

Art Therapy as Spiritual Care:
Walking as Witness With Adults in Practice

by
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Art Therapy as Spiritual Care:
Walking as Witness With Adults in Practice

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Abstract

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This qualitative pilot study explored the effects of utilizing a spiritual care approach with adults in art therapy practice to discover its effects on participants' well-being. Two weekend retreats were facilitated with 14 adult participants at a spirituality center in the local community. The author examined the relationship between art therapy and spiritual care in order to locate their commonalities. Narrative methodology confirmed that participants experienced hope, meaning making, connectedness in community, and a sense of purpose, thereby supporting the premise that a spiritual care approach of art therapy promotes well-being. This study affirmed the importance of attending to clients' spirituality in order to recognize considerations for enhanced spiritual care within art therapy practice. Research findings were disseminated via an interactive website.

Key words: Art therapy, spiritual care, spirituality, hope, meaning, purpose, connectedness, well-being

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Dedication

This culminating project is dedicated to all of those who have found hope, meaning and purpose through art therapy at a time when they needed it the most. This writing is lovingly dedicated to the memory of my mother Patricia and my brother Brian, whose lives continue to inspire me to compassionately care for and create with others.

Table of Contents

Acknowledgements and Dedication	v
List of Portfolio Works.....	viii
List of Figures	ix
List of Tables	x
 CHAPTER 1: INTRODUCTION	 1
 CHAPTER 2: CONTEXTUAL EXPOSITION AND REVIEW OF THE LITERATURE	 6
Spirituality and Health Outcomes	7
Spiritual Care	11
Spiritual Care and Hope.....	19
Spiritual Care, Meaning, and Purpose	23
Spiritual Care and Connectedness	26
Art Therapy and Spirituality	28
Art Therapy, Hope, and Bearing Witness.....	35
Art Therapy, Meaning, and Purpose	38
Art Therapy and Connectedness	41
Conclusion	43
 CHAPTER 3: DESCRIPTION OF THE RESEARCH PROJECT	 46
Methodology.....	46
Participants.....	47
Procedures.....	48
Measures and Data Collection.....	52
Data Analysis.....	53
Role of the Researcher.....	57
 CHAPTER 4: RESULTS AND CREATIVE PORTFOLIO.....	 59
Main Findings.....	59
Hope.....	65
Meaning.....	68
Purpose.....	71
Connectedness.....	74
 Spiritus Healing Arts Center	 78

Spiritual Care Approach and Study Findings	78
Spiritus Healing Arts Center	82
Art Therapy Retreat Guidebook.....	86
Online Forum.....	87
Supportive Services and Resources	88
CHAPTER 5: REFLECTIONS, IMPLICATIONS, AND CONCLUSIONS	91
References.....	98
Appendix A: Informed Consent Form	108
Appendix B: Research Study Questionnaire.....	112
Appendix C: Research Study Interview Questions.....	115

List of Portfolio Works

“Spiritus Healing Arts Center” (interactive website):

<https://busymatys.wixsite.com/spiritus>

List of Figures

Figure 1. Well-Being Expressions	62
Figure 2. Tanya's Serenity Box	65
Figure 3. Tanya's Three Images	65
Figure 4. Sally's Watercolor Painting.....	66
Figure 5. Tanya's Watercolor Painting.....	66
Figure 6. Sarah's Three Images	66
Figure 7. Tammy's Watercolor Painting	67
Figure 8. Tina's Serenity Box, Lid	68
Figure 9. Pam's Serenity Box	68
Figure 10. Jeni's Watercolor Painting	69
Figure 11. Tina's Serenity Box.....	70
Figure 12. Mary's Three Images	70
Figure 13. Mary's Serenity Box and Collage of Worries	73
Figure 14. Sally's Serenity Box.....	75
Figure 15. Kari's Serenity Box	76
Figure 16. Spiritual Care Approach	77

List of Tables

Table 1. Participant Changes in Spirituality.....	59
Table 2. Participant Narrative Excerpts.....	60
Table 3. Pre/Post Questionnaire Results.....	62

CHAPTER 1: INTRODUCTION

Over the years in my clinical counseling practice and in my practice in the community, I have welcomed, witnessed, and walked with many individuals and groups. As I have traveled with them, I have discovered the importance of “uncovering the common thread of spirituality that is buried deep within their dialogical exchange” (Singh, 2007, p. 29). This thread can appear in many shapes, sizes, and forms and rises to the surface in therapy sessions and in groups as clients share their unique lived experiences. As individual narratives unfold are welcomed, and unfold to be witnessed through art, there is a verbalized connection that individuals make to their embodied spirits. Individuals often communicate that this embodied connection can promote a multitude of experiences for them, including an awakening of joy, aliveness, and well-being as they experience hope, meaning, purpose and connectedness through art. When this occurs, individuals appear to communicate an increase in energy, motivation, and momentum that, I believe, assists them in moving in a forward direction in their lives.

For some time, I have been curious about the relationships between art therapy and spirituality, as well as the spiritual care relationship in art therapy practice. As an art therapist who has worked in a variety of settings with individuals from diverse backgrounds, circumstances, faiths, and cultures, I have been moved by the intangible, divine experiences I have been privileged to witness, as well as the changes that occur when the spiritual needs of clients are acknowledged in the therapeutic relationship. Consequently, I have come to believe that art therapy could be approached as a form of spiritual care in practice.

The inspiration for this research study was my desire to document the four common spiritual elements clients were sharing with me between art therapy and spiritual care: hope, meaning, purpose, and connectedness. I wanted to inform other art therapists and professionals that such spiritual components were vital in art therapy practice in terms of promoting healing and well-being in the lives of clients and connecting with the human spirit to move individuals' lives forward. I sought to confirm the presence of these four common elements as expressed by research participants through creative art making, in a pilot program that incorporated a retreat format.

Many art therapists believe that art provides access to a spiritual belief system whereby individuals are able to attune to a sense of the divine, of nature, and/or of the self in a way that enhances well-being (Allen, 2001; B. Moon, 2004, 2009; McNiff, 1992). In particular, several art therapists have specifically contributed to the discussion related to art therapy and spirituality. For example, in her 1995 book *Art Is a Way of Knowing*, Allen recognized art making as a spiritual path and C. Moon (2001) emphasized a connection to the divine through art making. B. Moon (2004, 2009) conceptualized art making as a sacred art act and asserted that clients create meaning and express hope through artistic processes. Further, he contended that imagery allowed the client to connect with the world in a way that revitalized purpose.

While acknowledging these writers, the spiritual care approach in art therapy practice piloted in my study was distinctly focused on documenting four common elements between art therapy and spiritual care. Specifically, I was interested in documenting the positive effects on well-being related to this spiritual care approach. This approach involves compassionate presence, listening, and a willingness to be with

and journey alongside another being. It involves respect not only for who an individual is but also for that person's individual spiritual beliefs. Moustakas (1995) asserted the importance of "being-with" the self and with others (p. 96). He emphasized that this occurs when one can express the essence of who one truly is in a creative "I and thou" manner, thereby fostering freedom and truth in relationship (Moustakas, 1995, p. 96).

Although it was clear in the literature that art therapy positively affects well-being, and that spiritual care also supports well-being, what has not been documented is how the integration of these two domains as "art therapy as spiritual care," in practice, can advance an understanding of art therapy's unique impact on well-being. Moreover, my review of the art therapy literature from 1951 to the present did not yield any studies that evaluated hope, meaning, purpose and connectedness in a spiritual care approach utilized in art therapy practice. In addition, I found no art therapy research that included related pastoral care literature that referenced spiritual caregivers.

I posited that the practice of art therapy could be informed and enhanced by the attributes of a *spiritual caregiver* (described in the pastoral care literature as a *spiritual carer*); that is, one who offers a friendship (Pastoral Care Council of the Australian Capital Territory, n.d.). This is a person who walks along the path with you and is focused on emotional support and spiritual care. My assertion was that art therapists may be performing a similar function when they pay close attention to clients' spirituality in practice, as well as offering their compassionate presence as witness to the client's art and story. A spiritual care approach could thus be perceived as capable of promoting a spiritual dimension that expands client creativity by nurturing hope, meaning, purpose and connectedness as spiritual strengths. I believe that art therapy can tap the healing

power of clients' authentic spirituality when they are supported by an art therapist who is present to their lived experiences.

For my research, I posed the following question: What is the effect of a spiritual care approach in art therapy practice on adults' well-being? This is an important question because the fields of art therapy and pastoral care have remained separate, even as art therapists have argued that art making has an inherently spiritual dimension. I wanted to integrate spiritual care into art therapy practice in order to document its effects on well-being because research has indicated that spirituality can be a major component in the therapeutic process (Farrelly-Hansen, 2001). Drawing upon pastoral care literature and approaches would allow art therapists access to the language and practices of spirituality and spiritual care.

The two main elements of this project were (a) a qualitative, narrative research study that investigated how a spiritual care approach in art therapy practice affects adults' well-being and (b) an interactive website that accentuates the creation of a healing arts center and my proposed spiritual care approach in art therapy practice. Although specific artwork created by the research study participants was highlighted in one area of the website, the main goal of the website was to communicate the importance of attending to the spiritual dimensions of clients' lives through art therapy to inform art therapists, mental health providers and community members at-large of the impact of this attending on well-being.

Attending to the spiritual dimension of individuals' lives by offering retreats, workshops, trainings and psychotherapy services based on a spiritual care approach in art therapy practice, therefore emphasizes the promotion of hope, meaning, purpose, and

connectedness in a person's everyday life. In addition, the website was designed to offer access to ongoing resources such as: *Embracing the Divine Art Therapy Retreat Handbook* for art therapists, access to individual psychotherapy services, and to offer an interactive forum whereby professionals and community members alike could interact to communicate their arts-based retreat, workshop, and training experiences as well as the spiritual care approach in art therapy practice in a shared, engaged conversation.

Mahoney and Pargament (2004) asserted that greater attention to the spiritual dimension can help “uncover the strivings people place at the center of their lives and the pathways they pursue to achieve their goals” (p. 491). A spiritual care approach in art therapy practice specifically honors the spiritual dimension of the client, and could be viewed as a holistic, multidimensional approach in treatment that may lead to increased well-being. The results of my study provided evidence that an “art therapy as spiritual care” approach was useful to participants when offered in a retreat format in the community. Qualitative methodology revealed that participants experienced hope, meaning making, connectedness in community, and a sense of purpose, thereby supporting the premise that using a spiritual care approach in art therapy practice promotes increased well-being. This study affirmed the importance of attending to spirituality in art therapy in order to recognize considerations for enhanced spiritual care within art therapy practice.

CHAPTER 2: CONTEXTUAL EXPOSITION AND REVIEW OF THE LITERATURE

Intersections between religion/spirituality and health outcomes have been prevalent in the professional literature for more than 25 years. More than 1,200 studies have examined the relationship between religion/spirituality and health, and more than 100 studies have investigated the specific relationship between religion and well-being (Koenig, McCullough, & Larson, 2001). Researchers have documented positive associations between religion/spirituality and hope, better mental and physical health, and increased well-being (Baetz, Laron, Marcoux, Bowen, & Griffin, 2002; Koenig, 2009; Koenig et al., 2001).

Healthcare and pastoral care professionals alike have consistently argued that spiritual care is vital to offering holistic care in practice (Bush and Bruni, 2008; Puchalski, 2002). Further, the provision of spiritual care has been found to positively affect health outcomes in terms of its ability to promote hope (Lindgren & Coursey, 1995), meaning making (Nichols, 2013), purpose (Tan, Braunack-Mayar, & Beilby, 2005), connectedness (Tanyi, Werner, Gentry Recine, & Sperstad, 2006), and well-being (Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). Parallel to these spiritual care literature findings, the art therapy literature has also noted positive relationships between spirituality and hope (Chu, 2010), meaning (Kaufman, 1996), purpose (Safrai, 2013) and connectedness (Bennington, Backos, Harrison, Etherington Reader, & Carolan, 2016). However, the explicit overlap between the fields of pastoral care and art therapy have not been investigated.

Spirituality and Health Outcomes

Spirituality can be understood as an integral part of the human condition (Sullivan et al., 2014). Indeed, each human being can be said to have a unique individual spirituality that can play a role in the meaning and purpose of the person's life. Whereas spirituality may be expressed through beliefs or existential seeking, religious affiliation and community, or through a practice such as prayer or meditation (Henderson, 2006), it need not be concerned with a particular religious affiliation (Frederick, 2008). In fact, although descriptions of religion and spirituality may overlap in the literature, they are distinct in nature (Hage, Hopson, Siegel, Payton, & DeFanti, 2006). Religion can be conceptualized as structured organized beliefs and practices (Doherty, 1999) affiliated with doctrine and dogma (Post and Wade, 2009), and can denote a collective community endeavor (Wills, 2007). In contrast, spirituality may or may not be dependent on religion, and can be described as the personal meanings we hold in our lives and our unique and private relationship with a transcendent other (Doherty, 1999).

Additional spirituality conceptualizations noted in the research literature are diverse (see, e.g., Aponte, 1996; Cole, 2010; Schneiders, 1998; VanKatwyk, 2003). For example, Schneiders (1998) spoke of spirituality as lived experience; she described it as life-integration that involves self-transcendence toward what one believes to be of ultimate value. In contrast, Aponte (1996) asserted that spirituality is a way of life that provides moral standards and a form of living. Although spirituality conceptualizations in the literature vary, in the view of many it is clear that spirituality can be a major component in the therapeutic process (Farrelly-Hansen, 2001); therefore, as an element

that impacts the vitality and meaning of life's events for many people, it warrants further exploration in clinical practice and therapeutic settings.

Some authors have argued that spirituality is vital in terms of making life sacred and meaningful (Frankl, 1984), as an essential part of the physician–patient relationship (Mathiew, 1998), and as an essential part of the recovery process (Blanch, 2007; Russinova & Blanch, 2007). Furthermore, it has been widely established in the nursing, medical, psychology, and palliative/hospice care literature that understanding the religious and spiritual beliefs of clients is crucial in terms of treatment, healing, and well-being (Levin, 2001; Pargament et al., 1990). Therefore, it may follow that by attending to the sacred dimension of our clients' lives in art therapy practice, our clients may have the opportunity to encounter the sacred in their lives (in the form of values, spiritual beliefs, etc.) and may be encouraged to transform their ordinary life experiences into meaningful life events that promote well-being.

Evidence to date has indicated that religious and spiritual beliefs are beneficial for both maintaining and improving mental and physical health (Larimore, Parker & Crowther, 2002). In particular, the religion/spirituality literature has distinctively revealed a positive relationship between religion/spirituality and health outcomes. A meta-review by Koenig et al. (2001) illustrated this positive relationship more clearly. The authors identified and reviewed approximately 1,200 studies, both correlational and longitudinal in nature, to examine the relationship between religion/spirituality and health with respect to physical and mental health conditions. Studies related to kidney disease, cancer, heart disease, hypertension, pain and disability, immune system dysfunction, and mortality findings revealed that religion/spirituality was related to at least one positive association

with a better health outcome. Moreover, in examining a subset of approximately 100 studies that specifically related to the relationship between religion and well-being, Koenig et al. (2001) found that 80% documented at least one positive correlation between religious involvement and greater life satisfaction, happiness, morale, or positive affect, and 73% reported significant positive relationships between religion/spirituality and hope. An important conclusion from these findings is that religion/spirituality is related to better physical health, which, in turn, is linked to increased well-being. Moreover, because the studies reviewed by the authors were both correlational and longitudinal in nature, these findings prove compelling in terms of substantiating the positive relationships that exist between religion/spirituality and health outcomes.

In one specific longitudinal study reviewed by Koenig et al. (2001), Wink and Scott (2005) followed 155 individuals for nearly 25 years (middle age into later life) to study the impact of religious beliefs and involvement on anxiety about death. Participants were interviewed and completed a self-report questionnaire and a corresponding Death Attitude Profile (Gesser, Wong, & Reker, 1988). Results indicated three major findings: (a) moderately religious individuals feared death more than individuals for whom religion played either a central or marginal role in life, (b) individuals who scored high on belief in a rewarding afterlife but low on religiosity reported the highest fear of death, and (c) support was not indicated for a linear negative relation between fear of death in late adulthood and religiosity in late or middle adulthood (Wink & Scott, 2005, p. 212). Thus, according to the researchers, individuals' degree of religiosity was found to be associated with reduced fear of death—a positive health outcome—for individuals whose religion played either a central or marginal role in life.

Such findings are consistent with the results of a separate literature review (Koenig, 2009) wherein the relationship between religion and mental health was further examined in five main areas: depression, suicide, anxiety, psychosis, and substance use. In a systematic review, Koenig (2009) noted that the majority (476) of 724 quantitative studies related to religion and mental health prior to the year 2000 reported statistically significant positive associations. Koenig found that religious involvement was related to increased coping with stress and resulted in less anxiety, depression, substance abuse, and suicide. He demonstrated that religious involvement was significant in terms of promoting increased coping with stress, leading consistently to positive health outcomes. Although these findings indicate the benefits of religious involvement related to increased coping, it should also be noted that there is sound evidence of a link between negative religious coping (e.g., spiritual struggle) and poor health outcomes (Pargament, Smith, Koenig, & Perez, 1998). This research emphasized that when individuals experience spiritual struggle or distress and are unable to find appropriate ways to address the distress, it can result in negative health outcomes (e.g., difficult emotions, higher risk of mortality, etc.).

A growing body of evidence shows beneficial outcomes of religious and spiritual approaches to the treatment of psychiatric disorders (Hefti, 2011). For example, a study by Baetz et al. (2002) examined religious commitment among psychiatric patients by interviewing 88 adults admitted to a psychiatric inpatient unit in Canada. Of the patients, 67% were recently diagnosed with a major depressive episode (Baetz et al., 2002). Adults were interviewed about their religious beliefs and practices, and findings revealed that 59% believed in a God who rewards and punishes, 27% had a high frequency of worship

attendance, and approximately 35% spent time in private religious activity once or more daily (e.g., prayer, meditation, or scripture study; Baetz et al., 2002). The authors concluded that the participants who worshipped more frequently and/or maintained a private spirituality exhibited less severe depressive symptoms, higher satisfaction with life, a shorter length of hospital stay, and lower rates of lifetime alcohol abuse (Baetz et al., 2002). Clinical implications of this study include the importance of attending to the spiritual aspect of patients' lives—whether positive, negative, or neutral—in order to address the whole person (Baetz et al., 2002).

These expansive research findings lend credibility to the importance of addressing spirituality in mental and medical health practice. There is a need to further explore spirituality's impact on well-being in clinical practice in order to continue to promote clients' well-being and to document additional positive health outcomes. Further, having a more comprehensive understanding of spirituality and its impact on well-being may assist mental health providers in providing compassionate, holistic care.

Spiritual Care

Although spirituality conceptualizations and findings related to mental and physical health outcomes vary in the literature, this study was specifically focused on spiritual care practices and their impact on well-being. Chronic mental or physical illness, grief and loss, and end of life concerns can leave individuals feeling isolated, alone, and disconnected not only from the self and others but also, at times, from their sense of the divine or sacred—whether conceptualized as God, a higher power, nature, faith in humanity, or some other concept. Such sudden or ongoing distressing events may prompt a spiritual crisis for individuals wherein they may have difficulty finding meaning and

purpose in their lives. At these times, spiritual care can offer a way to reconnect to hope, meaning, and purpose through the spirit, which includes elements such as transcendence, meaning, and openness (DeHoff, 1998).

Spiritual care has been consistently recognized in the literature as integral to a holistic approach in nursing, hospice, and palliative care (Bush & Bruni, 2008; Puchalski, 2002; Walter, 2002). Increasingly, health-care and pastoral care professionals have documented spiritual care as integral to holistic, compassionate, and patient-centered care. In 2009, seven physicians, nurses, clinicians, and clergy, in an article published in the *Journal of Palliative Medicine*, detailed the findings of a consensus conference dedicated to the belief that spiritual care is a vital component of palliative care and to determine spiritual care recommendations (Puchalski et al., 2009). The 40 leaders who attended the conference noted: (a) spiritual care models should be based on honoring the dignity of all people and on providing compassionate care, (b) spiritual care should be integral to any compassionate and patient-centered health system, (c) spiritual distress or religious struggle should be treated with the same intent and urgency as treatment for pain or any other medical or social problem, and (d) spirituality should be considered a patient vital sign. Kaplan (2003) described compassion in the therapeutic milieu as an ability to approach others with a respectful and caring attitude while taking the time to understand their perspectives without judgment. Respecting a person's beliefs and spirituality is thus a key component of compassionate care, as is honoring, respecting, and valuing patients' spiritual distress or religious struggle with intention.

Upon review of the pastoral care literature, however, it became evident that there is not one singular definition for pastoral care or spiritual care. VanKatwyk (2003), a

noted theologian and pastoral counselor, attempted to assist by acknowledging one important differentiation between pastoral and spiritual care in his writings. He defined *pastoral care* as care that is sensitive to Judeo-Christian religious traditions and spiritual resources in those who seek assistance from caregivers in their own faith community. In contrast, he conceptualized *spiritual care* as a practice of listening and relating to another's personal sense of their place in the world. Others use the terms pastoral care and spiritual care interchangeably. For example, van Beek (2010) asserted that both pastoral care and spiritual care involved spiritually motivated caring that could take place anywhere, and Rumbold (2012) noted that attention to spiritual care centered upon a focus on guiding, supporting, nurturing, liberating, and empowering individuals despite life challenges.

While in agreement with VanKatwyk's (2003) definition of *spiritual care* as a process of listening and relating to another person in need, in contrast to his definition of *pastoral care*, my research study was based upon a broader definition of spiritual care that was not limited to care provided based only on one's particular religious tradition and/or provided to only those from specific faith communities. Further, while in support of van Beek's (2010) assertion that spiritual care could involve spiritually motivating caring, it was offered in my study, that this caring took place in the context of the therapeutic relationship as opposed to any place.

It is my view that clients come to my art therapy practice with a desire to discuss the spiritual dimensions of their lives. As these conversations are welcomed, through art-making and relationship, individuals share with me their unique spirituality; their unique spiritual strengths and spiritual needs. One could view these conversations as religious or

spiritual as clients go deeply into the hopes, meanings and purposes of their lives. Each of these conversations are welcomed, no matter if they are rooted in Judeo-Christian beliefs, or no specific religious belief at all. When persons connect in relationship with me, we do not discuss the terms spiritual care or spirituality. Instead, there is a focus on meeting them as who they are as a human being. My work is viewed as a ministry of care in these relationships, whereby each person is met with compassionate presence and faithful witnessing.

Art therapists can provide attentive spiritual care but not only care which aligns with Judeo-Christian beliefs (VanKatwyk, 2003) but with a larger focus on the diverse spirituality conceptualizations that individuals hold sacred in their lives. As art therapists, it is vital to respond to these diverse needs and meet individuals in their conversations about the divine in their lives—whatever that means for them—if we are to further understand the care that they need.

Regardless of the definition used, spiritual care involves recognizing and responding to the multifaceted expressions of spirituality we encounter in our patients and their families (Derrickson, 1996) and it may even be considered a dimension of any discipline when a practitioner offers holistic care that embraces the spiritual dimension of a person (Pastoral Care Council of the Australian Capital Territory, n.d.). Ultimately, spiritual care involves meeting individual clients exactly where they are and helping them to connect or reconnect to things, practices, or ideas that are at the very core of their being (Lunn, 2003).

For the purposes of this study, spiritual care means helping individuals to find meaning, hope, and wholeness in their life and relationships (Byrne, 2007). Furthermore,

I understand spiritual care to mean helping individuals discover a sense of purpose and connectedness in relationship with others. The implication here is that spiritual care involves compassionate presence, listening, and a willingness to be with and journey alongside another person. It involves respect not only for who an individual is but also for the person's individual spiritual beliefs. This requires connection in relationship. From this point of view, it can be said that any two or more individuals are cocreating spiritual care in relationship. If art therapists accept this definition of spiritual care as a comprehensive working definition, then it may follow that we have a unique opportunity to engage in spiritual care relationships with our clients in art therapy practice.

A spiritual care approach in art therapy practice could be thought of as a holistic, person-centered approach that considers the spiritual needs of individuals as vital in caring for the whole person—body, mind, and spirit. This approach emphasizes welcoming those who come for care, listening with compassion, building connections in relationship through art, and attending to the “divine” in individuals' lives while walking with them as a faithful witness.

Recognizing the multilayered nature of spiritual care is vital in meeting the needs of human beings. Wright (2002), a hospital chaplain, supported a broad definition of spiritual care when he documented the results of his doctoral study related to discovering the “essence” of spiritual care among 16 palliative care stakeholders including a therapist, a nurse, a chaplain, a rabbi, a bishop, a volunteer, and an artist, some of whom identified with a specific religious tradition and some of whom did not. Wright revealed the following description of the spiritual care phenomenon as portrayed by the participants in his study:

Spiritual care affirms the value of each and every individual. It acknowledges the place of cultural traditions and personal relationships. It is based on empathy and non-judgmental love, affirming the worth of each person in the eyes of God. It responds to religious and non-religious spiritual needs by meeting both the requirements of faith and the humanistic desire for another person to ‘be there’, to listen, and to love. It acknowledges the dignity and nobility of life, respecting each person as themselves up to the point of death. (2002, pp. 127–128)

This spiritual care conceptualization is useful, for it helps us to see that despite differing faith and cultural traditions—including no faith tradition at all—spiritual care expressed in a humanistic way through listening and presence acknowledges the importance of human connection in relationship. Moreover, it speaks to the willingness of spiritual care providers to honor the unique human experiences of those who have come to them for care.

Historically, religious professionals including priests, deacons, credentialed pastoral counselors, pastoral care associates, spiritual directors, and chaplains trained through clinical pastoral education have been recognized as professionals who regularly provide spiritual care in diverse settings around the world. In addition, physicians, nurses, and other clinicians may also offer spiritual care in the context of their roles assisting those in need (Mohrman, 2008). Notably, of the professionals specified here, chaplains are usually considered to be the central spiritual care providers on the health-care team (Handzo & Koenig, 2004). These professionals provide spiritual care to individuals and groups such as those who are terminally ill and in hospice care, those who are chronically ill and/or aging and in long-term care communities, oncology patients in hospital settings,

and bereaved individuals in support groups. Their goal is to provide holistic, whole-person care.

In clinical professional practice, a pastoral counselor specifically refers to a minister who integrates religious resources with insights from the behavioral sciences (Association for Clinical Pastoral Education, n.d.). In the art of pastoral counseling and the provision of spiritual care, one strives to be present to another as a faithful witness (Gill-Austern, 2003). Gill-Austern (2003) emphasized that as faithful witnesses, pastoral counselors are not simply listening for a problem that needs to be fixed; rather, they are listening and attending to the feelings, thoughts, and experiences the individual has come to share. In this way, pastoral counselors assist individuals by offering their presence, in an effort to encourage others to recognize their own spiritual strengths and resources in the process. This is critical, for if individuals can recognize their own spiritual strengths and resources, potential exists for them to experience a sense of authentic empowerment in their own process.

Research has shown that health outcomes can be positively affected through the provision of spiritual care. For instance, in a study by Nichols (2013), the author developed a comprehensive pastoral care program that examined the impact of spiritual care in two long-term care communities for chronically ill and aging populations. The researcher's goal was to foster compassionate support and meaning making and respond to the spiritual and psychosocial needs of residents and staff. The pastoral care program she developed provided self-care education and opportunities for self-reflection related to grief and loss. Results indicated an increase in both spiritual awareness and satisfaction upon completion of the program as well as at the 2-year follow-up interval (Nichols,

2013). Resident satisfaction with the quality of spiritual care services was rated by independent living residents as 84.6% upon program initiation, and subsequently rated as 86.9% 2 years later (Nichols, 2013, pp. 178–179). In conclusion, Nichols suggested that both religious and nonreligious spiritual support was a vital factor in well-being and quality of life at the end of life. She found that the provision of compassionate spiritual support affected well-being by fostering meaning making in the lives of both staff and residents.

Propst et al. (1992) conducted a comparative study with 59 patients with a mean age of 40 on the efficacy of religious and nonreligious cognitive behavioral therapy with religious patients diagnosed with clinical depression. The authors concluded that religious patients who received cognitive behavioral therapy that inserted religious imagery and scriptural passages into treatment communicated a greater reduction in depression and a greater improvement in social adjustment than religious patients who received standard cognitive behavioral therapy. In addition, the researchers found that individuals who received pastoral counseling treatment exhibited a significant improvement at posttreatment and at follow-up (Propst et al., 1992). Hence, spiritual care provided through religious cognitive behavioral therapy offered religious patients opportunities to draw upon their spiritual resources, resulting in increased experiences of well-being (e.g., a greater reduction in depression) during and after treatment.

Although the pastoral psychology literature centers around those who provide spiritual care and the specific ways in which spiritual care is provided, Bailey (1997), a pastor and spiritual care consultant, contributed to spiritual care findings in the literature by examining the role of the arts in spirituality and spiritual care to document effects on

well-being. Her findings revealed that through the arts, spiritual care created a bridge that assisted in maintaining the community and, in particular, the continuity of care. Utilizing data in the form of professional and lay journals and personal experience with oncology and hospice patients, she determined that the arts in spiritual care stimulated the imagination and reinvigorated body, mind, and spirit. Furthermore, she concluded that using the arts in spiritual care provided opportunities for individuals to experience joy and meet spiritual needs related to creativity.

In conclusion, Bailey (1997) argued that engaging in art making and creativity is fundamental to spiritual care. In effect, by ministering to the whole person, she found that new ways of living reflected patients' spirituality in the process. These discoveries further validated the idea that creating art in the context of spiritual care affects both the emotional and physical well-being of patients, and results in fostering community building in the process.

Spiritual Care and Hope

Spirituality has been found to be a source of hope for those experiencing life-changing events (Calder, Badcoe, & Harms, 2011; Lindgren & Coursey, 1995; Navidian & Bahari, 2014). Notably, hope itself has been characterized in the literature as a multidimensional construct and as a valuable human response, one that has been found to promote increased quality of life (Aldridge, 1993). Hope has been defined in the literature by Herth (1990) as an "inner power directed toward enrichment of 'being'" (p. 1250); as a belief in God, others, or nature (Chu, 2010); and as a motivating force to achieve inner goals (Saudia, Kinney, Brown, & Young, 1991).

Hope can be further characterized as an important catalyst in the meaning-making process. From this point of view, it can be said that through hope, individuals are further able to define a sense of purpose and meaning in their lives. Hope assists in promoting meaning making and purpose because it is built on trust—trust in the ability to draw strength from belief (Galek, Flannelly, Vane, & Galek, 2005). In one study related to meaning making, Herth (1990) explored the meaning of hope in a convenience sample of 30 terminally ill adults from three different hospice programs. She found that many participants communicated that through hope, they experienced increased awareness related to new possibilities for their life (e.g., a sense of inner peace, an enrichment of “being” vs. “doing,” etc.). Further, Herth noted that participants revealed that hope had assisted them to face end-of-life issues in a more constructive way (e.g., complete a book of poems, order their affairs, etc.). Hope as strength, based on belief that is rooted in a foundation of trust, can be said to assist individuals in beginning to make sense of life events and can provide the encouragement needed to move in a forward direction.

In a different study, Blinderman and Cherny (2005) interviewed 40 patients with advanced cancer to determine how patients coped with existential concerns. Two of the themes the researchers addressed included meaning and hope. Conclusions of the study revealed that some patients believed that their spiritual beliefs defined meaning in their lives, and many patients described the role that hope had in their lives as they looked forward to things that they still wanted to accomplish. As individuals draw upon hope during critical moments in their lives, they may experience the hope that Snyder et al. (1991) described as a thriving sense of determination while on a path toward one’s goals.

With hope, meaning is made possible, and with an increased sense of meaning in life, new goals can be achieved.

Yalom (1995) asserted that the instillation of hope was vital in both psychotherapy and group psychotherapy. In particular, he contended that in the context of group therapy, members were inspired and encouraged when they were able to witness other members solving problems similar to their own. In turn, this empowered them and provided them with an increased sense of hope. Pembroke (2009) spoke about hope in a different way. He viewed hope as a community endeavor whereby a community of witnesses assisted individuals in time of need by supporting them, encouraging them, and sustaining them. He asserted that by witnessing those who were distressed, one, in turn, was helping another to begin to make sense of what was happening, or what had happened, in their lives (Pembroke, 2009). Collectively, these authors asserted that by bearing witness to another, hope could be cultivated and meaning making could be supported.

Over the years, several prominent pastoral theologians have conducted research and written extensively about hope. In particular, three of these scholars have described hope in similar yet distinctive ways related to goals. Capps (2001) spoke of hope as the belief that what wants to happen, will happen. He emphasized images of hope as self-projections whereby it is possible to project one's self into a future scene to experience an existence that is different than one's current one. In so doing, Capps asserted that individuals could then become more present and aware of a future-self and open themselves up to new goals and new possibilities in the process. Alternately, in 1979, hope was conceptualized by Clinebell as the movement toward unrealized goals.

Clinebell contended that it was important to liberate clients from anything that was standing in the way of growth so that they could experience increased joy and hope and move forward toward their goals. A separate scholar (Worthington, 2005) conceptualized hope in this unique way: The willpower to change plus the “waypower” to change plus the “waitpower” to change (p. 31). Clarifying this authors’ theology of hope further, it can be said that when individuals have hope, they possess the motivation to move forward toward goals, the ability to create their own unique pathways toward change, and the patience and persistence to move forward in the direction of goals despite obstacles. Hope, according to this author, is both goal-oriented and motivational in nature, and thus involves action as opposed to a passive stance in life.

There are many ways that chaplains, pastors, and pastoral caregivers have fostered hope through the provision of spiritual care. By simply being with another person, chaplains can be said to foster hope by way of their accompanying presence (Nolan, 2011). In this way, a chaplain is able to foster hope in the present, by offering comfort and strength of presence as an individual confronts illness or the end of life. In one longitudinal survey of older adults, Krause and Hayward (2012) found that pastors instilled a sense of hope through the informal emotional support they provided (e.g., expressing concern for another’s well-being). By speaking with individuals and inquiring about their concerns, it was noted that pastors were able to encourage hope in the lives of those who came to them for assistance. Arjona (2013) further suggested that pastoral caregivers are agents of hope whose task is to help older adults reframe the past as a source of hope for both the present and the future. Despite differing views related to the

promotion of hope, the literature supports the assertion that spiritual care can be a key factor in patients' level of hope.

Influential works examining the relationship between hope and meaning making have noted that spiritual beliefs help people tap into their own abilities to find meaning, purpose, and hope (Puchalski & Ferrell, 2010). Of the 100 studies reviewed by well-known religion and health researchers Koenig et al. (2001), 80% indicated a positive relationship between religiosity and hope and enthusiasm about the future. These findings affirm that hope plays a vital role in meaning making and lend credibility to hope as a vital element of spiritual care.

Spiritual Care, Meaning, and Purpose

Frankl (1984) described *meaning* as that which gives one's life a sense of purpose, and Damon, Menon, and Cotton Bronk (2003) defined *purpose* as "a stable and generalized intention to accomplish something that is at once meaningful to the self and of consequence to the world beyond the self" (p. 121). Frankl noted that meaning occurs when individuals direct their energy toward something, or someone, larger than themselves as they strive to reach their full potential. Many pastors have viewed spiritual care as an exploration of the meaning of life whereby they assist individuals in "making sense" of their lives and understanding their purpose, by attending carefully to the spiritual aspects of each person's being (Nauta, 2008). Evidence illustrating the relationship between spiritual care and meaning can be found in a meta-study completed by Edwards, Pang, Shiu, and Chan (2010) wherein the authors reviewed 11 articles incorporating data from 178 adult cancer patients and eight articles with data from 118 health-care providers. The authors' aim was to integrate findings related to spirituality

and spiritual care at the end of life. Edwards et al. highlighted two main themes found in their review: (a) that spiritual beliefs contribute to hope and (b) that hope is associated with finding meaning in life. The first theme emerged for the authors upon their review of an article by Tan et al. (2005) entitled “The Impact of the Hospice Environment on Patient Spiritual Expression,” and the second theme emerged upon review of an article by Shih et al. (2009) that identified implications related to meaning and end-of-life care.

Tan et al. (2005) sought to understand expressions of spirituality among 12 inpatients in two hospices as well as the impact of the hospice environment on that expression. The researchers concluded that spiritual expressions were related to four overall themes: relationships, that which uplifts, spiritual practice, and having hope. Participants in the study communicated that their relationships with a higher being and/or significant others provided them with meaning, support, and purpose; that music and humor uplifted them; that spiritual practice (e.g., attending church) offered them a chance to find meaning in their experiences; and that their spiritual beliefs contributed to hope by helping them believe that they could evolve spiritually (Tan et al., 2005). Similarly, Shih et al. (2009) investigated the spiritual needs of 35 terminally ill cancer patients at the end of life and discovered that God, others, and relationships were the main sources of purpose and meaning in many of the participants’ lives at the end of life. In particular, findings revealed that participants hoped for spiritual support from family members and caregivers so that their needs could be met in a holistic way. Thus, when they received this support by directing their energy toward God, relationships with others, and spiritual practices, meaning and purpose increased in their lives (Shih et al., 2009).

According to Park and Folkman (1997), during meaning making we appraise specific events in light of our systems of global meaning. “Global beliefs are the basic internal cognitive structures that individuals construct about the world. These structures guide people throughout life by influencing their fundamental ways of construing reality and by structuring their global goals” (Park, 2005, p. 709). When a distressing event occurs and our global meaning system is challenged, we have the choice to either change our global meaning system or reappraise the specific event to arrive at new meanings for ourselves that help us move forward. This confirms the significance of providers attending to the spiritual dimension of individuals’ lives. In these moments, connection to the self and to what is beyond the self is fostered, which contributes to both meaning making and clarity of purpose in individuals’ lives.

As an example of how spirituality contributes to meaning and purpose during distressing events, Sowers et al. (2008) shared a story of a 50-year-old mother who had lost her 23-year-old daughter due to a complicated medical condition. To cope with her tremendous grief, she began to write in her journal about her experience. Over a 2-year period, the researcher noted that the mother was able to find purpose in her writings as she considered God’s larger plan for her life. In turn, the writings assisted her in finding meaning in her loss. Sowers et al. highlighted that as the mother began to share her writings with family and friends, she noticed that the writings brought them healing as well, and resulted in a closer relationship between them and God, as they had done for her. As the mother was further able to understand God’s larger plan for her life, the meaning and purpose of her life became increasingly clear, and she was able to transcend her loss through a closer relationship with God (Sowers et al., 2008).

Spiritual care has the capacity to nurture one's spirituality and awaken one's purpose. In effect, spiritual care provides individuals with a way to connect with the purposes and meanings of their lives. In a study by Burkhardt (1994), conducted with 12 women from rural Appalachia, the author explored the women's experiences of spirituality. She found that affirmative relationships existed between spirituality, meaning, and purpose as the women expressed a connection to God, a higher power, others, and/or nature. In contrast, VanKatwyk (2003), in his book *Spiritual Care and Therapy*, spoke about the experiences of everyday life related to purpose and meaning. As he highlighted these everyday experiences, he noted that they had the ability to energize the "sacred places" in our lives (p. 13). The author asserted his belief that caring constructed these sacred places wherein individuals could connect and live out the meanings of their lives. He explained that when we locate the places where we are able to care for ourselves and others at the same time, these are sacred places where everyone can grow and flourish together. Thus, VanKatwyk posited that when these experiences occur, they are experiences in our ordinary lives that energize our souls.

Purpose, although it is an intangible and elusive construct, can be nurtured through spiritual care and can be reflected in our everyday experiences when we connect with the sacred parts of our lives. As purpose is awakened, so too it may be said that meaning is awakened in one's life.

Spiritual Care and Connectedness

Although connectedness may be considered a broad or general concept, it is woven into the literature on spirituality in many ways that feature common attributes. Connectedness has been defined as the presence of a meaningful relationship with

another person; be it with God or a supreme being, with nature, or with the self or other human beings (McEwen, 2005). Golberg (1998) asserted that connectedness implies connection to a supreme purpose or meaning. What is clear is that connectedness can be fostered through respectful and compassionate attending to the spiritual dimension of a person's life.

Connectedness has been discussed in the literature as being related to spiritual coping. Narayanasamy (2004) conducted a qualitative study of spiritual coping mechanisms in 15 patients who experienced chronic illness. He was interested in exploring the "lived experiences" of spiritual coping mechanisms. Significant findings revealed by the author indicated lived experiences of connectedness with God and others as well as the search for purpose and meaning. Narayanasamy summarized that connectedness with God was achieved through prayer for Christian and Hindu believers, whereas connectedness with family and friends was considered important for nonbelievers. He found that patients' spiritual needs included a desire for connection with God and/or with family and friends and a desire for meaning and purpose.

Tanyi et al. (2006) explored spirituality in women with end-stage renal disease, and determined that connectedness and building relationships was one of four essential components in spiritual care. The three additional components were displaying genuine caring, initiating spiritual dialogue, and mobilizing spiritual resources (Tanyi et al., 2006). These findings support the contention that connectedness is an important element of spiritual care and that the building of relationships further enables individuals to talk about their lives and their feelings in order to gain support.

It bears mentioning that some studies, such as Davis's (2005) phenomenological study of 11 adults, identified negative spiritual care experiences during their hospitalizations and treatment. Interviews revealed that study participants had sensed that the nurses were too busy at times, and that sometimes it felt as though the nurses did not respect them as individuals, thus hindering their ability to provide effective spiritual care. This points to the fact that without connection and compassion, effective spiritual care is not possible.

Art Therapy and Spirituality

In a review of the literature on art therapy and spirituality, I found several authors who advocated for the importance of spirituality and its inclusion in art therapy; however, that is not my main concern here. Likewise, art therapists have discussed the relationships between art therapy and prayer as well as spiritual assessment, spiritual paths, and well-being, and have examined the spiritual dimensions of art making and have investigated relationships between art therapy and spiritual direction, which is also beyond the scope of this study.

Most specifically related to my research, relationships have been acknowledged in the art therapy literature between spirituality and hope, meaning, purpose, and connectedness. Spiritual beliefs have been found to engender hope (Chu, 2010) and when hope was experienced, meaning making was promoted in the process (Safrai, 2013). Art therapists have found that as individuals created art and shared meaningful experiences, connectedness was nurtured (Bennington et al., 2016), and that as hope, meaning, and connectedness were cultivated, a sense of purpose increased (Chu, 2010).

Over time, different themes have emerged in the art therapy literature with respect to spirituality. In the early 1950s, some art therapists focused on the relationship between art therapy and transpersonal psychology. Early transpersonal art therapists such as Cane (1951) wrote about the integration of movement, feeling, and thought when it came to both the person and the art itself. Beginning in the 1960s, counseling literature also focused on spiritual well-being (Burke & Miranti, 1995). In subsequent years, several spiritual well-being assessments were developed and utilized by counselors in practice, as well as written about in the counseling literature. One of these assessments was the Spirituality Well-Being Scale, which served as a measurement of one's perception of spiritual well-being (Paloutzian & Ellison, 1991). The assessment included both religious and existential dimensions and assisted in documenting contributions of religiosity/spirituality to well-being.

As an example, Paloutzian and Ellison's (1991) Spirituality Well-Being Scale (SWBS) was a positive effort toward measurement of the spiritual dimension. The authors' assessment measure included a 20-item self-report consisting of two subscales: Religious Well-Being (RWB) and Existential Well-Being (EWB). The RWB subscale referenced God and assessed the vertical dimension of spirituality and the EWB measured the horizontal dimension of well-being thus taking into consideration one's relationship to the world, sense of purpose, and level of life satisfaction. The authors concluded that the scale was a good general index of well-being. One particular distinction was the authors' finding that the SWBS scale was positively correlated with indicators of well-being (e.g., finding meaning and purpose in life, good physical health).

One limitation of Paloutzian and Ellison's (1991) SWBS, was evident in its 6-point, quantitative Likert Scale design which appeared to limit its ability to capture the essence of the lived experience of spiritual well-being. The scale appeared to attempt to quantify the spiritual dimension and seemed to fall short in providing a deep sense of the interrelationships between spirituality and well-being in terms of the key indicators of well-being noted by the authors: meaning and purpose.

A goal of my research study, in contrast, was to document the effects of a spiritual care approach in art therapy practice on adults' well-being. Incorporating a predominant qualitative design, the study endeavored to capture a deeper sense of the individuals' lived experience of hope, meaning, purpose and connectedness in relationship to well-being by way of participants' original artwork and their unique shared stories. By exploring a spiritual care approach in art therapy practice in this way, I posited that some of the effects of a spiritual care approach on adults' well-being could be documented.

In the 1970s, spiritual themes in the art therapy literature declined, as art therapists begin to explore and write about alternative professional themes related to their work and the experiences of their clients (Farrelly-Hansen, 2001). It wasn't until the 1980s that the topic of spirituality arose again in the art therapy literature, according to Farrelly-Hansen (2001). McNiff (1979, 1981) drew from his research on shamanism to encourage thinking of art as ritual. He emphasized the role of the expressive arts therapist as one that can respond to the human spirit's need to seek transcendence, thus highlighting art therapy's ability to offer a natural way of being and healing.

McNiff's (1979, 1981) referenced the shaman solely as a metaphor in his conceptual ideas of the expressive arts. Through art, music, drumming, and ritual he

implied that expressive art therapists could create spaces for a kind of inner shaman to come forth; one who was capable of journeying into the imaginal realm with the help of ritual arts that assisted in the enactment of feelings and the altering of consciousness. McNiff advocated that transformation and healing of emotional conflict was promoted in the process.

In contrast to McNiff's imagery, I assert that in clinical art therapy practice the art therapist may attend to the spiritual dimension of the client as a *spiritual carer*. I conceive this as taking place in a co-created relationship that offers opportunities for the individual to engage in creative art making. The individual is thereby further able to respond to a human spiritual need to seek transcendence through unique connections to the divine and others through the art making process. In this way, *vertical relationships* (Meraviglia, 1999) (e.g., God, transcendent other, nature) as well as *horizontal relationships* (Meraviglia, 1999) with family and friends illuminated through art offer support to the individual and empower creative strategies to promote healing and well-being in the process.

From this point of view, the art therapist is not viewed as one who travels by way of altered states of consciousness to other worlds to communicate with other beings on behalf of their community (Walsh, 1989). Nor is the individual considered to be drawing upon their own internal shaman (McNiff, 1981). Rather, I assert that the individual works to heal themselves through active movement towards goals made possible once supportive connections are made to the self, transcendent other, or significant others through art.

Spirituality was highlighted by several art therapists and authors writing after McNiff in the 1990s. In 1994 Horovitz-Darby developed an art-based spiritual assessment entitled the Belief Art Therapy Assessment (BATA). This assessment was created to acknowledge a person's spiritual dimensions. The assessment itself was originally intended to discern one's belief or nonbelief in God and the subsequent impact on one's corresponding functioning in life. Horovitz-Darby incorporated the following strategies in her assessment: (a) a conceptualization of the spiritual within the human experience; (b) a moral frame of reference, concluding that therapy is not value-free and suggesting universal limitations for human behavior; and (c) the use of spiritual techniques to improve the practice of psychotherapy (1994, p. 4). The assessment process itself included an initial interview as well as subsequent art-making directives. Horovitz (2002) concluded, upon her initial utilizations of the BATA, that information gleaned provided an increased understanding of belief/faith/cultural systems, enhanced familial information, and revealed an avenue for communication.

Contrary to Horovitz-Darby (1994) who argued for the use of spiritual techniques such as the spiritual genogram, and presented a formal BATA assessment tool involving structured initial interview questions to assess client spiritual beliefs, it is my observation in art therapy practice that spiritual beliefs organically rise to the surface in client images in the therapeutic milieu. When this occurs, clients readily communicate their feelings and thoughts related to these beliefs and the meanings they hold in their lives. I would argue that a formal assessment of spiritual beliefs is not required, one need only acknowledge the spiritual dimension of another through their continued openness and presence to the whole person—body, mind, and spirit in the context of relationship.

Although authors such as Paloutzian and Ellison (1991) and Horovitz-Darby (1994) focused on the topic of assessment, other authors focused on the spiritual dimensions of art making itself. For example, Rugh (2001), a psychotherapist and art therapist, similarly posited her belief in art and healing through the ability to connect people with nature and spirit to foster guidance, understanding, and problem-solving. Allen (1995) offered the view of art making as “a way of knowing” (p. xv) and that art making was a spiritual path (Allen, 2005). She expressed the belief in art as a practice and as a path in one’s life, rather than simply defining art as a form of religion. In light of this view, one could navigate through art and discover wisdom not previously in awareness in order to move forward and create the life one desired. She contended that by exploring the divine within, a spiritual way of being and knowing was possible (Allen, 2001).

C. Moon (2001) was one of the first art therapists to speak and write about art making as a form a prayer, as a sacrament, and as grace. During art making, she contended, one is able to communicate and to connect to the divine and experience spiritual connectedness in the process. B. Moon (2004) also asserted a belief in the importance of art making as a sacred act. His book *Art and Soul: Reflections on an Artistic Psychology*, originally published in 1997, illuminated Moon’s belief that “art is soul”; that is, that when one creates art one creates soul in the process.

Doyle (2001) found that throughout the history of art therapists’ engagement with spirituality, there have been three main approaches to spiritually informed art therapy. The first model she highlighted was based on existentialism and archetypal psychology; it was this model that B. Moon (2004) used when he described “loss of soul” as “existential emptiness” (p. 12) and posited that engaging in the art-making process helped to restore

the soul. The second model Doyle highlighted was one that affirmed developmental theory and spirit. Horovitz (2002) used this model when she developed the Belief Art Therapy Assessment tool to assess individuals' belief systems and also their spirituality. She emphasized, however, that when using the BATA, interpretation was based upon client developmental level, subject matter, formal qualities of artwork, and client attitude (Horovitz-Darby, 1994). The third model noted by Doyle emphasized archetypal psychology and the soul. In relationship to this model, McNiff (1992) contended that art therapy itself could be viewed as a sort of guardian angel, serving to connect individuals to their soul's desires (p. 80). McNiff (2004) emphasized that through creativity and the use of materials, the soul could be freed through the transformations of the spirit.

These three models are significant, for they recognize the inherent value of human beings. Whereas Horovitz-Darby (1994) advocated for the importance of accessing the spirit by way of an assessment tool, B. Moon (1994) embraced the importance of the art image and the art-making process itself when it came to revealing both soul and spirit in his spiritually informed approach to art therapy. In agreement with Moon (1994), McNiff (1992) espoused the importance of the art-making process; however, he also promoted *active imagination* in his approach in practice. Similar to Wallace (1987), McNiff viewed the art image as having a life of its own in the imaginal realm. As such, he spoke of art images as "artistic angels" (1992, p. 74) and aligned with Hillman (1989), who conceptualized the soul as imagination.

Lively (2011) investigated spirituality and healing in a multicultural framework. She sought out graduates of Loyola Marymount University's marital and family therapy program who were engaged in mental health practice, who utilized art therapy, and who

agreed that spirituality played a role in their identity and clinical practice. Incorporating narrative-based questionnaires and creative art responses, Lively's results revealed that spirituality was integrative in nature, that it promoted individualized and universal connection, and that the art-making process itself was a spiritual practice that fostered healing.

Lively (2011) described spirituality as a connection to the self as well to nature and the divine. Her findings supported the relevance of spirituality as an important component in healing and therapy, and confirmed art making as the main tool of the spiritual practice itself. No matter what an art therapist's personal beliefs, spirituality is an inherently human dimension (C. Moon, 2001), and the art therapist's role in relation to spirituality can be viewed as one of assisting clients in the exploration, identification, and expression of their own personal belief systems (C. Moon, 2001).

Art Therapy, Hope, and Bearing Witness

Themes of hope, particularly the witnessing of hope, can be found intertwined within the art therapy literature. Some authors (Chu, 2010; Kalmanowitz and Lloyd, 1999; Levine, 2011; B. Moon, 2004; Safrai, 2013) have endeavored to explain how art therapy assists in the promotion of hope. In particular, one author has noted that the arts have been recognized as a pathway that can take us deeper into ourselves and our experiences, and even to encounters with healing energies that can bring hope and integration (Levine, 1992). Although it is not easily explained exactly how the arts provide for this deeper connection that can bring hope, Levine (2011), an art therapist and author, shared his view related to capturing the essence of these hope-filled, energy-healing encounters. While engaging in the creative art act, he asserted that individuals

who are making art are being shaped by the art and by the art-making process itself at the same time. He referred to this as *poiesis*, after the Greek word meaning the “act of making in general, and artistic making in particular” (Levine, 2011, p. 23). As he described this recreating and re-forming of the self, he shared his belief that art and art making had the potential to alter a person’s worldview and reveal possibilities the person had not otherwise considered before that could promote hope and wholeness in the process. In effect, Levine (2011) emphasized that a completed artwork expressed a worldview that was much more than an individual’s self; rather, it also reflected one’s relationship to others and to all of humanity.

Chu (2010) asserted that art therapy and the creative process allowed Rwandan survivors of genocide to naturally depict hope as they created self-boxes. She noted that survivors were able to experience hope as they reflected on their created images—hope not only for the present but also for the future; for example, hope for prosperous vocational aspirations and financial well-being. Hope, in Chu’s case example, was found to be based in spiritual beliefs. These writings suggested that art therapy can provide a path to the center of the self and one’s experiences, and that it is there that hope can be found. Hope as strength derived from a trust in beliefs that propel one forward despite human challenges and difficulties. In parallel to findings in the spiritual care literature, in particular Capps (2001), this was a hope that encouraged individuals to reflect on their present selves and imagine a future-self and new possibilities for their lives.

Safrai (2013) wrote about what happened when hope for a cure was no longer possible for hospice patients at the end of life. As she witnessed the art making of one patient, she reflected on his ability to affirm his life through painting, which helped him

to transcend his current despair. Farrell-Kirk (2001) emphasized the importance of art making and art therapy to unite opposites, particularly related to the creation of self-boxes and the relationship between the inner and outer self. Perhaps art making, by way of painting, assisted Safrai's hospice patient to unite opposites in terms of hope and despair; life and death. As Safrai revealed, when the hospice patient painted his despair, he found comfort and reduced anxiety through hope and trust in the belief that God would take him somewhere. As discussed earlier, spiritual care offers a person a way to connect to hope through the spirit by way of transcendence (DeHoff, 1998); the art therapy literature suggests that art therapy, when viewed as spiritual care, may have the capacity to offer a person a way to connect to hope during critical moments in time.

B. Moon (2004) contended that making art was analogous to creating symbols of hope. The author asserted the importance of creativity, and advocated for the belief that persons could find meaning in their everyday lives by embracing creative art making and their own imaginations. Moreover, he declared that art images could be perceived as "melodies of hope" (B. Moon, 2009, p. 238) even in the midst of despair and suffering.

Levine (1992) wrote that therapists are not present in the therapeutic relationship to provide hope themselves; rather, the therapist provides a witness to the struggle and is there to receive the images of expression as they emerge to be seen. Kalmanowitz and Lloyd (1999) echoed Levine (1992) and the importance of bearing witness not only to those who had experienced war in the former Yugoslavia but also to their experiences and to their art (e.g., building of homes out of war-torn debris), which they were privileged to behold. Witnessing hope implies that the art therapist provides a compassionate human presence to individuals and to their journey, wherein, through art

and art making, they discover support when it is most needed. According to Kalmanowitz and Lloyd, the powerful act of witnessing was an active and potent intervention, for it acknowledged the person as a unique human being, one who had experiences to share and who was looking for someone to simply listen and be there to bear witness to the journey.

Art Therapy, Meaning, and Purpose

At certain times in each of our lives, we may find it difficult or challenging to cope with stressful life experiences. In these moments, we may overlook our internal strengths and what is truly important and meaningful in our lives. We may doubt our ability to weather the storm that appears to be consuming our everyday experiences. At these times, “art therapy as spiritual care” may assist us on our way forward and into the light. When we are able to define the meaning of an event, situation, or experience more fully, this can promote hope and strength in our lives. For the purposes of this writing, meaning is defined as having a purpose or intent that is significant to one’s life (Edwards, 1993).

B. Moon (2004) posited that people can create meaning through the discipline of making art. He further proclaimed that individuals can rediscover their sense of wonder and even recover joy in the process. He asserted:

The therapy most needed at this time consists of reacquainting people with their capacities to imagine and create meaning. In order to do this, we must communicate in the language of the imagination: pictures, songs, dances, and dreams. Imagination is the fundamental expressive tool of soul. (B. Moon, 2004, p. 3)

Through these words, B. Moon (2004) reminded us that painting and drawing, among other creative artistic processes, can create meaning, make it visible, and transform random events into “ensouled” experiences (p. 82). From this point of view, ordinary experiences can be transformed into experiences imbued with meaning wherein images are viewed as ensouled and deserving of respect (B. Moon, 2004, p. 7).

Moments of meaning making can occur during ordinary and extraordinary circumstances and events that assist us to reconnect with our internal strengths. In one heuristic study, Kaufman (1996) described art made in response to the suffering she experienced upon the loss of her son to illness. She created a glass cabinet sculpture, a symbolic container and memorial that could hold the meanings of her loss. This was a sacred space that Kaufman created, a place where she could express her feelings while benefitting from the safety in containment the cabinet provided. Kaufman expressed that she was able to find meaning in life again through the creation of art and her strengths as an artist. She shared that art helped her to retain the memory of her son in that she took the painful feelings she was experiencing and used them to create new meaning in her life. The creative response of this mother, artist, and art therapist to the loss of her son revealed that art therapy provided her a way into and through the storm, and helped her to resurrect the internal strength she possessed as a loving, creative mother. These strengths helped her to make sense of what had happened, and thus, she was then able to enter into the light.

Levine (1992) wrote:

The task of therapy is not to eliminate suffering but to give voice to it, to find a form in which it can be expressed. Expression itself is transformation. This is the

message that art brings. The therapist would then be the therapist of the soul, working with sufferers to enable them to find the proper container for their pain, the form in which it would be embodied. (p. 14)

When individuals are able to give voice to their suffering through art and art making and arrive at a place of meaning, they can begin to understand themselves and the purposes in their lives in new ways. Often, they can experience hope (Safrai, 2013), and connectedness (Chu, 2010). In fact, as hope, meaning, and connectedness are experienced, one's sense of purpose is increased. From her case examples, Chu (2010) noted that through art therapy, one woman who had experienced the Rwandan genocide was able to connect with her Christian faith, a strength in her life that assisted her to connect deeply with those around her. In this process, she was able to recognize the purpose of her life in relationship to her work as a seamstress-in-training; however, she was also able to recognize her larger, deeper connection and purpose in the meaningful and trusting relationships she was creating in the art therapy group and in the larger society.

Existential theory espouses the view that we can make meaning out of the meaningless events that have occurred in our lives (B. Moon, 1995). Existential art therapy posits that creative, artistic expression can lead individuals to their own unique meanings (B. Moon, 1995). Accordingly, as individuals continue to strive in the direction of meaning and purpose when seemingly senseless events and circumstances threaten to shatter their spirit, art therapy and the art making process can offer a welcome refuge, an opportunity for a person to create and envision the answers to the existential questions

that arise along the way. Meaning making in art therapy can begin to ease existential suffering and pain as individuals discover new meanings and purposes for their lives.

Art Therapy and Connectedness

Connectedness is considered an integral component of spiritual care (Tanyi et al., 2006). Art therapy has the ability to assist individuals in fostering connectedness in relationship, whether in a one-on-one setting or in a larger group setting in the community. Several authors have endeavored to capture the essence of this truth by exploring what they term *social connectedness*. In one study, Bennington et al. (2016) explored the therapeutic benefits of utilizing an art museum in an art therapy program with older adults. The authors were interested in exploring social connectedness and its effects on well-being. Social connectedness was described by participants as opportunities to connect and to share their thoughts and feelings with others. Bennington et al. reported that when participants felt connected, they further enjoyed opportunities to create art and share meaningful experiences together as well as group discussions and new adventures. Reported effects on well-being included increases in quality of life (e.g., enjoyment, appreciation, and gratefulness) when participants felt listened to and received feedback from the group. Results of this study demonstrated that through art therapy, social connectedness was nurtured through opportunities to create art and share meaningful experiences in community. In turn, these experiences positively affected participants' well-being.

In other areas of the literature, connectedness was viewed as an interaction between two or more people. For example, Chu (2010) described connectedness as the interaction of self with important others, such as loved ones, God, or the universe. She

highlighted that in Rwanda, connection in the context of community was essential in terms of understanding the self. During art therapy and the creation of self-boxes in the art therapy group, Chu found that participants were able to express connections to their faith in God and to loved ones through images that depicted their hopes and aspirations. As they expressed these connections with others, they celebrated who they were and they were able to mourn their losses and create meaning in the context of a safe and supportive group (Chu, 2010). The author articulated that art therapy offered support in ways that helped individuals connect to their spirituality, and, in turn, individuals were able to make additional connections with those around them in the present moment.

Chu's (2010) descriptions illustrate Meraviglia's (1999) view of there being two dimensions of spirituality: vertical and horizontal. Vertical spirituality is exemplified by a relationship to God or other Supreme Being, and horizontal spirituality appears in relationships with the self, others, or nature. Meraviglia theorized that one's vertical spiritual relationships influence all of one's horizontal spiritual relationships. For example, if one has a close and positive relationship with a higher power, it would follow that this close relationship would extend out to all other relationships and would foster additional connections in many areas of one's life. If art therapists are open to discussing clients' spiritual beliefs and vertical and horizontal spiritual relationships, then it may follow that they would be further able to understand what function their clients' spiritual beliefs serve, as well as the degree of connectedness that exists, to better assist their clients in need in practice.

Images themselves have also been found to help art therapy group participants foster connectedness, as evidenced in Van Lith, Fenner, and Schofield's (2009) study that

explored how art making contributed to mental health recovery. As with Bennington et al. (2016), the authors found that the process of making and sharing art with others deepened interpersonal relationships, fostered friendships, and assisted individuals in connecting with the larger social world to share everyday experiences. Taken together, these studies reflect the importance of art making, art therapy, and images in assisting individuals to experience connectedness, including spiritual connectedness.

Conclusion

Evidence of a relationship between religion or spirituality and positive health outcomes points to the importance of attending to spiritual care in clinical art therapy practice. Common elements between spiritual care and art therapy that positively impact well-being include hope, meaning, purpose, and connectedness, as documented by both the spiritual care literature and the art therapy literature. For example, from the pastoral care perspective, Bailey (1997), who worked with oncology patients, found that engaging in art making and creativity was fundamental to spiritual care and that the arts in spiritual care provided an opportunity for individuals to experience or even regain a sense of joy. From art therapy, Chu (2010) described genocide survivors who were able to express connections to their faith in God as well as to loved ones while creating self-boxes, through images that depicted their hopes and aspirations.

Illustrating how a pastoral counselor listens and attends to clients, Fehlner (2002) highlighted the overlap between spirituality, spiritual care, and spiritual direction in practice. As a pastoral counselor, spiritual director, and art therapist, Fehlner explained the various, overlapping roles that the pastoral counselor or therapist can hold: teacher, companion, prayer, and sojourner. She contended that spiritual direction, like

psychotherapy, is about relationships and what she termed *spiritual companionship*, which includes listening and walking with others. When combining spiritual direction with art therapy, Fehlner asserted that individuals are able to step back; to see, observe, listen, be, act, and enjoy what they had created. She noted that this enabled them to look at their creations and perhaps view their lives from a new perspective. As individuals take risks and grow in relationship, as well as working through their concerns in treatment, there is space for healing of mind, body, and relationships (Fehlner, 2002).

Fehlner (2002) articulated the importance of relationships and listening and walking with others as a spiritual companion in practice. While she specified the multiple roles she held as an art therapist, pastoral counselor, and spiritual director, it may be suggested that in our roles as art therapists, we too may be able to have relationships with clients whereby we walk alongside them as a faithful witness to what they have come to share with us about the spiritual aspects of their being. As we engage in conversations about the spiritual aspects of being human with them, and bear witness to their story, we too may be able to be a companion to them on their journey.

When art therapy is viewed through the lens of spiritual care, spiritual needs are viewed as a patient vital sign (Puchalski et al., 2009). As such, they are deemed worthy of compassionate care. Offering spiritual care requires welcoming those who come for care, listening with compassion, building connections in relationship through art, and attending to the divine in clients' lives—whatever that means for them—as one walks with them as a faithful witness to their journey. For art therapists, this can involve watching over the spiritual dimension of clients' lives by embracing the definition of *spiritual carer*; one who offers friendship and walks along the path with you while providing emotional

support and spiritual care (Pastoral Care Council of the Australian Capital Territory, n.d.).

Attending to the center of individuals' lives is vital because the health of the spiritual dimension affects all other dimensions of a person's life. Because spiritual health is related to purpose in life, individuals who have purpose may be healthier than those who do not (Personal Development Health and Physical Education [PDHPE], 2016). Spiritual health is interrelated to social health in that positive spiritual health affects the meaningful relationships one creates with others (PDHPE, 2016). Furthermore, during challenges or stressful situations, having purpose can affect one's emotional, mental, and physical health in that it can assist one to overcome hardship or distress, help one to accomplish goals, and assist in providing motivation for one to physically move toward goals (PDHPE, 2016).

In fact, greater attention to the spiritual can "uncover the strivings people place at the center of their lives and the pathways they pursue to achieve their goals" (Mahoney & Pargament, 2004, p. 491). If an art therapist understands more fully individuals' strivings and the pathways they utilize to achieve their goals, then the art therapist may be increasingly able to assist individuals in directing their strengths in the direction of their goals.

When an art therapist utilizes a spiritual care approach in art therapy practice to attend to the spiritual dimension of their clients' lives, this approach helps individuals to find meaning, hope, and wholeness in their life and relationships (Byrne, 2007) and also promotes a sense of purpose and connectedness in relationship through art, which may lead to increased well-being.

CHAPTER 3: DESCRIPTION OF THE RESEARCH PROJECT

“There is a spiritual part of everybody, we are human and we are spirit. The only way to keep your spirit alive is to feed it with good things and try to be positive—I do believe that it is a choice.” —Mary (pseudonym)

Methodology

This qualitative research study employed a narrative research design. Narratives, when included in art therapy research, have the potential to honor individual’s stories as lived experience (Kapitan, 2010). Because this study was about discovering the effects on adults’ well-being of using a spiritual care approach in art therapy practice, and was also about understanding the nature of individuals’ experiences more fully (Kapitan, 2010), a narrative methodology was an appropriate selection.

In narrative inquiry the story is considered the focus of the study. By examining the stories participants tell, the researcher can discover how individuals make meaning of the events that occur in their lives (Riessman, 2008). According to Riessman (2008), narratives can include stories told by research participants; interpretive accounts by researchers based on interviews or observation; and even descriptions composed by readers who immerse themselves within participant–researcher narratives. Narrative interviews themselves offer opportunities for research participants to share feelings, thoughts, and images related to their lives that assist further in narrative construction (Riessman).

Art therapy not only can promote the telling of narratives but also their creation and illumination through art; in this process, the meaning of certain experiences can more clearly come into view. Bruner (1990) supported this view by asserting that narratives

facilitate meaning making, and noted the importance of *narrative knowing* that is created when individuals describe their lived experiences in narrative form (Bruner, 1986). In relationship to this research study, the focus was upon gathering the stories of the research participants that would illustrate their lived spirituality experiences, followed by identifying themes of hope, meaning, purpose and connectedness as they related to well-being. Thematic analysis (Ezzy, 2002) assisted in identifying themed narratives, as did poetry and participant artwork.

Participants

The study sought a convenience sample of 10 to 20 research participants, both male and female between 30 to 60 years of age. The actual sample obtained had a total of 14 participants. Of the 21 people recruited who responded to flyers and e-mails advertising the study, two did not meet the specified age range, and four others were unable to participate due to scheduling challenges and additional commitments. In total, 15 volunteer research participants volunteered to participate in two weekend retreats: 14 females and one male between the ages of 30 and 60 with a mean age of 45 years old. Of the participants, 14 identified as Caucasian and one identified as African American. Throughout the two retreat weekends and during the post-study interviews (described below), 10 participants shared a specific belief in religion/spirituality and/or God and five communicated that they considered themselves spiritual (rather than religious) and identified with the term *spirituality*. Two participants attended the first retreat and 13 attended the second retreat; however, one participant who attended the second retreat did not attend the second retreat day or complete the post-retreat questionnaire or post-retreat interview. Thus, in total, 14 participants (13 females and one male) participated in one 2-

day retreat weekend during the research study. Of the 14 participants, 12 identified as current psychotherapy clients and two did not.

Participants were recruited via flyers delivered in-person and via e-mail to local private practice psychotherapists and colleagues, one pastoral care associate at a religious organization, and one spiritual support group in the local community. In addition, the research flyer was e-mailed to professional colleagues on LinkedIn and posted on the Illinois Art Therapy Association website. Adults with severe dementia, severe alcohol or drug abuse and addictions, and/or severe psychiatric illness were excluded. Participant selection occurred in accordance with informed consent (Appendix A). All participants completed informed consent forms in-person, at the beginning of each retreat weekend. This study was approved by the Mount Mary University Institutional Review Board.

Procedures

This study utilized a retreat format to collect data. Two art therapy and spirituality retreats were offered that incorporated art making and a spiritual care approach to discover its impact on participants' well-being. Each participant attended one of the two retreats. Each retreat was two days long and took place on a Saturday and a Sunday from 9:00 a.m. until 3:00 p.m. The site where the two retreats took place was at a spirituality center located in a suburb of Chicago, Illinois—a location that put the retreats outside of normal client sessions and at an alternate site (as opposed to the private group practice site where my art therapy practice is located).

The two retreats took place in a large room at the center that provided ample space for art making and group sharing. The space included table areas, numerous sitting areas, and a chalkboard. An outdoor labyrinth and garden/nature area provided

opportunities for participants to explore and reflect during journal time and retreat breaks. A noon meal was offered each day in the main hall, where many of the participants joined daily to interact.

On the first day of each retreat, I welcomed each participant to the space and the research study. When all participants were gathered, the day began with the introduction of the purposes related to the art therapy and spirituality research study and completion of informed consent forms and pre-retreat questionnaires. A centering experience followed, so that all participants could acclimate to the space. Votive candles and flowers were placed on a center table and participants were each given time to orient (e.g., becoming aware of their whole body in the chair, being invited to notice an object or person inside or outside the room that drew their attention, and so on). After participants shared initial experiences related to the centering experience, a spirituality quote was read aloud.

Three art experiential directives were utilized during each retreat, with the following prompts:

1. Serenity box: Choose the box of your choice, or allow one to choose you.

Embellish the outside of the box utilizing the materials provided to reflect the people, places, and things that bring you serenity. On the inside of the box, place any worries or concerns that you have. Feel free to paint, draw images, cut images out from magazines, or write out your worries or concerns on colored pieces of construction paper. Feel free to use shapes, images, and any color of your choice as you create.

2. Three images: In the first image, draw how you feel in lines, shapes and color. In the second image, look at the first image, see what lines, shapes, or forms

contrast with the others and amplify these in the second image. In the third image, draw your response to the second image (approximately 5–7 minutes per image).

3. Watercolor painting: Create a watercolor painting of your choice. Use tissue paper to paint flat on a single sheet of paper or feel free to fold, layer, or crumple the tissue paper before you begin painting. Listen to the music as you paint and let the materials be your guide.

Prior to art making, the participants were introduced to the assorted art materials provided for creating, including tissue paper, artificial flowers, wallpaper images, and paint. Upon completion of the serenity boxes on the first day, group sharing time provided an opportunity for all participants to reflect on their artwork. Individual serenity boxes were honored as I asked permission to “walk” each box around the circle so that each participant could view its creation. Subsequently, those who wanted to discuss the art-making process and their artwork were invited to do so when the box was returned to them. The words shared by each participant were translated into a poem and shared in the circle with the permission of the participant. All but one participant shared their serenity box and the words to their poem. All participants were invited to ask questions or provide feedback to others in the circle if they desired.

Journal time was incorporated throughout the retreat day and participants were also invited to journal as needed during art-making time. A closing circle concluded each day of the retreat and participants were given the opportunity to share any closing reflections from the day.

On the second day of each retreat, all participants were welcomed and given an opportunity to orient to their surroundings once again. An opening spirituality quote was read aloud in the center circle where the votive candles and flowers remained. Then the second art directive was introduced. Participants were invited to create in any area of the room or even on the floor if they desired. Discussion of the art followed and the participants were invited to share their experiences related to the three images they created and the art-making process itself.

Journal time was included in the second day of the retreat prior to the start of the third art directive, wherein participants created watercolor paintings. Upon completion, the participants and I walked around the room together to view the artwork each of them had created. As we paused at each art image, we invited the creator to share thoughts or feelings related to the image if they so desired.

A closing circle concluded the second day of the retreat and participants were thanked for their assistance and participation in the research study. Prior to departure, all participants completed the post-retreat research questionnaire. Post-retreat interviews were completed either on-site after the conclusion of the retreat or in-person within a week. All post-retreat interviews were audiotaped and transcribed.

Spiritual care, embraced throughout each retreat, was supported in part by the definitions provided by Byrne (2007), who asserted that spiritual care is about helping individuals to find meaning, hope, and wholeness in their lives and relationships. In addition, spiritual care in this study emphasized helping individuals to discover a sense of purpose and connectedness. It involved compassionate presence, listening, and a

willingness to be with and journey alongside another while respecting individuals as well as their individual spiritual beliefs.

Measures and Data Collection

To assess the effects of the weekend retreats on participant well-being, I administered a pre- and post-retreat questionnaire adapted from the Spiritual Wellness Inventory (Ingersoll, 1995) that consisted of 10 questions related to spirituality, meaning, purpose, and sense of connectedness in community (Appendix B). I chose to modify the Ingersoll Spiritual Wellness Inventory (1995) because it was a lengthy tool that included 55 total questions. Therefore, I decided to limit the questions to a maximum of 10, which I selected from the total as most closely aligned with the components of the spiritual care approach.

As I reviewed the questions on the inventory, I noticed that some of the items did not appear to be relevant for my study. I therefore selected questions that I determined related to meaning, spirituality, the divine, sacred rituals and community connection. At the time, my title for the two retreats was “Art Therapy & Spirituality” and I was focused on these categories. Although I was interested in the theme of hope, the only question on the inventory that related to hope did not measure a positive outlook, and so I did not select it.

In addition, I interviewed each participant after the retreat, one-on-one, incorporating standard questions (Appendix C). These interviews, which were audiotaped and later transcribed, provided participants with an opportunity to share their thoughts and feelings related to the topic of spirituality and the impact of the retreat on their well-being. A total of 14 participants completed both the pre- and post-retreat questionnaires

and 13 participants completed the post-retreat interviews. One participant completed the pre-retreat questionnaire and the initial day of one retreat weekend but did not attend the second day of the retreat or complete the post-retreat questionnaire. This participant communicated that she would explain through e-mail the reason she could not attend the second day; however, a follow-up response was not received.

Data collection also included written participant reflections provided during or at the conclusion of each retreat, poems revealing participants' verbalized retreat reflections, digital photographs of all participant artwork, transcribed audio recordings, and my observation notes and personal journal entries. Identifying details were removed from all data collected to ensure anonymity for all participants and compliance with HIPAA guidelines. Pseudonyms were utilized in place of actual participant names for all participants. In addition, all non-anonymous research data will be kept for 2 years in a locked file cabinet in my professional office to which only I have access, to adhere to HIPAA guidelines.

Data Analysis

To analyze the effect of a spiritual care approach on adults' well-being, I focused analysis on the participant artwork (e.g., digital photographs), poetry, and themed narratives. First, after each retreat I had photographed each participants' artwork (serenity boxes, three drawings, and watercolor images). I subsequently organized these images into three distinct categories. I also compared my journal entries that related to statements made by each participant in relationship to their artwork over the course of their retreat weekend. Participants shared these statements with me during group time, during art making time, and during journal reflection time.

To reduce the data while preserving their narrative qualities, I utilized poetic transcription. Poetic transcription, according to Leavy (2015) is a data analysis approach from grounded theory that re-presents words and phrases directly from the data record in poetic form. For example, as research participants shared their reflections on the serenity boxes they had created, I transcribed their words as poetic expressions. I read these aloud to the participants at the conclusion of their individual sharing in group. When I reflected back the words they had shared, the participants were able to hear their experiences as narrative, connected to a larger story they shared. Participants told me that they were grateful and felt cared for as a result. Others remarked that the poetic narrative was like a gift that I had given to them; in the process they felt heard. I found in turn that poetic transcription as a means of interpreting the data created a depth that arose in my writing and that authentically conveyed participants' emotions and feelings related to their art works and to their lives. Offering these poetic reflections that consisted of their own words allowed me to honor the reflections they shared.

In narrative analysis, interview data can be written in the form of thematic stories (Leavy, 2009), thus enabling the lived experiences of research participants to be illuminated and more intimately understood. For this component of the study, I met with 13 participants for post-study interviews. I audiotaped each of the interviews in their entirety, asking five research study questions:

1. How do you define spirituality at this time in your life?
2. What was your experience of spirituality during this 2-day retreat weekend?

3. Is your experience of spirituality different now that you are at the end of the 2-day retreat weekend as compared to how you would have described it at the beginning of the retreat?
4. How did your experience of spirituality during and after the retreat affect your sense of well-being?
5. How did art therapy and art-making during the retreat assist you in experiencing spirituality and well-being?

These questions were followed by a discussion that pertained to participants' feelings and thoughts related to the: (a) art-making process itself, (b) viewing of their own artwork, (c) sharing of their own journaling experiences, and (d) verbal sharing during the retreat in the larger group were also included.

In these discussions participants also described their overall retreat experiences and their initial interest in participating in the research study. Topics related to meaning making, life experiences, faith/religion, current transitions, and community support. As summarized in Table 1, I noted any changes in spirituality communicated by participants during the post-study interviews.

Next I transcribed each of these interviews to identify themes related to hope, meaning, purpose and connectedness. I created a word table (Table 2) that summarized the themes and then described these themes in narrative form. Accordingly, I identified expressions of well-being that were shared throughout the two retreat weekends and during the post-study interviews. As illustrated in Figure 1, I organized these expressions by theme.

At the conclusion of the research study, I reviewed each participants' pre/post-retreat questionnaire. In addition to the quantitative data provided in this measure, I noted variations in responses to each question for each participant from cross-referencing each pre-questionnaire and post-questionnaire. This descriptive data revealed several changes related to themes of meaning, connectedness, sense of community, and sense of the divine in the life of participants. As shown in Table 3, these changes related to spirituality and effects on well-being captured via this quantitative designed scale.

I subsequently reviewed my written reflections, personal observation notes, and journal entries. I categorized themes, statements, and quotes that related to participants' experiences of spirituality and well-being. I cross-referenced these findings with audiotaped interviews, poems, digital photographs, results of the pre/post questionnaires, and participant sharing throughout the retreat to identify participant overall experiences in relationship to the four elements noted as possible components of a spiritual care approach in art therapy practice (e.g., hope, meaning, purpose, and connectedness).

Finally, after returning to my literature review for verification, I presented these findings in narrative form through photography, poetry, and stories. In the process of creating this final synthesis common experiences of the participants were identified (Creswell, 2009), which served to document a distillation of the participants' spirituality perspectives, a spiritual care approach in art therapy practice, and experiences related to well-being.

Upon receipt of informed consent from the participants to share their artwork online, the final creative project culminated in the Spiritus Healing Arts Center website that showcased the spiritual care approach in art therapy practice in action. Their artwork

was posted on a specific research page to illuminate the study findings. Additional resources related to ongoing art therapy and spirituality retreats, workshops, and trainings, as well as individual psychotherapy and support services, are posted on the website as well.

Role of the Researcher

As the researcher my role was to understand more fully the lived experiences of the participants in my study. Creswell (2009) asserted that “the goal of [qualitative] research is to rely as much as possible on the participants’ views of the situation being studied” (p. 8). To this end, I endeavored to be present, I listened to the participants, and I observed and reflected upon on the meanings shared by all participants.

At the same time, I was cognizant that I needed to monitor self-awareness and potential biases, as I was both the facilitator and researcher for the study. Therefore, I decided to journal about my thoughts and experiences related to my observations and interactions with the participants during journal time as it occurred throughout the retreats. In addition, I created art periodically during each retreat and conducted the aforementioned poetic transcriptions. I also documented my own experiences as they related to my spirituality experiences during the retreats and also in relationship to the artwork I created.

Ethical safeguards included ensuring client confidentiality related to participant discussions during the retreat, post-retreat interviews, and in relationship to created artwork. Informed consent was renewed at the start of each retreat and doors were closed during hours of retreat operation. In addition, I met privately with each participant during the post-retreat interviews and I ensured that written individual participant information

and artwork shared during each retreat was secured to ensure that confidentiality was maintained. Moreover, at no time during the two retreats did I reveal the client status of research participants who were also receiving clinical services in the community.

To minimize bias in this study, I incorporated Creswell's (2009) suggestion that the accuracy of the results be validated by way of triangulation of a variety of data sources (e.g., interviews, retreat process, participant discussion, digital artwork, reflective writings, etc.), including direct quotes from the participants. I also conducted the study at a spirituality center in the community to eliminate any bias that might have occurred had the study taken place at a site where I was in practice.

CHAPTER 4: RESULTS AND CREATIVE PORTFOLIO

Main Findings

This qualitative research study asked the question: What is the effect of a spiritual care approach in art therapy practice on adults' well-being? At the conclusion of the study, I found that participants communicated changes in spirituality related to changes in well-being, hope, meaning, and purpose in life, as well as connectedness (see Figure 16).

Of the 14 participants who completed the study, many acknowledged a positive change in spirituality after the retreat during post-study interviews. As shown in Table 1, participants reported increased spirituality in the form of hope and contended that the meaning in their life had increased. In addition participants communicated that they were able to identify a greater sense of purpose in life and they confirmed an increased sense of connectedness in community. Moreover, participants reported increased well-being as evidenced by experiences described as recovered joy, happiness, freedom, increased self-confidence, empowerment, and harmonious integration.

Table 1. Positive Changes in Spirituality ($N = 14$)

Positive Change in Spirituality	Increased Spirituality in the form of HOPE	Increased Meaning-making	Increased Sense of Purpose	Increased Connectedness	Increased Associated Expressions of Well-Being (e.g., Joy, Freedom etc.
$n = 11$	$n = 6$	$n = 11$	$n = 9$	$n = 12$	$n = 12$

To illuminate the themes of hope, meaning, purpose, and connectedness that were revealed in this pilot research study, I offer as evidence several narrative excerpts (Table 2). Research participants shared these narratives during group sharing time throughout each retreat weekend and during the post-study interviews. Participants additionally identified unique expressions of well-being shared throughout the two retreat weekends and during the post-study interviews. I organized these expressions by theme and presented these particular findings in Figure 1.

Table 2. Participant Narrative Themes (N = 14)

THEMES	PARTICIPANTS	NARRATIVE EXCERPTS
HOPE	<i>n</i> = 6	<p>“When I saw the hopeful crosses on the layered tissue paper painting and the light blue layer of hope beneath, I experienced God’s presence.”</p> <p>“I saw hope in the flower and in the colors which had returned after many previous experiences with the color grey after my father died.”</p> <p>“The stars on my serenity box represent hope that I can look toward to keep living.”</p>
MEANING	<i>n</i> = 11	<p>“I do not have to keep people happy anymore, I need not walk a straight line.”</p> <p>“I can move myself up to the forefront of my life, I can create meaning in my</p>

		<p>everyday experiences of caring for my children as their mother.”</p> <p>“I think art therapy helps people express how they felt in the past, how they feel about the present time, and then what the outcome is, what they see it to be. So, what you want it to be, what you want your life to be like.”</p>
PURPOSE	<i>n = 9</i>	<p>“My purpose is to honor God and the way he has made us all to be creative human beings.”</p> <p>“I want to be a worker-bee, not a leader. Leadership is lonely. I want to be a worker-bee in community.”</p> <p>“I want more encouraging and supportive people in my life, maybe this is a new goal for me.”</p>
CONNECTEDNESS	<i>n= 12</i>	<p>“I was filled with joy and sense of community.”</p> <p>“Spirituality is a sense of connection to something bigger than myself and encompasses all of the earth.”</p> <p>“I sensed connectedness in the tall plants, butterflies, birds, insects, and life-giving water in nature in my garden image.”</p>

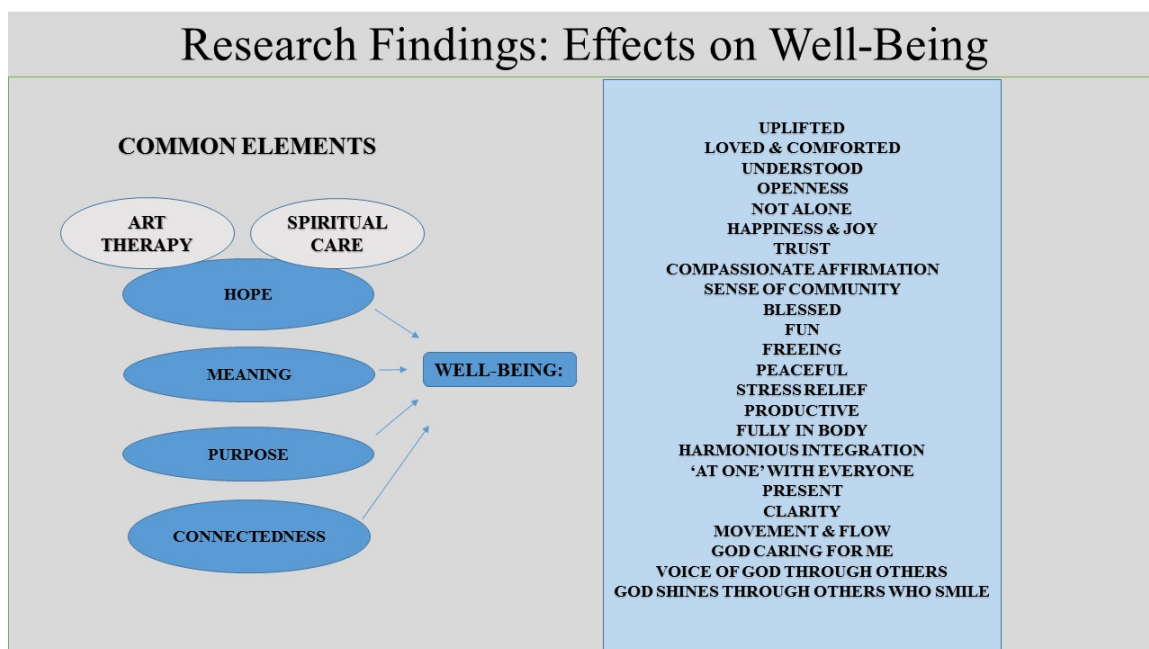


Figure 1. Well-Being Expressions

Results of the post-retreat questionnaire, adapted from Ingersoll's (1995) Spiritual Wellness Inventory and completed by 14 participants, revealed several changes related to meaning, connectedness, sense of community, and sense of the divine in life. Descriptive data results related to the post-study questionnaires for this participant sample are shown in Table 3.

Table 3. Pre/Post Questionnaire Results ($N = 14$)

Increase in presence of rituals	(2)
Conscious of the divine	(3)
Increase in level of consciousness related to the divine	(1)
Agreed that they had help from a spiritual community	(1)
Increased sense of being part of a healthy community that was important to them	(3)

Increased sense of having things to do that helped with feeling connected	(1)
Strongly agree with being at peace with the meaning of life	(1)
God/divine presence was experienced	(1)

In particular, individuals noted an increase in the presence of rituals that helped them to integrate the spiritual into their lives as a result of the retreat. Some disagreed that they were conscious of the divine in their daily lives before the retreat but changed this answer to agreement after the retreat, and others noted an increase in the level of consciousness related to the divine in their daily life.

In addition, a participant strongly agreed that spiritual community wasn't much help in celebrating life, pre-retreat, but expressed having help from a spiritual community post-retreat. Other participants indicated an increase post-retreat in their relationship to the statement that they were part of a healthy community that was important to them and affected their lives. One participant indicated an increase post-retreat in terms of having things to do that helped with feeling connected in life. One strongly disagreed at pre-retreat with being at peace with the meaning of life and then strongly agreed at post-retreat. Another strongly agreed with the statement that God's presence or a divine presence was never experienced, pre-retreat, and subsequently disagreed at post-retreat.

A spiritual care approach in art therapy practice was found to promote connectedness, which was experienced as a connection with the divine (e.g., God, higher power, others, nature, etc.), which, in turn, promoted hope that one was not alone and assisted individuals in becoming more aware of the meanings and purposes of their own

lives or the will of the divine for their lives. Subsequently, increased spiritual well-being was evidenced as participants communicated recovered joy, uncovered passions, increased self-confidence, and a sense of community as they shared their unique spiritual beliefs.

Attending to the spiritual dimension of individuals' lives through art therapy resulted in increased hope, meaning, and purpose in life and connectedness in relationship, all of which have been shown to lead to increased well-being. A retreat program that integrated art therapy as a form of spiritual care in practice was found to result in positive changes in spirituality, which has also been shown to promote increased well-being.

The qualitative data in this study were gathered during the two art therapy and spirituality retreats. The data include art images created by participants, discussions related to their art making and group sharing, their journal reflections, words shared by participants related to serenity boxes in poetic form, pre/post-retreat questionnaires and completed pre/post-retreat interviews.

Throughout each of the two retreats there was ample time for all participants to share their thoughts and feelings related to the artwork they created, as well as their overall retreat experiences. The narratives that follow illustrate the feelings and thoughts that participants shared throughout the study, during the group sharing time, and during the post-retreat interviews. The narratives are revealed in subsections related to the elements of hope, meaning, purpose, and connectedness—each of which is of particular interest in this study. Participants elaborated in great detail upon their art therapy and

spirituality experiences when they responded to the specific questions incorporated into the post-retreat interviews (Appendix C).

Hope

“I hope for more peace in my heart. I already have love and happiness, so that’s what I want to see.” —Tanya (pseudonym)

It had been almost 2 years since Tanya’s parents had passed. At first, she created a bright colored box (Figure 2), then she moved forward to honor the loss of her cat (Figure 3). It wasn’t until her very last painting that Tanya saw what she described as “hope for more peace in my heart” (Figure 5). Tanya



Figure 2. Tanya’s Serenity Box

exclaimed that the painting reminded her of herself as she described an open and cheerful person and identified blue and yellow colors that expressed a happy time. After all that



Figure 3. Tanya’s Three Images

she had been through, she rejoiced upon seeing the watercolor image depicting a multicolored heart that confirmed her positive feelings of hope. What Tanya described was hope not only for herself but for others too. She stated that by attending the retreat and creating art, she was able to expand her understanding of spirituality in terms of consideration for other people and what they were going through. Her consideration of

others allowed her to open up and receive love at the same time that she extended love out to others.



Figure 4. Sally's Watercolor Painting

While splattering paint and singing along to music, Sally (pseudonym) mentioned that she was truly able to experience fun. When she saw the hopeful crosses on her layered tissue paper painting and the light blue layer of hope beneath, she

communicated that she experienced God's presence (Figure 4). Upon viewing the crosses in her art, she shared that she realized that she could not fix her physical or medical issues. Although she had tried, she realized that it was time to share some of the burden

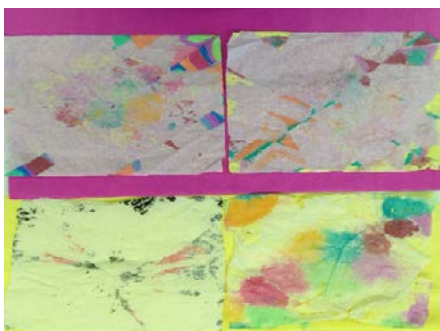


Figure 5. Tanya's Watercolor Painting

with God, who she felt walked by her side. In that moment, Sally communicated that her burden appeared lighter and she experienced a greater sense of hope.

Like Sally, Sarah (pseudonym) felt and saw hope in the series of three images she created (Figure

6). In all three images she spoke about the themes of nature, hope, and movement that



Figure 6. Sarah's Three Images

were present. In particular, she saw hope in the flower and in the colors she said had returned after many previous experiences with the color grey after the passing of her beloved father. As she reflected upon the images, she was struck by the memory of the sensation of flow and movement she had experienced while creating them. She remarked, “I felt a lot of freedom, a lot of flow.”

Sarah described a block that was no longer there. With every art supply possible at home, she explained that she had not been able to create art or experience this sense of hope until this particular weekend retreat.

While creating her tissue paper painting, Tammy (pseudonym), who shared that she was unemployed and seeking new work, became increasingly aware of layers of



Figure 7. Tammy's Watercolor Painting

anger from the past that had obscured her passion for writing. She was surprised to see the word *hope* appear in the center of her watercolor painting not far away from the word *write* (Figure 7). Tammy soon realized that although a series of negative events had occurred in her life, she had held onto her passion for writing and along with it, hope. As the retreat day moved forward, she wondered aloud what it would be like to embrace this hope and create her own blog in the future.

Tina (pseudonym) articulated that the stars on her serenity box (Figure 8) represented her hope that she could look toward in order to keep living. As a mother of three, Tina communicated that it was hard for her to move forward at times after the passing of her husband, who was a veteran. She stated that the stars brought her hope and that she felt closer to God. For me this was reflective of Safrai (2013), who revealed that

when her hospice patient painted his despair, hope and trust in the form of belief that God would take him somewhere also reduced his anxiety and brought him comfort.

Pam, a 45-year-old woman who was caring for her elderly parents, elaborated on her new awareness related to her serenity box (Figure 9) by

explaining that through her relationship with God she believed she could recover from the sadness and depression she experienced and begin to take steps to heal herself. By creating the serenity box, Pam said that she had found hope that she could recover.

Through art making and art therapy, Pam's newfound hope was represented by the Jesus



Figure 8. Tina's Serenity Box, Lid



Figure 9. Pam's Serenity Box

fish she placed in her serenity box and this hope gave her strength.

Meaning

"I think art therapy helps the people express how they felt in the past, how they feel at the present time, and then what the outcome is, what they see it to be.

So, what you want it to be, what you want your life to be like." —Tanya

It was Jeni's (pseudonym) first retreat experience and she reflected on her excitement upon arrival. One favorite time of hers during the retreat was when she created her watercolor painting (Figure 10). A story she shared about the meaning of the completed painting revealed her realization that she did not have to keep people happy anymore; she need not walk a straight line. In fact, she realized that she could even branch out to be who she desired to be. Park's (2005) meaning-making theory sheds light



Figure 10. Jeni's Watercolor Painting

on the experience of Jeni, who had recently gone through a divorce. As Jeni reappraised her divorce in light of her global meaning system, she decided that she valued who she was more than her desire to constantly please others. The color yellow in her image represented her current happiness to her, as well as a sense of internal compassion.

"Let go and let God" was Tina's experience of spirituality, as she enthusiastically conveyed her belief in God and the Trinity. She wanted me to know that for her, spirituality was her soul; her essence. Similar to Jeni, Tina too sought greater meaning in life and believed that when she located it, it would be related to the glory of God. Since the passing of her husband she revealed that she felt some fear and pain. Tina saw new meaning in both the image of sheep and the spirituality quote she depicted on her serenity box, which she stated represented life (Figure 11).

Death and new life,
 statues and movement, sadness
 and joy—all opposites. Farrell-
 Kirk (2001) emphasized the
 importance of art making and
 art therapy to unite opposites,



Figure 11. Tina's Serenity Box

particularly related to the creation of self-boxes and the relationship between the inner and outer self. After Tina selected and cut the images for her serenity box and arranged them in a particular way, she expressed that her trust in God to make a path brought her comfort and meaning.

The work of meaning making is not often easy, but Mary (pseudonym) appeared excited to discover new meanings related to the plentiful garden she depicted in her final image created during the three images directive (Figure 12). She conveyed the importance of moving herself up to the forefront of her life, creating meaning in her everyday experiences of caring for her children as their mother, and about new goals related to fostering more quality relationships in her life. With new purposes in mind, she was on her way with what she termed “enhanced spirituality” upon experiencing art therapy and taking part in the retreat experience.



Figure 12. Mary's Three Images

Spirituality can express itself through beliefs or existential seeking (Henderson, 2006). Existential art therapy holds the belief that creative, artistic expression leads individuals to their own unique meanings (B. Moon, 1995). Through their own art making, Jeni was able to creatively “be,” Tina found meaning in new life, and Mary became more cognizant of creating meaning in her everyday experiences. Collectively, they were able to make meaning of their own experiences through art making, and were each able to formulate an active response.

Purpose

“My purpose is to honor God and the way that he has made all of us
to be creative human beings.” —Sarah

We live in a “storied world” (Cronon, 1992), a world wherein we make sense out of our experiences through the telling or retelling of stories. Cronon (1992) asserted that stories enable us to order the events that take place in our lives, simplify them, and arrive at new meanings. He taught that if we want to understand our human place in the world, narratives are not optional—they are essential.

When Sarah described her three images created in response to the second art directive (see Figure 6), she shared that she wondered aloud about certain questions that she’d had previously: “What did my Dad’s death mean? Have I been stuck or just still?” She shared that as she created her artwork, she experienced a renewed sense of purpose and excitement as she prepared to launch a new website as a professional therapist. She spoke of her belief that people are created for a purpose. Part of her purpose, she asserted, was to honor God. Sarah shared that art therapy allowed her to connect to her spirituality and belief in God through images, and once she witnessed the movement in her images,

she was even more delighted to move forward with her new website and professional endeavors.

Tina described art as essential; however, she also shared that she had been neglecting it, not sure it was purposeful for the world. When she honored her husband through her serenity box (see Figures 8 & 11), and told the story of its detailed creation, sheep that were once distinguished as statues were now described as a living foundation. Tina reflected:

Ten sheep: Me, my husband, three children, three grandkids / Two future
daughter-in-laws / When my children were little / Three sheep riding bikes /
Respectfully in the cemetery / Life was good, my husband was alive / Three sheep
statues in the cemetery / My husband was honest and a police officer / He was my
protector / My husband was a veteran / There's an angel above / And good
fortune / It's a tribute to a hard life / The Lord makes his face to shine on you and
give you peace / Layered losses / Subdued colors / Son is training to be a Navy
Seal / Inside: future, whimsy, joy / Lambs can't protect themselves / Sometimes
we are like lambs and need protection / I'm going to change my life / I like it /
Sheep circling / I embraced sadness and got joy / Look to the stars, keep living /
Amen.

Her words could be perceived as a prayer that enfolded her with purpose and meaning. She looked across the room at the other participants and declared, "I want to be a worker-bee, not a leader. Leadership is lonely. I want to be a worker-bee in the community." B. Moon (2004) contended that individuals can create meaning by way of making art and

this is what occurred for Tina as she discovered the role she wanted to have at her current organization.

A serenity box, along with a collage of worries and concerns, was created by Mary (Figure 13) on the first day of the retreat. Mary shared that her worries were too large to fit inside her serenity box. As she worked on both of her art pieces, she creatively illuminated her movement toward different possibilities for her life in the midst of her everyday challenges:

It is simple and elegant / I can use it at home / If it's about serenity I don't want worries in it / Kids, white teeth yellowing / I try to be positive / Dispel, repel worries / The daily grind / I'm trying to care for my son and daughter / I'm grateful for progress / I will live with stress of good and evil / Constant hindrance / I feel alone / I want more encouraging and supportive people in my life / Maybe this is a new goal for me / There's a visual of birthday candles / I can do it with grace.



Figure 13. Mary's Serenity Box and Collage of Worries

Chu's (2010) findings revealed that art therapy and the creation of self-boxes assisted genocide survivors in reconnecting with the self and connecting to a larger purpose in their lives. These findings lend support to the greater sense of purpose Mary

discovered when she created her serenity box, which illuminated her new goal to seek out more supportive people in her life.

Connectedness

“Spirituality is a sense of connection to something bigger than myself
which encompasses all of the earth.” —Jeni

Providing spiritual support to individuals has been found to result in increased therapeutic benefits, including the feeling that one is not alone (Lindgren & Coursey, 1995). Art therapy provided Tanya with spiritual support and a chance to give and receive love and connect to others in a new way. As connectedness was illuminated for Tanya, she was able to better see it and experience it. When reflecting on her serenity box (see Figure 2), she said:

The flowers represent my Mom / The leaf is my Dad / I no longer have my
parents, I took care of them / Sometimes decisions are hard / When I have to
make a decision I think of my parents / My faith and church help me / And I meet
people / I made a love box / My parents make me stronger / It's where I get my
love from / It's a strengthening box / I try to share the love that I have with others
/ I am not alone.

Throughout the retreat Jeni mentioned that she had learned that getting to know others and talking about art helped her to increase her level of compassion for them and also helped her to forge new connections. As she described her watercolor painting further (see Figure 10), she remarked, upon viewing all of the colors in the triangle she had created, that all individuals need acceptance, care, and compassion.

Whereas Tanya felt connected to her parents and to God, Pam said that she felt deeply connected to God, others, and nature throughout the retreat weekend. She viewed the picture of the mill that she found for her serenity box (see Figure 9) invaluable in terms of illuminating her relationships with her parents. In fact, she termed it a gift from God. She saw joy and happiness in the image depicting summers as a child on the lid of her box, in the Jesus fish inside the box, and in her faith. As she received feedback from the group, Pam commented that she further experienced a sense of connection in community, which stood out to her as one of the most important parts of the retreat experience for her.

Mary verbalized a sense of connectedness to the tall, colorful plants, butterflies, birds, insects, and life-giving water in nature that she depicted in her garden image (see Figure 12) and this helped her to experience confidence in herself. The connectedness she experienced with others in community amplified this experience for her. Cronon (1992) posited that narratives have the power to redefine meanings in the landscapes of our lives, and Mary's art-based narratives allowed her to redefine the way that she looked at her current life challenges and assisted her to move in a forward direction. For example, she stated that it was time for her to open herself up to new adventures in her life and create meaningfulness in everything that she did.



Figure 14. Sally's Serenity Box

For Sally, art making during the retreat allowed her to make time for God and experience connectedness similar to the way Chu (2010) described it—as the interaction of self with important others (e.g., God, others, the universe,

etc.). Sally connected to nature through the leaf on her serenity box (Figure 14) and to God through the crosses illuminated on tissue paper in her watercolor painting (see Figure 8). Often, Kari shared that she felt safe and spiritually connected during the retreat and she stated that this felt good to her because when found that they were able to understand her. When she received feedback from the group, she discovered that she was able to see positive connections to God revealed in the words and crosses that she had carefully placed on her serenity box (Figure 15). Bennington et al. (2016) lend support to Kari's experience by noting that the positive effects of group art therapy on well-being include increases in quality of life (e.g., enjoyment, appreciation, and gratefulness). When participants in their study felt listened to and received feedback from one another, Bennington et al. found that this promoted social connectedness among them and positively affected their well-being.

The retreat setting and format assisted in fostering a spiritual care approach in art therapy practice, thereby promoting meaning, purpose, hope, and connectedness in the



Figure 15. Kari's Serenity Box

lives of participants.

Attending to the spiritual dimensions of individuals with compassion and care provided an opportunity

for them to experience

increased well-being. In these moments of attending—defined here as “an offering of tender and individualized care” (Hiltner, 1959, p. 20)—to spirituality, spirituality is not viewed by the art therapist as an inherent struggle in individuals' lives; rather, spirituality

is viewed as a strength. From this point of view, spirituality can be considered a beacon of light that shines toward possibilities and opportunities. It may have the potential to illuminate a path toward authentic whole-person living as it arises through human creativity.

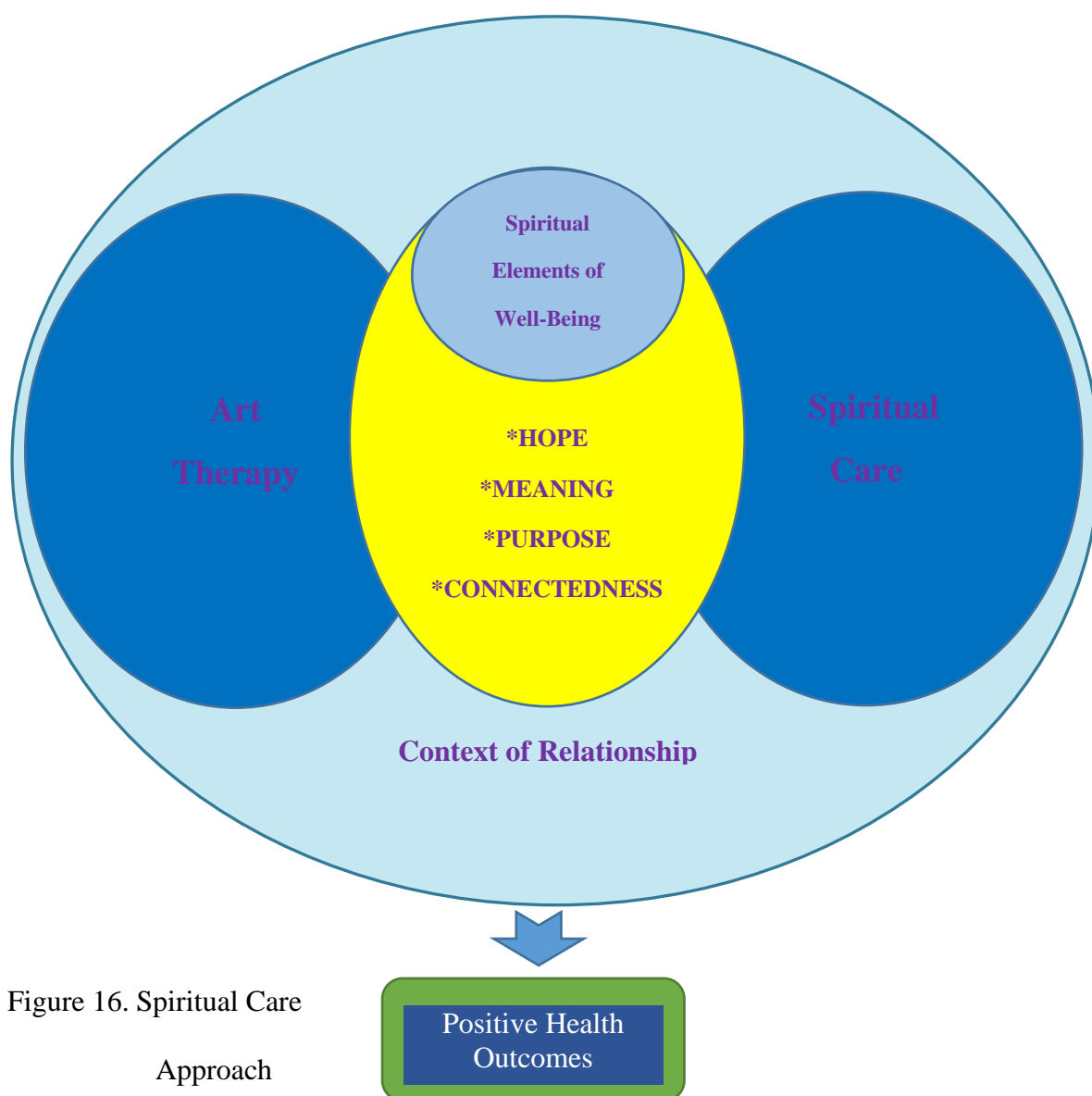


Figure 16. Spiritual Care
Approach

Spiritus Healing Arts Center

The results of this research study suggest that utilizing a spiritual care approach, when offered in an art therapy retreat format in the community, promoted hope, meaning, purpose, connectedness, and well-being. The Spiritus Healing Arts Center and website were developed to disseminate a spiritual care approach for art therapy practice and advocate for the importance of attending to the spiritual dimension of individuals' lives.

The purpose of the center and website was fivefold. First, it would to inform participants, as well as art therapists and other mental health practitioners, about the spiritual care approach in art therapy practice and present selected research findings to support the use of the approach and its effects on well-being. The second goal was to promote the opening of the center so as to actively expand the use of the approach to serve the needs of individuals in the community. A third purpose, which is still in development, is a manual, *Embracing the Divine: An Art Therapy Retreat Guidebook*, that art therapists may utilize as a resource to plan art therapy retreats based on the spiritual care approach. Fourth, I wanted to create an online forum where individuals could connect to learn more about art therapy, spirituality, and spiritual care in practice and continue to interact with the spiritual care approach as well as access program opportunities. Finally, the fifth goal was to provide online access to supportive services and resources related to art therapy and spirituality.

Spiritual Care Approach

A spiritual care approach in art therapy is holistic, and person-centered. The approach considers the spiritual needs of individuals as vital in caring for the whole in

person-body, mind, and spirit. In the approach, spiritual care is defined as care that meets the spiritual needs of individuals by promoting hope, meaning, purpose and connectedness. This type of care involves attending to the spiritual dimension of persons' lives, compassionate presence, and respect for the whole-person. It is said to be care that is co-created in relationship.

As an art therapist who walks alongside individuals in art therapy practice, it is my belief that it is important to pay attention to the spiritual dimension of our clients' lives and to spiritual care. Likewise, I believe that we need to stand as witness to the four vital components of hope, meaning, purpose and connectedness that connect with the human spirit to move individuals forward. As each of these elements are illuminated through art and the art making process, they become vital in terms of promoting healing and well-being in the lives of individuals. As art therapists, we need to be cognizant of these components and nurture them in our own lives if we are to be in a position to promote them in others.

Study Findings

One research page on the website was designed to specifically illuminate the spiritual care approach in art therapy practice, and research study findings related to effects on well-being. In particular, research findings confirmed that: (a) spiritual beliefs promote hope, (b) hope promotes meaning-making, (c) connection to hope and meaning through art promotes connectedness, and (d) hope, meaning, and connectedness promote purpose. Participant artwork created during each retreat, and featured on the research page, led to experiences of hope, meaning, purpose, and connectedness for the

participants, and thus effects on well-being. All artwork was posted anonymously and shared upon receipt of informed consent.

Serenity boxes were created on the first day of each retreat. Participants were invited to depict their worries and concerns on the inside of the box as well as what brought them serenity on the outside of the box. The purpose of the serenity box exercise was to assist participants in viewing their concerns as well as what brought them comfort and serenity at the same time.

One of the ways that serenity boxes are utilized in art therapy practice is to promote containment of worries and concerns. In addition, serenity boxes help to promote balance by assisting individuals to illuminate not only what might be troubling them but also resources that they might utilize in the way of positive coping. Many serenity boxes created by participants throughout each retreat illuminated spirituality as a resource that fostered hope, meaning, and purpose in life. Furthermore, participants verbalized spirituality as a strength in terms of positive coping as related to their worries and concerns.

A series of three drawings were also created by each retreat participant. In the first image, participants were asked to draw how they felt in the moment using lines, shapes, and color. Next they were invited to look at their first image and consider which lines, shapes, or colors contrasted with others in order to amplify the contrasting component in their second image. Lastly, they were invited to draw a response to their second image in their third image.

One of the purposes of this art directive was to promote movement and change in the here and now. As participants drew their feelings and amplified contrasting

components they were able to make decisions about how they wanted to respond to what appeared in their artwork. In effect, they were able to manage their feelings by way of art making and transform each image in the direction of their desired goals. If participants did not like the structures (e.g., lines and shapes) that were present in one particular image, they could change them in the next image. Although some participants communicated that they enjoyed this freedom of choice, others noted that at times it was difficult for them to determine contrasting components and creative ways to respond through art making.

Showcasing select participant artwork related to the series of three images on the research page was important because participants indicated awareness related to past, present, and future meanings in life through their artwork. For example, one participant noted movement through grief and the loss of her cats as she moved forward to celebratory moments in her life, which allowed her to not only give love but also to receive it. In addition, participants noted movement beyond anger, increased connectedness, renewed freedom, and embracement of hope, and also identified new possibilities for the future.

Tissue paper watercolor paintings were created by all study participants and select paintings are presented on research page. The purpose of the watercolor directive was to encourage flow and freedom and to promote the unfolding of one's whole self. Upon completion of the paintings, individuals remarked that they experienced joy, fun, connectedness, freedom, hope, meaning, and God's presence by their side. Forward movement was expressed by some participants as movement from "rigid" to "free" and from a connection to the self to a connection to everyone on earth. Viewing these

watercolor images in relationship to the first two artworks that participants created further revealed participants' overall movement from small, contained serenity boxes to expanded drawings and flowing watercolor paintings.

The spiritual care approach, and the results related to a spiritual care approach in art therapy practice and its effect on adults' well-being were shared on the research page not only to inform art therapy practice, but also because they could prove useful to research participants, art therapists, and community members alike.

Spiritus Healing Arts Center

The intention of the Spiritus Healing Arts Center is to share the Spiritual Care Approach in art therapy practice, the Art Therapy Retreat Guidebook, and select research study findings with the larger community which include: art therapists, mental health professionals, and individuals at-large; research participants and those interested in learning more about fostering well-being in their own lives and in the lives of their clients. My primary intention is to advocate for the importance of art therapists to consider the spiritual dimension in their practices and their clinical work with clients.

I intend to specifically offer individual psychotherapy services for children, adolescents, couples, and families in need. By providing access to art therapy and spiritual care retreat, workshop, and training opportunities for individuals and groups in the community, I can continue to incorporate the spiritual care approach in art therapy practice to promote hope, meaning, purpose, and connectedness in the lives of persons. This is a need I have recognized in my work in the community over time, and which was confirmed in the pilot research study completed. I determined that creating the Spiritus Healing Arts Center would be a sustainable way to continue to offer arts-based

opportunities to promote well-being and positive health outcomes ongoing in the community. Moreover, I determined that it would be possible to continue to offer ongoing supportive resources, links, and an interactive blog to those in need by way of the Spiritus Healing Arts Center website.

The process of creating the website for dissemination of spiritual care approach began with the completion of an online website design course. I had not created a website previously, and I wanted to learn how to create a professional website that would be able to link individuals to resources readily, that would be able to highlight artwork from my research study in a gallery format, and that would be able to share research findings graphically in a way that readers could understand. I completed the course and learned many valuable tools however, in the end, the software would not allow me to build the gallery pages in a user-friendly way, and design parameters were limited.

I endeavored to create an alternate Weebly (www.weebly.com) website wherein I could apply my website learning from the initial online website class and expand my design features. I created the basic pages which included: Home, contact, about and events. When the research study was complete, I added all of the participants' artwork to the gallery pages. Due to live version of the website and the importance of confidentiality, I used pseudonyms for all participant names. Next, I added a research page to highlight the spiritual care approach in art therapy practice, and to highlight main findings related to common elements between art therapy and spiritual care and effects on well-being. A Resource page was added to provide useful art therapy and spiritual care websites and resources.

I viewed this contextual essay as the vehicle for describing participants' artwork and experientials presented on the website in greater detail. After constructing an interactive blog and testimonial page, I subsequently invited all of the research participants via confidential emails to share their thoughts and feelings related to retreat experiences there.

To increase the professional presentation of the website, I consolidated several sections of the original website and constructed a final Wix (www.wix.com) website to introduce the Spiritus Healing Arts Center, and to focus on the spiritual care approach in art therapy practice more distinctly and fully. Initial pages on the website currently include a home page that warmly welcomes individuals to the site and distinct subpages that acquaint the user to the founder, services and programs provided through the center, resources, blog as well as select research findings.

Procedures utilized to create the culminating website included selecting a website design and template, choosing website content and navigation, and taking measures to ensure confidentiality. To this end, I selected a Wix (www.wix.com) website design and template due to its design and navigation options. I found this template to be user friendly with tools and features that were supportive of my design goals.

I chose to design the Home page by providing an introduction to the center and to highlight specialty areas. I ensured that key pages were highlighted on the Home page (e.g., retreats, workshops, trainings) as well as the Spiritual Care Approach with navigation buttons in order for website users to navigate with ease. On the About page I included my brief profile and professional background, and I described my clinical approach in practice. The Services page highlighted all services and general programs as

well as the *Embracing the Divine: An Art Therapy Retreat Guidebook* open for discussion through art therapy consultation. The Programs page aimed to illuminate the various retreats, workshops and trainings available through the center and those arranged by appointment. Similarly, a Resource page was completed to provide information related to art therapy and somatic experiencing websites as well as support groups and instrumental music resources. The Research page was developed to emphasize the components and qualities of a Spiritual Care Approach in art therapy practice and select research findings related to the research study entitled: Art Therapy as Spiritual Care: Walking as Witness With Adults in Practice. The Blog page was refined noting featured posts in the right hand column and I ensured that individuals could readily join the blog discussion after all comments were approved. Finally, a Contact page was established to encourage correspondence with the center.

To protect confidentiality, I used pseudonyms to represent all research participants and their digital artwork on the research page, and I utilized my own digital photographs and artwork on all slideshows and all other website pages. I copyrighted each page and password protected the Home page and website from the general public.

I created these specific pages on the website because I wanted to accentuate the Spiritual Care Approach, the professional services, programs, and resources available through the Spiritus Healing Arts Center, and I desired to engage with individuals and larger groups in the community to promote well-being.

Implications for practice related to the Spiritus Healing Arts Center include: (a) increased opportunities to serve more individuals and groups in need, (b) increased ability to provide access to art therapy retreats and workshops to individuals and groups

in the larger community, (c) increased opportunities to provide individual psychotherapy based on the spiritual care approach in art therapy practice, (d) increased ability to offer ongoing supportive resources and links, (e) opportunities for individuals to connect via the on-line blog, and (f) increased opportunities for individuals and groups to experience well-being.

Art Therapy Retreat Guidebook

The Art Therapy Retreat Guidebook highlighted for art therapists on the Spiritus Healing Arts Center website, documents the preparation and facilitation of a 2-day art therapy retreat that is modeled after the retreat weekends I facilitated during my research study. Areas outlined include: Planning the retreat, role of the facilitator, retreat day format, art activities and retreat materials needed. I believe that this can be a valuable way to disseminate information and resources related to a spiritual care approach in art therapy practice and its benefits to a larger community of art therapists.

By sharing this information by way of consultation, more art therapists will have access to the retreat format and a spiritual care approach in art therapy practice that can subsequently be replicated in a more global way. The guidebook can also be a practical tool for reaching more groups of people in need of hope, meaning, purpose and connectedness as well as increased well-being in their lives. Simply put—it could mean that there would be increased potential for well-being to be experienced among more individuals and groups, and in more communities.

By sharing this guidebook as a published resource for art therapists in the future, and by presenting the spiritual care approach to larger audiences at future art therapy

conferences, I could reach more art therapists who could increasingly utilize the information to assist those in need (e.g., with children, bereavement groups) in the larger community.

There are many persons, groups and diverse populations in need and a spiritual care approach in art therapy practice can transform art therapy in several ways. First, if individuals understand the vital components of the approach which promote well-being: hope, meaning, purpose and connectedness then the approach can offer them a guide in further caring for persons/groups through art. Secondly, if individuals understand the essential qualities of a Spiritual Care Approach in art therapy practice which include: (a) attending to the spiritual dimension, (b) bearing witness to another, (c) offering compassionate presence, (d) building connection in relationship through art, (e) listening with openness, and (f) walking-*with* another, they will be further able to further integrate a spiritual dimension in their work with clients in art therapy practice.

This approach has the potential to support diverse populations in need. By adapting the guidebook for international use and/or specific populations, this could expand the approach's ability to promote well-being around the world. This spiritual care approach has the potential to also link two vital fields of care; art therapy and pastoral care and acknowledge their combined ability to serve those in need by promoting well-being. This approach recognizes the whole-person in art therapy practice, encourages the vital strengths of individuals, and helps individuals and groups to reach their life goals.

Online Forum

A blog page was initially developed on the Spiritus Healing Arts Center website so that retreat participants could share their retreat experiences and the impact of the

retreat on their well-being. Participants were invited to include brief statements or testimonials on this page. During the study, participants had indicated that they enjoyed experiencing the sense of community that they built together over the course of each retreat. Several participants also shared that they were interested in continuing the relationships that they had started to build during the retreat, and communicated an interest in attending future art therapy retreat opportunities together. Thus, this interactive forum offers one way for individuals to stay connected and communicate with one another in an ongoing way. Moving forward, I also view this blog page as a means of communication with art therapists who desire to continue conversations related to spiritual dimension and their clinical work with clients as well as the spiritual care approach in art therapy practice and its impact on well-being.

It was increasingly clear to me that individuals desired a way to continue to connect and be nourished through art making, relationship, and community. Participants appeared to bond through their shared interest in the topic of art therapy and spirituality, and the experiences they verbalized during each retreat indicated their desire for more experiences of hope, meaning making, and connectedness through art in the future. Most importantly, it was communicated by nearly all of the participants that the support they received during the retreats was invaluable to them as they moved forward to manage challenges in their current lives.

Supportive Services and Resources

Providing online access to supportive services and resources was also a goal of the Spiritus Healing Arts Center website. Resources include upcoming art therapy events such as creative workshops and leadership trainings offered at a local site in the

community. In addition, music, art therapy, and spirituality resources are provided, along with information about local support groups available in the community. These resources are intended not only for individuals in the community but also for art therapists and mental health practitioners who desire to learn more about a spiritual care approach in art therapy practice and attend creative workshops, retreats, and leadership trainings.

Future art therapy events were planned for caregivers and those exploring the self because I noticed during the research study that some participants felt overwhelmed while providing care to family members, friends, and elders in their lives. These individuals expressed a need for some quiet time and additional ongoing support. Other participants communicated that they were experiencing difficult transitions and art making assisted them to get in touch with who they authentically were in order to discern new possibilities for their lives.

A current shortage of opportunities existed in the local community for individuals to experience ongoing art therapy retreats and workshops. As an art therapist who views art therapy as an arts ministry for the people, it was my intention to provide more opportunities for people of all ages to gather in community to create. These ongoing opportunities will thus allow for ongoing co-creation in community and they will be built based upon the goal of serving the current needs of the people.

At times during the study, individuals mentioned that they experienced difficulty finding the resources they needed when it came to support. It was therefore important to create a specific spirituality resource page which included grief, divorce, and prayer links so that individuals could have quick access to support groups, hotlines, and inspirational resources when they needed them the most. In addition, it was vital to provide art

therapy, spirituality, and music links so that individuals could have access to additional support. Although certain individuals may respond to arts-based support, a variety of resources are needed at various times in a person's life based on different needs and situations.

One woman who participated in the study shared that she had found the research study through a friend of a friend on Facebook. Although she was pleased that she had located it so as to explore her feelings related to her divorce, she also shared the difficulty at times in locating support groups and creative opportunities in the community when she needed them. Continually updating the website's resource pages will help to ensure that a variety of resources are available to community members in their time of need.

Overall, fostering increased well-being through art is an important goal of the Spiritus Healing Arts Center. The center will strive to provide individuals and groups access to programs, services and resources that will continue to offer them ongoing support based on a spiritual care approach in art therapy practice to meet their needs. Individuals and groups will be welcomed to engage in art therapy and create in community, thereby promoting hope, meaning, purpose, and connectedness in their lives.

The Spiritus Healing Arts Center will provide purpose and meaning in my life as I continue to endeavor to promote continued well-being in the lives of others. As I reach out to promote hope and connectedness in community, I too share in the hope for more healing, connection and transformation for the world.

CHAPTER 5: REFLECTIONS, IMPLICATIONS, AND CONCLUSIONS

In the literature it was not clear how “art therapy as spiritual care,” in practice, advanced an understanding of art therapy’s unique impact on individuals’ well-being. Moreover, my review of the art therapy literature did not yield any studies that evaluated hope, meaning, purpose and connectedness in a spiritual care approach utilized in art therapy practice. In addition, I found no art therapy research that included related pastoral care literature that referenced spiritual caregivers.

I posited that the practice of art therapy could be informed and enhanced by the attributes of the spiritual carer, described as a person who offers a friendship and walks along the path with clients to provide emotional support and spiritual care (Pastoral Care Council of the Australian Capital Territory, n.d.). I offered that art therapists might be able to perform a similar function when they paid close attention to clients’ spirituality in practice as well as offering their compassionate presence. A spiritual care approach was thus perceived as needing, firstly, a clearer description of how it might be deployed in practice and secondly, an assessment of its effects on well-being such that the approach might demonstrate its value in capable of providing a spiritual dimension in art therapy.

I wanted to pilot my approach to spiritual care as integrated into art therapy practice in order to document its effect on well-being because research had indicated that spirituality can be a major component in the therapeutic process (Farrelly-Hansen, 2001). Utilizing a qualitative, narrative research design, this study asked the question: What is the effect of a spiritual care approach in art therapy practice on adults’ well-being? A spiritual care approach in art therapy practice was found to promote connectedness, experienced as a connection with the divine (e.g., God, a higher power, others, nature, etc.), which, in turn, promoted hope that one was not alone and assisted individuals in

becoming more aware of the meanings and purposes of their own lives and/or the will of the divine for their lives. Subsequently, increased spiritual well-being was evidenced as participants communicated recovered joy, uncovered passions, increased self-confidence, and a sense of community as they shared their unique spiritual beliefs.

Reflections on the Narrative Themes

Hope was revealed by Pam in the Jesus fish she chose to adorn her serenity box with and which brought her strength. Sarah saw hope in the flower and in the bright colors that had returned in her three images after the loss of her father. Tina viewed hope in the stars she carefully placed on the lid of her serenity box—hope that she could look toward to keep living—and Tanya illuminated “hope for more peace in my heart” in the colors and images in her watercolor painting. When Tammy saw the word *hope* at the center of her layered watercolor painting, she indicated that it represented hope for a potential new writing career in her life.

As Tina cut out wallpaper images and arranged them on her serenity box, she shared that the sheep and spirituality quote expressed her trust in God and this brought her comfort and meaning. Mary depicted a garden conveying the importance of moving herself up to the forefront of her life and creating meaning in her everyday experiences of caring for her children. Jeni realized she could branch out to be who she desired to be as she described the yellow color in her watercolor painting, which spoke to her of compassion.

When Mary glanced at the last of her three images, she remarked that she saw freedom and purpose in marigolds and a posy that stood confidently gathering rain, which gave life. Upon creating her three images, Sarah viewed the beautiful colors and spoke of

her purpose, which she described as being about honoring God and her own creativity.

Tina honored her husband through sheep depicted on her serenity box, which she viewed as a living foundation.

Themes of connectedness arose in Mary's artwork in the tall, colorful plants, butterflies, birds, and life-giving water in nature she depicted in her garden image. When Pam viewed the mill on the side of her serenity box, she reflected on her close relationship with her parents as well as her connection to God—depicted as birds, green grass, rolling hills, and the sun in her three images. Art therapy provided spiritual support for Tanya and, therefore, provided a chance for her to give and receive love and connect with others in a new way. When Kari reached out and shared her serenity box with others, she found that they were able to understand her and she felt further connected to them. The leaf Sally placed on the top of her serenity box revealed her connection to nature and she communicated that she felt fortunate to be able to make time for God during the retreat. Jeni described a sense of connection to something bigger than herself as she spoke about the bright colors and lines she illuminated in her watercolor painting.

The findings of this qualitative research study were consistent with health outcome studies in the literature that confirmed a positive relationship between spirituality, health, and well-being. Art therapists who support individuals by attending to the spiritual dimensions of their clients' lives in art therapy practice, and who view their clients' care through the lens of spiritual care, may be able to consistently foster and promote their clients' well-being in the process.

Limitations

Although this particular research study documented increased hope, meaning, purpose, and connectedness for participants, certain individuals and/or populations may not be interested in and/or able to participate in art making or art therapy as a form of spiritual care as they navigate their current life experiences. Moreover, the specific mental health and other conditions identified by the participants that motivated them to seek psychotherapy were not identified. The participants were not specifically evaluated in terms of research study goals and purposes. Thus, study results are not generalizable to specific clinical populations.

The study also was limited by its small sample size, which was recruited from a population with a general interest in exploring the topic of art therapy and spirituality. Numerous attempts were made to increase recruitment for the retreats, but the logistics made the formation of two groups of 10-12 people impossible to achieve. While the actual participant sample included 13 females and one male, the sample was almost entirely Caucasian; the sample did not reflect diverse demographics.

In addition, potential researcher bias should be noted as it relates to how the themes were identified and correlated to the components of the spiritual care approach (i.e., hope, meaning, purpose, and connectedness), which could have been reduced by recruiting another researcher to transcribe the audiotaped interviews and assist me in identifying themes.

A limitation existed in terms of the Spiritual Wellness Inventory (Ingersoll, 1995) originally selected. After the research study was complete, I realized that the inventory did not have specific questions related to the spiritual component of purpose and it included only one question related to hope and connectedness. An alternate pre/post

questionnaire that pertained more specifically to spiritual care domains that included more questions related to hope, meaning, purpose, and connectedness might have proved more effective in terms of providing a comprehensive gathering of data related to hope, meaning, purpose and connectedness. In contrast, the post-study interviews appeared to be more effective in capturing narratives related to the four common elements (e.g., hope, meaning, purpose, connectedness) in a spiritual care approach in art therapy practice.

Implications for Future Research

Additional research is needed in order to document if retreat programs that integrate art therapy as a form of spiritual care in practice are an effective format for fostering increased spirituality and increased well-being not only for adults but also for children, couples, families, and larger groups of individuals in the community. Some of these might include art therapy retreats for caregivers, art therapy retreats for children who have experienced divorce and/or the loss of a loved one, and art therapy retreats for children and their parents facing difficult family transitions. In addition, research is also needed to determine whether individuals living with specific mental health and/or medical conditions might benefit from retreat programs that integrate art therapy as a form of spiritual care—for example, individuals who are living with chronic pain or those who are managing long-term depression or anxiety symptoms.

Conclusion

A closing reflection based on my experience with my research study is: We are all human. We are all connected regardless of religion or spirituality in that we share a common ground. Art helps us to go inward and connect with the divine in our lives, however we define it for ourselves. Here, we can access core emotions, thoughts, and

feelings and begin to look at what might be going on—a process that is sometimes referred to as soul-searching—which leads to understanding. We are thus able to simply be in the moment and be present, which leads to a sense of connectedness to the self, to others, to the divine, and to the world.

Through art making we may feel “washed clean,” childlike, and with less worry. We may feel that our burdens are shared with a higher power, with others, or with nature, and thus experience a sense of hope. We may remember that we are connected to something bigger than ourselves. When hope, meaning, purpose, and connectedness are illuminated in our art, we “see them” and there is no turning back. We can’t unsee them. It’s like a puzzle; a Rubik’s Cube that has been solved. We are able to make meaning of the events that have taken place in our lives and we can define a larger purpose.

Making art in relationship and in community promotes connectedness. It helps us understand that we are not alone. There is a sense of camaraderie and a deep spiritual connection that can be experienced, for we feel safe in community. Sharing our art in community can lead to a release of stress and may also lead to a sense that our spirituality has increased. We all need help sometimes. We all need care, love, acceptance, compassion, and support. We can move from rigid structures to a place of freedom and “flow” as we branch out. When empowerment exists, transformation occurs. We do not always have to follow straight lines and do things to make others happy. We don’t always have to work, we can just be.

When we choose to just be, this affects our well-being and leads to positive health outcomes. We can experience less depression, less isolation, and decreased emotional suffering and physical pain. We can feel lighter, connected, nourished, filled with joy,

hopeful, and strong. We can experience more positive energy and compassion for ourselves and others because we are able to integrate our past, present, and future. As momentum and motivation are experienced we move forward toward our goals. Our spiritual well-being can be enhanced.

What art therapists can learn from the field of pastoral counseling is that we too might be able to be spiritual carers to those who come to us for care. In effect, as we show compassion and walk beside our clients as they share with us their unique spiritual journeys, we can be with them and affirm their whole selves and their whole experiences. When we attend to the spiritual dimensions of our clients' lives, we are able to witness what happens when we join them in a larger conversation about the divine in their lives and the nature of important catalysts such as hope, meaning, purpose, and connectedness. This is vital, because if art therapists embrace a spiritual care approach in practice, they could find that their clients are further able to transcend life's difficulties and struggles by embracing these motivations that lead to increased well-being. A spiritual care approach in art therapy practice is therefore life-giving in that it can promote a more holistic, compassionate, client-centered approach to care.

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APPENDIX A**Informed Consent Form**

Mount Mary University

Informed Consent Form

Date of Preparation: August 24, 2016

Mount Mary University

- 1) I hereby authorize Valerie Maty, LCPC, ATR-BC, SEP trainee to include me in the following research study: A Theology of Care: A spiritual care approach in art therapy practice with adults.
I understand that Valerie Maty, LCPC, ATR-BC, SEP trainee or her research advisor, Dr. Bruce Moon will answer any questions I may have at any time concerning details of the procedures performed as part of this study.
- 2) I have been asked to participate on a research project that is designed to collect data on the ways that spirituality impacts well-being in the context of art therapy practice during a retreat weekend series. This will last for approximately 6 hours in duration for (2) days during 1 or 2 weekends or longer if the participant would like to volunteer to complete a post-retreat interview to provide responses to interview questions. Pre/post interviews may last approximately 1 hr. each. Interviews will take place within (1) week of the retreat(s) and any responses to questions will be documented at that time. Any additional interview responses will be due no later than 30 days from the date of the original research interview.
- 3) It has been explained to me that the reason for my inclusion in this project is that I am an individual who is interested in participating in an Art Therapy & Spirituality retreat(s) and optional post-interview responding verbally and artistically to the role that spirituality plays in my life and how it impacts my well-being.
- 4) I understand that if I am a subject, I will create artwork, share verbal and written narratives and transcribed audio recordings of dialogues related to my spirituality, spirituality experiences, and my well-being. I also understand that I will complete a Spiritual Wellness questionnaire adapted from the Spiritual Wellness Inventory (Ingersoll, 1995) as a pre/post assessment during the research study. The investigator(s) will collect my material and keep it confidential for two years. The information will be utilized for a doctoral dissertation and may be published in a scholarly or professional journal in the future.
- 5) I understand that digital photographs of my artwork will be utilized in the research study and posted in an on-line gallery website specifically designed as a component of the study. I understand that no identifying information will be disclosed unless I prefer to be identified in connection with my artwork and

responses. The digital artwork will be kept in a private confidential location to which only the primary investigator has access.

If I prefer to have my name attached to the artwork, please sign your name below:

- 6) Possible benefits to society include allowing the therapeutic and larger community to gain a better understanding of a spiritual care approach in art therapy practice. Possible benefits to the subjects and to society also include understanding more fully, spirituality's impact on client well-being and how an arts-based spiritual care approach can assist individuals to move in a forward direction in their lives.
- 7) I understand the study may involve the following risks/discomforts: Interview questions posed by the investigator and narratives shared by participants may evoke emotional responses and possible feelings of discomfort for participants. In the instance that these responses should occur, the investigator will offer debriefings, or provide appropriate community referrals to assist the research participant(s) in the processing of feelings to minimize emotional risks.
- 8) If the study design or the use of the information is to be changed, I will be so informed and my consent re-obtained.
- 9) I understand that circumstances may arise which might cause the investigator to terminate my participation before the completion of the study.
- 10) I understand that I have the right to refuse to answer any questions that I may not desire to answer.
- 11) I understand that in the event of a research related injury, compensation and medical treatment are not provided by Mount Mary University.
- 12) I understand that I may choose to withdraw from the research study at any time and that research participation is voluntary and that I may withdraw from participation at any time, without penalty or loss of benefits to which the participant is otherwise entitled.
- 13) I understand that if I am a patient or client receiving medical, psychological, counseling, or other treatment services at the time of this study, withdrawal from the study will not jeopardize or otherwise affect any treatment or services I am currently receiving or may receive in the future.
- 14) I understand that should I decide to withdraw from this study, the data I have submitted will be destroyed.

15) I understand that if I have any questions or comments, or concerns about the study or the informed consent process, I may contact: Maureen Leonard, PhD, the IRB Review Board Chair at Mount Mary University.

16) By signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject Bill of Rights".

Please choose the way that you would like to identify for the purpose of this study by signing below:

NAME: _____ DATE: _____

If you choose to have your anonymity waived and your name to be included with your artwork, please sign below:

NAME: _____ DATE: _____

Thank you!

Valerie Maty, LCPC, ATR-BC, SEP trainee

APPENDIX B**Research Study Questionnaire**

RESEARCH STUDY QUESTIONNAIRE

(Adapted from: The Spiritual Wellness Inventory; Elliott Ingersoll, Ph.D., PCC)

Please respond to the following items choosing a number from the scale provided that indicates the degree to which you agree or disagree with each item. Mark the number you select in the blank beside each item number.

RESPONSE SCALE

Strongly							Strongly
Disagree			Disagree	Agree			Agree

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

- | | |
|---|-------|
| 1. I have rituals that help me integrate the spiritual into my life. | _____ |
| 2. My spirituality is very meaningful to me. | _____ |
| 3. My spiritual community isn't much help in celebrating life. | _____ |
| 4. I am conscious of the divine in my daily activities. | _____ |
| 5. I never experience a strong inner sense of God's presence
or the presence of the divine in my life. | _____ |
| 6. I see everyday life as sacred. | _____ |
| 7. I feel part of at least one healthy community that is important
to me and greatly affects my life. | _____ |

8. I have things I do to help me feel connected to life. _____
9. The meaning of life is a question I am at peace with. _____
10. I don't ever experience God's presence or a divine presence in my life. _____

Ingersoll, R. E. (1995). Construction and initial validation of the spiritual wellness inventory (Unpublished doctoral dissertation). Kent State University, Kent, OH.

APPENDIX C**Research Study Interview Questions**

Research Study Interview Questions

1. How do you define spirituality at this time in your life?
2. What was your experience of spirituality during this 2-day retreat weekend?
3. Is your experience of spirituality different now that you are at the end of the 2-day retreat weekend as compared to how you would have described it at the beginning of the retreat?
4. How did your experience of spirituality during and after the retreat affect your sense of well-being?
5. How did art therapy and art-making during the retreat assist you in experiencing spirituality and well-being?

Note: During the interview process the five questions above were asked; however, the conversation with study participants proceeded beyond these scripted questions and included generalized topics such as participants' feelings and thoughts (a) related to the art-making process itself, (b) upon viewing their own artwork, (c) upon sharing their own journaling experiences, and (d) upon their verbal sharing during the retreat in the larger group. In addition, conversations with the study participants included discussions related to their overall retreat experience and their interest in participating

in the research study. Topics related to spiritual care, meaning making, life experiences, faith/religion, current transitions/challenges/achievements, community support, and a humanistic approach in practice were included.