Using the Art Therapy Dream Analysis as a Self-Care Practice for Nurses

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ABSTRACT

Occupational stress is a significant concern for acute care nurses. A nurse's work environment consists of a fast-paced, competitive work day with a full spectrum of stressful situations. Leaving these occurrences unexamined can lead to emotional turmoil resulting in burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatization. These professional fatigues have a profound effect on those working as caregivers in the helping industry and the quality of care patients receive, often resulting in increased medical expenses. Considering the occupational stressors and time sensitivities of a nurse's work schedule along with the critical need for daily self-care practices this study explored an alternative art making activity for nurse's to help process daily interactions by looking at dreams and the content within them. The Art Therapy Dream Analysis (ATDA) is an art therapy assessment which promotes personal reflection and encourages one to process waking life experiences by analyzing dreams, nightmares or daydreams through an art driven directive. The use of ATDA provided insight about dreams and was considered a helpful tool for self-care among the participants. Examining personal reflections through the participant's dreams, symptomatic descriptions related to BO, CF, STS and VT were identified. Participants provided feedback in surveys, questionnaires, and during the process of reflecting on their dreams. The participants recognized benefits for future applications of ATDA as a self-care practice with positive feedback. The use of ATDA was favored by participants as a helpful tool for processing dream experiences.

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CHAPTER I

Introduction

Acute care nurses work in a stressful environment which exposes them to graphic medical procedures, patient suffering, end-of-life care, death, long work shifts, and patients with mood disturbances. While caring for others and observing unpleasant interactions, the potential for a nurse to experience psychological, physical, and spiritual distress is extremely high (Figley, 1995). As a result, this exposure has an impact on the caregiver and they may experience symptoms such as recurrent or intrusive distressing thoughts, bad memories, daydreams or nightmares, dissociative reactions or avoidance of external stimuli such as fear of a particular piece of equipment or space where a graphic event took place, or changes within their mood. These symptoms are similar to Post Traumatic Stress Disorder (PTSD, DSM-5, 2013). Terminologies used to capture this distress are burnout (BO), compassion fatigue (CF), secondary traumatic stress (STS) and vicarious traumatization (VT). While there are similarities among these terms by definition, BO varies by distinction because of the onset and severity of symptoms, while CF, STS, and VT are ambiguous and are currently used interchangeably in literature (Aycock & Boyle, 2009). Self-care activities that are user friendly and time sensitive can assist nursing staff with their physical, mental, and spiritual health (Meadors, Lamson & Sira, 2010). These self-care activities include being physically active with various forms of exercise, eating and maintaining a healthy diet, acquiring sufficient hours of sleep, engaging in a form of meditation such as yoga, having supportive relationships with family and friends, and developing positive work relationships with peers and supervisors, all of which can show a decrease in a nurse’s likelihood of developing symptoms of BO, CF, STS and VT, and also provide an increase in compassion satisfaction (Hinderer, VonRueden, Friedman, McQuillan,

Gilmore, Kramer & Murray, 2014). Improvement with daily life stressors, anxiety, and coping skills in general are improved when incorporating creativity into a well-being lifestyle and regimen (Sinacore, 2013). For this reason, self-care activities inclusive of art based activities like the directive called the Art Therapy Dream Analysis (ATDA) needs to be explored further to examine the possibilities of its application as potential alternative self-care practice.

Problem Statement

Caregivers such as nurses, experience negative symptoms as a direct result of their stressful work environment and their daily interactions with patients in the medical setting (Sinclair & Hamill, 2007). At least one-third of nurses working in a high-risk setting such as acute care, oncology, and the emergency department are suffering from compassion fatigue, with many of them unaware of their symptoms (Figley, 1995). Understanding how one process' their work experience and identifying the connections to their physical, mental, and spiritual make-up can support nurse's and their longevity in the career of nursing (Corso, 2012). Additionally, it is considered an ethical obligation for those who work as professionals in the helping fields as nurses, counselors, physicians, and therapists to practice positive self-care hygiene on a regular basis in order to maintain their well-being, and professional identity as a positive role model and supporter of a healthy lifestyle (Barnett & Cooper, 2009). Currently, there are no studies or programs that use the ATDA as a self-care practice for nurses and there are no studies that use the ATDA with the nursing population to determine if there is symptomatic evidence of BO, CF, STS or VT revealed as a result of processing dreams and the artwork related to those dreams.

Research Question

This study was designed to investigate the effectiveness of using the ATDA with acute care nurses. Several aspects of using the ATDA with acute care nurses were questioned. Would

the ATDA have potential to be used as a self-care practice? Does using the ATDA provide information about a nurse's unexamined reactions to work experiences? Does employing the ATDA with acute care nurses reveal any symptoms associated with BO, CF, STS or VT? Does employing the ATDA reveal common themes among participants expressed verbally, written, or in within the artwork?

Basic Assumptions

The researcher had many assumptions about the importance and usefulness of the ATDA. Biases were considered during the study, and the researcher considered transference issues personal beliefs and expectations of the study. The researcher made every attempt to remain neutral during the recruitment, application, and analysis components of the study.

It was assumed that there would be many nurses interested in participating in the research study using the ATDA because of the recent attention CF has been getting within the nursing culture. Also, because the study was designed to use art making and dream analysis within the study, the content of the study was considered inviting to participants because of the topic and the likely-hood that people would be curious about learning about their dreams. It is was assumed that nurses who were able to participate would chose to work with a reoccurring dream, or day dream because they would have difficulty recalling dreams or the details within them.

Statement of Purpose

The purpose of this study was to conduct a preliminary investigation using the ATDA to determine if it could be a coping strategy among the acute care nursing population. This study was designed to examine the applications of using the ATDA with nurses working in an acute care facility while exploring the following; identifying the ATDA as a potential alternative strategy for self-care practice for nurse's, using ATDA to assist nurse's by using a time efficient

activity to explore their professional experiences during their dreams, and to determine if unexamined reactions to stressful work experiences were revealed within the writings and artwork displaying symptomatic indicators related to BO, CF, STS, or VT.

Hypothesis

It was hypothesized that nurses using the ATDA would be able to explore their dreams and derive meaning from their unexamined work experiences as a result of exposures to situational medical events and care. Also, it was thought that using the ATDA, participants would identify unprocessed work related experiences that could indicate symptoms related to BO, CF, STS or VT. Through this study acute care nurses would find the alternative self-care practice helpful because they were taking the time to reflect on their experiences, and their emotions which may or may not have related to the occupational stressors and that the ATDA would provide information about their emotional and cognitive states of mind. Furthermore, the nurses would find the ATDA to be a useful practice and would suggest it as a self-care practice for future application because the ATDA uses the nurse's time efficiently and the ATDA would be found as an enjoyable exercise resulting in a heightened self-awareness of emotions along with feelings associated with their dream that they may not have otherwise considered as a concern related to work.

Definition of Terms

Self-care. To maximize wellness through personal awareness and practical applications for personal well-being such as sleep hygiene, physical exercise, healthy eating, meditation, all of which rejuvenate, soothe, calm, and boost a person's overall physical, mental, and spiritual existence (Kearney, Weininger, Vachon, Harrison & Mount, 2009).

Compassion Satisfaction. This is the result of a positive aspect of caring that helps balance out the negative aspects of working with acutely ill or traumatized persons (Stamm, 1999).

Burnout (BO). Occupational stressors emanating from cumulative distress because of close interpersonal contact which can result in physical, emotional, social and spiritual adversities (Aycock & Boyle, 2009). The hallmarks of BO include emotional exhaustion, depersonalization, cynicism, or detachment, and feeling ineffective at work (Bakker, Le Blanc, & Schaufeli, 2005).

Compassion Fatigue (CF). (Aka; secondary victim, secondary traumatic stress, vicarious traumatization) **"**A state of exhaustion and dysfunction (biologically, psychologically and socially) as a result to prolonged exposure to compassion stress" (Figley, 1995) "Debilitating weariness brought about by repetitive empathetic responses to the pain and suffering of others" (Perry, Toffner, Merrick & Dalton, 2011). The cause and effect of working in a stressful atmosphere within the medical field was looked at closely by Joinson in 1992. Negative behaviors and symptoms were identified with participants in this study, which were determined as a result of caring for others. Shortly after this study, the term to describe these symptoms was coined as compassion fatigue by Charles Figley, PhD (Figley, 1995).

Secondary Traumatic Stress (STS). (Aka; compassion fatigue, secondary victim, vicarious traumatization, or secondary PTSD) A set of psychosocial and emotional factors caused by a specific event or series of events affecting helpers indirectly through another's experience such as a patient/client, family member or friend (Figley, 1995). STS represents a disorder that has the same symptoms as post-traumatic stress disorder, but results from

vicariously experiencing trauma through association with those directly encountering the traumatic event(s) (Simon, Pryce, Roff, Klemmack, 2005).

Vicarious Traumatization (VT). (Aka; compassion fatigue, secondary traumatic stress, secondary victim) as a result of clients/patients exposure to graphic and/or traumatic material, the caregiver has psychological symptoms that they acquire which mimic secondary traumatic stress (Baird, 2006).

Post-Traumatic Stress Disorder (PTSD). Exposure to a traumatic event by experience or by witnessing the occurrence and as a result has intrusive recollections, distressing dreams, dissociative reactions, and/or psychological distress. The individual will avoid stimuli associated with the event and can have alterations in cognition and possible dissociative, depersonalization or derealization symptoms (American Psychiatric Association, 2013).

Dream Mirroring. A technique that involves the author of a written script to read their work out loud in order to hear their own words spoken. This then becomes a reciprocating exchange of the same written words back to the author by another person, in this case the researcher (Horovitz, 2014).

Resiliency. An innate energy or motivating life force present to varying degrees in every individual, exemplified by the presence of particular traits or characteristics that, through application of dynamic processes, enable an individual to cope with, recover from, and grow as a result of stress or adversity (Grafton, Gillespie, Henderson, 2010). Cultivating resiliency for a caregiver in a stress-full environment can bring professional conceptualization of where one is and going in their career (Hernandez, et al 2007).

CHAPTER II

Review of Literature

Prolonged exposure to occupational stressors related to care and human suffering, can cause nurses to experience cumulative stress. This stress can be responsible for "increased turnover rates, employee absenteeism, poor coworker relationships and support, depersonalization symptoms, decreased quality performance, decreased patient satisfaction, and difficulty recruiting and retaining staff and can have a huge impact on more than the nurses themselves (Garmen, Corrigan, & Morris, 2002). Nursing requires a personality with awareness to one's personal boundaries of how to provide care effectively to patients with caring, compassion, and nursing often considered synonymous in the healthcare field (Hooper, Craig, Janvrin, Wetsel & Reimels, 2010). Awareness of these stressors and the emotional strain on the professionals within the healthcare industry has been getting more attention (Figley, 1995; Stamm, 1995). The symptoms effect the nurses and also can adversely affect client care, satisfaction of the care received, and cause increased medical (Meadors, Lamson & Sira, 2010).

Literature review research was conducted online through EBSCO, Medline, PubMed, and Psych INFO with terms followed by an asterisk to increase findings. Key terms used were burnout, compassion fatigue, secondary trauma stress, secondary victim, art and nurses, vicarious traumatization, self-care, ATDA and nurses, dream work and nurses, and alternative care with medical personnel.

Significance of the Problem

A study collected data on BO and CF with findings of 82 % of emergency nurses with symptoms of moderate to high levels of BO, and 86% with moderate to high levels of CF (Hooper, Craig, Janvrin, Wetsel & Reimels, 2010). The effects of BO, CF, STS, and VT are

tremendous for nurses and the healthcare industry. While these symptoms can be prevalent among all nursing personnel, those working within certain departments of the medical industry display more symptoms than in others. Nurses working in departments that are known to have higher incidents of stressful situation such as the emergency room, and the oncology department have a greater likelihood to be impacted negatively. Oncologist experience unnamed and unacknowledged grief after years of working with dying patients and this often leads to BO and CF (Abrahm, 2012). These exposures are compounded by: high patient acuity, high levels of responsibility, working with advanced technology, caring for families in addition to the patient in a crisis situation, and the involvement of moral distressing situations (Epp, 2012).

Repeated exposure to these stressful situations and witnessing traumatic injuries or procedures to patients within the fast paced, competitive environment increases the developing symptoms of BO, CF, STS and VT (Hinderer et al., 2014). While the definitions of compassion fatigue, secondary traumatic stress, and vicarious traumatization have been explained as ambiguous in description, they are identified as professional fatigue syndromes (Stebnicki, 2007). These symptoms are experienced by caregivers and are often a result of repeated exposure to witnessing human suffering, which may cause a shift in the caregivers belief system as a professional (Newell & MacNeil, 2010). Furthermore, the lack of acknowledgement to self-awareness and reactions to others suffering can create potential for negative symptoms to arise. It is not inevitable that those in the helping profession will develop BO, CF, STS or VT. However, it is more likely to occur if a professional is not processing their reactions to a particular situation they experienced in the professional setting (Siegel & Germer, 2012). BO, CF, STS, and VT have ambiguous definitions that fails to adequately differentiate it from related constructs (Najjar, Davis, Beck-Coon, Doebbeling, 2009).

Identifying the Symptoms

A study using the professional quality life scale (ProQOL) with 128 trauma nurses identified 35.9% to have BO, 27.3% to have CF, and 7% to have STS (Hinderer et al., 2014). Symptoms for CF, STS, and VT include irritability, inability to concentrate, anger, intrusive or recurrent disturbing thoughts and sleep disturbances (Hinderer et al., 2014). CF, STS, and VT can be more profound in symptoms than BO because they include a change in behavior and emotions as a result of exposure to another human being's trauma through the recollection of the traumatic experience and in observation of the event or aftermath of it (Hinderer et al., 2014). While the warning signs and symptoms of these professional fatigue symptoms are often overlapping in description, the psychological harm that is presented remains significant for a helping profession (Hernandez, Engstrom, & Gangsei, 2010). For a side by side comparison on symptoms of BO, CF, STS, and VT. See Table 1.

Table 1

Symptoms and Warning Signs Associated with BO compared to CF, VT, and STS.

Burnout	Compassion Fatigue, Vicarious Traumatization, Secondary Traumatic Stress
• Cynicism • Fatigue • Overwhelmed • Gradual onset/Builds overtime • Punctuality a concern • Work Absence • Anger • Reactional stress from work environment such as workload, staffing and management • Arises from many work related sources, such as frustration within the environment, colleagues, etc. • Desire to avoid patients • Negative evaluations of work • Decrease in compassion satisfaction • Physical symptoms include headache, fatigue • Psycho-Behavioral symptoms include irritability, poor concentration • Behavioral symptoms include absenteeism, avoidance of patients, • Spiritual symptoms include doubt, lost sense of purpose, non-reflective, withdrawal from community and lack of joy	• Cynicism • Fatigue • Irritability • Quick Onset • Depression • Sudden bouts of crying • Anger • Avoidance of environmental stimuli • Intrusive thoughts • Nightmares • Feeling hopeless and helpless • Relational stress from patient caring, empathy depletion, and the inability to affect healing • Relates from emotional engagement with patients and prolonged exposure to compassion stress • Physical symptoms include headache, insomnia, depleted immune system, hypertension and fatigue • Psycho-Behavioral symptoms include anxiety, irritability, feelings of isolation, depression, apathy, hopelessness, poor concentration, intrusive thoughts • Behavioral symptoms are absenteeism, substance abuse, impersonal work communications, medication errors, avoidance of certain patients, minimal patient time • Spiritual symptoms include doubt, lost sense of purpose, non-reflective, withdrawal from community and lack of joy

Distinctions made between Burnout (BO), Compassion Fatigue (CF) and Secondary Traumatic Stress (STS) (Figley, 2007; Boyle 2011).

Impact on Patient Care

The relationship between BO and the quality of care was examined in a study conducted with 53,846 nurses from 6 different countries including United States, Canada, United Kingdom, Germany, New Zealand, and Japan. Findings in the study resulted in higher levels of nurse burnout associated with a greater likelihood of the nurses' quality ratings of fair/poor client care (Poghosyan, Clarke, Finlayson, & Aiken, 2010).

Without interventions, nurses were more likely to have experienced symptoms of BO, CF, STS, and VT and simultaneously result in negative impacts on patients care (Sanchez-Reilly et al., 2013). This is a palpable consideration and necessary within the medical field, however, the overall wellness of acute care nurses is often inadequate, leaving nurses with unexamined experiences with unprocessed emotions that are compromising their personal well-being, causing moral distress, and sometimes resulting in poor clinical decisions (Sanchez-Reilly et al., 2013).

Medical Costs

Providing staff members with the opportunity for self-reflection can build resiliency and increase coping skills that provide comradery among coworkers while also rejuvenating the spirit of the nurse. This attention to nurses can increase compassion satisfaction, increase the quality of care for patients, decrease employee turnover rates, and ultimately decrease medical costs (Zadeh, Gamba, Hudson & Wiener 2012). When the quality of patient care increases there is a decrease in medical costs and a decrease in employee turnover rates (Meadors, Lamson & Sira, 2010). Symptoms of BO, CF, STS, and VT take a toll on the workplace and the hospital systems (Najjar et al., 2009).

Self-Care Significance

Self- care includes many aspects to an individual's well-being including physical, mental and spiritual health. Authors Neil and Miller (2013) stressed how a multi-dimensional understanding of one's own well-being is crucial in maintaining longevity in a stressful occupation such as nursing and is especially important in preventing symptoms of BO, CF, STS and VT. In the past few decades, experts on CF began to look at interventions that assist nurses with preventative means (Potter, Deshields, Berger, Clarke, Olsen, & Chen, 2010). While, self-care and wellness programs are deemed necessary for mental, physical and spiritual health however they are often lacking due to the busy schedules and medical environment accessibility (Zadeh, Gamba, Hudson, & Wiener 2012). There are studies that have identified benefits of employing self-care activities that promote positive wellness for this population (Hinderer et al, 2014). When the needs are not met for nurses in a supportive program to address these concerns "a strong negative relationship between self-care, compassion fatigue, and burnout can occur" (Shiparski, 2011).

In one study, the identifying predictors of BO, CF, and STS were linked to identify interventions named among the participants with findings of 78.9% to have had higher Compassion Satisfaction (CS) scores. These results demonstrated a high correlation of increased CS among nurses with displayed characteristics among support systems through lead nursing staff, higher levels of participation in exercise, the use of meditation and being involved in positive co-worker relationships (Hinderer et al, 2014).

Collaborating with other professionals in the healthcare industry shows benefits and can decrease the symptoms of BO and CF. Those who work in the palliative care department often practice to incorporate skills that include building resiliency, symptom management and means

to process grief when losing a patient who has suffered a long time (Abrahm, 2012). The palliative care team often spends time with the medical personnel to process grief after difficult cases, and they have found there can be a decrease in the symptoms of BO and CF (Abrahm, 2012).

It is assumed that professional nurses are investing in their own health on a regular basis. Facilities providing professional support that encourage self-care is vital in the prevention and identification of negative symptoms within the nursing population (Fetter, 2011). When there is awareness of work related struggles, nurses often have time limitations for emotional reflection and they feel alone about their work experiences, often leaving them unexamined (National Cancer Institute, 2012).

Bringing awareness to the mind, body, and spirit as a nurse in a demanding career is often unwarrantable, and there is evidence for a need to change this in the medical industry. Objectives to consider when including self-care practices as a working professional in the care giving fields such as nursing should include strategies that focus on self-awareness, self-regulation, resiliency and balance (Lee & Miller, 2013).

Dreams

Dreams provide insight into our waking life and are not passive experiences, as the syntax of a dream changes with environment, culture, and experiences overtime (Maclagan, 2000). Yet, the importance of dreams are often dismissed before the time is taken to recognize the potential valuable insight and connections one can make to the subconscious and conscious mind. Looking closely at sleep time experiences, analysis and interpretation completed, it can help extract meaning from dreams, especially since they are works of art in their own making,

soul's dramatization that help guide and extend from sub consciousness into consciousness (McNiff, 1992).

Understanding how the revealed thoughts and images are relative to our waking life requires reflection, allowing more attention given to the meaning of dreams that are explored. Processing and interpreting one's dream is ultimately in the hands of the dreamer, and it can help "clarify specific issues and provide a plan on how to address them" (Moon, 1995). Research demonstrates how the messages within dreams effect individual daily life functioning and how events that occur during waking life are processed within dreams (Horovitz, 2014).

Common themes identified in extensive dream studies have included embarrassment, death of a loved one, flying, falling, losing teeth, punishment, and reconciliation and are expected to surface during the use of ATDA (Freud 1900; Grinstein 1983). Considering Carl Jung's perspective common dreams also include being chased, getting married, having children, taking exams traveling, swimming, sexual activity and being confined in a room (Jung, 1954). According to Jungian theory, dreams are archetypes of the "collected unconscious" shared by race and culture that are our minds way of looking to pattern match past, present, and future frames of time that bring information about difficult emotional experiences (Wilkinson, 2009).

Dream work has been incorporated with some support groups that have members diagnosed with cancer while collaborating with palliative caregivers and oncology nurses. This group consisted of art making and combining that with their dream recollections, experiences, interviews and surveys which resulted in a therapeutic means for self-awareness, situational understandings and personal healing (Cohen, 2001).

During the study it was thought that by processing the meaning of dreams with acute care nurses that symptoms of BO, CF, STS, and VT would surface during the reflection of their

dreams and those that participated would determine some meanings within the content of their dreams. Carl Jung believed that dreams reveal rather than disguise the emotional concerns of the dreamer and by using common archetype, there can be realism given to situations and to characters drawn from the experiences of the world (Jung, 1954).

Art Therapy and Dream Analysis Significance

Art Therapy is “a mental health profession in which clients, facilitated by the Art Therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. The tenets of art therapy involve humanism, creativity, reconciling emotional conflicts, fostering self-awareness, and personal growth” (American Art Therapy Association, AATA, 2015).

Art therapy techniques have been explored within the medical setting to reduce anxiety, stress and pain for patients, specifically using dream work to reduce feelings of isolation and increase feelings of comfort and security among clients (Goelitz, 2001). Carl Jung’s theory of stages of unconscious dream interpretation to illness provides a better understanding with the connection to treatments and illness within the clinical setting, and how the battle between the unconscious and conscious dialogue to extract meaning from daily life (Faber, 1992).

The Art Therapy Dream Assessment (ATDA) is adapted from the existential art therapy dream analysis (Horovitz, 2014). This assessment uses a variety of art materials to depict a reoccurring dream, nightmare, or a recent dream to extract contextual meaning and how that meaning may pertain to day to day life and relationships with the combination of writing about the dream experience, and using the dream mirroring technique (Horovitz, 2014). This type of activity takes into consideration time and accessibility, and has potential for frequent use.

The addition of using an art-focused directive can strengthen the connection between the visual imagery in the dream to that of the participant interpretation when reflecting. In other words, working with images to describe a dream along with a written script can make a dream more tangible and less subjective to the dreamer. Creating art combined with art therapy brings about "understanding about one's dreams and life events by tapping into feelings, thoughts, and lifestyle convictions" (Dushman & Sutherland, 1997).

Nurses engaging in self-care and self-awareness exercises can stabilize their overall psychological, physical and spiritual health, by monitoring emotions related to the work experience. Working with art therapy techniques in combination of dream work practices and written reflection, presents great potential to be an exercise for self-care practice, and one that could detect symptoms of BO, CF, STS, and VT.

Successful Self-Care Practices and Programs

When symptoms of BO, CF, STS, and VT are present, resources for support are often limited. Nurses do not engage in self-reflection because there is habitually a lack of time and an absence of available programs. There are some interventions and self-care activities available within certain organizations such as the Schwartz round meetings, mindfulness-based stress reduction, and wellness programs which support nurses with intentions for decreasing the likelihood of BO, CF, STS, and VT (National Cancer Institute, 2012).

A convenience sample of 74 oncology nurse completed a demographic data form, the nursing satisfaction and retention survey, and the Malasch Burnout-Inventory-Human services survey. Findings included that the coping strategies of supportive social networks, and imploring positive coping mechanism assisted in preventing emotional exhaustion and lower

levels of depersonalization (Davis & Sorensen, 2013). Although dream work was not used specifically, the presence of using coping skills had an impact on nurse compassion satisfaction.

Another study examined the use of stress management tactics. A national cancer institute in the mid-western of the United States conducted an educational resiliency program offered to nurses in oncology. Within the pilot study nurse were provided resources for self-regulation and how to manage stress at work. Data was acquired from the scores of the professional quality of life (ProQOL) IV survey, the Malasch Burnout-Inventory-Human services survey, impact of event scale-Revised (IES-R) and the nursing job satisfaction scale. The findings showed benefits to the oncology nursing through working with intention and employing self- regulation techniques at home (Potter et al., 2013).

Barnes-Jewish hospital has developed a systemic program for CF resiliency with the effort of managers in the hospital to address CF, STS, and BO but also improve the patient experience (Potter, Deshield & Rodriguez, 2013). An initial evaluation of the extent to which CF was affecting the hospital's oncology staff led to the formal implementation of a resiliency program for oncology registered nurses. The success of that program ultimately led to the implementation of a hospital-wide resiliency program, designed to help professional caregivers understand CF, recognize the physical, mental, and emotional effects of stress, and adopt resiliency strategies. This voluntary program had been very well received by participants, and a formal evaluation shows promising results with a decline in STS and BO among participants (Potter et al., 2013).

Expressive Therapies Continuum

The Expressive Therapies Continuum (ETC) represents a means to classify interactions with art media or other experiential activities in order to process information and form images

(Kagin & Lusebrink, 1978b: Lusebrink, 1990). The ETC includes seven levels of functioning. Kinesthetic, perceptual, cognitive, and creative levels reside within the left hemisphere of the brain aligning with sequential, linear, and verbal thinking, while sensory, affective, symbolic, and creative align with the right hemisphere of the brain aligning with emotional and spiritual connections. The ETC presents the properties of art media along a continuum of fluid media such as watercolor, and paint that extends to more resistive media like wood sculpture and clay. The levels of functioning coincide with the fluidity of media and provide insight into the process of the creator. For example, when an individual is working with water color paints they are most likely working within an affective state. Those who are working with more resistive materials such as oil pastel, or clay, may be working in a more cognitive state (Hinz, 2009). There is flexibility among these levels and fluidity of materials, and during any given art making experience an individual can work through all levels and media (Hinz, 2009). It should also be noted that there has been little research done using the ETC.

Meaning of Color

The meaning of color has a personal implication and can be evaluated by many approaches. In a recent study conducted in France, attention was given to the information and the emotional meaning that participants attach to a specific color and the saturation of the color because of how the external stimuli of color takes on a psychological meaning based upon the individuals belief system and culture (Gil & Le Bigot, 2014).

An approach to evaluate the meaning of color on a personal connection is related to the emotions using the Chakra system guide (Kellogg, 1987). This system used color use and the meaning of color by evaluating it based upon the chakra system of the body of man as a teaching guide during the Mari card study (Kellogg, 1987). Some chakra systems use six or seven

psychic constructs called chakras which serve to mediate specific emotional and physical well-being of an individual. Since this study looked at the well-being of nurses, specifically using an art therapy analysis of the ATDA, the Chakra system guide of color was used as it relates to the well-being of humankind.

Furthermore, color use is a personal and cultural association with regard to meaning and whenever possible in art making the creator is the expert on the intentional meaning behind the color used (Hinz, 2013). It is also important to consider the overemphasis or inappropriate use of color tends to be recognized as states of emotion (Hinz, 2013).

CHAPTER III

Methodology

The phenomenological research design was used in this study to investigate, and identify useful applications of the ATDA as a self-care tool and determine if common themes were present in the art work and in the writing reflections that could identify symptoms of BO, CF, STS, or VT specifically among nurses. A study of this design interprets the unique experiences of an individual in relation to a researched event, circumstance or occurrence (Kapitan, 2010).

Participants

The study was conducted at Concord hospital in Concord, New Hampshire with a staffing of over 2,600 employees. Recruiting for participants was achieved in several ways: Two forty-five minute presentations were scheduled on May 6, 2015 which provided information on BO, CF, STS, and VT with educational credits earned by staff who attended. At the completion of the presentation employees who are employed as a nurse were invited to volunteer in the research study. This included registered nurses, licensed nurse assistant and educational nurses. Pre-approved flyers were posted on the employee information bulletin board near all of the hospital units and employee break rooms. An announcement was posted on the facilities web which is a closed internal media communication board. Educational nurses shared an email of the announcement of the study with staff. Contact information of the researcher was provided on each announcement and the researcher scheduled individual meeting times to take place in a pre-determined private office space based upon convenience and availability for each interested participant. The participants were given an overview of the study at the time of the scheduling and they were informed of the expectations of the study along with the 2-hour time commitment required to participate.

The study took place during the weeks of May 15-30, 2015. Private meeting rooms were scheduled for participants to meet the researcher located within Concord hospital, to secure participant confidentiality within the site.

A total of five adult women ages 25 to 65, participated in the study. At the time of the study, 4 out of the 5 participants were employed as a nurse at Concord hospital and 1 participant was in another functioning role as a medical professional. All of the participants had direct contact with patients in the acute care facility the week of their scheduled meeting. A sixth participant was scheduled, but ultimately had a conflict and needed to cancel. All participants agreed to be part of the study as a volunteer.

Each participant was assigned a numerical value that coincided with each document they completed during the session. A number was assigned to each participant using the values of 1, 2, 4, 5, and 6. The scheduled participant who was assigned the number 3 had cancelled, and therefore there is a gap in the reporting sequence since no data for participant number 3 was ever collected.

Research Design

The goal of this phenomenological study was to explore the practical use of using the ATDA with nurses as a self-care practice and to learn more about the potential applications the ATDA could have for identifying signs of BO, CF, STS, and VT. It was designed to take place within a setting that had access to nurses and to be a one-time session. The one-time meeting was chosen for convenience based upon the scheduling conflicts the targeted population was challenged with. There was no financial exchange or benefits to those who participated in the study, as it was conducted strictly on a volunteer basis. Each meeting time was scheduled for 2

hours, but it was explained to each participant that there was no time limit for the art making portion of the study.

The study consisted of observations of: an art making task with art created to describe a dream, a descriptive writing sample about the art work, completed surveys using a Likert-like scale with items based on a range of 0-10, a questionnaire, and an interview. Data was analyzed for reoccurring themes, repetitions of ideas, and affective responses of the participants when engaging in the process of using the ATDA, along with observations about the interaction the participant had with the art materials such as selection and application of art materials.

Research Instruments

Art Therapy Dream Analysis. The Art Therapy Dream Analysis (ATDA) is an art assessment adapted from the existential art therapy dream analysis (Horovitz, 2014). This assessment uses a variety of art materials to depict a reoccurring dream, nightmare, recent dream, or day dream, to extract contextual meaning and to learn how that meaning may pertain to day to day life and to relationships. It is an assessment that uses a combination of art making with descriptive writing samples about the dream experience, and incorporates the use of the dream mirroring technique (Horovitz, 2014).

The researcher provided a variety art materials consisting of oil pastels, colored pencils, markers, chalk pastels, drawing media paper, acrylic paint, and 24 x 17 inch drawing paper, paint brushes and air dry clay. All materials were placed on the table in the same manner for each individual participant and session. The researcher read the art directive to the participant the same way each time and spoke the same words reading: “Using the art materials in front of you, create a dream that you have had, a dream that is reoccurring, or a recent dream. You can take as much time as you need, there is no time limit” (Horovitz, 2014). Some participants had

difficulty recalling a dream in the moment. When this happened, the researcher asked the participant to “Draw a daydream you have had recently”.

Once the art work was completed, the participant was instructed to write a paragraph in the form of a script, explaining what was occurring in the art work they had just created. Upon completing the paragraph, the participant was then asked to read it out loud to the researcher. Then, the researcher reciprocated this exchange by reading the same written words out loud back to the participant, known as the mirroring technique (Horovitz, 2014).

Next, the participant was instructed to underline words in the first script which were of most importance and the quintessence of the written explanation of the art. The participant then read those words underlined out loud to the researcher. The researcher reciprocated again, reading the underlined words out loud to the participant. The participant was asked by the researcher to circle eight words out of the underlined cluster that best described the artwork. Then, the participant was to read only the circled words out loud to the researcher. The researcher then read out loud the circled word to the participant. The researcher asked the participant to take the remaining eight circled words and combine them into a single sentence that best described the artwork. The participant then read this out loud. The researcher read it out loud to the participant which concluded the ATDA process. In that moment of completion, the researcher had the participant identify the overall emotion and theme displayed in their art work.

Pre and Post ATDA Surveys

Upon arrival, the participants were asked to complete the pre ATDA survey. See Appendix A. The researcher used the Likert-like scale to collect and organize the information about personal experiences and possible exposure to traumatic experiences, the current

engagement of self-care practices with each participant's, and their current knowledge of using the ATDA. The participants rated their responses to the questions using a Likert-like scale of 0-10 by indicating a [0] for never/not at all, [5] for sometimes/regularly, or [10] for always /very likely. Once the ATDA process had been completed, the post-ATDA survey was given. See Appendix B. The surveys were designed to ask the participant the same questions before and after administering the ATDA, identifying if there was a change in the participant's responses with regard to using an art based activity as a self-care practice, and the likely-hood of it being a potential future use once they were exposed to the practices of the ATDA. The responses were placed in a chart to compare each participant's response before and after.

Questionnaire

The participants were asked to complete a questionnaire after completing the post-ATDA survey. See Appendix C. This evaluation tool allowed the participants to expand upon their experience of using the ATDA. It allowed the participant to provide their perspective and point of view of the ATDA experience without interrogation. The questions consisted of the following: Did you find that using the ATDA was a helpful tool to process and bring valuable meaning to your dream(s), nightmare(s) or daydream(s)? Did using the ATDA provide insight about yourself from exploring your dream(s), nightmares(s), or daydream(s)? When using the ATDA did you discover a connection between your work as a direct patient care provider and with your dream(s), nightmares(s), or daydream(s)? Will you consider using the ATDA on your own as a self-care practice in processing future dream(s), nightmares(s), or daydream(s)? Overall, how helpful was using the ATDA as a self-care practice? Please rate 0-not at all, 5-helpful, or 10-very helpful. Overall, how helpful was using the ATDA to understand your

dream(s), nightmares(s), or daydream(s)? Please rate 0-not at all, 5-helpful, or 10-very helpful. At the end of the questionnaire there was room for additional comments.

Interview

The researcher interviewed the participant about their personal discoveries and findings within the artwork by asking a series of questions. Through an open question interview, the participant was asked for feedback about their overall experience using the ATDA. The same questions were asked of each participant and they were given time for additional comments to be made at the end of the interview. These responses were voice recorded, transcribed and placed within each corresponding file. The participants were asked the following questions: Please describe your experience as a participant in this research project using the ATDA? Describe your reactions to using the ATDA? What did you find to be most helpful while participating in this study? What did you find least helpful while participating in this study? Has this experience changed your point of view with regard to the value and possible insight of your dream(s), nightmares(s), or daydream(s) can provide? Do you have any additional comments you would like to share about this experience?

Data Collection

This study was divided into several phases. The primary objectives of Phase 1 were: (a) to familiarize the researcher with data. The primary objectives of Phase 2 were: (b) to search for themes. The primary objectives of Phase 3 were: (c) review data sets. The primary objectives of Phase 4 were: (e) to define data sets. The primary objectives of Phase 5 were: (f) to report on analysis.

There were several ways in which the researcher collected the data during the study. First, the participant was asked to complete a pre-ATDA survey that was collected by the

researcher. Next, the participant created their artwork and the researcher recorded field notes during the art making process while observing the participant in their chosen art materials, how they interacted with the art materials, and the participant's application and use of the art materials. Once the artwork was completed, the researcher photographed the artwork. These photographs were later printed and placed into the coinciding files for each participant. The participants were encouraged to take their original art work when the session was completed.

Next, each participant was asked to write about their artwork describing it in detail, and identifying descriptive words throughout the process. These writings were photographed and later printed and placed into the coinciding file for each participant. Each participant was encouraged to keep their original written work and take it with them upon completion of the session. Then, the post-ATDA survey was given to the attendees, and once completed, the researcher collected these original documents. The researcher asked the participant to evaluate their own artwork by identifying the overall theme. See Appendix D. The researcher asked the participant to evaluate their artwork by identifying the overall emotion displayed in the work. See Appendix E.

In the final portion of the study, the participants were interviewed and their responses were voice recorded and subsequently transcribed. All research documents were secured in a locked office accessible only by the researcher and the supervising art therapist.

Data Analysis

Qualitative Data Analysis. The analysis of the ATDA consisted of several approaches, looking closely at each document collected, evaluated, and then compared to other participants for common themes. Thematic analysis (TA) was the method used to synthesis the information collected during the study, as it is a reputable and respected form of research analysis (Braun &

Clark, 2006). The researcher's observations of the art making experience, participant's responses and reflections in the art work, the surveys, questionnaires, and final interview are all part of the TA. The researcher discovered common reoccurring themes relating to overall emotion and content, use of color, and statements throughout the process of using the TA by considering inductive and deductive methods of comparison (Braun & Clark, 2006).

The researcher compared responses of the pre-ATDA survey to the post-ATDA survey. The art images were evaluated by looking at the materials each participant used and how they used them, along with attention given to the subject matter and symbolism used. Special attention was given to consider color use and object placement in the art work. The researcher asked participants to identify what they learned when processing their own dreams through the imagery and the written work while using the ATDA. The notes from the observations of the study, the art work and the written work was all compared to identify if there were any common themes that surfaced as a result of using the ATDA among the participants. Time was given for further reflection, and notes were taken when these responses were given during the questionnaire and the interviews, concluding the study process.

The overall theme of the dream was identified by the participant using the dream mirroring process from the ATDA (Horovitz, 2014). This portion of the study required participants to write a descriptive paragraph about their art work, which the researcher and participant engaged in a spoken exchange of the script to be heard out loud. The identified theme and content within the dreams and drawings, according to the subject's interpretation, was tallied and placed on the overall theme chart. Within the context of the drawings and written reflections, the theme was identified and placed on the chart for comparison (Maggiolini, Persico & Crippa 2007). See Table 2.

Table 2.
Content and Theme Identified by Participant

Overall Content/Theme of Dream
Embarrassment
Death
Flying
Falling
Losing Teeth
Punishment
Reconciliation
Being Chased
Getting Married
Taking Exams
Travelling
Swimming
Sexual Activity
Confined in a room/restraints
Other

Once the overall theme was recorded, the researcher asked the participant to identify one of the six prevailing emotions that surfaced in their art and reflection process of using the ATDA. The researcher asked the participant which emotion they connected with the most with regard to explaining their artwork and written descriptions. The emotions they were asked to consider but were not limited: happiness, surprise, relief, versus fear, anger, and sadness. These responses were recorded and placed in a comparison chart. See Table 3.

Table 3.
Overall Emotion Identified by Participant

Overall Emotion Present in Dream
Happiness
Surprise
Relief
Fear
Anger
Sadness

Lastly, the researcher compiled the information from the questionnaire's and interview and recorded the responses from each participant and how they related to the usefulness of the ATDA, the process of using the ATDA and what discoveries if any, the participant had when working through the ATDA process.

Information that was provided by the participants and noted by the researcher was categorized and compared in charts in order to identify the frequency and commonality among the participants work. These findings were grouped and tallied in frequency, and compared to the symptomatic indicators of BO, CF, STS, and VT.

The data sets consisted of findings within the artwork, findings within the written work, level of the ETC the participants were functioning on, the common themes and emotions that were identified, the scores of the pre-ATDA and post-ATDA surveys, and the feedback given from each of the participants. In the last portion of the study, the researcher evaluated all the findings and addressed them to the original intention of the study, and the hypothesis for evaluation.

Validity and Reliability

The ATDA is not formally scored, interpretation is based upon the written script that the participant creates within the art process (Horovitz, 2014). Any discovery or meaning is derived by the participants own reflection through the art, the writing and hearing their own words out loud and then repeated back to them out loud is the mirroring effect. It should be noted that reliability and validity studies have not been conducted using the ATDA (Horovitz, 2014). Based upon this information, the ATDA has low validity and reliability for identifying signs of BO, CF, STS or VT. The ATDA has a higher face validity due to the initial appearance and possibilities of what it can be used for in addition to what it was created for to bring awareness

and meaning to dreams and wake life experiences. Since the ATDA was designed to identify information about the content of a dream in the eye of the creator, and using it for identifying other symptoms has not been tested, this study should be further contemplated for future research studies.

Ethical Implications

Approval to conduct the research study was acquired by the researcher from the Saint Mary-of-the-Woods College of Indiana institutional review board and from the Concord hospital of New Hampshire institutional review board in May of 2015. While conducting a study in the field of art therapy, strict guidelines to protect participant's confidentiality was adhered to. All participant information was kept confidential including their drawings, completed surveys, and assessments were kept confidential adhering to the strict protocol of confidentiality. All the artwork that was created, photographed, and collected during the study, and was given a numerical code to identify work and ensure confidentiality. Before the commencement of the research, the researcher collected the signed forms for consent to participate in the study (Appendix F), consent forms for media to be used to record the participant's voice (Appendix G), and consent forms to have the artwork and writings photographed (Appendix H). Once signed, these forms were collected and filed in a secured and locked office. All form were explained with the inclusion of the volunteer participants' role in the study along with the right to withdraw from the study at any given time with no ramifications.

There were minimal emotional risks involved in this study. While the ATDA is a tool to explore the context and meaning of a dream, it was unlikely any emotional harm would occur from this process. Emotional risks and benefits were reviewed, and supports were put in place prior to the start of the study. Participants were provided information for supportive resources

should they have needed counseling as a result of the study. For consideration of the participants, during the interviews and while employing the ATDA, a registered art therapist was available to the researcher and the participants. Collaboration with the Concord hospital's facilities employee assistance program (EAP) counselors were also informed in advance about the study and the dates it occurred should any concerns surface during or after the study.

Awareness and consistent observations were used by the researcher in an attempt to refrain from any biases towards desired outcomes. The protocol for conducting this research study was adhered to during the explanation of the study to the participant's with clear and concise explanations.

Following the conclusion of the study, the researcher, art therapist and the EAP counselors were available for debriefing. The individuals that engaged in the study were informed of the support and given direct contact information. The participants were reminded and encouraged to seek counseling from other sources outside of their work setting environment if they felt they needed to do so as a result of the study.

Researcher Bias

The researcher used scholarly articles and journals throughout the Literature review and made every attempt to remain objective during the study. Other perspectives were considered during the analysis of the data and during the compilation of the results to avoid any favoritism in the results and findings. Information was reported fairly for the reader to draw upon their own conclusion from the information collected during the study. The summary is provided by the researcher for consideration by readers.

CHAPTER IV

Results

This section evaluates the findings within the art work and the written work of each participant including the pre-ATDA and post-ATDA surveys, questionnaire, and interview that was conducted along with the feedback from the participants about their experiences. These results include the reported information of each participant along with the findings by the researcher through observation and analysis of any identified common themes. Since all the participants did not come to the study with recent dreams to work with, the dreams that were used and processed were random and from various times of the participant's lives including day dreams and reoccurring dreams from past or year.

There were several nurses who expressed an interest in participating in the study with a total of 27 people inquiring during its initial launch in May 2015. However, due to many conflicts and demands within work schedules, few were able to participate. The researcher attempted to recruit nurses from all departments of the Concord hospital facility who met the requirements resulting in 5 total people being able to meet the parameters outlined.

Results of Pre and Post ATDA Surveys

The participants reported being regularly exposed to traumatic events with an average score of 5.1 out of 10. Most of the participants responded having few dreams or nightmares that they thought were related to work with a score of 2.4 out of 10. After completing the ATDA process and the post-ATDA survey, participants showed an increase interest in using self-care activities that were described as art making and alternative self-care practices. The average scores for participating in art activities during scheduled breaks at work scored the highest points with an average score of 7.6 out of 10, and increasing to 8 points out of 10 post-ATDA survey.

Working with art-based materials before or after a work shift was favored with a score of 5.2 increasing to an average score of 5.4. Participants expressed their least favorite option of using art making on an unscheduled work shift day with an average score of 4 points out of 10 with the pre-ATDA survey and an increase to 4.6 points out of 10 on the post-ATDA. Participants identifying with self-care activities on a daily basis, such as eating healthy and engaging in physical exercise scored an average of 6.4 points out of 10, and the responses for participants who used alternative self-care activities such as yoga, meditation and art making scored 4 points out of 10. Participants reported that family commitments are the biggest challenge to participating in self-care practices with an average score of 8 points out of 10, next being time and motivation tied with an average score of 7.6 points out of 10, and money ranked as the least influential factor with an average score of 3.2 points out of 10. Comparing the pre-and post-surveys, all the participants' responded with being unfamiliar with the ATDA at first, showing an increase in familiarity with a 6.6 point score out of 10. The responses to the last questions on the surveys showed an increase for an art based self-care practice after using the ATDA process.

Results from the Art work using the ATDA

The researcher began each session familiarizing the participant with the art materials, asking the participant to engage in the art making process of the ATDA. When the directive was given "Using the art materials in front of you, create a dream that you have had, a dream that is reoccurring, or a recent dream. You can take as much time as you need, there is no time limit" (Horovitz, 2014). Some participants had difficulty recalling a dream in the moment. When this happened, the researcher asked the participant to "Draw a daydream you have had recently". Each participant chose to work with a different type of dream as not all of them came with a dream they had recently had, or could remember one in the moment. See Table 4.

Table 4.
Type of Dream Participant Used for ATDA Process

Participant	Recent Dream	Reoccurring Dream	Nightmare	Day Dream
No. 1				X
No. 2		X		
No. 4				X
No. 5		X		
No. 6	X			

During the study, the researcher allowed the participant time to create in silence. The participant was not given prompts of what materials to use, or how to use them once they started working on their art. During the session, the researcher provided no interpretation or meaning to the art work that was being created by the participant. The interpretation of pictorial imagery is highly subjective in all of these images, the researcher was not the one interpreting the artwork, the participant was (McNiff, 1998). The overall time frame to complete the private sessions varied slightly for each participant, averaging 90 minutes in length, with the art work portion averaging 25 minutes per participant.

Participant no. 1. The participant worked with a day dream that they have had several times and made their art by using the entire piece of paper provided which measured 14 x 17 inches. She started by drawing in the upper left hand corner of the paper, using the colored pencils that are also water color pencils. See Figure 1.

Figure 1. Participant no.1 drawing.

She created images in clusters, going from one area of the page completing a cluster and then moving to another area of the page to complete another cluster. She often started each image with an outline, and then would spend a few minutes scribbling to color in the image, or to go over the edges again and again. After about 15 minutes of creating, the participant chose to add oil pastels on several of her images. The use of a heart was repeated several times, as she grouped them together, later explaining that they were symbolic of family units such as her and her spouse, and the other ones of her daughter and future husband and unborn child. Once all the clusters were placed on the page, she continued to add more color with the oil pastels, outlining them repeatedly. Towards the completion of her artwork, she added water to the colored pencil portions, using a gentle brush stroke, spreading the water over the image and blending colors together. She became fixated on the lower right hand corner of the art work, where she saturated the image with black, and created a pathway leading to the heart cluster there. The participant had paused several times during the process, taking a deep breath and exhaling. She became teary eyed towards the completion of the drawing, and began to cry during the script reading of the ATDA.

Participant no. 2. This participant chose to work with a reoccurring dream that she said she has had for over 20 years. She expressed her concern about coming to the study with a

dream, as she had not been able to recall her dreams recently, mentioning she only remembered them if she wrote them down. After a few moments, she chose to work with the entire piece of paper and worked with the water color pastels. She began by drawing lockers filling in the entire page. See figure 2.

Figure 2 . Participant no.2 drawing.

She made several attempts to engage in conversation during the study, talking about her love for a particular movie, and feeling as though this current art making experience was reminding her of a particular scene in that movie. She mentioned a social gathering she attended the evening before, all the while she continued to work on her art. The participant used a lot of colors, drawing objects from her dream such as lockers, books, and a jacket. Once she created these outlines, she grabbed a paint brush and added water to the edges, smearing the colors and blending them with gentle sweeping motions. The participant seemed consistent in mood and affect during the entire art making process.

Participant no. 4. This participant chose to work with a recent day dream she had been having at work. She used the entire piece of paper and began by working with the oil pastels and the water color pastels. She first drew the boat in the center of the page and colored it, and the surrounding areas in blue. See figure 3.

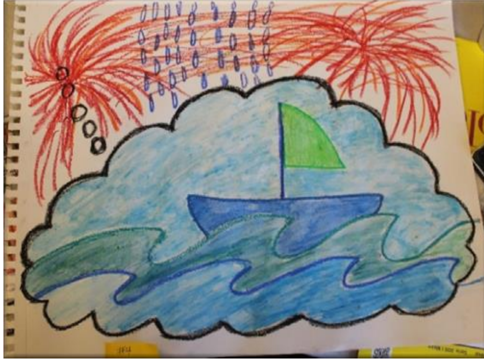


Figure 3. Participant no. 4 drawing.

Next, she made large sweeping motions to create the black cloud around the boat, repeating this motion several times. She added the red lines she described as fireworks, and blue drops of tears surrounding the upper half of the image, but not penetrating the dark black bubble. To finish, she added black lines again, and then proceeded to use a paint brush and water to blend the blue colors within her boat image and water waves. Her application of materials shifted from soft gentle stokes when making the ship and blue water, to more intensity and heavier application of color when creating the black bubble and red fireworks, as she described them. The participant presented herself initially as tired from the day and overwhelmed. She said she almost did not come to the study, even last minute, because she was so overwhelmed and heading on vacation the following day and didn't think she had time to attend. Once completing her artwork she said "This is perfect, I am happy after having completed this. I feel so much better" and ended the session feeling relieved.

Participant no. 5. This participant chose to work with a reoccurring dream that was about herself and losing her teeth. See figure 4. She chose to create two faces which

Figure 4. Participant no. 5 drawing.

demonstrated a before and after self-portrait picture. The participant chose to cut the paper in half before beginning. The participant chose to work with the water color pastels starting with the image in the upper left hand corner and then moving on to the second face in the lower hand corner. She spent most of her time coloring in the black areas where her teeth were falling out in the picture, and also on the parts that are indicating the question marks above the second head. She used minimal color use and her application of the art materials was with hard application of the art materials often with repeated motions reworking areas she had already completed. Once she completed her work after about 15 minutes, she said “My art is not very good”, and apologized for it not being “fancy”. She never actually applied water to the pencils during the art making experience, and mentioned that she was focused on her vanity within the dream, and concerned with how other people view her.

Participant no. 6. This participant was able to recall the dream that she had the previous night and used this in the ATDA process. She chose to work on the paper provided and make a drawing of her dream. The participant paused for a moment after the directive was given and she said “small dream, big paper” and she proceeded to quarter the paper by folding it and cutting it with scissors to make it smaller, into a piece about the size of 8 x 5 inches. The participant was

using colored pencils and oil pastels to make the image. She started using just the colored pencils for most of the artwork. In the center of the page she created a red dot, and proceeded to add a lot of red oil pastel to it saturating the color, and go over it several times repeatedly during the 30 minutes that she worked on her art. She paused several times during the process, taking deep breaths and exhaling noticeably when viewing her work. See figure 5.

Figure 5. Participant no. 6 drawing.

Later, the participant identified this red dot as a red cardinal. She continued filling in the page with colored pencil, making sketch like strokes over the entire page. She then added water to the colored pencils by dabbing a tissue from the nearby table and wiping the water with the tissue spreading and blending the colors. At this time, she sat back in her chair and became teary eyed, and revisited the red cardinal in the center of the page, adding more defining lines to the red image. She began to cry when reading the script portion of the ATDA later in the session.

Written Work Using ATDA

Participant no. 1. Wrote the following script to describe her artwork:

My only daughter is happily engaged to be married and currently lives with her fiancé. That is current time. Future time is a wedding planned for 2016 in an outdoor setting at a

farm. They both want children. My daydream is that she has an uncomplicated pregnancy and we are all thrilled with this future addition to the family. But there are complications with the birth, she hemorrhages uncontrollably and dies, leaving a daughter she never met. Participant no. 1 wrote the following final sentence: Only daughter is happy and thrilled with her future family, but she experiences complications and dies. See Figure 6.

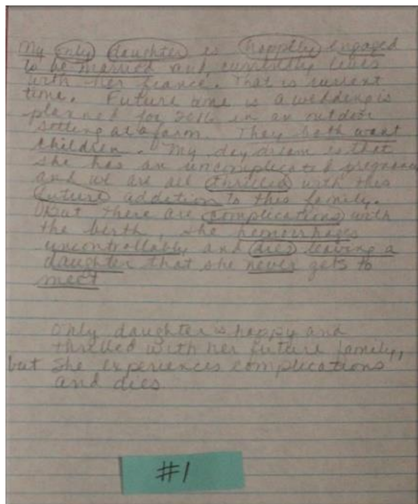
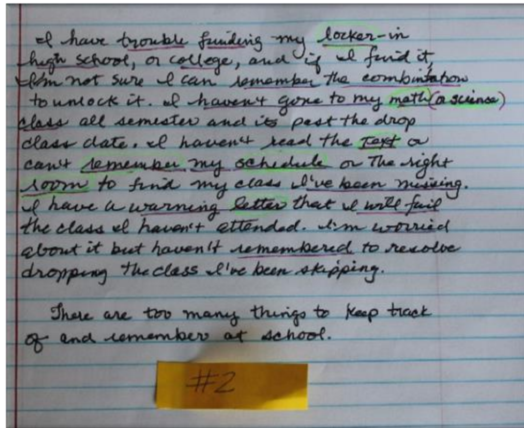


Figure 6. Participant no. 1 writing.

Participant no. 2. Wrote the following script to describe her artwork:

I have trouble finding my locker in high school, or college, and if I find it I'm not sure I can remember the combination to unlock it. I haven't gone to my math or science class all semester and its past the drop class date. I haven't read the text or can't remember my schedule or the right room to find my class I've been missing. I have a warning letter that I will fail the class that I haven't attended. I'm worried about it but haven't remembered to resolve dropping the class I've been skipping. Participant no. 2 wrote the following sentence to describe her artwork: There are too many things to keep track of and remember at school. See figure 7.



I have trouble finding my locker-in
high school, or college, and if I find it,
I'm not sure I can remember the combination
to unlock it. I haven't gone to my math (a science)
class all semester and its past the drop
class date. I haven't read the text or
can't remember my schedule or the right
room to find my class I've been missing.
I have a warning letter that I will fail
the class I haven't attended. I'm worried
about it but haven't remembered to resolve
dropping the class I've been skipping.

There are too many things to keep track
of and remember at school.

#2

Figure 7. Participant no. 2 writing.

Participant no. 4. Wrote the following script to describe her artwork:

An explosion of color an emotion including anger and tears and frustration overlaying the tranquil image of escape. This tranquility is in hues of blue and green on the ocean with a sailboat in similar hues sitting calmly in the sea. The sky is bright and outside this serenity that is enclosed in a thought, are hues of anger, orange and black scattered like fireworks that are messy and unorganized and intermixed with deep blue rain or teardrops. This picture is full of dichotomy both relaxing and overwhelming at once. Participant no. 4 wrote the following sentence to describe her artwork: I am encompassed by a messy dichotomy that is tranquil while also full of fear, anger, frustration and teardrops. See figure 8.

Figure 8. Participant no. 4 writing.

Participant no. 5. Wrote the following script to describe her artwork:

In my dream I start to clench my teeth. For some reason I am unable to unclench. I begin to bite down harder until I feel a great deal of pain in my teeth but still I can’t release my jaw. My teeth start to crack in pieces and I have to use my hands to pry my jaws apart. Once I have relaxed, most of my teeth are loose, and begin to fall out as I go about my day. People stare at me out in public and I end the dream with only 4 teeth. Participant no. 5 wrote the following sentence to describe her artwork: I am overwhelmed and stressed and clench my teeth until they crack and are in pain, and even when I finally relax and release, I still carry the effects of my stress with my teeth falling out and people stare. See figure 9.

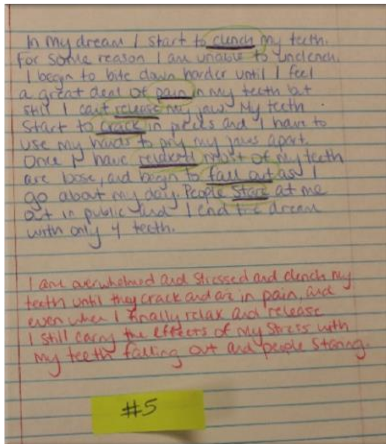


Figure 9. Participant no. 5 writing.

Participant no. 6. Wrote the following script to describe her artwork:

This noisy little red cardinal arrives 5 minutes within my arrival to my Sister-in-laws empty home. He chirps noisily at the window until he gets my attention. He does this every time I arrive whether it's been days or weeks since my last visit, winter or summer. Participant no. 6 wrote the following sentence to describe her artwork: The noisy little cardinal at my Sister-in-laws empty home gets my attention every time. See figure 10.

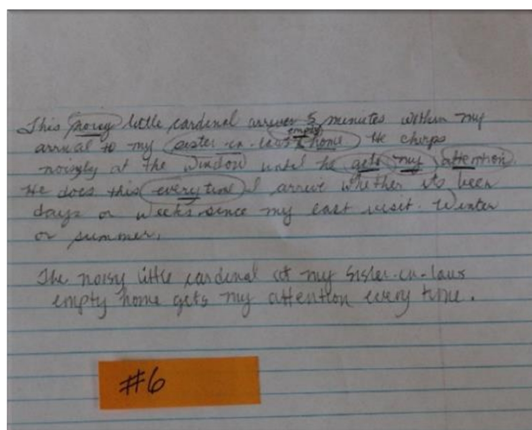


Figure 10. Participant no. 6 writing.

Size of Paper. All participants chose to make a drawing, and were given the same size piece of paper 24 x 17 inches with the invitation use the entire piece of paper or cut it to

any size they chose to use. Participant no. 1, participant no. 2, and participant no. 4, used the entire piece of paper provided. Participant no. 5 used half of the paper, and participant no. 6 cut the paper into quarters and used only 1/4th of the original piece.

Space. Regardless of the size of paper each participant used, when making their art work they all used most of the space available in front of them. The size of the forms created such as the lines, shapes, and symbols were drawn reaching to the edges of the paper, sometimes even over flowing with marks. The participants were observed carefully selecting their paper size, and all of them made images on the paper that was suggestive of expanding beyond the boundaries and limitations of the space chosen. This use of space that challenges the edges of the paper and suggests respect for boundaries, and can also signify constriction and a need or desire to expand (Hinz, 2009). Contrary to that, participants created images close to the edges of the paper, and were observed taking up a large portion of the paper, therefore, the researcher notes that it can be suggestive of having feelings of being out of control (Hinz, 2009).

Color Red. The findings pertaining to the color use of red and how that was used within the drawings to identify the focus and content of the dream was interesting. While all participants chose to draw their art work, using many different colors within their image, all 5 participants used the color red when describing both the emotion and the content of their depicted dream. See Table 5.

Table 5

Color Used in Art to Identify Theme of Dream (observed by researcher)

Participant	Red	Orange	Yellow	Green	Blue	Indigo	Violet	Other
No. 1	X							X (Black)
No. 2	X			X			X	
No. 4	X				X			

No. 5	X	X (Black)
No. 6	X	X (Black)

The color red was used to describe love, loss and grieving, suffering, pain, and forgetfulness with emotions identified as fear, sadness and anger. The participants used red in their art that was also part of their overall theme describing death, failure, getting married, and having children. While participant no. 5 did not use the red color in the final drawing, she did use a red colored pencil to write her final sentence when describing her artwork in the script process of the ATDA. Because of this application of red, her use of the color red is considered a choice to express her overall theme and content and emotion within like that of the other 4 participants. The color red when used extensively can suggest a 'hot' conflict area (Hammer, 1987).

The color red refers to the Muladhara, or sacral which refers to 'I need' (survival) (Kellogg, 1987) and is suggestive of a heightened state of awareness with regard to a person survival needs. See Table 4. Furthermore, when applying the meaning to color based upon the Chakras by Kellogg, some participants used a second color that seemed to be predominant. Participant no. 2 used violet suggesting 'I merge' (blending), participant no. 4 used blue suggesting 'I love'(affiliation), and participant no. 6 used green suggesting 'I care' (Nurturing) (Kellogg, 1987). According to Hammer, the color violet or purple can suggest royal implications of paranoia and grandiose feelings, the color green can suggest nature and a need for tranquility or security if strongly emphasized, and the color blue suggest feelings of comfort and self-soothing with variables dependent on the mild to overemphasis use (Hammer, 1987).

Table 6 *Color Use and Meanings According to the Chakras*

Chakra	Physical Point	Color	Statement
Muladhara	Sacral	Red	I need (survival)
Syadhisthara	Plexus Epigastricus	Orange	I want (power/desire)
Manipura	Solar Plexus (abdomen)	Yellow	I will (autonomy)
Ananhata	Heart Plexus (chest)	Green	I care (nurturing)
Vissuddha	Plexus Cervicus (throat)	Blue	I love (affiliation)
Ajna	Medulla Oblongata (brow)	Indigo	I intuit (deeper reality)
Sahasrara Padma	Pituitary (crown of head)	Violet	I merge (blending)

*Rainbows reflect the activation of all chakras and suggest change (Kellogg, 1987)

Color Black. In addition to the use of the color red, participants also used the color black which was applied to areas that were of focus during the use of the ATDA art work. Participants used the color black to enhance areas in their art to describe feelings of pain, loss, grieving, death, awareness of boundaries and borders, lack of understanding, and they also used this color to create the boundary of thought bubbles, and the frame of the window within their work. The use of the color black can signify emotion-shy or emotion-avoidant tendencies such as obsessive compulsive or highly intellectual individuals (Hammer, 1997).

Expressive Therapies Continuum. During the art making segment of the session, the researcher observed the choice of media the participant chose to work with from the beginning until the end of the session. On occasion, participants chose to change their selection of art materials or sometimes combine it with other media. Based upon the art material selections and the actual application of the art materials during the process of creating, the researcher identified and recorded the level the participant was functioning on using the Expressive Therapies

continuum as a guide. The researcher observed the participant in their selection of media and identified their working level on the Expressive Therapies Continuum.

Table 7
Participants Identified on the Expressive Therapies Continuum (ETC) (Lisa Hinz, 2013).

ETC	No. 1	No. 2	No. 4	No. 5	No. 6
Creative	X	X	X		
Cognitive	X	X	X	X	
Symbolic	X			X	
Perceptual					
Affective	X	X	X	X	X
Kinesthetic	X	X	X	X	X

All 5 of the participants created their artwork as a drawing on a piece of paper that was provided. Only 3 participants used the water color pencils, and 2 participants used pastels, with one also incorporating markers. This media choice demonstrated the participants to be working in the affective stage of the ETC. During the process of creating, all 5 participants were observed scribbling with the art materials at some point indicating the kinesthetic level of the ETC (Hinz, 2013). Operating on the kinesthetic level can suggest muscle relaxation, release of tension, self-soothing rhythm and movement, counteracting physical and psychological numbing often experienced after years of suffering (Hinz, 2013).

Some participants were methodical about their use of materials, all of them pausing for several minutes before choosing the art media and beginning their work, and making contemplated choices of object placement during the ATDA. This approach is suggestive of working on the cognitive stage of the ETC. Operating on the cognitive level can suggest planning and problem solving abilities, greater decision making skills, promotes cause and effect

thinking and can help in planning for problematic behavior, extends memory function and enhances all executive functioning delay in gratification such as thinking often (Hinz, 2013).

Additionally, 4 out of 5 participants did not hesitate to use unfamiliar materials. They were given a brief overview of the art materials at the beginning of the session, and 4 out 5 tried something outside of their comfort zone demonstrating creativity on the ETC (Hinz, 2013). This creative approach with materials can suggest the ability to operate on any level of the ETC, feelings of satisfaction, connection with spiritual self and higher power, connection with others, self-actualization and shame reduction (Hinz, 2013).

Fluid Media. A preference for fluid media can indicate that emotions are easily expressed with a strong preference for this media suggesting one is emotionally overwhelmed (Hinz, 2009). Many of the participants used fluid media during the ATDA. 4 out of 5 participants used the water color pencils, and water color pastels while creating the outline of their drawings and then moved to more fluid application of them by adding water. Each of them initially began creating their art by using these materials to outline their objects, and then added water to blend colors either using a paint brush or tissue. In each of these sessions it was observed that the participants slowed their movements, and were applying less pressure when working with the more fluid materials compared to that of the resistive materials.

Resistive Media. No participant in this study chose to work with clay, but were observed using oil pastels and pencils which are considered more resistive in media choice (Hinz, 2010). It was interesting to observe the manner in which the participants worked with their media of choice. How a person interacts with the art materials can mimic how they do other things in life (Hinz, 2014). All 5 participants were observed using a quick scribble like

movement with the art materials, and 4 out of 5 of them were using a heavy amount of pressure to the lines when they were creating.

Graphic Mechanisms of Defense

The researcher looked at the art work created by the participants and how each person created and presented their overall work. Through observation, this information was identified using the chart of graphic mechanisms of defense. See table 6. Participant no. 1 was identified with regression in the symbolic imagery, incorporation, isolation, and symbolism. Participant no. 2 was identified with incorporation, avoidance, reversal, reaction formation, rationalization, and intellectualization. Participant no. 4 was identified with introjection, incorporation, symbolism, isolation, and isolation affect. Participant no. 5 was identified with regression, denial, introjection, avoidance, symbolism, identification, and identification with aggressor. And participant no. 6 was identified with incorporation, undoing, displacement, and rationalization.

Table 8

Graphic Mechanisms of Defense of Emotional and Cognitive Art Therapy Assessments

Defense Mechanism	Behavioral Definition	Graphic Representation
Regression	Reverting to earlier stage	Earlier graphic stage
Denial	Erasing unwanted parts of reality	Erasure, scratching out
Projection	Source of pain external	Part of self external form
Introjection	Carry out parental demands	Graphic images reflect identification
Incorporation	Change orally	Symbols encapsulated in forms
Avoidance	Sexual urges related to object	Profile/back view of objects
Undoing	Urges expressed in undoing	Object obliterated
Reversal	Urges expressed	Represented in opposite form
Displacement	Other person substitute	Feelings placed upon other

Symbolism	A way to describe unpleasant	Subjective graphic images
Identification	Person takes on other traits	Figure represents self/other
Imitation	Conscious attempt to be like other	Reflect imitation of real object
Isolation	Ideas split from feelings	Single objects separate/ungrounded
Isolation affect	Ideas split from affect	Color omitted or contained in form
Identification w/Aggressor	Coupled with fantasy	Figure represents artist/aggressor
Repression	Ego threatens ideas/feelings	Omitted facial features
Reaction Formation	Substituting socially acceptable	Other ideas substituted for opposite
Rationalization	Justify intolerable ideas	Logical ending to unacceptable one

(Levick, 2009)

Common Emotion within the Art

Fear. At the completion of the entire process, all participants connected their art work with the feeling of fear, which were from dreams that were identified as a recent dream, a daydream, or reoccurring dream. See Table 7.

Participant no. 1expressed her feelings of fear around the thought of losing her daughter to a medical situation. She mentioned that she lived in an almost constant state of fear because of the superstition surrounding her work as a nurse. She was also fearful that she did not get to spend enough time with her daughter and had guilt about that time limitation

Participant no. 2 explained that she had a great deal of worry and concern about the content of her dream when she could not remember things within it. She also expressed her frustrations with the dream coming back as it was becoming bothersome to her that she had been having it for so many years. She described herself as having a fear of failure.

Participant no. 4 created images, wrote about, and explained within the interview her concerns and feelings of fear, anger, and frustration recently while present at her work site. She was fearful of the unknowns that occurred throughout the day, and fearful of her abilities and restrictions of being able to help others all the time. She stated she was most fearful of the pain and suffering of others affecting her emotional state, and was very protective of herself not getting too close to others. She mentioned she worked diligently at being a guarded individual and was hopeful to prevent that suffering from entering her world and place of safety.

Participant no. 5 expressed her concerns with being stressed and overwhelmed and fearful of the response she had physically in her dream as she clenched her jaw making it lock and break her teeth under pressure. She was also fearful of the reaction others would have based upon the site of her toothless appearance.

Participant no. 6 explained her concerns, worry, and fear that she was experiencing the painful feelings of recently losing a loved one through the symbolic imagery of a red cardinal in her dreams.

Sadness. Each participant had a moment of realization while working through the process of the ATDA as they seemed to discover a different emotion upon completion of the ATDA and during the interview questions from when they had originally described their art work when starting the process. This demonstrated a shift in understanding and finding meaning within the dream. Each participant identified with more than one emotion other than fear, with some identifying with sadness in their art work and writings and 2 of the participants crying during the completion of the drawing and written portion of the ATDA. Participant no. 1, no. 4 and no. 6 identified with the emotion of sadness.

Table 9

Overall Emotions Identified by Participants

Overall Emotion	No. 1	No. 2	No. 4	No. 5	No. 6
Happiness					
Surprise					
Relief					
Fear	X	X	X	X	
Anger			X		
Sadness	X		X		X
Other/Frustration		X	X	X	
Other/Stressed			X	X	
Other/Overwhelmed			X	X	

Common Theme within the Art

Many of the participants expressed some characteristics that have been identified as common themes in dreams which are similarly found within the general population (Freud, 1900). These common themes are listed as embarrassment, death, flying, falling, losing teeth, punishment, reconciliation, being chased, getting married, having children, taking exams, traveling, swimming, sexual activity, and being confined in a room, or a restraints being present (Freud, 1900). During the evaluation of the ATDA, three participants mentioned death, and the following themes were mentioned once: getting married, embarrassment, having children, travelling and loosing teeth. See Table 10.

Table 10

Participants Identify a Common Theme

Theme	No. 1	No. 2	No. 4	No. 5	No. 6
Embarrassment				X	
Death	X		X		X
Flying					
Falling					
Loosing Teeth				X	
Punishment					
Reconciliation					
Being Chased					
Getting Married	X				
Having Children	X				
Taking Exams		X			
Travelling			X		
Swimming					
Sexual Activity					
Restrained/Confined	X	X	X	X	X
Other		X			

Participant no.1 spoke directly about work related experiences in her artwork and writing and was able to identify the positive and negative thoughts associated with the day dream referring to death, getting married, having children, and being stuck within her thoughts of superstitious beliefs. Participant no. 2 used a reoccurring dream, but had experiences she related to at work that were similar to the reoccurring dream and mentioned being forgetful, taking exams, fear of failure, and being stuck in a repeated dream for years. Participant no. 4 worked with a day dream that she identified as related to work experiences in conjunction with a superstition she is concerned about. Participant no. 5 used a reoccurring dream and associated it to work and stress and feeling overwhelmed with her teeth falling out, and participant no. 6 used a recent dream about death and loss.

What was interesting was that all 5 participants in the study were able to process their dream, reoccurring dream or daydream, and find useful meaning and information within them that pertained to their daily waking life at some point of the ATDA process.

Confined in a Room/Trapped. It was most interesting during the observation of the participants using the ATDA and during the interviews, how each participant described their situation as being "trapped" in a particular space or situation. Although no participants used the actual word "trapped" they explained their feelings as a state of being stuck, locked in, or contained.

Participant no. 1 described her future as pre-determined because of a particular superstition she has carried her entire nursing career, and that she felt stuck with that impending doom of no hope of it ever being lifted from her and her family's future. She described her future as an unavoidable, a horrible fate she had come to believe and accept over the years. Towards the completion of the ATDA she changed her perspective and described her understanding of that day dream as a mostly happy occasion, and that she had been putting too much emphasis on something that did not deserve all her attention and energy. She explained her experience using the ATDA as sense of relief once the process was completed.

Participant no. 2 described a returning feeling of failure and being stuck in a situation that she could not seem to escape, despite her efforts and level of education. She especially felt trapped within her ability to let go of this particular dream, because she has had the same dream several times a year for many years. Her images were of lockers and she mentioned several times not being able to open them because of loss of memory and being too overwhelmed to remember everything. She mentioned her reactions to the repeated dream as being locked within the repeated torment of the reoccurring dream, and within that dream being in a perpetual

cycle combined with fear of failure, and that having this dream repeat for years was a place of feeling stuck in a pattern that she could not get out of. She repeated several times that the images and dream related to school and not work, often with a tone that seemed to be an attempt to convince herself.

Participant no. 4 drew herself encapsulated in a cloud with intentions to separate her positive self from the harsh external stimuli of her work experiences. Her emphasis was on building a bubble barrier like a fence around her placing her in a safe place. She focused her attention on prevention and building this barrier to keep all bad influences away. She mentioned all the pain and suffering she had witnessed that day and wanted to keep a distinct line between her safe feelings and these external stimuli. She expressed a desire to be "locked in" this space and protected from harm, much like an island isolated from it all, which was also a reference to her vacation that she was going on the very next day.

Participant no. 5 described her feelings of being trapped and as being locked within herself and within her own body, specifically her own jaw that she clenched shut despite her efforts to pry it open, even when it was causing her teeth to break. She was concerned with her social acceptance, and how she had invested so much time and money into herself, but felt that she was failing because she did not know how to release her clenched jaw.

Participant no. 6 was surprised in her own response when realizing that she was frequented by the same bird every time she visited a particular house in her dreams. This realization came at the end of her processing with the ATDA and she began to weep slightly when she found a personal meaning in her work. This bird and experience was something she said she could not avoid, as she described these repeated visits from the bird were in some ways

prophesied. It was understood this was a onetime dream, but that the bird continued to follow her within it.

Dreams that have content about restraints or being confined to a room have been identified as common theme among the general population. However, these similarities were identified among 4 participants that are employed as a nurse and 1 in the medical field. The interesting part is that each participant used a different type of dream, such as a reoccurring dream, recent dream or daydream when engaging in the study. Along with the verbal and written descriptions by the participants, there was evidence of 'trapped' feelings within the art work too. Within the drawing of participant no. 1, she drew a black house heavily colored with a dark path leading to it, which she identified as the impending doom of her future. She stated that this image signifies something she is stuck with because of her chosen career field of working with newborns and children in a hospital and it stands out from the rest of the images that seem to be lighter in content, different color use and created with a lighter application of art materials. She described this superstition to be well known among peers who work with newborns and children.

Participant no. 2 created locked lockers and described them as stuck shut as she did not have the combination and she felt unable to avoid or stop her reoccurring thoughts of failure. Participant no. 4 drew her safe place within an encapsulated cloud with dark edges for borders, being sure to separate herself from the harsh external images she described as pain. Her safety in the cloud image was also referred to as confinement from others.

Participant no. 6 drew a closed window, with the visual perspective drawn as her viewing from the inside of a house looking outside, and she described the window as shut and locked with her in it. She described a visit from the bird occurring "every time" she visited, no matter

the time of year being stuck in this repeated pattern and not able to free herself from the situation.

Death. Not all participants who engaged in the ATDA process identified with the theme of death, only 3 out of 5 did refer to it at one point, whether it was in their artwork, writings or in the interview. However, this commonality seems significant and was included in the findings.

Participant no. 1 was concerned about the future and focused on a superstitious belief that her daughter would die as a result of a medical situation. She identifies herself as being prone to a predetermined fate because she works with newborns and children. She explained this as her destiny that it is inevitable that someone in her family will die during a pregnancy, and since it has not happened to anyone in her family, her daughter is going to be the one who loses her life.

Participant no. 4 is distraught about her environment and witnessing human suffering and death during her work shift. She clearly states her concerns about death during the interview, makes reference to death in her art as part of the suffering outlined in red explosions, and blue tear drops.

Participant no. 6 talked about a recent loss of a family member once she completed her art work. She was surprised at her emotional response to the imagery she created and spoke about how she has been grieving the loss of her loved one. She became emotional when talking about the red cardinal in her image as this seemed to have a symbolic meaning to her in remembering her sister-in-law who recently died.

Results from the Questionnaire

Prior to the beginning of the study all participants responded to not being familiar with the ATDA. After participating in the process all of them expressed a likelihood of the ATDA as being a potential use for self-care. Based upon the responses of the participants in the

questionnaire, the overall results showed favoritism towards using the ATDA as a future self-care practice with an average score of 6.6 out of 10, and when asked how helpful the ATDA was overall as a self-care tool the participants responded with a score of 8 out of 10.

These are some of the written responses recorded during the questionnaire portion of the study:

> "The dream is more objective when you create the images with someone versus thinking about it on your own." "I realized I could accept my dream for what it is and move on." "My work experiences translated into possible personal experiences with my family that are not true." "Art is not my strong suit as I can be too analytical." "Making the art and writing the words down helped make the dream more objective." "Using the ATDA really helped me process a reoccurring daydream and I found it to be very therapeutic." "I found the process to be insightful and fun."

The participants all agreed that using the ATDA was a helpful tool for processing their dream, and all agreed that it provided information about themselves. 2 out of 5 participants felt that using the ATDA provided information about their work experiences, and 3 out of 5 responded in the likelihood of using the ATDA again as a future tool for processing dreams.

Results from the Interview

At the completion of the ATDA process, surveys, and questionnaire, participants engaged in a brief interview with the researcher about their experience. The participants responded with the following statements;

- **Describe your experience of using the ATDA.**

  "Putting the dream down on paper made it more concrete, there is a tendency to just focus on the bad things and that you do not have to live every day that way, focusing on the negative. Using the ATDA helped me see that there is more of a story and I could see

it better that way." "I am not sure that I discovered anything new or that anything has changed, because the same dream keeps coming back. I may have focused on different parts and objects, but it is still the same general problem." "The process of using the art materials and putting my dreams onto paper was very therapeutic. It allowed me to take time for myself. I deal with a lot of people that are dealing with a lot of things, and this allowed me time to process what I know I store inside because I am introverted normally." "It was interesting to finally figure out what the dream was about for me. I know how stressed I can be and how these (dreams) began when I started working here". "At first I thought using the ATDA was a bit intimidating, and was not sure of the purpose. I found it actually fun."

- **What are your reactions to using the ATDA?**

  "Using the ATDA reminded me that we live in the here and now, and to stop worrying about "what if's". It made things a bit more real for me, and to be grateful for the now." "I think it is silly that failure keeps presenting itself to me, when I know I am capable of doing it and succeeding." "I am surprised at how therapeutic it was for me to use the art materials. I have made art before and I really liked it. I am surprised how it (the art) got a lot of emotional angst out of me." "I do not do art on my own thoughts and dreams. Using the ATDA was what I expected it to be like." "I was surprised how it brought out emotions for me, deeper thoughts and feelings. The art allowed me to step back and clearly look at my dream/situation."

- **What did you find helpful when engaging in the ATDA?**

  "It was very focused, and I did not need to be a good artist. I just kept putting symbols down that meant something to me and that was my story. It only needed to have meaning

to me and that made it simple." "If the dream stops, then I would say it is helpful." "Allowing myself to express myself and open up this way was helpful. Putting it down on paper and being able to process my dreams without having to discuss it made it helpful, and it let me process my emotions." "It was helpful to hear my words said in someone else's voice, because I was thinking of it a certain way, but hearing it repeated back to me it came across in a different way than perhaps I meant." "I liked that I was able to put my thoughts and feelings down on paper, it made it more real. I was able to make changes to it and see it in a different form."

- **What did you find least helpful about using the ATDA?**

  "I tend to overanalyze things, and can over think things. My mind is running and I get distracted by these thoughts. The art making is more free form and I think I do better with more structure." "It was hard to find the time to come and do this. I know that doing things like this, making art, is good for me but I just have a hard for me to find the time to do it. I am exhausted by the end of the day. It was a challenge to get here, but I am so glad I came and did it." "It was difficult to remember a dream. It would have been helpful to know that I needed to bring one ahead of time."

- **Did using the ATDA change your point of view on the use of Dreams?**

  "It reinforces that there is a message there to pay attention to. I can look at it for a moment, and then move on." "I have kept a dream journal before and attended a workshop on them, but I never really found it very helpful. I do think it is worth trying to find meaning in dreams and what is causing it unconsciously. It has merit." "I do not think that this process has changed my opinion about dreams because I have always felt they were important. This has just given me a different way to view them." "The process

makes me want to keep a note book every time I wake up so I can get a new perspective on every dream I have." "I think I will pay more attention to my dreams after today. There seems to be both good and bad that can come from them, and I will pay more attention."

- **Please share any additional comments**

  "I was worried about having a dream to come with, because I do not always remember my dreams." "It was helpful to use the script and focus on the bottom line for the meaning of the dream." "Using the words to select the overall meaning and get a tone for the dream. Mine seemed to have mostly negative words." "I really did enjoy the process, and I can see how this could be helpful for me and for others."

Indicators of BO, CF, STS, or VT

Using the list outlined in Table 1, the researcher evaluated the findings in the art work, written work and participant responses and compared that to the list. The researcher looked for matches in identifiers with any findings found within the study. If the identifier was expressed by any one participant it was recorded as present. Through this analysis participants identified with being fatigued, overwhelmed, concerns with being late, feelings of anger, sudden bouts of crying, reactional stress was present, intrusive thoughts, having a tendency to avoid external stimuli, feelings of helplessness or hopelessness, frustration with their environment, and having poor concentration.

Summary

Participants expressed their interest in using the ATDA as a self-care practice. The results of the pre-ATDA and post-ATDA surveys along with the questionnaire and interview supported the use of the art based activity and directive. There was a shared desire to use the

ATDA as a way to process dreams, and a supportive reaction to the effects the process had on them. Participants expressed a connection between their process and engagement of using the ATDA and how related it to their daily life experiences, with some individuals also connecting it to work experiences. The findings from the researcher's perspective suggested deeper thoughts and emotions were revealed by the participants throughout their engagement of the art making, writing directive, and interview process, as these thoughts and emotions were identified with art graphic indicators within the artwork.

There is mention of emotional, physical and spiritual distress which relates to the symptoms identified and listed with BO, CF, STS, and VT within the findings. Within the art work, written format and interviews, participants expressed feelings of being overwhelmed, fatigued, having intrusive thoughts, anger, feelings of being trapped and being fearful of a situation. All these symptoms were reported by at least one participant, they were not recorded among every participant, and therefore it is inconclusive that any one participants or the group as whole can be identified as having an occupational fatigue syndromes such as BO, CF, STS or VT. However, there was evidence of a shared common theme among the dream content determined as a feeling of being trapped either in emotion, state of mind, or situation and the common theme of death was also present with the work created. The emotions indicated by participants were overlapping as many participants expressed feelings of fear and sadness during the ATDA process.

The color use by the participants was also significant with the use of red and black revealing the emotions and the content within the work created. The media that was chosen among the participants was also noted, as all of them chose to work with fluid media suggesting the participants to be working on the affect level of the ETC. Furthermore, the participants were

identified to be using the media in a scribbling manner which suggests a kinesthetic level of the ETC, sometimes recognized as a means for a release of tension or self-soothing practices while engaging in a creative process. These findings in combinations of the responses by the participants demonstrate merit and warrant further investigation of the usefulness of the ATDA assessment with nurses as a possible means for determining symptoms or underlying issues of BO, CF, STS, or VT.

Overall, this study demonstrated an effectiveness of the ATDA with those who participated and identified the ATDA process as helpful for them and possibly helpful for others. Within the study, 4 out of 5 participants found the process to be helpful as it provided insight for them about their daydream, dream, or reoccurring dreams. The study also found that those who participated supported using the ATDA as an art therapy intervention to process dreams as a self-care practice.

CHAPTER V

Discussion

Observations

It was challenging to engage participants in the study due to the time constraints of long scheduled work shifts and availability during the two week time frame. There was a significant interest and willingness to participate in the study, despite that it was designed as a volunteer basis. The main obstacles were for the volunteers to have the time to commit to the study and securing a private location on the hospital grounds. Also, having the participants prepared to work with a dream was challenging for some. When the directive was given "Using the art materials in front of you, create a dream that you have had, a dream that is reoccurring, or a recent dream. You can take as much time as you need, there is no time limit" (Horovitz, 2014). Some participants had difficulty recalling a dream in that moment, and asking them to come to the study prepared could have alleviated that hesitation and lack of recalling a recent dream.

During the sessions, the researcher provided no interpretation or meaning to the art work that was being created by the participant. The interpretation of pictorial imagery is highly subjective in all of these images, the researcher was not the one interpreting the artwork, the participant was (McNiff, 1998). Working with a control group could provide more insight about the nurse's dreams compared to that of others who are not employed as a nurse. The control group was not employed, and is suggested for future studies.

Additionally, it was interesting to learn about the use of the color red during this study. While some literature has examined the color red especially when used extensively it can suggest a 'hot' conflict area (Hammer, 1987) and in other applications the color red refers to the Muladhara, or sacral which refers to 'I need' (survival) (Kellogg, 1987) and is suggestive of a

heightened state of awareness with regard to a person survival needs. While this was observed in this study, again a control group might provide more information as to how this color was being selected for the artwork, and if there is a connection to this population and the color red.

The participant's use of space when working with their selected paper size was observed. Many of the participants created art close to the edges of the paper which suggests a respect for boundaries, and can also signify constriction and a need or desire to expand beyond (Hinz, 2009). Contrary to that, participants created images close to the edges of the paper, and were observed taking up a large portion of the paper, therefore, the researcher notes that it can be suggestive of having feelings of being out of control (Hinz, 2009). These observations were considered when comparing the use of art materials and space to those indicators of feeling out of control, confined or restricted in a work place, especially if compared with a control group of a different occupation.

Focusing the study on the acute care nursing population, provided some general information without targeting a nurses from oncology or pediatrics. Previous studies have indicated that nurses working in these departments are identified with higher rates of BO, CF, STS and VT, and therefore, this study would be best to be conducted within these groups and with a control group for comparison.

In order to improve the rigor of the study the following should be considered; (a) the use of objective criteria on which to score variables (b) collection of data from a large number of subjects and (c) duplication of data collection combined with future studies for reliability (Betts, 2006).

Limitations

The duration of time to collect the data was brief, scheduled for a two week period. During this time, many nurses were interested in participating, however, time constraints and availability in schedules became obstacles for those who were willing to be part of the study. The information was collected from a small sample size which provided insight, but a larger sample of participants would be favorable for future studies. Additionally, a control group would be ideal. Furthermore, it may be helpful to have the participant's engage in a few sessions of using the ATDA and have information to compare to with regard to participant feedback over a period of time.

Recommendations

Ideally, the participants would have kept a dream journal and would have worked in the nursing environment the day or two before the study, and used a dream that was from the previous night. However, this was not planned during the study and participants were allowed to use other dreams than those from recent experiences if they could not recall their most recent one.

For future studies, the researcher suggests large random samples of nurses employed within specific nursing departments to be evaluated such as those working in oncology, pediatric care, and palliative care, along with a control group. It is also recommended that an expansion on the number of subjects be explored in order to provide more information on the ATDA and its potential use as a self-care practice among nurses who are at risk for BO, CF, STS and VT. It is recommended that this study be reproduced with participants from diverse cultures, inclusive of gender and age. And it is recommended that the study take place over a longer period of time in

order to accommodate the participants but also to encourage several session for information collected over a period of time.

In order to consider this for future applications, participants could participate on an on-going basis and have dream work information to compare to over a period of time. With this, there could be a notable change in the artwork, and perhaps within the interpretation of their own work. Requiring participants to keep a dream journal following repeated sessions would be one way to design a repeat study.

Conclusions

Developing an institutional culture of recognition and support for nurses to avoid BO, CF, VT and STS should be part of health care organizations. Establishing a culture that helps managers create work environments with opportunities for connection and support among staff that address these issues is innovative. Compassion fatigue training allows professional caregivers to reconnect to their personal mission and then truly begin to connect with an organization's values and mission (Potter, Deshield, Rodriguez, 2013). Fifty-seven studies were reviewed to identify the prevalence of CF among cancer-care providers, instruments used to detect it and means of prevention and treatment. These findings highlight the need to understand more clearly the link between the empathic sensitivity of healthcare professionals and their vulnerability to compassion fatigue (Najjar, Davis, Beck-Coon, Doebelling, 2009)

There is no question that nurses experience high levels of stress which can result in BO, CF, STS, and VT. These symptoms often cause a decrease in productivity and retention, and effect the medical costs of the healthcare institutions. There is a correlation between self-care activities and practices that decrease BO, CF, STS, and VT. There are few activities that nurses engage in due to the time constraints of the position, despite the benefits to assist in prevention of

negative symptoms. Engaging in alternative expressive therapies and using self-care activities can decrease the likelihood of developing symptoms, and alleviating them.

The participants expressed a desire to use this activity again, and were pleased with the outcome it provided them with regard to their personal interpretation and meaning of their dream. Nurses in this study mentioned they are challenged with incorporating activities due to their busy schedule and time constraints within the profession, despite the awareness of the importance of self-care for sustainability. This study demonstrate an increase in participant interest to utilize alternative self-care activities such as art, and were more likely to do so during a break on the day of a scheduled work shift.

Prior to this study, there was no research conducted to probe the relationship between the applications of the ATDA within an acute medical facility with nurses and determining if there were any indicators of BO, CF, STS, and VT. Furthermore, the terminology and its symptom identifiers for CF, STS, and VT, among nurses has not been thoroughly investigated.

There is a growing concern of the importance for recognizing the stressors nurses are under and the resulting effects they experience within medical facilities, especially those working in oncology, palliative care and emergency departments. Despite the promise of new programs being integrated, few still exist. To my knowledge, this is the first research study that has taken a closer look at employing a dream analysis with art therapy to identify the negative impacts the work environment can have on professionals in the medical field. It is my sincere hope that more attention will be given to the well-being of the caregiving professionals in our communities. I hope there will be considerable interest, research and a growing enthusiasm to develop programs that support caregivers with the use of creative activities, which will lessen stressors and improve quality of life for all humankind. It is suggested that professional's

employed as nurses, first responders, psychiatrists, and therapists can all benefit from this study and the future applications of the ATDA.

References

APA (2013). Diagnostic and statistical manual of mental disorders (5th Ed.). Washington, DC: Author.

Abrahm, J.L. (2012). Integrating palliative care into comprehensive cancer care. *Journal of the National Comprehensive Cancer Network,* 10(10), 1192-1198.

American Art Therapy Association. (2014). Retrieved from http://www.arttherapy.org/aata-resources.html.

Aycock, N., & Boyle, D. (2009). Interventions to manage compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing,* 13(12), 183-191.

Baird, K. (2006).Vicarious traumatization and secondary traumatic stress: a research synthesis. *Counseling Psychology Quarterly*, 19(2), 181-188.

Bakker, A.B., Le Blanc, P., & Schaufeli, W.B. (2005). Burnout contagion among critical care nurses. *Journal of Advanced Nursing*, 51, 276-287.

Barnett, J., & Cooper, N. (2009). Creating a culture of self-care. *Clinical psychology Science and Practice*, 16(1), 16-20.

Betts, D. (2006). Art therapy assessments and rating instruments: do they measure up*? The Arts in Psychotherapy, 33*, 422-434.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2), 77-101.

Brooke, S. (2004). *Tools of the trade: A therapist's guide to art therapy assessments*. Charles Thomas Publisher Ltd: Springfield, Illinois.

Bober, T., Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: do they work? *Brief Treatment and Crisis Intervention*, 6(1), 1-9.

Boyle (2011). Countering compassion fatigue: a requisite nursing agenda Online Journal of Issues in Nursing, 16(1) Manuscript 2.

Cohen, M. (2001). Group dream work: a holistic resource for oncology nurses department of pain medicine and palliative care. *Social Work with Groups*, 24(1), 53-67.

Corso, V.M. (2012). Oncology nurse as a wounded healer: developing a compassion identity. *Clinical Journal of Oncology Nursing,* 16 (5), 448-450.

Dushman, R., & Sutherland, J. (1997). An alderian perspective on dream work and creative arts therapies. *Individual Psychology*, 53(4), 461-475.

Davis, S., Lind, B., K., & Sorensen, C (2013). A comparison of burnout among oncology nurses working in adult and pediatric inpatient and outpatient settings. *Oncology Nursing Forum*, (40) 303-11.

Epp, K. (2012). Burnout in critical care nurses: a literature review, 23, (4), winter.

Faber, M. (1992). The dream in terminal illness: a Jungian formulation. *Journal of Analytical Psychology, (*37), 61-81.

Fetter, K. L. (2012). We grieve too: one inpatient oncology unit's interventions for recognizing and combating compassion fatigue. *Clinical Journal of Oncology Nursing,* 16(6), 559-561.

Figley, C.R. (ed.) (1995). *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York Brunner/Mazel NY.

Gil, S., & Le Bigot., L. (2014). *Seeing life through positive tinted-glasses: Color meaning associations.* Open Access, University of Poitier, France.

Goelitz, A. (2001). Nurturing life with dream work. Therapeutic dream work with cancer patients. *Clinical Social Work Journal,* (4), 29-31.

Grinstein, A. (1983). *Freud's rules of dream interpretation.* Madison, CT; International Universities Press.

Kapitan, L. (2010). An introduction to art therapy research. Routledge: New York.

Freud, S. (1900). *The interpretation of dreams*. London: Oxford Press.

Hammer, E. (1987). *Advances in projective drawing interpretation.* Springfield, IL: Charles, C. Thomas Publisher.

Hernandez, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. Journals of systemic therapies. 29(1) 67-83.

Hinderer, K., VonRueden, K., Friedman, E., Mcquillan, K., Gilmore, R., Kramer, B., & Murray, M. (2014).Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing,* 21(4), 160-169.

Hinz, L.D. (2009). Assessment techniques in art therapy. Unpublished manuscript.

Hinz, L.D. (2009). *Expressive therapies continuum: a framework for using art in therapy.* Taylor & Francis: New York, NY.

Hooper, C., Craig, J., Janvrin, D., Wetsel, M., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue, among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing,* 36(5).

Horovitz, E. (2014). *Art therapist's primer: the clinical guide to writing assessments, diagnosis, and treatment* (2nd Ed). Charles Thomas Publisher: Illinois.

Horovitz, E. (2014). *A leap of faith: the call to art*. Charles Thomas Publisher: Illinois.

Jade, L (2013). Caring for oneself to care for others; Physicians and their self-care. *The Journal of Supportive Oncology,* 11(2), 75-81.

Jung, C.G. (1954). *The practical use of dream analysis.* Analytical psychology and education.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing,* 22, 116-120.

Kearney, M., Weininger, R.B., Vachon, M., Harrison, R., & Mount, B. (2009). Self-care of physicians caring for patients at the end of life." Being connected, a key to my survival". *JAMA the Journal of the American Medical Association*, 301(11), 1154-64.

Kellogg, J. (1987). *Mandala: Path of beauty.* Clearwater, Fl; MARI.

Lee, J & Miller, S. (2013). A self-care framework for social workers. Building a strong foundation for practice. *Families in Society,* 94(2), 96-103.

Lombardo, B., & Eyre, C. (2011). Compassion fatigue: A nurse's primer. *Online Journal of Issues in Nursing*, 16(1), manuscript 3.

Maclagan, D. (2000). Dream-work and art-work. *Psychoanalytic Studies,* 2 (4), 335-342.

Maggiolini, A., Persico, A., & Crippa, F. (2007). Gravity content in dreams. *American Psychological Association,* 17(2), 87-97

McNiff, S. (1995). *Art as medicine.* Boston: Shambhala.

McNiff, S. (1998). *Art-based research.* Philadelphia, PA: Jessica Kingsley.

Meadors, P., Lamson, A., Sira, N. (2010). Development of an educational module on provider self-care. *Journal of the National Nursing Staff Development Organization*, 26(4), 152-158.

Moon, B. (1995). Dialoging with dreams in existential art therapy. *Art Therapy Journal of American Art Therapy Association,* 24(3), 128-133.

Najjar, N., Davis, L. W., Beck-Coon, K., & Carney Doebbeling, C. (2009). Compassion fatigue: A review of the research to date and relevance to cancer-care providers. *Journal of Health Psychology, 14*(2), 267-277.

Newell, J., & MacNeil, G. (2010). Professional burnout, vicarious traumatization, secondary traumatic stress and compassion fatigue. A review of theoretical terms risk factors and preventative methods for clinicians and researchers. *Best Practices in Mental Health an International Journal* 6(2), 57-68.

Perry, B., Toffner, G., Merrick, T., & Dalton, J. (2011). An exploration of the experience of compassion fatigue in clinical oncology nurses. *Canadian Oncology Nursing Journal,* 21(2), 91-105.

Poghosyan, L., Clarke, S., Finlayson, M., & Aiken, L. (2010). Nurse burnout and quality of care: cross-national investigation in six countries. *Research in Nursing & Health*, 33, 288-298.

Potter, P., Deshields, T., & Rodriguez, S. (2013). Developing a systemic program for compassion fatigue. *Nursing Administration Quarterly, 37*(4), 326-332.

Potter, P., Deshields, T., Berger, J.A.., Clarke, M., Olsen, S., & Chen, L. (2013). Evaluation of a compassion fatigue resiliency program for oncology nurses. *Oncology Nursing Forum,* 40(2), 75-81.

Sanchez-Reilley, S., Morrison, L. J., Carey, E., Bernacki, R., O'Neill, L., Kapo, J., Periyakoil, V.S., & Thomas. Protecting compassion from fatigue and compromising the worker's worldview. *Journal of Psychosocial Oncology, 23*(4), 1-14

Shiparski, L., Richards, K., & Nelson, J. (2011). Self-care strategies to enhance caring. *Nurse Leader*, 9(3), 26-30.

Siegel, R. & Germer, C. (2012). Wisdom and compassion: Two wings of a bird. In C.K. Germer & R.D. Siegels (Eds.), *Wisdom and Compassion in Psychotherapy*, 7-34 New York: NY: Guilford.

Simon, C. E., Pryce, J. G., Roff, L. L., & Klemmack, D. (2005). Secondary traumatic stress and oncology social work: Protecting compassion from fatigue and compromising the worker's worldview. *Journal of Psychosocial Oncology, 23*(4), 1-14.

Sinacore, T. (2013). Art making and well-being in a healthy young woman. *The Arts in Psychotherapy,* 40, 212-219.

Sinclair, H.A., & Hamill, C. (2007). Does vicarious traumatization effect oncology nurse? A literature review. *European Journal of Oncology Nursing: The official Journal of European Oncology Nursing Society* 11(4), 348-356.

Stamm, B.H. (1995). *Secondary traumatic stress: self-care issues for clinicians, researchers, and educators.* Lutherville, MD: Sidran.

Stebnicki, M. (2007). Empathy fatigue: healing the mind, body and spirit of professional counselors. *American Journal of Psychiatric Rehabilitation* 10(4) 317-338.

Wilkinson, M. (2006). The dreaming mind brain-A Jungian perspective. *Journal of Analytical Psychology,* 43-59.

Zadeh, S., Gamba, N., Hudson, C., & Wiener, L. (2012). Taking care of care providers: a wellness program for pediatric nurses. *Journal of Pediatric Oncology Nursing: Official Journal of Pediatric Oncology Nurses,* 29(5), 249-299.

APPENDIX A
Pre-ATDA Survey

Please circle the numerical value, 0-10, that relates most closely to you in response to the question. (0- Never/Not at all, 5- Sometimes/Regularly, 10-Always/Very Likely).

Question	Rating
1. How often are you exposed to traumatic events within your working environment? (i.e.: graphic medical procedures, emotional disturbances or death.)	0……1…..2……3…..4…..5……6……7…..8…..9……10
2. How often does witnessing patient suffering within your work environment influence your:	
a. Quality of patient care……………………………….	0……1…..2……3…..4…..5……6……7…..8…..9……10
b. Punctuality and attendance………………………..	0……1…..2……3…..4…..5……6……7…..8…..9……10
c. Overall work performance…………………………..	0……1…..2……3…..4…..5……6……7…..8…..9……10
3. As a result of daily interactions at work, have you experienced bouts of crying, cynicism or anger that have affected your:	
a. Quality of patient care……………………………….	0……1…..2……3…..4…..5……6…..7……8…..9……10
b. Punctuality and attendance………………………..	0……1…..2……3…..4…..5……6……7…..8…..9……10
c. Overall work performance…………………………..	0……1…..2……3…..4…..5……6……7…..8…..9……10
4. As best you can remember, do you have dreams, nightmares or daydreams about your work as a direct patient care provider?	0……1…..2……3…..4…..5……6……7……8…..9……10
5. Are you participating in self-care practices on a daily basis?	0……1…..2……3…..4……5……6……7……8…..9……10
6. Are you participating in alternative self-care practices, such as art making, on a daily basis?	0……1…..2……3…..4……5……6……7……8…..9……10
7. How likely would you be to engage in a free self-care art practice or workshop?	
a. During a work break…………………………………..	0……1…..2……3…..4……5……6……7……8…..9……10
b. Before or after a scheduled work shift………..	0……1…..2……3…..4……5……6……7……8…..9……10
c. On an unscheduled work day …………………….	0……1…..2……3…..4……5……6……7……8…..9……10
8. With regard to daily self-care practices, how often do the following factors influence your ability to engage in personal care?	
a. Time……………………………………………………………	0……1…..2……3…..4……5……6……7……8…..9……10
b. Motivation………………………………………………..	0……1…..2……3…..4……5……6……7……8…..9……10
c. Money……………………………………………………….	0……1…..2……3…..4……5……6……7……8…..9……10
d. Family……………………………………………………….	0……1…..2……3…..4……5……6……7……8…..9……10
9. Are you familiar with the Art Therapy Dream Analysis Assessment?	0……1…..2……3…..4……5……6……7……8…..9……10

APPENDIX B
Post-ATDA Survey

Please circle the numerical value, 0-10, that relates most closely to you in response to the question.
(0- Never/Not at all, 5- Sometimes/Regularly, 10-Always/Very Likely).

1. How often are you exposed to traumatic events within your working environment? (i.e.: graphic medical procedures, emotional disturbances or death.)	0……1…..2……3…..4…..5……6……7…..8…..9……10
2. How often does witnessing patient suffering within your work environment influence your:	
a. Quality of patient care………………………………	0……1…..2……3…..4…..5……6……7…..8…..9……10
b. Punctuality and attendance………………………	0……1…..2……3…..4…..5……6……7…..8…..9……10
c. Overall work performance…………………………	0……1…..2……3…..4…..5……6……7…..8…..9……10
3. As a result of daily interactions at work, have you experienced bouts of crying, cynicism or anger that have affected your:	
a. Quality of patient care………………………………	0……1…..2……3…..4…..5……6…..7……8…..9……10
b. Punctuality and attendance………………………	0……1…..2……3…..4…..5……6……7…..8…..9……10
c. Overall work performance…………………………	0……1…..2……3…..4…..5……6……7…..8…..9……10
4. As best you can remember, do you have dreams, nightmares or daydreams about your work as a direct patient care provider?	0……1…..2……3…..4…..5……6……7……8…..9……10
5. Are you participating in self-care practices on a daily basis?	0……1…..2……3…..4……5……6……7……8…..9……10
6. Are you participating in alternative self-care practices, such as art making, on a daily basis?	0……1…..2……3…..4……5……6……7……8…..9……10
7. How likely would you be to engage in a free self-care art practice or workshop?	
a. During a work break…………………………………	0……1…..2……3…..4……5……6……7……8…..9……10
b. Before or after a scheduled work shift………..	0……1…..2……3…..4……5……6……7……8…..9……10
c. On an unscheduled work day …………………….	0……1…..2……3…..4……5……6……7……8…..9……10
8. With regard to daily self-care practices, how often do the following factors influence your ability to engage in personal care?	
a. Time………………………………………………………….	0……1…..2……3…..4……5……6……7……8…..9……10
b. Motivation…………………………………………………	0……1…..2……3…..4……5……6……7……8…..9……10
c. Money………………………………………………………	0……1…..2……3…..4……5……6……7……8…..9……10
d. Family……………………………………………………….	0……1…..2……3…..4……5……6……7……8…..9……10
9. Are you familiar with the Art Therapy Dream Analysis Assessment?	0……1…..2……3…..4……5……6……7……8…..9……10

APPENDIX C

POST ATDA- Questionnaire

Did you find using the ATDA was a helpful tool to process and bring valuable meaning to your dream(s), nightmare(s) or day dream(s)?_____Yes_____No_____Not sure
Comments:

____

Did using the ATDA provide insight about yourself from exploring your dream(s), nightmare(s) or day dream(s)? _____Yes_____No_____Not sure
Comments:

____

When using the ATDA, did you discover a connection between your work as a direct patient care provider and with your dream(s), nightmare(s) or day dream(s)? ___Yes___No___Not sure

Comments:

____

Will you consider using the ATDA on your own as a self-care practice in processing future dream(s), nightmare(s), or day dream(s)? _____Yes_____No_____Not sure
Comments:

____

Overall, how helpful was the use of ATDA to you as a self-care practice?
(0-Not at all helpful 5- Average, 10-Very Helpful)
0……1…..2……3…..4…...5……6…...7…...8…..9……10 Comments:

____

Overall, how helpful was the ATDA to assist you to understand your dream(s), nightmare(s) or day dream(s)?

(0-Not at all helpful 5- Average, 10-Very Helpful)
0……1…..2……3…..4…...5……6…...7…...8…..9……10 Comments:

____

Additional Comments:-

____

____

____

____

____

APPENDIX D

Content and Theme of Dream Identified by Participant

Overall Content/Theme of Dream	Frequency of Content (Participant's Code #)
(1) Embarrassment	
(2) Death	
(3) Flying	
(4) Falling	
(5) Losing teeth	
(6) Punishment	
(7) Reconciliation	
(8) Being Chased	
(9) Getting Married	
(10) Having Children	
(11) Taking Exams	
(12) Travelling	
(13) Swimming	
(14) Sexual Activity	
(15) Confined in a room, restraints	
Other	

APPENDIX E

Emotion of Dream Identified by Participant

(1 [Happiness], 2 [Surprise], 3 [Relief], versus 4 [Fear], 5 [Anger], 6 [Sadness]).

Overall Emotion Present in Dream	Subject's Response after using ATDA (Participant Code #)
(1) Happiness	
(2) Surprise	
(3) Relief	
(4) Fear	
(5) Anger	
(6) Sadness	
Other	

APPENDIX F
Saint Mary-of-the-Woods College
INFORMED CONSENT TO PARTICIPATE IN RESEARCH

You are invited to participate in this research study. The following information is provided to you in order to help you make a decision whether or not to participate. You are eligible to participate in this study because you are an adult working as a nurse in an acute care facility.

The purpose of the research is to investigate if using the Art Therapy Dream Assessment is an alternative self-care practice useful for nurses.

The procedure involves minimal risk for the participants and all the artwork, consent forms and surveys will be numerically coded to maintain confidentiality. The benefit of the participation will be access to an enjoyable art experience. Only the researcher and the art therapist supervisor will have access to the completed documents. These will be maintained in a secured location for three years after publication of the results. Strict confidentially will be maintained as required by the American Art Therapy Association, The Art Therapy Credentialing Board, and the Health Insurance Portability and Accountability Act.

You have the right to decline participation by not signing the form. Should you agree to participate, you also have the right to withdraw from the study at any time without penalty, by notifying the researcher at (603) 268-1041.

This study was approved by the Saint Mary of the Woods Human Subjects Institutional Review Board on this day________________.

This study was approved by the Concord Hospital Human Subjects Institutional Review Board on this day _________________.

If you have any questions about this study, please contact the researcher, the researcher's art therapy supervisor or the chair of the Human Subjects Institutional Review Board.

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My signature below indicates that I am 18 years of age or older, I have been informed about this study, I consent to participate in the study, and I have received a copy of this consent form.

____ Date _______________________
Signature

APPENDIX G
Saint Mary-of-the-Woods College
Media Consent Form
CONSENT TO AUDIOTAPE

Thank you for your participation in this research project. As part of this project, you may choose to be audiotaped. There will be no negative consequences for refusing to be audiotaped. The results of this study may be presented in educational settings, scientific journals, popular press or newspapers, professional conferences, or the media. The researcher agrees to only use the materials in ways to which you agree. Please initial in the blank next to the statement you feel most comfortable and sign below.

_____ I do want to be audiotaped and I give approval for my voice to be heard any time the audiotape is heard, but please do not use my name. Please sign below.

_____ I *do not* want to be audiotaped and I want all of the information I disclose to be presented to others anonymously. Please sign below.

I have read the above and give my consent for the use of the audiotape as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

Signature ______________________

Date ______________________

APPENDIX H
Saint Mary-of-the-Woods College
Art Consent Form
CONSENT TO PHOTOGRAPH THE ART WORK AND WRITINGS

Thank you for participating in this research study. This is an informed consent form allowing the researcher, Susan Riedl, to photograph your artwork for documentation and research purposes. There will be no negative consequences for refusing to have your artwork photographed. The results of this study may be presented in educational settings, scientific journals, popular press or newspapers, professional conferences, or the media. The researcher agrees to only use the materials in ways to which you agree. Please initial in the blank next to the statement you feel most comfortable and sign below.

_____I do want my artwork or writings to be photographed and give approval for it to be referred to as stated above. I understand my identity will remain anonymous. Please sign below.

_____I *do not* want my artwork or writings to be photographed. Please sign below.

I have read the above and give my consent for the use of photography as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

Signature _____________________

Date _____________________