as the primary way women participated in ministry in the twentieth century, citing 62% of American missionaries in 1916 to be female.

Churches and Christian missionary efforts, asserted Flessa (2005), have influenced health-care systems in developing countries around the world, often beginning with principal Christian values of serving the poor and vulnerable. During colonialism, many missionary efforts included developing a health-care system that was hospital-based, as it remains today. Church-related healthcare in developing countries often revolved around fundamental Christian values of love, human dignity, communication, stewardship, realism, and justice (Flessa, 2005).
Also of historical note, the values mentioned above were often thwarted or outright ignored during various Christian efforts and movements. Much physical, psychological, and spiritual harm has been done toward vulnerable cultural groups under the names of Christian ministry and Christian health service efforts (de la Torre Saransig, 2016; Flessa, 2005; Shelley, 1995). One of the most horrific examples of this was a 200-year period of the Middle Ages of developing Christendom during which popes inspired seven major Crusades and multiple expeditions aimed at eradicating Muslims from the Holy Land (Shelley, 1995). According to Shelley (1995), this period "ignited horrible attacks against the Jews, and even fellow Christians were not exempt from rape and plunder. Incredible atrocities befell the Muslim foes" (p. 188). On many other less dramatic but just as harmful levels, sustainability and cultural sensitivity have not always been considered in Christian ministry and health care efforts, and racism and multiple human rights abuses have occurred (de la Torre Saransig, 2016; Flessa, 2005; Shelley, 1995; Werner, 2010).

**Caregiver Stress and Burnout**

Early research on burnout began forty years ago and focused on the human service professions, noting themes of emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment among health care workers, helping professionals and therapists (Ifrach & Miller, 2016; Maslach, Leiter, & Jackson, 2012). Maslach has spearheaded much burnout research and published the well-used research measure, the Maslach Burnout Inventory (MBI; Maslach & Leiter, 1997). Maslach and Leiter (1997) identified six areas of work life as predictive of burnout: work overload, lack of control, lack of reward, lack of community, lack of fairness, and value conflict. They described these areas as indicative of a mismatch between the person and the job. Work overload, they conceded, was an increasing problem, as the pace in many workplaces increased while the amount of work that a worker expected to complete
remained constant. This was an area in which human limitations were not considered and were often exceeded. Lack of control could become an issue when work policies were rigid and management closely scrutinized workers. Such work environments could kill innovation, when problem-solving and personal decision-making were part of the human spirit. Lack of reward occurred when workers were undervalued or their work was not recognized and could include a lack of internal reward. Lack of community could result from busyness of workers, technological aspects that led to isolation and impersonal contact, legal restrictions that kept people from interacting naturally, and especially unresolved conflict. Lack of fairness could be apparent with unequal workload or pay and the way respect and self-worth were handled in the workplace. A value conflict resulted from discrepancy between workers’ personal values and the values or requirements of the job (Maslach & Leiter, 1997).

Another construct similar to burnout has been more recently referred to as compassion fatigue, commonly attributed to care professionals working with traumatized clients, such as survivors of community disasters, war, or sexual and physical abuse (Ifrach & Miller, 2016, p. 34). According to Adams, Boscarino, and Figley (2006), constant exposure to trauma could result in decreased ability or interest in being empathic as well as psychological and physiological distress, and was also referred to as secondary traumatic stress or vicarious trauma (p. 103). According to Warren, Morgan, Morris, and Morris (2010), self-awareness and self-care have been crucial to professional counselors’ well-being and avoidance of illness, isolation and fatigue as well as burnout.

Patterns of Stress and Burnout Amongst Care Professionals

Burnout of Christian care professionals. Research was limited to mostly members of the clergy, or pastors rather than Christian care professionals in general (Abernethy et al., 2016; Barnard & Curry, 2012; Chandler, 2009; Doehring, 2013; Francis, Robbins, Kaldor, & Castle,
Pastors appeared to be especially vulnerable to burnout because they faced challenges such as heavy workload, unrealistic expectations, excessive demands in time, and challenges in ministry. In addition, limitations in interpersonal skills, loneliness, isolation, self-denial of basic needs, varied and multiple ministry roles, low salaries, lack of appreciation, perfectionism, spiritual dryness, lack of alone time, feelings of inadequacy, fear of failure, blurring of roles, and unhealthy lifestyles appeared to contribute to pastoral burnout (Abernathy et al., 2016; Barnard & Curry, 2012; Chandler, 2009; Doehring, 2013; Gemignani, 2002; McMinn et al., 2005). Due to the high interpersonal demands and human service tasks of pastors, this population could be especially prone to compassion fatigue and vicarious trauma, and especially in high stress contexts (Abernethy et al., 2016). Miner and colleagues (2013) investigated spiritual causes of burnout amongst Australian church leaders and, in analyzing the data of 422 respondents to the 2011 National Church Life Survey, found that key protective mechanisms against burnout included a secure attachment relationship to God and an internal orientation to ministry. Golden and colleagues (2004), in a hierarchical multiple regression analysis of the composite surveys of 321 ordained United Methodist clergy, discovered that spirituality, especially spirituality utilizing prayer or meditation, showed incremental significance for predicting burnout.

**Burnout of art therapists.** Gam, Kim, and Jeon (2016) argued that art therapists actually bore more stress than counselors due to the additional capabilities that were needed in their work with clients. Their study measuring the stress coping strategies, burnout, and self-efficacy of 140 art therapists, however, yielded results of low-level burnout and self-efficacy that was moderate to high-level (Gam et al., 2016). These advantageous results could have been due to the personality types of many art therapists. A study of 505 Israeli creative arts therapies
students and professionals showed that their high scores in artistic and social vocational personality types lessened the effects of burnout (Orkibi, 2016). Just like any mental health practitioner, art therapists could experience burnout. As art therapist pioneer Harriet Wadeson (2003) put it in her article encouraging art therapists to make client response art for necessary clinical processing, “Most [art therapists] are just too tired to set aside the time for some art-making at the end of a busy day” (p. 217). These considerations were adjunctively relevant to this study in terms of what could be learned from the differences between art therapists and other caring professionals.

**Spirituality and Self-Care**

Spirituality has often been included in holistic wellness or stress-prevention models as a necessary component to wellness or self-care practice (Myers, Luecht, & Sweeney, 2004; Myers, Sweeney, & Witmer, 2000; Olpin & Hesson, 2016; Roscoe, 2009; Williams, Richardson, Moore, Gambrel, & Keeling, 2010). Daily spirituality was found to be positively correlated to well-being in a study utilizing self-reports via daily diaries of 87 participants for 1,239 days, specifically showing a positive correlation to self-esteem, meaning in life, and positive affect (Kashdan & Nezlek, 2012). Homan and Cavanaugh (2013) found positive correlation between a warm, secure attachment relationship with God and well-being variables such as positive body image in analyzing self-report measures of 104 college women.

Prayer, incorporated into meaningful rituals in nearly every culture, has been shown to have unique qualities in reducing stress (Golden et al., 2004; Olpin & Hesson, 2016). One randomized, double blind experiment by Byrd (1988) involved intercessory prayer for 393 coronary care patients at San Francisco General Hospital. Results revealed that the 192 patients prayed for by home prayer groups, as compared to 201 patients unremembered in prayer, were: five times less likely to need antibiotics; less likely to have cardiac arrests or contract
pneumonia; three times less likely to contract pulmonary edema; and less likely to require a mechanical ventilator (Byrd, 1988). In the fourth edition of their text, *Stress Management for Life: A Research-Based, Experiential Approach*, Olpin and Hesson (2016) purported that, “the evidence is strong that prayer—as well as other spiritual rituals such as meditation, spending time in nature, music, storytelling, and art—[provided] comfort for many” (p. 165). Such evidence could be seen throughout the centuries in the works of many renowned creative figures such as the poet William Butler Yeats who inspired ideas of eternal life during the despiritualistic, modernist time period (Ghandeharion & Mousavi Takieh, 2016).

**Christian practices of self-care.** O’Donnell and Pollock included self-care for Christian missionaries within the core of their five-sphere member care model containing, from inside to outside, master care, self/mutual care, sender care, specialist care, and network care (O’Donnell, 2002). In sphere two, which O’Donnell (2002) referred to as “the backbone” of member care, self-care characterized the responsibility missionaries had to their own well-being and mutual care referred to various supportive relationships of encouragement and accountability occurring in the missionaries’ expatriate, national, and home contexts (p. 17). In this model, self-care was not conceptualized in a vacuum. Instead, nurturing community and relationships with friends and family was a key element to missionaries’ health and productivity, along with self-awareness and attentiveness to one’s own needs, committing to personal growth, and asking for help when needed (O’Donnell, 2002).

Christians who cared for others in their work, claimed Pembroke (2016), sometimes especially struggled to care for themselves out of an incomplete understanding of the Christian ideal of agape, or sacrificial love for the other. Pembroke argued that agape love ought to have been demonstrated by Christian nurses, for example, from the perspective of equal regard, considering that they were children of God just as much as those for whom they cared. The
greatest commandment professed by Jesus in the Bible had two parts: “Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength” and “Love your neighbor as yourself” (Mark 12:30-31 New International Version). This second part connoted that love for oneself was foundational to love for others. Songy (2016) purported that Jesus himself set a high standard of self-care, pointing to Bible scriptures in which Jesus regularly went away to rest or pray, even deep in the midst of ministry work, and encouraged his disciples to do the same. Pembroke (2016) claimed that for Christian nurses to establish an authentic equal regard of love towards themselves, they must engage in spiritual disciplines including prayer, meditation on the scriptures, and worship.

Art Therapy Approaches to Self-Care

The neuroscientist Schore (2012) posited that mental health services were saturated by mainly left hemisphere (LH) approaches that focused more on logic, conscious knowledge, and rational thought. This overemphasis on LH techniques may have inhibited creative processes for counselor and client and dampened a client’s inherent problem-solving capacities (Bohart & Tallman, 2010; Schore, 2012). According to Field (2014), recent neuroscience suggested that a successful counseling relationship should have integrated LH with right hemisphere (RH) approaches that accessed intuition, creativity, empathy, flexibility, emotion, and unconscious learning.

Art therapy, according to Gam et al. (2016), “focuses on solving psychological problems and promoting self-growth by combining psychotherapy theories with art activities” (p. 2). The Expressive Therapies Continuum (ETC) often utilized by art therapists organized levels of affective and visual information processing, offering a neuro-holistic framework for art therapists to follow in meeting the needs of each specific client (Hinz, 2009; Lusebrink, 2010). As opposed to primarily verbal therapies, art therapy strategically utilized the creative process as a
therapeutic modality, art media as a form of communication and expression, and artworks as a source of depth in meaning-making (Lusebrink, 2010).

Art therapy has been found to contribute to stress-reduction and self-care practices for both clients and care professionals, especially in a group therapy context (Huet & Holttum, 2016; Huss et al., 2010; Ifrach & Miller, 2016; Mosek & Gilboa, 2016; Nainis, 2005; Van Lith, 2015). Van Lith (2015) found that adults with severe mental illness used art-making as both a mechanism for change and a key coping tool. Ifrach and Miller’s (2016) study showed that a group art therapy intervention utilizing collaborative artwork for a peace pole reduced the stress of 30 professional counselors working with clients of domestic violence and sexual assault. Similarly, Huet and Holttum (2016) found that art-making with 20 health and social care workers helped surface emotions underlying work stress issues, leading to stress-reduction actions for some participants. Huet and Holttum’s study also included art-viewing, a less common aspect of art therapy. Art-viewing appeared to promote playful exchanges of information and observations among participants and to promote sharing with one another work stress-related emotions that were often too overwhelming to verbalize.

In Israel, a phenomenological single case study with 11 Israeli female professionals on a team serving at-risk children and families included 13 consecutive weeks of psychodynamic group discussion spurred by a variety of artistic techniques (Mosek & Gilboa, 2016). Results showed increased recognition of personal compassion fatigue factors and personal strengths, and enhanced resilience (Mosek & Gilboa, 2016). Another study utilizing a group art therapy method with 22 Israeli social workers in a war zone indicated that being guided in strength-based art directives around their stressors helped them self-distance from the stressors, increased a sense of control over diffuse sources of stress, and reframed stress reactions (Huss et al., 2010).
Nainis (2005) described the benefits of an art therapy program for the oncology care team of a large Midwest academic hospital. A particularly salient art directive was the use of a “healing quilt” created by the entire team in a retreat setting repeated seven times to accommodate all 107 care team members. The group quilt project, designed to unify oncology team members of different units, allowed team members to become better acquainted, express and process work-related emotions such as grief, and collaboratively bolster self-care methods (Nainis, 2005).

**Visual Journaling for Self-Care**

Visual journaling, utilizing art-making in a journaling format, could be a form of externalizing one’s problems to help mitigate any related trauma and pave the way for self-reflection (Huet & Holttum, 2016; Utley & Garza, 2011). The process of self-reflection often spurred by visual journaling could promote autonomy, personal growth, and internal motivation of clients (Van Lith, 2008). One phenomenological case study outlined by Van Lith utilized art therapy sessions and visual journaling in transitioning a 16-year-old female provisionally diagnosed with borderline personality disorder to a new psychosocial residential setting. The participant appeared to improve in maturation and self-care, using the journal even after art therapy sessions had ended, working through personal issues, solving problems, and attending to changes in herself independently (Van Lith, 2008). In another study utilizing a visual journal intervention with 5 students and 5 staff members of Eastern Virginia Medical School, researchers concluded that “the drawing process helped the participants to better visualize their stressors, more easily focus upon them, and more readily transform them into positive emotions” (Mercer et al., 2010, p. 147).

Creative or expressive writing, in a variety of different contexts, has been found to improve physical and psychological health, reduce symptoms of PTSD, and increase
of distressing memories, experiences, and emotions (Baddeley & Pennebaker, 2009; Sayer et al., 2015; Warren et al., 2010). Some researchers claimed that the acts of art-making and expressive writing enhanced one another, serving to maximize and integrate the person’s experience (Deaver, 2012; Deaver & McAuliffe, 2009; Hickman, 2007; Messenger, 2016). Bradley, Whisenhunt, Adamson, and Kress (2013) recommended the use of “scrapbook journaling” as a self-care tool for counselors, utilizing media from poems and newspaper clippings to painting and sketching to an individualized journal choice, in order to become more personally invested in the process of self-examination and assessment of well-being (p. 464).

**Summary of Literature**

Literature bridging the subjects of visual journaling, self-care, and Christian care professionals has not yet existed, but examination of the current research in each of these areas suggested that such a bridge could be easily explored and formed. Art therapy has been found to help health and social care workers identify underlying emotions of work stress issues and gain a sense of mastery over diffuse anxiety (Huet & Holttum, 2016; Huss et al., 2010), reduce stress in domestic violence and sexual assault services counselors (Ifrach & Miller, 2016), and help care professionals to identify weaknesses and strengths in a way that enhanced resilience (Mosek & Gilboa, 2016). Visual journaling in particular has been found to provide a consistent container and outlet for exploring and expressing the self in a mentally ill 16-year-old female (Van Lith, 2008), decreasing negative affect levels and anxiety in medical students and staff (Mercer et al., 2010), and fostering personal growth and development in art therapy graduate students (Deaver, 2012). This, combined with research showing spirituality’s contribution to relevant therapy and self-care techniques for Christian care professionals including those in ministry work (Barnard & Curry, 2012; Chandler, 2009; Doehring, 2013; Golden at al., 2004; Pembroke, 2016; Songy,
2016; Williams et al., 2010) suggested that visual prayer journaling could be an especially salient technique to augment and bolster the self-care practices of this population.

The research has revealed that factors in the prevention and alleviation of burnout for Christians in ministry, especially those deep in caring roles, could be many. Those could include strong spiritual and psychological support systems, spiritual devotion, hobbies, exercise, taking time away from work, familial relationships including marriage, a spirituality that includes prayer or meditation, a secure attachment to God, an internal orientation to ministry, and possibly self-compassion (Barnard & Curry, 2012; Golden et al., 2004; McMinn et al., 2005; Miner et al., 2013; Rossetti & Rhoades, 2013; Turton & Francis, 2007). Chandler’s (2009) discovery of spiritual dryness as the key factor in predicting emotional exhaustion in pastors served as the first empirical study linking pastoral burnout to spirituality. Chandler (2009) went on to recommend self-care practices that fostered well-being, vitality, and resilience.

Despite literature reflecting the important contribution of spirituality to practices of self-care, the spiritual dimension has long been neglected in psychotherapy (Pargament, Mahoney, Shafranske, Exline, & Jones, 2013). Koepfer (2000) reflected that while spirituality could be a significant aspect of client experience and identity, it has only been sparsely found amongst creative arts therapy literature. Koepfer (2000) claimed that in art therapy, “the subjective nature of art as an expressive/communicative vehicle lends itself perfectly to the task of exploring [spiritual] matters” (p. 188). Because causes of burnout for Christian care professionals appeared to be unique, treatment approaches ought to creatively seek relevancy and effectiveness. This study aims to provide an accessible, spiritually-relevant self-care tool for Christians in ministry or helping professions to identify and transform stress responses, nurture practices of reflection, prayer, and meditation, and enhance resilience.
CHAPTER III

Methodology

Participants

The participants were enlisted from a metropolitan area in the Pacific Northwest: Christians who were also helping professionals of some kind (as defined by the ProQOL site), as well as Christian pastors and Christians working in ministry capacities. The facility site was a local church. The researcher enlisted the help of two pastors at the facility and other pastors and leaders from local Christian organizations in targeting potential participants. To promote cultural diversity and transferability between contexts, this researcher utilized Christian organizations with different infrastructures and cultures from the chosen church facility including a predominantly African American congregation (Huet & Holttum, 2016). These leaders utilized the recruitment flyers and researcher’s website and invited potential participants by personal email, public display of flyer, or online public posts. The flyers and website identified the purpose of the study, details of participants’ involvement, aspects that might affect their willingness to participate, and details around their right to withdraw from the study at any time. Finally, this researcher provided the information directly to two interested participants who initiated contact themselves after hearing through the grapevine about the event by sending them standardized emails, the flyer and the website.

Volunteers self-selected, indicating their interest in the study to the researcher by email (included on the flyer and website). In response to these recruitment efforts, seven expressed interest in participating, five participated in the workshop portion, and four participated in all aspects of the study. This researcher chose to include data from all participants although she had only partial data from one participant (N=5). Once participants voluntarily self-selected by contacting the researcher, the researcher emailed copies of the informed consent form, the media
consent form and the Professional Quality of Life (ProQOL) scale (Appendix A) (version 5, Stamm, 2009) to the potential participants, and offered to answer any questions they had regarding the study’s purpose, the details of their involvement, the ProQOL scale, potential risks, and their rights including the right to withdraw their consent at any time without a breach in their confidentiality or any repercussions (AATA, 2013; Knapp & VandeCreek, 2012).

All five participants signed the voluntary consent forms and media consent forms, either ahead of time or at the start of the workshop. Four of the five participants were recruited via local Christian leaders, two by personal email and two by online public posting, and one was recruited by contacting the researcher herself after hearing through the grapevine. Throughout the process of communication with participants, the researcher attempted to use neutral (although welcoming) and informative responses via email that were standardized when possible. The participant who was not able to attend the follow-up meeting communicated this to the researcher at the start of the study. Following the workshop, the researcher contacted her by email and phone but was unable to reach her to schedule an alternate meeting. This participant’s data results included the first two ProQOL forms and group debrief sharing and excluded photographs, the third ProQOL result, and the follow-up survey.

The demographic composition of the group, based on a General Demographics Form filled out by participants at the start of the workshop (Appendix B), was diverse in age, ranging from age 24 to 57. It consisted of self-identified Christians who were all females and identified themselves as a “pastor,” “family medicine physician,” “artist missionary,” “spiritual director,” and “church systems coordinator.” Under race and ethnicity, four participants self-identified as White and one as “Korean/German.”

**Research Design**

In this pre-experimental single group pilot study with a small sample, the researcher took
a mixed methods research approach, utilizing a three-hour visual prayer journaling workshop, pre-test/post-test administration of the Professional Quality of Life (ProQOL) scale (version 5; Stamm, 2009), private journal usage by participants for two weeks following the workshop, and a follow-up survey (Appendix C). The researcher aimed to maximize credibility of results by combining the qualitative art-based data collected from participants’ visual journals with a quantitative pre-test/post-test design. The general design of the study was mostly adapted from the study by Mercer et al. (2010).

Research Instruments

The Professional Quality of Life scale (ProQOL). The ProQOL scale (version 5) was developed by Stamm (2009). In this instrument with three subscales, compassion satisfaction (CS) was its own measure, while compassion fatigue was a measure of both burnout (BO) and secondary traumatic stress (STS). The 30-item instrument consisted of 10 questions for each subscale and used a Likert-type scale from 1 (never) to 5 (very often).

This self-reported measure was used a total of three times with participants as a quantitative measure of compassion satisfaction, burnout, and secondary traumatic stress, and to complement tracking of participants’ current self-care practices. The assessment was administered at the workshop twice: once between the psychoeducational introduction and the visual journaling exercises, and once after the visual journaling exercises. It was filled out by participants a third time at the end of the two weeks of private journaling. It was chosen by the researcher not only as an applicable measurement of care professionals’ job satisfaction and health, but to potentially expand participants’ understanding of the positive and negative aspects that can come with caring for suffering or traumatized individuals and its impact on their own self-care (ProQOL.org, 2017a). This was shared in the psychoeducational introduction.

Visual prayer journaling workshop. Participants attended a three-hour workshop
supervised and partially co-facilitated by a board-certified art therapist and a licensed professional counselor who also attended the church facility (see a workshop agenda in Appendix D). The workshop was conducted in an intimate Welcome Room where an initial thirty-minute lunch was provided. Breaks were given throughout the workshop for ease of participant experience and internal processing. Each participant was given a participant alphabetical code in order of arrival and a folder containing all relevant materials. Questions on any aspect of the study and their participation were welcomed throughout the workshop.

The workshop opened with the 50-minute psychoeducational talk and filling out of first ProQOL forms. The researcher introduced herself, the study’s purpose, agenda, tasks involved, risks, consent form details, and secure handling of participant data. The art therapist gave a ten-minute overview of art therapy and the counselor gave a 10-minute explanation of self-care relevant to this population. The researcher introduced the ProQOL scale, why it was chosen, and potential relevance to the participants, and participants filled out their first form.

Following the introduction to the workshop, participants were invited to engage in the visual prayer journaling intervention, which was primarily adapted from the study by Mercer et al. (2010). Participants were invited to choose from a variety of three different styles and sizes of drawing journals. Art materials chosen to be non-intimidating were provided including collage materials, basic drawing materials, oil pastels, markers, watercolor pencils and crayons, and inspiring quotes and Bible verses (Bradley et al., 2013; Hinz, 2009). The researcher introduced the materials and invited participants to experiment with them for five minutes.

To open the two-part intervention, the researcher played a three-minute breathing exercise from the Stop, Breathe & Think mobile application, or app, from her laptop, and played quiet background music from the Calm app from her phone throughout the intervention for relaxation (Calm.com, Inc., 2017; Stop, Breathe & Think, PBC, 2017). For a guided meditation,
the researcher read a short Bible passage to lead into each of the two images, repeating it three times and pausing in between (Foster, 1998). The first passage read was, “Come to me, all you who are weary and burdened, and I will give you rest” (Matt. 11:28). Participants were invited to focus in on a recent source of work stress with a client, co-worker, supervisor, or any immediate/practical or existential struggle related to work stress, and to create an image in the journal that depicted that current stressor (Huss et al., 2010; Mercer et al., 2010). The second passage read was, “Forget the former things; do not dwell on the past. See, I am doing a new thing! Now it springs up; do you not perceive it?” (Isa. 43:18-19). Participants were invited to focus on Jesus being present with them in their stressor and to ask God to bring to their minds what they needed to cope with it. They were invited to transform their current images or create new ones depicting transformation of their stress. Thirteen to fourteen minutes were given for each image and seven minutes for written reflection, prompted by the researcher who gave verbal reminders and read the provided self-reflection questions aloud (Huss et al., 2010; Appendix E).

The final 50-minute portion of the workshop comprised a group debrief, second filling out of the ProQOL forms, and explanation of the completion of the study. The debrief was audio-taped and participants were reminded of the confidential nature of the group and that the researcher could not ensure complete confidentiality due to the group format. The researcher asked a series of questions related to participant experience with the materials, intervention art imagery and experience, emotions that surfaced, themes of coping or resilience that surfaced, communion with God during the intervention, and any self-care goals that arose (see Appendix F). Participant packets for the two-week period of private journaling included: details on the completion of the study (Appendix G); specific visual prayer journaling suggestions relating to self-care (Appendix H); the Helper Pocket Card (ProQOL.org, 2017b; Appendix I); a glue stick
and scissors; and their choice of two small sets of art media including colored pencils (including two watercolor pencil sets), markers, or oil pastels. Participants were given freedom as to how often they journaled, encouraged to use any suggestions they found interesting or helpful, and asked to track the number of times they journaled.

**Follow-up survey.** After the two weeks of private journaling, four of the five participants attended a one-and-a-half-hour follow-up meeting in the same location at the church facility. Journals were collected and photographed by the researcher, the ProQOL scale administered a third and final time, and follow-up survey (Appendix C) administered. This cross-sectional survey, partially inspired by Mercer et al. (2010), was administered to participants to help determine how the visual prayer journal affected their existing self-care practices and make inferences to the general population of Christian care professionals. It also gave insight into participants’ subjective experiences with the visual prayer journal, highlighting the benefits and challenges they experienced (Creswell, 2014; Mercer et al., 2010).

**Workshop fieldnotes.** Within a semi-structured group sharing format during the visual journaling workshop, discussion mainly centered on self-reflection questions, insights from the artwork and writing on stressors. Field notes taken by the researcher on the evening of the workshop were recorded as an additional source of data. They were stored on a password protected external hard drive in a locked file cabinet (AATA, 2013; Knapp & VandeCreek, 2012).

**Art images and written reflections from journals.** The visual and written journaling allowed participants to share their realities in a direct manner. The period of two weeks of private journaling served to diminish the adverse effects of an observer on participant responses (Creswell, 2014). These visual materials and private documents collected from participants served as a convenient, unobtrusive data-collecting method, providing the researcher with
original data from the participants in both visual and written language (Creswell, 2014). Journals were returned to participants directly after photographing. Very brief fieldnotes reflecting participant shared meaning of images were taken at this meeting and securely stored with the other data.

**Data Collection**

The researcher gave each participant a letter based on the order she received signed consent forms and organized collected data accordingly. ProQOL scale data was collected from administration of the scale to participants at the start and end of the workshop and at the follow-up meeting two weeks following. Field notes taken during the group debrief during the workshop were transcribed into digital form as immediately as possible. Also at the follow-up meeting, digital collection of the journal entries with both visual and written material and collection of the follow-up surveys took place. Hard research data, including the signed consent forms, ProQOL scale forms, follow-up surveys, and workshop field notes were stored in a locked file cabinet at the researcher’s home. Digital versions of the above data, notes taken after the workshop, and images and writing photographed from the visual journals were stored on a password protected external hard drive in the same locked cabinet. Only the researcher and the assisting board certified art therapist had access to this information (AATA, 2013; Knapp & VandeCreek, 2012).

**Data Analysis**

This researcher used a reflective journal to record thoughts, decisions, and observations during the process of data analysis. The first wave of analyzing took place following the workshop. Data from the first two administrations of the ProQOL scales was analyzed according to instructions from the ProQOL manual (Stamm, 2010) and field notes were typed up from the
group debrief. The researcher familiarized herself with this data and prepared for the subsequent data to arrive.

After the follow-up meeting, this researcher analyzed the final grouping of ProQOL scales and transcribed and catalogued visual and written data from photographs of the visual prayer journals and the follow-up surveys. This researcher added this to the previous data to familiarize herself with and make general sense and meaning of all the material at once. Next, this researcher analyzed each set of data (ProQOL results, group debrief notes, visual journal material, and follow-up surveys) for codes, especially focusing on quotes and writings of participants, and then compared similarities, differences, patterns and frequency of the codes between each set of data. For the sake of simplicity and focus in a complex triangulation of data, this researcher chose to forego analyzing using the formal elements of art therapy. Instead, visual material was analyzed solely by the meaning of images to participants, observed similarities and differences, and observed themes. It was difficult to comment on the artwork of the participant whose workshop intervention journal entries were not photographed, but some comment could be made based on her description of them in the group debrief. Themes from the ProQOL scale results and the qualitative data were compared for significance to determine whether to merge them or keep them separate. This researcher combined related codes while reviewing her research questions (Creswell, 2014). A blind rater, who was a board-certified art therapist and licensed professional counselor, helped in co-facilitation of the workshop, and contributed to the analysis of the data.

From this overall code analyzing process, overarching themes were deciphered and sub-themes organized beneath them. The themes were analyzed for how they supported the data as well as how or whether they fit into the overall story about the data. Finally, this researcher made decisions about delineating the most meaningful information from each theme to illustrate
in the write-up of this study, and highlighted any differences that surfaced among the data that needed to be discussed. The resulting overarching themes of this data analysis can be visualized in the thematic analysis figure below.

**Figure 1.** Thematic analysis figure.

**Validity and Reliability**

For a reliable approach, this researcher modeled her study after other research studies, particularly Mercer et al. (2010), Huet and Holttum (2016) and Huss et al. (2010). She also checked transcripts of the data for mistakes and checked that the codes accurately reflected the data. The mixed methods approach used in this study promoted a triangulation process of data analysis described above that increased the validity of the study. Data that differed and did not
fit into the overarching themes was discussed for extra validity. Peer debriefing also took place with the board-certified art therapist present at the workshop who also served as a blind rater.

The ProQOL (version 5; Stamm, 2009) scale has been reported to be validated with high construct validity and have high reliability by a wide variety of sources (Bhutani, Bhutani, Balhara, & Kalra, 2012; Caringi et al., 2017; Mooney et al., 2017; Stamm, 2010; Wu, Singh-Carlson, Odell, Reynolds, & Su, 2016). However, researchers de la Rosa, Webb-Murphy, Fesperman and Johnston (2017) reviewed thirty studies that used the ProQOL measure and found a discrepancy between normative data of the first and second editions of the ProQOL manuals. De la Rosa et al. concluded that the normative data presented in an earlier edition of the manual by Stamm (2005) was probably more representative of compassion satisfaction, compassion fatigue, and burnout levels among caregivers than that presented in Stamm’s (2010) second edition manual.

**Ethical Implications**

Risk of limited confidentiality due to the group sharing context was explained to participants in consent forms and in person during the psychoeducational introduction. In the group sharing time during the workshop, participants were asked to maintain confidentiality of other group members, and informed that the researcher could not control whether a participant breaks this expectation. Participants were asked to share with regard for other members, and only reveal what they felt comfortable revealing. They were informed of the risk that group members might share something of a traumatic nature that could cause themselves or other participants to feel emotionally triggered. The two licensed therapists were present to help minimize this risk and ethically and therapeutically manage such possibilities, including making appropriate mental health referrals if necessary. A list of local licensed therapists accepting new clients, contacted by the researcher beforehand, was provided to participants (AATA, 2013a;
Participants were also briefed on emotional discomfort and boundary risks that could arise from the dual relationship that existed between the researcher and some participants, as fellow church members, acquaintances, internship colleagues, and friends. In the workshop psychoeducational introduction, participants were briefed about self-awareness around their level of self-disclosure throughout the study and were reminded of their right to withdraw at any point in the study. Two licensed therapists were there to support participants who experienced relational discomfort as described above or negative impact of any kind. The researcher planned to consult her academic supervisor and her personal therapist, a licensed clinical social worker, if any ethical matters or difficulties for the researcher arose in this area.

The discussion at the end of the visual prayer journaling workshop, supervised and co-facilitated by the two therapists present, provided an opportunity for participants to debrief their experience at the workshop. The follow-up survey, while used for research purposes, also served the purpose of debriefing the participant’s experience in the study.

Hard research data, including the signed consent forms, ProQOL scale forms, follow-up surveys, and any workshop field notes, were stored in a locked file cabinet at the researcher’s home. Digital versions of the above data, notes taken after the workshop, and images and writing photographed from the visual journals were stored on a password protected external hard drive in a locked file cabinet at the researcher’s home (AATA, 2013; Knapp & VandeCreek, 2012).

**Researcher Bias**

The researcher’s personal background as a Christian who has done international ministry work contributed to inevitable religious bias. The researcher was also biased in her belief of “art as therapy” and from having experienced personal benefit from visual prayer journaling herself.
The researcher was acquainted with a few of the participants, which increased the risk for bias in the study’s results. Finally, the self-care workshop was conducted at the researcher’s home church, contributing to additional personal bias.

Due to some major aspects of personal bias in this study, this researcher took measures to protect the rights of participants in her recruitment process, consent forms, retaining of raw data, and psychoeducational portion of the focus workshop. This researcher included in her recruitment flyer all aspects of the study that could have potentially influenced, in any way, volunteers’ willingness to participate. Due to the existence of dual relationships at the facility and potential for them with volunteer participants, this researcher chose not to recruit anyone or generate names directly herself but recruited by public display of the flyer and through emails from pastors and local Christian leaders. This researcher also sought ethical advice of other professionals in her decisions around the recruitment process and other aspects of the study. The co-facilitation and supervision of the workshop by a licensed professional counselor and a board-certified art therapist served to minimize ethical malpractice and personal bias (AATA, 2013a; Knapp & VandeCreek, 2012).
CHAPTER IV

Results

The data analysis process revealed five overarching themes. These included (a) shift of focus to the positive, (b) expression of emotions, (c) deepened self-awareness, (d) transformation and new beginnings, and (e) nature. ProQOL scale results were discussed below as they related to the themes of shift of focus to the positive and deepened self-awareness. More detailed information on the ProQOL results can be found in Appendix J.

A Shift of Focus to the Positive

The most prominent theme noticed throughout all participant data was a shift of focus to the positive, and most often, to God. This shift of focus was seen in an increase of color, lightness of imagery, integration of imagery, written prayers, participant feedback, and incorporation of inspirational quotes or scripture. This shift of focus appeared to fall into two camps: a purposeful shift (evidenced especially by written and spoken prayers, quotes, scriptures, and intentions), and a more happenstance, process-oriented shift occurring as more of a noticing of or surrendering to a more positive viewpoint. These two are discussed alongside one another. Overall, participants described it as a very slight (as opposed to dramatic) shift in focus to the positive. In the follow-up surveys, all participant comments indicated some shift of perspective to the positive or to God as being specifically spurred by the practice of visual prayer journaling (VPJ). One commented that the VPJ helped her “move all the way through [her] thoughts and feelings to positive outcomes.”

Seeking or noticing God’s presence. For all participants during the workshop, this sometimes took the form of a purposeful seeking or welcoming of God’s help or God’s purpose in the midst of trying circumstances. One participant’s purposeful turning to the positive took the form of a written prayer thanking God for the “shelter” and “peace” of her backyard “to get a
chance to have a break” from her work stress and asking God for “breath and life and peace.”

Another participant wrote along the bottom of her second image “Holy Spirit you are welcome here . . .” All acknowledged noticing in a less intentional manner that God was in the midst of their situations at some point in the process of the interventions. Four of the five participants described this as an opportunity to see God as present with them in their situations instead of just focusing on the negative, two indicating that this was a new aspect of journaling for them.

Seeking God in general or intentionally approaching God was also a sub-theme for all participants in private journaling entries, much of this seen in written or visually depicted prayers and sometimes very literal self-reminders such as “Seek Him.” This was sometimes expressed as reliance on or trust in God. God’s provision was noted by all four participants, some examples being “a new day,” “boundaries” in relationships, the Bible, “wisdom and discernment,” “Holy Spirit,” “equipping and guidance,” guidance “in the dark,” love and care, rest, “glimmers of grace,” and God’s covering during intense stress. The less intentional shift of focus was also described by four of the five participants in the workshop interventions as a noticing of God’s provision amidst their stressor, including support of friends, quiet and space, a peaceful backyard, strength given by God, and God being present with them. Noticing God’s help or provision or gratefulness was an enduring sub-theme across the data.

In the follow-up surveys individual participants commented on putting God in the center of their situations. Respective comments from participants included recognizing how God was helping her, recognizing God’s presence “in all aspects of [her] life,” and “recognizing or asking for the Lord’s help.” All also commented on noticing God’s presence or help, one stating that the VPJ was a “powerful method to see how God walks with [her].”

**Prayer or hearing from God.** Throughout the data, all participants incorporated prayer in some way and mentioned hearing or noticing specific messages from God. In private
journaling, for three of the four participants, written reflections often were in the form of prayer or ended in prayer. In the follow-up surveys, all participants commented on the benefit of either hearing from God or praying to God in ways that appeared to shift their focus to the positive. One commented, “It helped me be more fully honest and authentic in my times of prayer.” These results were consistent with and even exceeded the researcher’s expectation that the VPJ exercises would, on the whole, enhance participants’ experience of prayer in some way.

**Perspective and vision.** Sometimes participants spoke of this shift in terms of gaining a broader perspective or seeing more clearly. In the workshop intervention, two participants described the experience of this shift while noticing their artwork becoming lighter or noticing lightness that they had not previously seen, both attributing this to “resiliency”. One of these participants claimed it was in response to the reflection question on resiliency, saying in debrief, “That was such a great question cuz I looked back at it and saw ‘Oh, it’s not all dark and gloomy. There is light and hope in there too’” (see Figure 2 and Figure 3).

*Figure 2. First workshop image on work stress, by Participant A.*
All acknowledged a shift in focus from work stress or relational conflict to God or to Jesus. One participant created two entries around a relational conflict that held a loss of trust and a sense of betrayal, admitting to still feel “an uneasiness . . . about this relationship.” Her second entry, depicting the word “Jesus” depicted ornately in colored pencil with nature imagery, accompanied a written reflection: “In the end, it’s about Jesus and Jesus with both of us and will continue to be with both of us.” Another participant’s written reflection was a long paragraph on “Provision,” as a prayer written to God to “Reframe my view. Give me Yours,” reflecting an intentional surrender to God’s view in her role in serving so many people as a pastor. The participant who created the most journal entries displayed this intentional re-focus throughout as well. One of hers reflected a shift of perspective to having a positive attitude at work via a collage featuring a scripture in sticker letters that shifted focus to God. In the follow-up surveys, individual comments from participants included VPJ as an aid in shifting perspective of self to

Figure 3. Second workshop image on Jesus' presence in her work stress, by Participant A.
God’s perspective, bringing new things to light and seeing Jesus in those situations, remembering that self-care was important, and “think[ing] differently.”

**Scripture and quotes.** As mentioned already in the above sub-themes, scriptures and inspirational quotes appeared to be a part of the perspective-shifting process and often appearing as unintentional. In their private VPJ, three of the four participants appeared to spontaneously utilize scripture as an aid in shifting their focus to the positive. In one participant’s self-created journal entry, she depicted concentric squares of differing colors representing how “good,” “helpful,” “protective,” “safeguarding,” and “necessary” professional boundaries were, and added a scripture around this image about guarding her heart.

Three of the five participants appeared to be drawn to the scriptures read in the two guided meditations, two incorporating them into their second image and two commenting on the strong effect they had on them in shifting their focus to God. One participant described seeking out “a Bible verse or something” at the start of the second intervention and immediately finding a quote she liked on hope emerging from the dark in the cards provided to accompany the lighthouse she had just cut out.

**Hope and faith from despair.** The birth of hope or faith from darkness or despair was an enduring sub-theme in participant artwork, reflection, and feedback reflecting this shift to the positive and also seen in the fourth theme of transformation. As mentioned above, during the workshop, one participant latched onto and re-wrote a quote about “stubborn hope begin[ing] in the dark” symbolized by a lighthouse in a stormy setting. Another recognized “hope” in some lightness she noticed in the dark cloudiness of her first image (see Figure 2 above). Still another, struggling with current global and national tragedies, was drawn to a quote about faith emerging from despair and bringing victory when there seemed to be “no way out.” The other two participants’ workshop images and debrief feedback, while not overtly mentioning hope,
suggested it. One participant, who was struggling over a ministry volunteer having been shot in the leg, described a sense of hope for the victim’s family, shifting to thinking about “what can come out of it for them” and a sense of “renewal in their resiliency.” The other participant’s second image suggested a sense of hope in the large crisply-drawn yellow flower focusing on “a new thing!” in contrast to her first abstract image, reflecting an emotional, arduous decision in process to “buy or not buy” a business with her husband.

**Overall positive response to visual prayer journaling.** For two participants, compassion satisfaction scores increased significantly in the first post-test following the workshop. One of those participants also showed a significant decrease in both burnout and secondary traumatic stress in the second post-test. These scores could have been affected by the public setting or desire to please the researcher.

As expected, the four participants who journaled privately varied greatly as to the frequency of their private visual prayer journaling (VPJ) for the two weeks following the workshop, from utilizing it only twice to utilizing it fifteen times. Some correlation might be suggested between greater frequency of use and apparent benefit as reflected by significantly positive results (follow-up survey and ProQOL scale) of the participant who used the visual prayer journal fifteen times. However, no significant or specific correlations could be identified from this particular study overall without localization of other factors and due to the small sample size.

Of the four participants who completed the follow-up survey, all four marked on a three-point scale that they “enjoyed” the VPJ exercises “a lot” (question #1), felt that the VPJ exercises “improved” their current self-care practices (question #6), and that it was “very likely” that they would use VPJ again (question #16). The researcher had expected more variation in response for all of these questions, so this was a more positive result than expected. For the other half of the
three-point scale questions, three participants marked that the VPJ exercises were “very useful” (question #3), that they were “very stress-reducing” (question #11), and that they would be “very much” interested in attending similar workshops (question #17), with one participant adding two exclamation points to this latter question’s response. The fourth participant marked that the VPJ exercises were “moderately useful” (question #3) and she was “unsure of [the] effect” of the VPJ on her stress level or mood (question #11), also noting that they were somewhat “stress-reducing” by being “in between 1st and 2nd choice.” This participant also indicated “maybe” on her interest in attending similar workshops (question #17). This variation in response was closer to the expectation this researcher had for this study’s results and consistent with the expectation that most, but not all, responses would be positive.

**Expression of Emotions**

On the whole and across all data, as expected by this researcher, art-making in the visual prayer journals appeared to help participants to externalize, release, transform, and contain emotions related to work stress. Such emotions included anger, grief, sadness, fear, and betrayal. The VPJ also, across the board, appeared to be a tool in experiencing, expressing, fostering, and focusing on lighter or more positive emotions such as play, hope, peace, love, and positive self-regard. In follow-up surveys, all made some comment on the VPJ as an outlet for expressing or beginning to process emotions and some connected this to the creative process (one referring to it as “always . . . pleasant”). Insecurity and frustration around art-making, as suspected by this researcher, appeared to be the main barrier to emotional or self-expression, but against expectation, was only experienced by one of the five participants. Although this participant appeared to emotionally express herself here and there, this barrier appeared to persist for her throughout this study based on her debrief and follow-up survey feedback. On the whole, participants appeared to gravitate toward more affective media (oil pastel, water-based media,
and markers), noted especially in the media used for the workshop interventions and the materials chosen to take home. To take home, participants chose all five oil pastel sets, all two watercolor pencil sets, and three of the five marker sets. No one took any of the five colored pencil sets, the most controllable and least affective media provided.

**Work stress or negative emotions.** In the workshop, all participants appeared to experience very strong emotions in relation to the source of work stress they chose to hone in on. According to debrief feedback, two participants appeared to be struggling with existential questions around God’s purpose in the face of global or personal tragedy, one with an overly demanding workload, and one with a year-long, difficult decision with her husband on whether to buy a business or not. The fifth participant did not expand upon her source of work stress but it included feelings of “weariness, confusion, disappointment, grief, and frustration.” Other emotions that surfaced for participants during this first intervention were strong anger, feeling “the weight of the world,” anxiety, exhaustion, doubt and struggling to understand, and “overwhelming” emotions. The first intervention’s images tended to display dark colors or the color red, a lot of movement, strong line quality or vigorous rubbing, barriers or disintegration, a stormy mood, flood/water imagery or a sense of cloudiness, and for three participants, more disjointedness in artwork elements than their second image. These elements reflected the intensity of these negative emotions.

In the debrief, one participant described working through these feelings in the artwork by moving her hand vigorously and saying “Rrrrrr,” and all participants erupted in laughter, indicating some similarity of experience and group diffusion of nervous energy. This noise was repeated later by another participant with similar unanimous group response. This may have indicated some kinesthetic tension release of overwhelming emotions experienced by all during the first exercise of focusing on a recent source of work stress.
All participants who privately journaled seemed to continue using their journals for some kinesthetic tension release and expression of overwhelming emotions occasionally as evidenced by strong line quality, movement in artwork, expansive use of space, and agitated or vigorous process. Many of these kinesthetic responses were done in oil pastel and some with marker or paint, all more affective media for accessing emotion. One participant utilized the scribble drawing suggestion in response to a “hard” day at work, using only black oil pastel indicating a dark mood. Another participant depicted “anger,” one of the four primary emotions suggestions, as a jack-o-lantern type figure extending off the page with strong fiery colors and black eyes and mouth in oil pastel and marker. Still another, in an entry she said was similar to the first workshop intervention, portrayed her sense of “fear” and feeling “lost” in a strong abstract shape in black paint, paint strokes also extending off the page (see Figure 4). She described it as inspired by the workshop intervention, following this with a second image that focused on God’s love in the form of an ocean. For at least three participants, brokenness was a sub-theme in the form of broken relationships, experiencing vandalism of personal property, and experiencing vicariously the shooting (in the leg) of a ministry volunteer on an inner-city ministry trip. This theme of brokenness was visually depicted both in and outside of the workshop, and appeared to surface emotions of separation, betrayal, confusion, fear, frustration, and anger. This researcher had expected high or increased workloads to be a major source of stress but it turned out that only two participants indicated this overtly.
**Positive emotions.** In contrast, more positive emotions were also expressed and specifically identified by four of the five participants during the workshop, primarily during the second intervention, including “hope,” “peace,” excitement for new things, and “life.” Relaxation and self-regulation appeared to be experienced by four of the five participants, one commenting on the “relaxing” effects more than once, two mentioning the benefit they got from the breathing exercise and “the whole process.” One focused on a “peaceful place” in her second image and wrote a reflection thanking God for providing her backyard as a “peaceful place” from difficult world issues and helping her do hard things at work (see Figure 5). Peace was the focus of another participant’s private entry in the form of a collaged card titled “STEP INTO
Three of the four participants indicated that they felt more relaxed or emotionally regulated as a result of VPJ. Specifically, individual participants acknowledged feeling more emotionally and mentally rested after the VPJ exercises, the workshop breathing and meditation being a favorite aspect, and the exercises “forcing” one participant to be still. One stated, “I recognized that my physicality (heart, mind) slowed down. I also became more aware of my emotions.” Two participants commented on enjoying the workshop interventions, one of them stating she enjoyed the whole process of the workshop “from beginning to end,” echoing the fifth participant in the group debrief. Second intervention imagery focusing on Jesus’ presence with them in their stressors also reflected self-regulated emotions, including lighter colors or the element of “light,” more yellows and greens, less movement, lighter line quality, and generally
displayed greater integration of artwork elements.

**Avoidance of or respite from strong emotions.** Use of text was prominent throughout participant journal entries and at times reflected an over-reliance on text that might have indicated insecurity in art-making or avoidance of emotion. All participants appeared to alternate between more abstract imagery and more realistic as well as between more and less controllable media, possibly reflecting the need to follow very emotionally laden images and experiences with lighter or more superficial images and experiences.

**The creative process.** Most participants at one point or another made mention of their enjoyment in “experimenting” with the materials, including the one who also experienced frustration with the materials. This enjoyment suggested the experience of playful emotions. This appeared to overlap at times with a kinesthetic release especially for the participant who journaled the most, almost half of her entries appearing to depict this experimentation attitude. Three of the five participants identified color as a key way for them to express themselves or their emotions, one stating “I just love to use color where I don’t have words, you know.” Another shared that she associated the color red with Jesus in all of her images inside and outside the workshop, which appeared to be unique from other participants. For most other participants, the use of red appeared related to strong emotion such as anger, conflict, or passion.

**Deepened Self-Awareness**

A theme of deepened self-awareness was apparent throughout all participant feedback and/or written reflections accompanying journal entries, as an expected result by this researcher. Some of this took the form of processing the emotions they experienced and some led to intentionality, such as implementing self-care or creating stronger relational boundaries. One participant utilized the provided suggestion "What Helps Me Cope?" depicting elements including “prayer; worship/music; solitude; keeping my eyes on Jesus; ‘glimmers of grace’:
friendships, time w/ family, unexpected gifts of many kinds; the refreshment of creation; and
drawing” (see Figure 6). In her written reflection accompanying this image she included a list of
“What’s Missing” in her life and wrote a “Doable Intention” of a weekly date with her partner
and weekly family time, listing some specific options.

Figure 6. What Helps Me Cope? by Participant A.

**Internal processing and self-lessons.** Two participants, throughout most of their private
VPJ, appeared to be intentionally processing and gaining deeper understanding of their emotions.
The participant who expressed some frustration around art-making described herself as a “novice
art person” and “perfectionist,” adding that it was “good for [her] to lose control some.” In the
follow-up surveys, all participants at some point described their process of gaining self-
awareness as one of internal “processing,” “reflection,” or “introspection.” One participant
commented that it gave her a “chance to reinforce truths [she knew] and sit with them.” Three of
the four participants commented on the aspect of the VPJ providing either “space” or “margin” to
internally process, reflect, or learn from God.
**Relational conflict and boundaries.** Some deeper self-awareness particularly around relationships occurred during the workshop for some participants. During the group debrief, a participant who otherwise remained quiet shared an a-ha moment she experienced during a more frustrating portion of her art-making: “It was humbling for me. There was a moment when I realized that I was part of the problem.” For the participant who was a vicarious witness of a ministry volunteer’s leg shooting, the second guided meditation appeared to spur thoughts of “being okay” and a new capacity for forgiveness. For two participants, the VPJ appeared to expand their self-awareness in regard to relational conflict and boundaries, and for one of them, offering grace toward the other person. Participant depiction of walls, masks, or boundaries appeared to symbolize various factors: sources of work stress, relational conflict, maintaining or “fighting for” healthy workplace boundaries, and the complex disguises of emotions such as anger and fear.

**Identification of emotions and self-assessment.** Some ProQOL score results might have reflected an increase in self-awareness. Two of the five participants showed a significant increase in secondary traumatic stress (STS) scores in the first post-test following the workshop, especially in the following categories: “I am preoccupied with more than one person I [help],” “I think that I might have been affected by the traumatic stress of those I [help],” “Because of my [helping], I have felt ‘on edge’ about various things,” “I feel as though I am experiencing the trauma of someone I have [helped],” and “I can’t recall important parts of my work with trauma victims.” One of these, who did not fill out a third post-test, also showed a significant increase on the burnout (BO) scale, although both her BO and STS scores remained in the low range. The other participant showed a very significant raise in STS score (raising in 11 raw points, from low to the lower end of average T-score) as well as a significant decrease in her compassion satisfaction (CS) score at the first post-test (both in the high range however). Her STS score,
however, decreased significantly at the second post-test to a score in between the first and the last, indicating that this score may have been influenced by the information or experience at the workshop. Her CS also went up slightly at the second post-test. Any of these scores might have been affected by participants’ reactions to the psychoeducational introduction, reactions or self-awareness surfacing from the interventions, and the public setting or desire to please the researcher.

In follow-up surveys, three of the four participants saw the VPJ as an opportunity for self-assessment. Two participants commented on it helping them identify specific emotions and areas of stress, and workshop debrief feedback held even greater evidence of this benefit by all participants. This was consistent with the researcher’s expectation.

**Text and image.** Workshop journal entries and private journal entries were rich with evidence of deepened self-awareness, seen in the imagery as well as written reflections, prayers, scripture and quotes, and even poetry and prose. In private journaling, three of the four spontaneously utilized poetry or prose which, rich in symbolism, metaphor, and meaning, appeared to expand their self-awareness.

**Intentionality.** During the group debrief, three of the five participants touched on the subject of intentionality as a result of the interventions, from seeking God out in hard times more often to staying mindful to taking time to get away and rest. In private journaling, three of the four participants appeared to be giving themselves intentional reminders arising from self-awareness: to implement a weekly date with her partner and weekly family time, to “fight for what [she] deserve[s],” and to strengthen healthy boundaries with a work colleague.

In follow-up surveys, three of the four specifically recognized VPJ as a tool for goal actualization or for developing coping strategies in their self-care around work stress, confirming this researcher’s expectation that most would identify new ways of addressing work stress or
improving self-care practices. One participant stated “I was able to move beyond just getting everything out to gaining understanding and taking positive steps (even internal next steps).” Three of the four participants who completed the follow-up survey noted “time” as being a challenge or drawback in getting the most out of their journals, while the participant who completed the most (fifteen) journal entries noted there were no challenges or drawbacks (question #10). Current forms of self-care utilized by participants were noted in question #5. Most identified Bible reading, prayer, journaling, and intentional rest as a form of self-care they were already practicing. Half of the four participants mentioned spending time with family and creative projects as current practices of self-care. Other individual forms of self-care included personal retreats, spending time in nature, healthy eating, and listening to music or podcasts. All four participants marked that they felt that the VPJ exercises “improved” their current self-care practices (question #6), and that it was “very likely” that they would use VPJ again (question #16).

**Identity.** For all four participants who privately journaled, self-awareness sometimes took the form of self-discovery or self-growth. One participant utilized the provided suggestion Myself as a Plant and depicted an aspen tree (see Figure 7). She wrote on her desire to be like this tree, beautiful and graceful at rest, “intrinsically tied to her community,” shining in glory when “the winds of life” blow, and “always busy growing underground,” ready to “explode” under “the perfect conditions.” All of the four participants showed a shift toward self-advocacy and an increase or focus on self-worth.
Figure 7. Myself as a Plant, by Participant B.

Transformation and New Beginnings

Although it appeared to be smallest, a final theme recognized across all participant data was one of transformation, change, and the start of something new. This was an unanticipated result for this researcher. In the workshop interventions, this theme was displayed in the artwork and especially the second image in the emergence of greens and yellows, a cleaner and clearer vision, shift from abstract to realistic or structure, increased integration, greater lightness, and the development of completely new themes. Three participants utilized a new image for the second intervention, both of them appearing to contain similar elements or colors, and the other two chose to rework their first image or create a very similar one.

Emergence and newness. In the group debrief, four of the five participants commented
on how they were only just beginning to process the source of stress on which they chose to focus. Three of the five shared that the interventions were, for them a “new way” to communicate with God, bring God into their situation, or to process emotion. Four of the five participants’ second images and debrief feedback hinted at the beginning of something new. The participant who had focused on a year-long arduous decision of whether or not to buy a business with her husband in her first image drew a large yellow flower in her second image, describing this as her first attempt at an image she had imagined creating many times before only in her mind (see Figure 8 and Figure 9). Although she retained some of the same colors from her first image, overall, the second image reflected transformation to something new and also appeared to be partially spurred by the guided scripture meditation. In follow-up surveys, two participants described VPJ as “a new way” to express emotions or commune with God. Three of the four claimed that it either “enhanced” or “expanded” their current practices of self-care, indicating the start of a new self-care practice.

*Figure 8. First workshop image on work stress, by Participant D.*
**Resiliency and growth.** A sub-theme of resiliency and new growth was prominent across all participant data. One participant who had done an abstract red shape vigorously in response to “anger” over vicarious witnessing of the leg shooting commented on her continued working with this image in the second intervention: “Resiliency starts to pop up from a little more structure and almost like- out of the anger- and more greens and life and . . . it’s just starting to come up.”

In private journaling, all four participants had entries that pointed to transformation. Sometimes a quote or scripture pointed to this aspect. For example, one participant included the hand-written scripture “Behold, I am making all things new.’ –Rev 21:5” to accompany a detail of fragmented glass, representing vandalism experienced personally by the participant on that day. Self-growth, transforming brokenness, or growth through adversity was a sub-theme for all.

In follow-up surveys, all participants acknowledged the creative or visual process of the VPJ to be a transformative experience in some way, one participant describing it as “stretching.”
The start of hope. In the workshop, all participants appeared to notice the emergence of hope or faith from darkness, despair, or frustration while creating the first image focused on a source of work stress. This transformation from darkness to light, similar to the shift of focus to the positive, was often described as very slight and sometimes nearly imperceptible. In some cases, such as in the lighthouse image with the quote about hope from the darkness, however, even if slight, the shift appeared dramatic in contrast to the overwhelming emotion or depth of darkness expressed initially.

Nature

The largest theme seen across all participant artwork was nature imagery, already touched on in most of the major themes described above. In the first workshop intervention, work stress was depicted by four of the five participants as turbulent-looking water and for two, in the form of a flood. Images from the second intervention also showed elements of nature to depict scenes with more positive associations (four of them referencing God), including hope, peace, excitement for newness, resiliency, and light. Other nature elements utilized by participants (in both interventions and private journaling) were fire, hurricane, smoke, ocean, lake, sky, stars, clouds, trees, backyard, leaves, a feather, fruit, desert, cave, sand, flowers, and rain. One participant created an image symbolizing the changing of the seasons, describing it as her own idea and incorporated a written reflection on the season of autumn representing the old making way for the new (see Figure 10). One participant taped actual leaves and flowers into her collage. Over half of all composite images depicted or suggested nature elements and each participant evidenced them at some point.
Figure 10. Private journal entry, by Participant E.
CHAPTER V

Discussion

The main proposition of this study was that the visual prayer journaling (interventions and two-week practice) would (a) incite greater self-awareness on work-related stress and (b) enhance existing self-care practices for Christian care professionals. Additionally, this researcher expected the pilot study to (c) strengthen similar studies in art therapy and (d) to form a new model of self-care practice for CCPs. The themes and sub-themes found by this researcher in addition to participant feedback, on the whole, supported all four of these expectations. Clearly, statistical significance was not possible in this study due to the small sample size.

Shift of Focus to the Positive

The most prominent theme found in this study was that the visual prayer journaling appeared to shift participants’ focus to the positive, which has been supported by other similar art therapy studies (Huet & Holttum, 2016; Huss et al., 2010; Mercer et al., 2010; Nainis, 2005; Utley & Garza, 2011; Van Lith, 2008). The new addition from the current study was the shift of focus to God, due to the lack of studies blending visual journaling and Christianity. However, follow-up survey results indicating that the VPJ exercises on the whole, enhanced participants’ experience of prayer, did correlate with various studies reflecting the beneficial effects of prayer or cultivating a positive attitude toward prayer on personal wellness (Byrd, 1988; Golden et al., 2004; Olpin & Hesson, 2016; Pembroke, 2016; Turton & Francis, 2007).

Consistent with Mercer et al. (2010), the participants in this study also found the second image helpful in putting their sources of stress into perspective. Huet and Holttum’s (2016) study which included art-viewing along with art-making for small groups of health and social care staff also suggested a perspective shift, especially in regard to clarity around work stress.
Whereas this researcher noticed how scripture and inspirational quotes appeared to sometimes shift participants’ perspectives to the positive or to God, Pembroke (2016) claimed more specifically that spiritual practices including scriptural meditation were key to developing positive self-regard in Christian nurses, equal to the regard they held for others. Noticing hope or faith rising out of darkness or despair was a unique overt theme to this study, whereas other similar studies only tangentially mentioned it, often in the form of resiliency factors (Huet & Holttum, 2016; Huss et al., 2010; Mosek & Gilboa, 2016). The current study correlated some with Mercer et al.’s (2010) study in follow-up survey responses, showing similar positive response to the visual journaling.

**Expression of Emotions**

The finding that participants were able to externalize and express work stress and a variety of overwhelming emotions through VPJ was corroborated by many of the other studies similar in nature (Huet & Holttum, 2016; Huss et al., 2010; Mercer et al., 2010; Utley & Garza, 2011; Van Lith, 2008). Some of the noticed expressions of stress in the first intervention images of fragmentation and chaos were echoed by studies conducted by Huss et al. (2010) and Mercer et al.’s (2010). Also similar to observed themes in those two studies, this study appeared overall to help participants visualize and more easily focus on their work stress and transform it into more positive, self-regulating emotions.

This study differed from some others in that only one of the five participants expressed frustration with art-making. Huet and Holttum (2016) found that “art-making was intimidating and frustrating” for many of the health and social care worker participants, especially those with no prior art-making experience, although the feelings appeared to improve over time (p. 50). This discrepancy may have had something to do with the current study’s vast blending in population, small sample size, lack of focus on artistic background, and short duration.
Deepened Self-Awareness

Internal processing or introspection was often mentioned in other similar studies (Huet & Holttum, 2016; Mercer et al., 2010). In Mercer et al.’s (2010) study, this was linked to viewing the first intervention artwork in gaining insight into their work stress, similar to new insight described by four of the five participants in either viewing or creating their first artwork. Themes of relational conflict, boundary issues, and “personal exposure” also surfaced in an arts-based psychodynamic-narrative group study with professionals working with at-risk families and children (Mosek & Gilboa, 2016, p. 5).

Similar to this study’s sub-themes of identification of emotions and self-assessment, Huss and colleagues (2010) found that the twenty-two social workers in their study were able to identify characteristics of stress in their own artworks, creating an important source of self-assessment. Other studies have shown themes that visual journaling can help individuals increase insight into how they might handle stress and motivate positive life change (Huet & Holttum, 2016; Huss et al., 2010; Mercer et al., 2010; Nainis, 2005; Utley & Garza, 2011; Van Lith, 2008). In Huet and Holttum’s (2016) study exploring potential benefits of art-therapy-based groups on work stress for health and social care workers, many participants commented that organizational conflict and tension was not addressed by the ProQOL questions although it was relevant to their work stress. The fact that workload was identified as a factor of work stress for at least two participants and relational conflict and boundaries surfaced for at least three participants made this a salient issue for this study as well.

Use of prose and text accompanying artworks was mentioned minimally in similar studies, and this researcher wondered if by utilizing a spoken guided meditation and providing inspirational quotes and scriptures, she had unintentionally emphasized this aspect. It was only a sub-theme, but would be worth exploring in future studies, also to help delineate what
therapeutic benefit was derived from the art-making process alone. Its presence as a sub-theme was somewhat unique and it would be interesting to explore whether it was unique to this population.

As expected by this researcher, variation in frequency of independent visual journaling was also apparent in Mercer et al.’s (2010) study. Themes of intentionality arose from similar studies as well, a “lasting impact” of art-viewing and art-making habits suggested in Huet and Holttum’s (2016) study on health and social care workers (p. 55). A theme of self-empowerment was touched on in other studies, consistent with this study’s sub-theme of identity (Ifrach & Miller, 2016; Mercer et al., 2010).

Transformation and New Beginnings

Very similar to this study, Mercer et al.’s (2010) study that this study’s intervention was based on held a theme of the transformative process, naturally arising from the methodology of the two-part intervention including guided meditation. Mosek and Gilboa (2016) recognized enhanced resilience as an end-result among participants, and resiliency was also mentioned as a theme in other studies (Huet & Holttum, 2016; Huss et al., 2010). This researcher could not find a theme of the start of something new as an overt theme in other studies.

Nature

Nature was a unique theme in the imagery for the current study and was not recognized as an overt theme in other similar studies. Work stress depicted as stormy weather, however, was an aspect that surfaced some in other studies with very similar design and population (Huss et al., 2010; Mercer et al., 2010). Nature imagery may have suggested universal symbolism that arose as participants found themselves connecting to their higher power (Hinz, 2009). It also may have reflected participants’ grappling with inevitable life changes through the macrocosm of nature, similar to the historic Irish poet William Butler Yeats’ naturalistic orientation to art as
"a means of self-realization" (Ghandeharion & Mousavi Takieh, 2016, p. 25).

Limitations

This mixed methods pilot study was limited by gender (100% of participants being female) and race (80% of participants self-identifying as White). The duration of the study, comprising a three-hour workshop and two weeks of private journaling, was short, whereas multiple workshops may have improved reliability and validity of the results. The small sample size of five (with only four completing all aspects of the study) was a major limitation of the study and quashed any chance of standardized significance. The single group was also a limitation as opposed to utilization of multiple or control groups. A factor that was mentioned in a variety of studies in contributing to a therapeutic release of negative affect and collective experience of positive affect was group cohesion (Huss et al., 2010; Ifrach & Miller, 2016; Nainis, 2005; Mosek & Gilboa, 2016). This researcher did not examine this factor, however, and this could have been a limitation.

Issues of dual relationship may have biased or limited the results of this study. Two of the participants had a prior relationship as they worked together at the same church, and various participants made other recognition of acquaintanceship during the workshop, which could have biased the results. The student researcher had a dual relationship with one participant as friend, fellow attendee of the church where the workshop was held, and as a member of the participants’ small group.

A variety of other researcher bias factors may have limited results as well. First, the researcher was a member of the church used as the workshop and follow-up meeting facility. In addition, the researcher found herself personally struggling with some of the data received and with other unanticipated aspects during the course of the study. The researcher was also working under a tight academic time constraint and some amount of work stress herself. Despite blind
rater contribution, supervision following the workshop, and appropriate processing of the above factors in supervision and counseling by the researcher, these were all factors necessary to mention that may have inevitably influenced data analyzation process and results.

Participants’ filling out of the ProQOL in public settings may have influenced the results, causing participants to be less self-reflective and more likely to mark answers that made them appear better, whether consciously or unconsciously. The public aspect of the administration and well as some dual relationship may have also influenced results in terms of potential unconscious desire to please or help the researcher. Finally, as a graduate student, the researcher had minimal training in many of the aspects of the study, including administering the ProQOL, analyzing data, and comparing data.

Recommendations

Despite some differing factors, this study followed much of the model of Mercer at al.’s (2010), and therefore, consistencies in results may be important to build on in future research. In a similar future study, intrinsic motivation, time management, and prior habits of art-making as a coping tool might be relevant factors to measure and compare to results of journaling frequency. Additionally, a longer case study similar to that of Huet and Holttum (2016) might be preferable in terms of lessening the impact of initial frustration with the art-making process, especially for participants who do not have prior art experience. It may also be important to include a measure of team and organizational dynamics, in order to tease out how much stress is being experienced because of work with clients and how much may be more organizationally-based (Huet & Holttum, 2016). Group cohesion would be a relevant factor to consider in the therapeutic release of negative emotions and experience of more positive emotions (Huss et al., 2010; Ifrach & Miller, 2016; Nainis, 2005; Mosek & Gilboa, 2016). It might be helpful to separate out pastors and those in ministry from care professionals, as differences between these two groups may yield
differing results that would be fruitful to compare. Finally, this study could be adapted to suit the needs of populations from a wide variety of cultural and religious backgrounds and spiritual beliefs and be specifically tailored in variations of prayer and meditation.

Conclusion

This study purported to measure the effects of visual prayer journaling on a group of Christian care professionals, including those in ministry, through the use of a three-hour workshop, pre-test/post-test administration of the Professional Quality of Life (ProQOL) scale (version 5), a two-week period of private journaling by participants, and a follow-up survey. The majority of participants claimed to find the visual prayer journaling exercises enjoyable, stress-reducing, helpful in identifying sources of work stress, helpful in expanding their outlook, helpful in expressing or transforming overwhelming emotions related to work stress, helpful in pointing them toward God, to be a “new” way for internal processing or communion with God, to deepen their self-awareness, to improve their practices of self-care, and enhancing of their experiences of prayer, suggesting that this had been a relevant new self-care tool for this population.

Despite vast limitations, the variety of data contributed to a rich research design that can be built upon in future studies and help remedy the paucity of literature blending art therapy with spirituality as a vital self-care resource, and especially with Christian populations. This study advances the field of art therapy by forging new pathways between traditional, professional art therapy practice and faith-based ministry approaches. This researcher aims to build on the current study’s data by adapting it in collaboration with a variety of other professional mental health practitioners in future research and practice to suit the self-care needs of various populations both nationally and internationally.
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APPENDIX A

Professional Quality of Life Scale (ProQOL)

 Compassion Satisfaction and Compassion Fatigue  
 (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th></th>
<th>1=Never</th>
<th>2=Rarely</th>
<th>3=Sometimes</th>
<th>4=Often</th>
<th>5=Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I am preoccupied with more than one person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I get satisfaction from being able to [help] people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I feel connected to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I jump or am startled by unexpected sounds.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I feel invigorated after working with those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I find it difficult to separate my personal life from my life as a [helper].</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8.</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I think that I might have been affected by the traumatic stress of those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I feel trapped by my job as a [helper].</td>
<td></td>
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<tr>
<td>11.</td>
<td>Because of my [helping], I have felt &quot;on edge&quot; about various things.</td>
<td></td>
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<tr>
<td>12.</td>
<td>I like my work as a [helper].</td>
<td></td>
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<tr>
<td>13.</td>
<td>I feel depressed because of the traumatic experiences of the people I [help].</td>
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<tr>
<td>14.</td>
<td>I feel as though I am experiencing the trauma of someone I have [helped].</td>
<td></td>
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<tr>
<td>15.</td>
<td>I have beliefs that sustain me.</td>
<td></td>
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<tr>
<td>16.</td>
<td>I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
<td></td>
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<tr>
<td>17.</td>
<td>I am the person I always wanted to be.</td>
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<tr>
<td>18.</td>
<td>My work makes me feel satisfied.</td>
<td></td>
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<tr>
<td>19.</td>
<td>I feel worn out because of my work as a [helper].</td>
<td></td>
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<tr>
<td>20.</td>
<td>I have happy thoughts and feelings about those I [help] and how I could help them.</td>
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<tr>
<td>22.</td>
<td>I believe I can make a difference through my work.</td>
<td></td>
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<tr>
<td>23.</td>
<td>I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
<td></td>
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<tr>
<td>24.</td>
<td>I am proud of what I can do to [help].</td>
<td></td>
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<tr>
<td>25.</td>
<td>As a result of my [helping], I have intrusive, frightening thoughts.</td>
<td></td>
<td></td>
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<tr>
<td>26.</td>
<td>I feel &quot;bogged down&quot; by the system.</td>
<td></td>
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<tr>
<td>27.</td>
<td>I have thoughts that I am a &quot;success&quot; as a [helper].</td>
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<tr>
<td>28.</td>
<td>I can't recall important parts of my work with trauma victims.</td>
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<td>29.</td>
<td>I am a very caring person.</td>
<td></td>
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<tr>
<td>30.</td>
<td>I am happy that I chose to do this work.</td>
<td></td>
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</tbody>
</table>

/www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.
APPENDIX B

General Demographic Information Form

Visual Prayer Journaling for Christian Care Professionals:
A New Self-Care Intervention Model

Participant Code: ____________

Date: __ __ / __ __ / __ __ __
      m m   d d   y y y y

Occupation or Vocation: ____________________________

Gender:
☐ Female
☐ Male

Age: ______ years old

Race (“X” ONLY one with which you MOST CLOSELY identify):
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ More than one race
☐ Unknown or not reported☐
☐ Other (Specify if you like): ____________________________

Ethnicity (“X” ONLY one with which you MOST CLOSELY identify):
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown or not reported
☐ Other (Specify if you like): ____________________________

Date Informed Consent Signed: ____________________________ __ __ / __ __ / __ __ __
      m m   d d   y y y y

Student Researcher Signature: ____________________________ __ __ / __ __ / __ __ __
      m m   d d   y y y y

Adapted from The National Center for Complimentary and Integrative Health website https://nccih.nih.gov/grants/toolbox
Participant Code: ___

Date & Time: _____________        (Feel free to write additional notes)

1. What was your emotional experience of the visual prayer journaling exercises?
   I enjoyed them a lot     I felt neutral     I disliked them

2. Were there any that you particularly enjoyed or disliked? Why? Please be specific.

3. How useful did you find these visual prayer journaling exercises?
   Very useful     Moderately useful     Not at all useful

4. What was your favorite aspect of the visual prayer journaling?

5. Please describe the current forms of self-care you utilize and how often you use them.

6. How did you feel the visual prayer journaling affected your current practices of self-care?
   It improved them     It didn’t change them     It made them worse

7. In what specific ways do you think visual prayer journaling may have affected your self-care?

8. How, if at all, do you think the imagery/artwork in the visual prayer journal contributed to your practices of self-care?

9. If you felt there were benefits to you to using a visual prayer journal, what were they? Please be specific.

10. What challenges/drawbacks did you experience in getting the most out of your visual prayer journal?
11. How did you feel the visual prayer journaling affected your stress level or mood?

Very stress-reducing  Unsure of its effect  It increased my stress

12. How, if at all, do you think the imagery/artwork in the visual prayer journal contributed to your self-awareness or relief of work stress and related emotions?

13. How, if at all, do you think the imagery/artwork in the visual prayer journal affected your experience of prayer and relationship with God?

14. What was the art-making experience like for you?

15. What effects, if any, did you feel the filling out of the ProQOL scale had on you? Did you gain any insight or self-awareness?

16. How likely is it that you would use visual prayer journaling again?

Very likely  I'm not sure  Not at all likely

17. Would you be interested in attending more workshops like this one?

Very much  Maybe  Not at all

Other Feedback or Comments:
Visual Prayer Journaling Workshop Agenda

1:00-1:30pm Lunch (optional)

1:30-2:20pm Psychoeducational Introduction

- **Introduction to Study** (Sarah Woolley, 10 min.)
  - Purpose of study and tasks involved
  - Confidentiality and risks
  - Level of personal disclosure and boundary/dual relationship issues
  - Right to withdraw consent at any time for any reason without repercussion

- **What is Art Therapy?** (Board-certified art therapist, 10 min.)

- **What is Self-Care?** (Licensed professional counselor, 10 min.)
  - Relevance for Christian care professionals

- **Introduction to Professional Quality of Life (ProQOL) scale** (Sarah Woolley, 10 min.)
  - Purposes and benefits to care professionals
  - Relevancy to the study

- **Filling Out of ProQOL** (10 min.)

2:20-2:30pm Break

2:30-3:20pm Visual Journaling Intervention (to be audio-taped)

- **Short Introduction on Materials/Choosing Journals** (10 min.)

- **A Two-Image Intervention** (40 min.) Guided Scripture-Focused Visualization exercise leading into two visual prayer journaling artworks in participants’ journals: 1. A recent source of stress 2. Transformation of that stress or coping/resilience hidden in their handling/acceptance of the stress. Prayerful meditation and written reflection on both.

3:20-3:30pm Break

3:30-4:10pm Group Sharing/Debrief (to be audio-taped)

Licensed therapists present will help facilitate a time of group sharing. Participants will be reminded of being aware of the level of self-disclosure with regard to their own comfort and the comfort of other group members as well as keeping the confidentiality of group members. Discussion will focus on the images, self-awareness of any surfacing themes of coping or resilience, and subjective experience of the visual journaling process.

4:10-4:30pm Closing

10 min. will be provided for **2nd completion of ProQOL scale survey**. Instructions and suggestions/materials will be provided on journaling for the next two weeks, as well as details about the follow-up meeting and completion of the study.
APPENDIX E

Visual Prayer Journaling for Christian Care Professionals:
A New Self-Care Intervention Model

Workshop Interventions and Reflection Questions

IMAGE #1 (15 min.)

Guiding Verse: Matthew 11:28 “Come to me, all you who are weary and burdened, and I will give you rest.”

Focus in on a recent source of work stress, with a client, co-worker, supervisor, or any immediate/practical or existential struggle related to work-stress for you. Using any of the materials provided, create an image in your journal that depicts that current stressor.

Written Reflection (5 min.)

- Pray and/or meditate as you view your image.
- Do you notice any stress reactions in the image? Write them down.
- Are any signs of coping or resilience present in this image?
- Identify and write down emotions that have surfaced.

IMAGE #2 (or transformation of image #1) (15 min.)

Guiding Verse: Isaiah 43:18-19 “Forget the former things; do not dwell on the past. See, I am doing a new thing! Now it springs up; do you not perceive it?”

Focus on Jesus being present in this stressor with you. . . . . Ask God to bring to your mind what you need to cope with it. Transform your current image or create a new one depicting God’s transformation of that stress for you.

Written Reflection (5 min.)

- How is God helping me handle my stress reactions or emotions? How might He want to help me?
How do I see God caring for me in the midst of this stressor? How might God want to care for me? What do I need to do to let Him do so?
What is God saying to me in the midst of this stressor?

APPENDIX F

Debrief Questions

As we discuss, you may share your image if you like. Please refrain from qualitative comments about the artwork (“that’s so good!”) and instead focus on your subjective process, things you notice, and the meaning behind it. This is a time to speak from your personal experience, offer one another acceptance as God has shown us, show respect in the time you use to share, be honest, be open, and encouraging. Mostly this is a time to listen, process together, learn from one another as we listen, and not offer advice.

What was this experience like for you?
What was it like using the art materials?
How did the artwork (creating or viewing it) give you insight about yourself?
What emotions or stress reactions arose in your first images?
Did any themes of coping or resilience surface for you?
Did you decide to transform your image or create a new one? Why do you think you chose that?
How did you see God caring for you in the midst of this stressor?
What messages from God surfaced around transforming this current source of stress?
In regard to self-awareness and any difficult emotions that surfaced, what do you think you need to do for yourself following this exercise?
Outline of Completion of Thesis Research Study

Visual Prayer Journaling for Christian Care Professionals:

A New Self-Care Intervention Model

Two Weeks of Private Journaling

- Continue in your visual prayer journal privately for two weeks, using the suggestions provided. It is up to you how often you journal.
- Please be aware of what level of disclosure/sharing you are comfortable with.
- Please date and number your journal entries.

Attend Follow-Up Meeting w/ Journals

- Please bring your journals to this follow-up meeting for photographing. The researcher will photograph your journal entries to contribute accurate data for her final study report. No identifying information will be used in this report. The researcher will de-identify your journal entries, securely storing them along with all other collected data from participants on a password-protected external hard drive in a locked file cabinet at the researcher’s home. Only the researcher and her art therapy supervisor will have access to the findings of the study.
- While the researcher is photographing your journal entries, please fill out the follow-up survey as well as the ProQOL form provided for a 3rd and final time.
- If you are not able to make this meeting please contact the researcher to secure another meeting time. For consistency in results, she will email you the follow-up survey and final ProQOL form if you are not able to attend follow-up meeting.

Participation in this pilot study is completely voluntary. Participants may withdraw their consent at any time, for any reason, and with no repercussions.
APPENDIX H

Visual Prayer Journaling for Christian Care Professionals: A New Self-Care Intervention Model

Visual Prayer Journaling Suggestions

(All can be adapted or expanded upon to suit your needs)

Owning Your Journal: Collage on the cover and/or back cover of your journal to “make it your own.” You might choose images/text that represent what this journal means to you, represent aspects of yourself, remind you of self-care, or are calming/pleasing to you. You might choose a “title” for this journal. This can be done at any point in the journaling process, or you may choose to keep the covers blank. It’s up to you.

Helping Hands: Outline your hand with a drawing material of your choice. In each finger, draw or write five ways that you help others. Next, outline your other hand, overlapping or separate from the first. In each finger, draw or write five ways that God helps you. Thank God for these things and for how He’s gifted you to serve others. (Adapted from Echterling & Stewart, 2015)

Four Basic Emotions: Use line, shape, and color to depict the four basic emotions: happiness, sadness, anger, and fear. Be aware of how your body feels as you create each one. What is God showing you? Experience these sensations with God, asking Him to hold them for you. Ask God for what you need. (Adapted from Hinz, 2009)

Myself as a Plant: Close your eyes and imagine that you are a plant. What kind of plant are you? Real or imaginary? What colors, textures, and shapes depict your present experience? Draw this type of plant. Look at the drawing, prayerfully considering the plant’s condition and what it may need. Consider the plant’s health, color, environment, and its exposure to sun and water. Write a set of care instructions for your plant such as “Please water me more.” (Bradley et al., 2013)

What Helps Me Cope?: Prayerfully meditate on what helps you cope with the more difficult aspects of your job or vocation. What do you need in your life to maintain a healthy balance? Game nights, garden visits, a fitness class, cuddles with a pet? Collage or create on these things as they surface as a visual reminder. Make a specific and doable intention with God regarding one thing.

Falling Leaves: Using any materials, draw a tree in autumn. Now focus in on a recent source of work stress. Pray and ask God what needs to die in this situation for healing? Draw large
outlines of some leaves falling from the tree and write these things in each leaf. Pray for God’s strength, wisdom and grace to let go of these things in order to make way for new growth.

Helpful Object: Choose an inanimate object, like a gas meter, that for you symbolizes a capacity or skill you need to function more effectively in your life. Draw or paste a picture of this object in your journal and dialogue with God about improving in this skill. (Adapted from Hyatt, 2017)

Self in Relationship: Create a collage or drawing depicting how you are currently relating with someone you work with or serve in your work life. Write a prayerful reflection about this relationship drawing, exploring how God might want to enter in or help you transform any discord or misunderstanding. (Adapted from Hyatt, 2017)

Lectio Divina: Set aside some quiet time with God and your Bible. Sit down in a comfortable position and close your eyes. Take some deep breaths. You might listen to sounds outside the room for a bit, then inside the room, and then to the sounds of your own breathing. Ask God to guide and protect your experience. Focus in on what you need/want from God right now (“peace,” “wisdom,”) and ask Him for it. Now focus in on one scripture reading- maybe one, two, or a few verses. Read the same passage slowly a few times, pausing in between readings and reflecting anew on it each time. You might read it aloud to yourself. Allow God to speak to you through the words. What phrase or word is sticking out to you? Create (draw, paint, or collage) around what God is speaking to you. Respond to what God brings with words of thanksgiving, a prayer, or just reveling with Him in it. (Adapted from Wolpert, 2006).

Scribble Drawing: Allow yourself to make a scribble or scribbles with no agenda using any drawing materials. How does your body feel as you do this? When you are ready, stop. See if you can make out a general shape or form and elaborate on this form if you wish. Prayerfully reflect and write about what this experience was like for you. Did God teach you anything or bring you any insight? (Adapted from Hinz, 2009)

Secure Containers: Visualize that you are creating a container in which to put overwhelming feelings and memories where they can be safely stored and opened together with God when you have time, energy, and adequate support to deal with them. What does this container look like for you? What color and shape is it? Spend time making something that symbolizes this containment for you. Pray for discernment about opening it with God when you are ready (Adapted from Hyatt, 2017)

Messages to Me: Keep your Bible nearby. Paste a collage image representing you right now or draw a representation of yourself, head or full body. In the space above, choose one color to write out messages you may be telling yourself right now that are discouraging, stress-inducing, or not accurate. Get them all out. Prayerfully look at them with God. Are they true? What is true? Look through scripture, asking Him to bring light to the real truth. Fill in the rest of the space with His messages to you in a different color. Breathe in and out and reflect on these truths.


APPENDIX I

Helper Pocket Card
CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more information see your supervisor and visit www.psychosocial.org or www.proqol.org

Beth Hudnall Stamm, Ph.D., ProQOL.org and Idaho State University
Craig Higson-Smith, M.A., South African Institute of Traumatic Stress
Amy C. Hudnall, M.A., ProQOL.org and Appalachian State University
Henry E. Stamm, Ph.D., ProQOL.org

SWITCHING ON AND OFF

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

We encourage you to copy and share this card. This is a template for making the pocket cards. You may make as many copies as you like. We have heard from some organizations that they have made thousands of copies. Some people find that it is helpful to laminate the cards for long-term use. The ProQOL helper card may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold.

www.proqol.org

APPENDIX J

ProQOL Scale Scores
Despite expectations of the opposite, the researcher found very few similarities among participant scores on the ProQOL. There was some discrepancy between these scores and comments made by participants in the debrief discussion and in journal entries. One of the five participants did not complete the third and final ProQOL. Only one of the four participants who filled out the follow-up survey commented on the ProQOL scale as a useful tool, saying it helped her to recognize that she needed to “make some changes” in order to improve her self-care habits (question #15). The rest mostly expressed that the scale did not bring them new insight or self-awareness. All of this considered, combined with small sample size, data from ProQOL scores were not significant overall and took a very minor role in the results.

Across all participant scores, Compassion Satisfaction was found to be in the average to high ranges, and Compassion Fatigue (including Burnout and Secondary Traumatic Stress scores) was found to be in the low to average ranges. No scores raised concern for participant well-being. Due to discrepancies, only some participant-specific consistency remained between ProQOL scores and feedback from the debrief and follow-up surveys that this researcher deemed not worth commenting on. This researcher will produce ProQOL scores to interested readers upon request.