Stress Levels and Self-Care: A correlational study with art therapy graduate students

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ABSTRACT

Art therapy graduate students often have various aspects of their lives that they must balance while in school, including, but not limited to: work, interpersonal relationships, finances, and physical health. How can students manage stress from everyday life, in addition to academic pressure? It was often assumed that utilizing self-care was an effective method to manage stress levels; however, there was minimal research to support that assumption. To date, no research has been found on stress levels, the use of self-care, or burnout rates among art therapy graduate students. A survey was conducted assessing perceived stress levels and self-care in art therapy graduate students. The survey was completed by 115 art therapy graduate students from various graduate programs across the United States. Various types of analysis were utilized to determine if there was a statistically significant relationship between the two variables. Ethical implications, limitations, and recommendations for further research were explored.

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CHAPTER I

Introduction

Statement of the Problem

To date, this researcher has not found any art therapy research on the relationship between stress levels and self-care in art therapy graduate students. Research among psychology graduate students showed that graduate students experienced higher stress levels than the general population and that the amount of self-care affects perceived stress levels (Goncher, Sherman, Barnett, & Haskins, 2013; Myers et al., 2012; O' Halloran & O'Halloran, 2001; Rummell, 2015). Based on the reviewed research with psychology graduate students, this researcher believes we can infer that this relationship could translate to art therapy graduate students as well.

Research Question

This study was guided by the question: What are the perceived stress levels of art therapy graduate students and are they affected by the amount of self-care the student engages in?

Basic Assumptions

Graduate students experience high levels of stress, and art therapy students were assumed to be no exception. This pilot study also assumed that by developing healthy self-care practices and managing stress levels during graduate school, the art therapy graduate students will maintain similar practices as professionals. Moreover, allowing them the clear headedness to make ethical decisions and provide a high quality of art therapy to their clients.

Statement of Purpose

The purpose of this study was to better understand self-care as it relates to stress management for art therapy graduate students.

Hypotheses

This study had two hypotheses which included:

1. The amount of self-care an art therapy graduate student engages in directly affects perceived stress levels. When the amount of time spent engaging in self-care goes up, the student's perceived stress levels will go down.
2. Students who engage in self-care are less likely to experience burnout.

Definition of Terms

Self-care. The process of engaging in various activities to promote and maintain physical, emotional, and spiritual well-being (Myers et al., 2012).

Stress. The demands of an external situation that causes emotional or physical duress (Myers et al., 2012).

Emotional exhaustion. Depleted emotional resources as a result of prolonged emphatic responses to clients (Shin et al., 2014).

Depersonalization. Emotional detachment, lack of empathy, and negative feelings or cynicism towards clients (Shin et al., 2014).

Mindfulness-Based Stress Reduction (MSBR). An eight week structured intervention program developed by Kabat-Zinn (1990) that utilizes mindfulness and meditation to decrease negative symptoms associated with various physical and mental health disorders (Decker, Brown, Ong & Stiney-Ziskind, 2015).

Mindfulness-Based Positive Principles and Practices (MPPPs). Is a nonclinical practice that utilizes concepts found in MSBR, acceptance commitment therapy (ACT), and the positive psychology movement; focusing on altering methods of "thinking, doing, and being" (Wise, Hersh & Gibson, 2012).

Secondary Traumatic Stress. Is a disorder which results from indirect exposure to a traumatic event with at least one instance of exposure where a person learns about a first-hand traumatic experience or event (O'Halloran & O'Halloran, 2001).

Justification of the Study

The results of this pilot study will increase understanding of the relationship between stress and self-care. It will also add to the body of literature on perceived stress levels and self-care in art therapy graduate students. This information will allow art therapy graduate students to better manage stress associated with graduate school; furthermore, lowering burnout rates. The resulting data will aid in the development of art therapy interventions on stress management and self-care.

CHAPTER II

Review of the Literature

Stress and Graduate Students

The majority of research on stress in graduate students found by this researcher to date was conducted with psychology graduate students, social work graduate students, or medical students. Some generalizations can be made to other graduate programs because of the stressors that accompany higher levels of education. However, research needs to be conducted specifically within the population of art therapy graduate students.

Psychology graduate students have reported higher levels of stress than the general population (Myers et al., 2012). Stressors included: academic pressure, finances/debt, anxiety, fear of failure, time management, and poor work-life balance (Rummell, 2015). Stress can also occur because of secondary traumatic stress, which can take place during graduate coursework or during internship (O'Halloran & O'Halloran, 2001). Of the psychology graduate students surveyed, more than one-third reported burnout, depression, and physical health issues (El-Ghoroury, Galper, Sawaqdeb, & Bufka, 2012). The inability to cope with stress can lead to physical and emotional duress, burnout, and can negatively affect academic performance.

Burnout

Burnout was categorized by feelings of emotional exhaustion, depersonalization, and diminished personal accomplishment (Boren, 2013; Cherniss, 1992; Decker et al., 2015; Hayes, 2013; Kahill, 1988; Maslach, 1982; Newell & MacNeil, 2010; O'Brien & Haaga, 2015; Rupert, Miller & Dorociak, 2015; Shin et al., 2014; Suran & Sheridan, 1985). Other symptoms of burnout can include, but were not limited to: decrease in job satisfaction, cynicism, anxiety, guilt, depression, lower motivation, poor self-esteem, fatigue, sleep disturbances, headaches,

gastro-intestinal problems, and other somatic symptoms. Some behaviors associated with burnout were poor performance, absenteeism, avoidance, and withdrawing from clients (Boren; 2013; Hayes, 2013; Kahill, 1988; Shin et al., 2014). This occurred in professionals and graduate students that experienced prolonged periods of stress. Some of the causes of burnout included: role conflict or ambiguity, low job autonomy or feelings of powerlessness, highly demanding jobs, time worked, an overloaded schedule, inadequate supervision, lack of support, inadequate financial rewards, unrealistic goals or job expectations, and inadequate self-care and coping strategies (Newell & MacNeil, 2010; Rupert et al., 2015; Shin et al., 2014; Suran & Sheridan, 1985). Mental health professionals and young professionals were at an increased risk for burnout (Adams & Riggs, 2008; Decker et al., 2015). Professionals and students that work with high stress populations included, but were not limited to: abused clients, clients with post-traumatic stress disorder, grief and personality disorders are also at an increased risk (Shannon, Simmelink-McCleary, Becher, & Crook-Lyon, 2013).

The terms secondary traumatic stress, vicarious traumatization, and compassion fatigue are other terms that were often used interchangeably with burnout, and can also be a cause of burnout. Secondary traumatic stress has similar symptomology as post-traumatic stress disorder; included, but were not limited to hypervigilance, intrusive thoughts, irritability, nightmares, and insomnia. Vicarious traumatization is trauma experienced by a professional or a student that is exposed to the trauma of a client, and results in a cognitive change which alters one's attitudes, beliefs, and/or perspectives. Individuals with a personal history of trauma are at an increased risk of developing vicarious traumatization. Compassion fatigue occurs after exposure to recurrent crises and the use of chronic empathy with suffering clients (Adams & Riggs, 2008; Decker et al., 2015; Hayes, 2013; Knight, 2013; Newell & MacNeil, 2010).

Self-Care

Current research emphasized the use of self-care and coping strategies to reduce the risk of burnout (Barnett, Baker, Elman & Schoener, 2007; Decker et al., 2015; Rupert et al., 2015; Shin et al., 2014). Self-care that included mindfulness based practices have been shown to increase awareness, self-compassion and overall well-being, as well as decrease stress, anxiety, and depression. Mindfulness-Based Stress Reduction (MSBR) and Mindfulness-Based Positive Principles and Practices (MPPPs) have also been proven to be an effective treatment for burnout (Decker et al., 2015; Hayes, 2013; Shin et al., 2014; Wise et al., 2012). Other forms of self-care include, but are not limited to: setting realistic goals, getting adequate rest, utilizing support and staying connected with family and friends, using art for self-expression, outdoor activities, attending church, yoga, and meditation (Burkhart, 2013; Newell & MacNeil, 2010; Shannon, et al., 2013). Response art making has been identified as an effective way to process thoughts and emotions experienced when working with clients (Elkinson-Griff, 1995; Moon, 1999). In a study with undergraduate students, 30 minutes of art making significantly reduced the stress and anxiety of participants (Sandmire, Gorham, Rankin, & Grimm, 2012).

Previous research with psychology graduate students suggested that self-care practices are related to the student's ability to cope with stress (Goncher, Sherman, Barnett & Haskins, 2013; Myers et al, 2012). Art therapy and counseling professionals are responsible to be aware of how their personal problems and mental health may affect their ability to perform work-related duties, including the potential to harm a client (American Art Therapy Association [AATA], 2009; American Counseling Association [ACA], 2002; American Psychological Association [APA], 2002; Art Therapy Credentials Board [ATCB], 2007). Prolonged or high levels of stress can lead to impairment, which would affect the professional's judgement and

may cause harm to the client (Wise et al., 2012). Self-care would help professionals maintain physical and psychological wellness and promote self-awareness, which would encourage ethical decision making (Hayes, 2013; Hinz, 2011). Developing self-care practices during graduate school may help prevent the use of maladaptive coping strategies and burnout later in life (Barnett & Cooper, 2009; Knight, 2013; Suran & Sheridan, 1985).

Art Therapy for Stress Reduction and Burnout

Art therapy facilitates nonverbal expression, the ability to express what cannot be put into words. As stated by Harter (2007), "Not only does art allow a way to communicate the implicit in an explicit form, it allows experimentation with new configurations of experience" (p. 176). To date there have been several research studies that evaluated the effectiveness of art therapy for stress reduction and burnout. A quantitative quasi-experimental study done by Visnola, Sprudza, Bake and Pike (2010) showed that art therapy reduced significantly reduced stressed and anxiety, resulted in lower cortisol levels in participants, and increased self-confidence and self-esteem when compared to a control group. A study among cancer caregivers indicated that creative arts directives relieved anxiety, stress and negative emotions (Walsh, Martin, & Schmidt, 2004). A research study among undergraduate college students showed that art based activities significantly reduced stress (Curl, 2008).

Art therapy decreased burnout in study with hospice workers (Salzano, Lindemann, & Tronsky, 2013). Anxiety, a symptom of burnout, was shown to be reduced by coloring pre-printed mandalas, free form painting, collage making, clay work and drawing (Curry & Kasser, 2005; Henderson, Rosen, & Mascaro, 2007; Kimport & Hartzell, 2015). Fluid media, such as clay and watercolor, have been shown to be more effective in reducing anxiety than resistive media, such as graphite (Crane, 2010; Hinz, 2009). Art therapy also reduced feelings of

exhaustion, another symptom of burnout, as well as increased emotional awareness and emotional regulation, and decreased fear of death in end of life workers (Potash, Ho, Chan, Wang & Cheng, 2014).

Implications for Art Therapy Graduate Students

According to a membership survey conducted in 2013 by the American Art Therapy Association, in addition to being credentialed as a creative art therapist or professional art therapist, art therapy professionals also have credentials as a clinical or mental health counselor, marriage and family therapist, professional counselor, psychoanalyst, psychologist, social worker, or other specialist credentials (Elkins & Deaver, 2015). Role conflict and role ambiguity have both been identified as potential causes of burnout. According to Gussak and Orr (2005), "Many art therapists find themselves in positions that require them to take on responsibilities other than art therapy or to work under different professional titles" (p. 102). This, in addition to negotiating with other professionals, may lead to role conflict or role ambiguity. In order to help prevent this, students would benefit from increasing personal awareness and exploring the differences between their future professional roles. In a research study with graduate students studying art therapy and counseling, personal art making was identified as an effective method of exploring identity (Feen-Calligan, 2012). Self-awareness practices have also been identified as a method of professional identity development (Elkis-Abuhoff, Gaydos, Rose, & Goldblatt, 2010).

CHAPTER III

Methodology

Participants

In order to obtain volunteers to complete the survey, departmental program directors of thirty-five graduate schools, approved by the American Art Therapy Association, were contacted through email and asked to contact current art therapy graduate students in their respective programs. All participants were asked to complete the survey on a voluntary basis. A link was provided through the email, and surveys were completed via Survey Monkey. The survey was completed by 115 art therapy graduate students. Participants were informed of the study's approval from the Saint Mary-of-the-Woods' Institutional Review Board (IRB). An informed consent (Appendix A) was provided prior to beginning of the survey; by starting the survey the participants were giving their consent to participate in this pilot research study. Participants were given the option to withdraw from the survey at any point. No demographic information or program identification was collected in order to help protect participants' confidentiality. For this reason, the researcher cannot determine how many programs participated in the study or to what degree the results represent the population of art therapy graduate students.

Measures

The survey Assessing Perceived Stress and Self-Care in Art Therapy Graduate Students (Appendix B) was created by the researcher and utilized as the measure for this pilot study. The survey included 30 questions that were divided into two equal sections: Section A assessed perceived stress levels, and Section B assessed self-care utilization. This survey was a self-report that utilized a 5 point Likert-type scale with (1) representing *strongly disagree* to (5) representing *strongly agree.* Section A and Section B of the survey were scored separately for

the purpose of comparison. Each section's scores ranged from 15 to 75. For Section A of the survey, a low score indicated low levels of stress and higher scores indicated high levels of stress. Similarly, in Section B, a low score indicated low levels of self-care utilization and higher scores indicated high levels of self-care utilization. Due to the survey being self-report, all scores were reflective of the participants' perception of stress and self-care.

Research Design

Pearson's Correlation Coefficient was used in Excel to determine the correlation between Section A and Section B of the survey. This measured linear dependence between the two variables, perceived stress and self-care, giving a value between +1 and -1 where +1 was a perfect positive correlation, 0 was no correlation, and -1 was a perfect negative correlation.

Chi-Square Test for Independence was utilized to analyze pairs of questions within the survey. For this equation the degrees of freedom (DF) is equal to: $DF = (r - 1) * (c - 1)$, where r = one categorical value (perceived stress), and c = other categorical value (self-care). Expected Frequencies were $E_{r,c} = (n_r * n_c) / n$. The test statistic was $X^2 = \Sigma [(O_{r,c} - E_{r,c})^2 / E_{r,c}]$, where $O_{r,c}$ was the observed frequency count at level *r* of Variable A and level *c* of Variable B, and $E_{r,c}$ was the expected frequency count at level *r* of Variable A and level *c* of Variable B. This equation tested for any statistically significant relationship between selected questions regarding perceived stress and self-care (Sprinthall, 2003).

Ethical Implications

Approval to conduct this research study was received from the Saint Mary-of-the-Woods Institutional Review Board (IRB). Results of the study were stored on a password protected flash drive, and were kept in a locked filed cabinet in the researcher's locked office. The risks associated with this study were minimal, but may have included individual participants

experiencing negative feelings when they self-report on their stress levels. No demographic information or internet protocol (IP) addresses was collected; however, there is the lack of total protection of anonymity due to unforeseen problems with internet collection of data.

Researcher Bias

This researcher was an art therapy graduate student when this study was conducted, which may have caused the results to be affected due the researcher's belief that art therapy graduate students experience high levels of stress and are affected by self-care practices.

CHAPTER IV

Results of the Study

Data Collection

Survey data was collected and entered into an Excel document. Percentages for each response were calculated. The results from Section A of the survey, as observed in Table 1.1, showed that the majority of students rate having high levels of stress. With the exception of "I get irritated or easily upset over little things," "I feel unmotivated to do things I enjoy," and "I can complete course work in a timely manner" which was a reverse score, the major percentage of art therapy students agree or strongly agree to questions indicating higher levels of perceived stress. The mean score for Section A was 49, with the lowest score being 22 and the highest score being 70. Of the students surveyed, 45.62% agreed or strongly agreed "I feel burnout."

Table 1.1

Section A – Assessing Perceived Stress

Survey Question	Response Percentages				
	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I feel nervous or stressed most of the time.	1.75%	22.81%	16.67%	45.61%	13.16%
I have a hard time keeping up with daily activities.	0.88%	33.46%	18.42%	42.98%	5.26%
I feel burnout.	2.63%	29.82%	21.93%	32.46%	13.16%
I feel unable to cope with everything I have to do (work, school, responsibilities).	3.57%	26.79%	26.79%	34.82%	8.04%

I get irritated or easily upset over little things.	6.25%	33.93%	19.64%	33.93%	6.25%
I can complete course work in a timely manner.	0.00%	12.5%	16.07%	53.57%	17.86%
I feel that stress from school affects other areas of my life.	0.88%	9.73%	13.27%	46.02%	30.09%
I feel that stress from my life affects school.	0.88%	18.42%	12.28%	45.61%	22.81%
I feel that my stress level affects my perception of school.	4.39%	10.53%	12.28%	52.63%	20.18%
I feel unmotivated to do things I enjoy.	13.16%	32.46%	17.54%	30.70%	6.14%
I have noticed a negative change in my physical well-being as a result of my stress levels.	5.26%	16.67%	14.04%	45.61%	18.42%
I have noticed a negative change in my emotional well-being as a result of my stress levels.	3.51%	15.79%	15.79%	46.49%	18.42%
I have noticed a negative change in my spiritual well-being as a result of my stress levels.	6.19%	23.01%	31.86%	28.32%	10.62%
I have noticed a negative change in my inter-personal well-being as a result of my stress levels.	4.39%	24.56%	21.93%	38.60%	10.53%
I have noticed a negative change in my overall ability to function as a result of my stress levels.	1.75%	26.32%	21.93%	40.35%	9.65%

As observed in Table 1.2, participants agreed or strongly agreed to ten of the fifteen questions assessing self-care. The majority of participants disagreed or strongly disagreed to "When I feel overwhelmed in school, I seek support from school faculty," "I make time to take care of myself physically," "I make time to take care of my spiritual needs," and "I am able to maintain a balance between school, work, family, and play." The mean score for Section A was 51, with the lowest score being 30 and the highest score being 73. Although 85.71% of participants agreed or strongly agreed that self-care is effective in managing their stress, 48.22% of participants reported not having enough time to engage in self-care.

Table 1.2

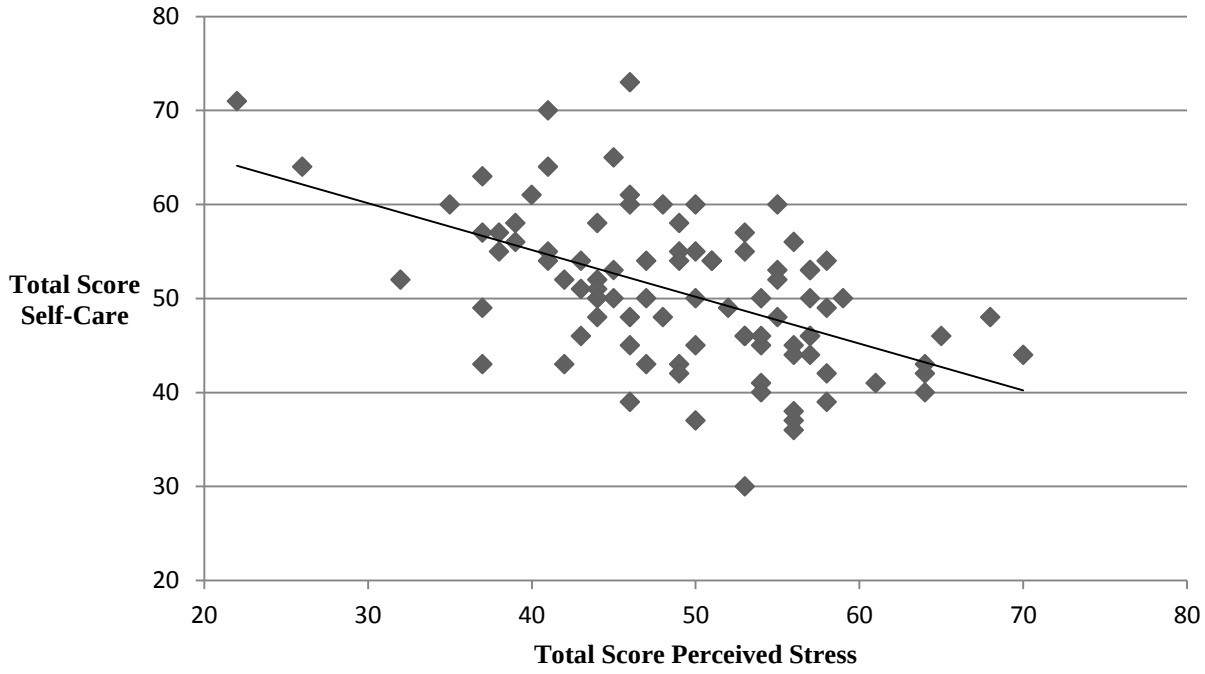
Section B – Assessing Self-Care

Survey Question	Response Percentages				
	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I am able to talk to people when I feel stressed.	0.00%	10.81%	9.91%	61.26%	18.02%
I make time to do things I enjoy.	2.68%	16.07%	16.07%	52.68%	12.50%
When I feel overwhelmed in school, I seek support from school faculty.	12.5%	48.21%	14.29%	19.64%	5.36%
I make time to take care of myself physically (exercise, eat healthy, get enough sleep, etc.).	5.36%	34.82%	25.00%	23.21%	11.61%
I make time to take care of my spiritual needs (prayer, attend church, meditation, etc.).	9.82%	33.04%	27.68%	25.00%	4.46%
I make time to take care of my emotional needs (express myself emotionally, take time to relax, etc.).	2.73%	20.00%	17.27%	48.18%	11.28%

I make time to take care of my inter-personal needs (spend time and talk with friends and family).	0.89%	16.07%	16.07%	51.79%	15.18%
I engage in hobbies and activities outside of school.	2.68%	33.93%	13.39%	38.39%	11.61%
I take a break when feeling overwhelmed with school.	1.79%	25.00%	16.96%	48.21%	8.04%
I am able to maintain a balance between school, work, family, and play.	7.14%	33.93%	26.79%	27.68%	4.46%
I have a strong support system (including family, friends, faculty, and co-workers).	0.00%	11.61%	7.14%	51.79%	29.46%
When feeling overwhelmed, I make time to engage in self-care.	1.79%	24.11%	25.00%	39.29%	9.82%
I am accepting of feedback from others regarding my stress management, school performance, and professional functioning.	1.79%	8.04%	14.29%	60.71%	15.18%
I do not have enough time to engage in self-care.	3.57%	24.11%	24.11%	33.93%	14.29%
I feel that self-care is effective in lowering my stress levels.	1.79%	3.57%	8.93%	50.00%	35.71%

Figure 1 showed a scatter chart which illustrated the correlation between scores for Section A: Assessing Perceived Stress Levels and Section B: Assessing Self-Care. Any survey's that were not completed and missing responses were not included in this analysis because it would lower the total score and skew the results. For this reason, only 95 surveys were used for this analysis.

Figure 1. Correlation between Perceived Stress and Self-Care



The Pearson's Correlation Coefficient for the data was -0.533, which is depicted by a negative correlation in the chart. This information supports the hypothesis that as the amount self-care goes up, the student's perceived stress levels went down; however, the correlation is not strong enough to prove this. The lack of a strong correlation could be a result of the low number of completed survey data.

The Chi-Square for Independence was used with seven sets of questions. Scores $p = 0.05$ are indicative of the data are dependent 95% of the time, $p = 0.01$ scores are dependent 99% of the time, and scores of $p = 0.001$ are dependent 99.9% of the time. The purpose of this comparison is to determine if questions within the survey were statistically significant. These comparisons included:

1. “I have noticed a negative change in my physical well-being as a result of my stress levels” and “I make time to take care of myself physically (exercise, eat healthy, get enough sleep, etc.)” resulted in $p = .002$.
2. “I have noticed a negative change in my emotional well-being as a result of my stress levels” and “I make time to take care of my emotional needs (express myself emotionally, take time to relax, etc.)” resulted in $p = 0.05$.
3. “I have noticed a negative change in my spiritual well-being as a result of my stress levels” and “I make time to take care of my spiritual needs (prayer, attend church, meditation, etc.)” resulted in $p = 0.004$.
4. “I have noticed a negative change in my inter-personal well-being as a result of my stress levels” and “I make time to take care of my inter-personal needs (spend time and talk with friends and family)” resulted in $p = 0.233$.
5. “I feel unmotivated to do things I enjoy” and “I make time to do things I enjoy” resulted in $p = 0.003$.
6. “I feel unable to cope with everything I have to do (work, school, responsibilities)” and “I am able to maintain a balance between school, work, family, and play” resulted in $p = 0.016$.
7. “I feel burnout” and “I do not have enough time to engage in self-care” resulted in $p = 0.015$.

All of the comparisons, except the comparison of inter-personal stress and self-care, were found to be statistically significant.

CHAPTER V

Discussion

Stress

The art therapy graduate students reported having high levels of stress, which is congruent with the research conducted with psychology graduate students. Common stressors indicated by psychology graduate students included time management and poor work-life balance (Rummell, 2015). Of the art therapy students assessed, 48.22% reported not having enough time to engage in self-care, and 40.44% reported an inability to maintain balance between school, work, family and play. These two factors are congruent with previous research, and may have contributed to the high stress levels reported.

Burnout

Of the art therapy graduate students assessed, 45.62% reported feeling burnout, which is greater than the one-third of psychology graduate students that reported feeling burnout (Rummell, 2015). Various somatic symptoms were reported in previous research studies as symptoms of burnout. Although this study did not assess for specific somatic complaints, 64.03% of participants reported a negative change in physical well-being as a result of stress. Emotional exhaustion is another key indicator of burnout, and 64.91% of participants indicated a negative change in emotional well-being as a result of stress.

Self-Care

The majority of participants indicated utilizing positive self-care, such as utilizing support systems and talking with friends and/or family, expressing their emotions, taking breaks when necessary, and participating in things they enjoy. However, many also indicated that they do not seek supervision when feeling overwhelmed, or engage in physical or spiritual self-care;

which was identified by previous research to be effective methods of self-care. Supervision and self-care was also identified as a way to prevent burnout.

Limitations

Despite the overall correlation of the study not being significant, various questions within the survey regarding stress and self-care were found to be statistically significant. There are some factors that may have limited the amount of conclusions that could be drawn from the study. First there were only 115 art therapy graduate students that completed the survey. Of those 115, only 95 were able to be used for data analysis. Students experiencing high perceived stress levels may not have completed the survey, which will affect the results. Also, the amount of self-care practiced may have varied based on when the survey is completed in reference to the time in the academic year; moreover, a student completing the survey at the beginning of a semester may have reported lower levels of perceived stress than a student completing the survey near the end of a semester. The survey did not include open-ended questions, which did not allow art therapy graduate students to indicate what forms of self-care they utilize. This information would have helped to determine what forms of self-care students were effective in managing stress.

This study did not collect demographic information or program identification information. This limited how the data could have been impacted by graduate students in different programs, age groups, and different racial/ethnic group. This study only surveyed art therapy students that were currently enrolled in graduate school, and did not include any graduate students that may have withdrawn or were taking a break from school. It is possible these students withdrew from graduate school due to an inability to manage stress levels. This

may have skewed the results, predominately showing students that have lower levels of stress or manage stress more effectively.

Recommendations

The current pilot study suggested that self-care practices may be related to the amount of perceived stress levels an art therapy graduate student experiences. Because the overall results were correlational, a causal relationship between self-care and perceived stress could not be established. The small sample size of the study did not allow for generalization within the population of art therapy graduate students.

Further research is recommended to establish content validity, concurrent validity, and construct validity for the survey. Future studies would benefit from surveying a larger sample size, which will help establish generalizability. Future studies would also benefit from a more comprehensive assessment of other perceived stress levels; for example, finances, work, health and personal life. Also, a better measurement of self-care, such as indicating hours per week spent engaging in self-care or open-ended question where students can state what forms of self-care they use. This could provide more detailed information and further increase understanding of self-care practices. Art therapy graduate students from other cultures and various disciplines may also benefit from research in this area. Research among art therapy professionals would aid in providing art therapy graduate students with information on self-care practices that could be utilized in their careers. Research studies that test specific forms of self-care or art therapy directives might also be beneficial in determining effective self-care methods. A qualitative study, which included a pre- and post-test, could help establish causality between stress and self-care.

Conclusion

This pilots study's results were similar to research conducted with psychology graduate students (Goncher et al., 2013; Myers et al., 2012; O' Halloran & O'Halloran, 2001; Rummell, 2015), by showing that stress and self-care are related, although not to the same statistical significance. Increased understanding and awareness of the relationship between stress and self-care will help art therapy graduate students utilize self-care methods that would be effective in managing their stress levels. Art therapy graduate students that are more effective in managing their stress levels would likely perform better academically, and learn self-care practices that could be utilized as professionals.

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Appendix A

Informed Consent Agreement

Dear Art Therapy Graduate Student,

I am a graduate student at Saint Mary-of-the-Woods College in Saint Mary-of-the-Woods, Indiana, and I am conducting a research study entitled *Stress Levels and Self-Care: A Correlational Study with Art Therapy Graduate Students*. The purpose of the study to is to determine if there is a significant association between self-care practices and stress levels. This research study is being conducted in partial fulfillment of the requirements for the Master of Arts in Art Therapy Degree. The results may also be used for future publications or presentations, though no identifying information will be used in the reporting of the results.

You are being invited to participate in this research study and were selected as a possible participant because you have been identified as an art therapy graduate student. The risks associated with this study are minimal, but may include (1) individual participants experiencing negative feelings as they self-report on their stress levels, and (2) the lack of total protection of anonymity due to unforeseen problems with internet collection of data. There is no cost to you to participate in the study and it will take approximately 20 minutes to complete.

This survey is anonymous and the researcher will not collect IP addresses or attempt to track the participant in any way. However, anonymity is not always guaranteed over the internet. Electronic information obtained for this study will be stored both on a DVD and a removable hard drive and will be password protected. Only the researcher and her supervisor will have access. Information stored on the DVD and the removable hard drive will be kept in a locked file cabinet in the researcher's locked office. The information will be deleted after three years.

Your participation in this study is voluntary. Although you have been recruited for this study due to your enrollment in a graduate art therapy program, no benefits will accrue to you in your program due to participation in this study. In addition, as your participation in this study is anonymous, you will incur no consequences to your current study should you either choose not to participate in this study or withdraw from participation once you have begun the survey. You are free to withdraw by not submitting the survey, and you may end the survey anytime by clicking on the words *Exit this survey* in the upper right corner of the screen. Once you submit the survey, you will not be able to withdraw participation. By completing the survey and submitting it electronically, you are voluntarily agreeing to participate in the study.

If you have any questions about the study, please contact Amber Ellis at aellis@smwc.edu or Jill McNutt, PhD at jmcnutt@smwc.edu. A copy of the results at the completion of the study can also be obtained by contacting the researcher. Approval to conduct this research study has been received from the Saint Mary-of-the-Woods Institutional Review Board (IRB).

Thank you for taking the time to complete this survey.

Amber Ellis, Art Therapy Graduate Student

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Appendix B

Assessing Perceived Stress and Self-Care in Art Therapy Graduate Students

Please indicate your level of agreement with each of the following statements by circling the appropriate number as follows:

1 = Strongly Disagree

2 = Disagree

3 = neither Agree or Disagree

4 = Agree

5 = Strongly Agree

Section A – Assessing Perceived Stress

1. I feel nervous or stressed most of the time. 1 2 3 4 5
2. I have a hard time keeping up with daily activities/responsibilities. 1 2 3 4 5
3. I feel burnout. 1 2 3 4 5
4. I feel unable to cope with everything I have to do (work, school, personal responsibilities). 1 2 3 4 5
5. I get irritated or easily upset over little things. 1 2 3 4 5
6. I can complete course work in a timely manner. 1 2 3 4 5
7. I feel that stress from school affects other areas of my life. 1 2 3 4 5
8. I feel that stress from life affects my school work. 1 2 3 4 5
9. I feel that my stress level affects my perception of school. 1 2 3 4 5
10. I feel unmotivated to do things I enjoy. 1 2 3 4 5
11. I have noticed a negative change in my physical well-being as a result of my stress levels. 1 2 3 4 5
12. I have noticed a negative change in my emotional well-being as a result of my stress levels. 1 2 3 4 5

13. I have noticed a negative change in my spiritual well-being as a result of my stress levels. 1 2 3 4 5

14. I have noticed a negative change in my inter-personal well-being as a result of my stress levels. 1 2 3 4 5

15. I have noticed a negative change in my overall ability to function as a result of my stress levels. 1 2 3 4 5

Section B – Assessing Self-Care

16. I am able to talk to people when I feel stressed. 1 2 3 4 5

17. I make time to do things I enjoy. 1 2 3 4 5

18. When I feel overwhelmed in school, I seek support from school faculty.....1 2 3 4 5

19. I make time to take care of myself physically (exercise, eat healthy, get enough sleep, etc). 1 2 3 4 5

20. I make time to take care of my spiritual needs (prayer, attend church, mediation, etc). 1 2 3 4 5

21. I make time to take care of my emotional needs (express myself emotionally, take time to relax, etc). 1 2 3 4 5

22. I make time to take care of my inter-personal needs (spend time and talk with friends and family). 1 2 3 4 5

23. I engage in hobbies and activities outside of school. 1 2 3 4 5

24. I take a break when feeling overwhelmed with school. 1 2 3 4 5

25. I am able to maintain a balance between school, work, family, and play. 1 2 3 4 5

26. I have a strong support system (including family, friends, faculty, and co-workers). 1 2 3 4 5

27. When feeling overwhelmed, I take time to engage in self-care. 1 2 3 4 5

28. I am accepting of feedback from others regarding my stress management, school performance, and professional functioning. 1 2 3 4 5

29. I do not have enough time to engage in self-care. 1 2 3 4 5

30. I feel that self-care is effective in lowering my stress levels. 1 2 3 4 5

Appendix C

Chi-Square Test for Independence (Sprinthall, 2003).

Degrees of Freedom (DF) is equal to: $DF = (r - 1) * (c - 1)$
Where r = one categorical value, and c = other categorical value

Expected Frequencies: $E_{r,c} = (n_r * n_c) / n$

Test Statistic: $X^2 = \Sigma [(O_{r,c} - E_{r,c})^2 / E_{r,c}]$
where $O_{r,c}$ is the observed frequency count at level *r* of Variable A and level *c* of Variable B, and

$E_{r,c}$ is the expected frequency count at level *r* of Variable A and level *c* of Variable B.