Focusing-Oriented Art Therapy and Connectedness:

Art as a Means to Spiritual Care for Asian Seniors

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FOCUSING-ORIENTED ART THERAPY AND CONNECTEDNESS: ART AS MEANS TO
SPIRITUAL CARE FOR ASIAN SENIORS

By

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Abstract

This study used a mixed-methods approach to examine how art therapy may assist Asian seniors in staying in touch with their spirituality. This study was comprised of 30 Asian seniors, who were participated in an 8-week group on focusing-oriented art therapy (FOAT ®). The researcher hypothesized that the spiritual connection of participants would be increased as a result of the art therapy group. Expressing oneself through art in the presence of an art therapist can allow clients to explore essential issues and emotions that are related to their chronic conditions. Seniors were encouraged to explore their current concerns and strengths through an experiential process of Focusing on mental resources. By slowly transforming stress to a state of ease, the use of art as a means to foster spiritual connection was introduced. As a mean of gaining insights into each senior's artistic experiences, individual interviews were performed after the study. The concept of spiritual direction was also discussed as the researcher proposes that the art therapist can serve as a spiritual director. Although the effect of FOAT ® was identified as statistically insignificant in this study, positive responses were drawn from participants and On Lok Lifeway workers, which were applied to gain in-depth understanding of individual experience. This study provides a framework to interweave cultural perspectives into methodological and analytic details, which aims to ally with research and therapeutic goals.

Keywords: assisted living, art therapy and spirituality, cultural attunement, Focusing-oriented art therapy ®

Biographical Sketch

Chia-Yun (Joyce) is a Taiwanese native who received her Masters in Art Therapy from

University of Louisville in 2014 where she also developed her interest in cultural attunement as

an extension to her experience living in the U.S. Joyce used art to explore cultural identity as she

came across obstacles and dark times in life. She previously served at Ackerley Child Inpatient

Unit and Seven Counties Services, Inc. in Louisville, Kentucky, combining her passion and

experiences of yoga, dance, and drama in supporting children and adolescents who have

experienced intra and interpersonal difficulties due to complex traumas. With the intention of

expanding her experience in human services, she continues to explore possibilities in California.

Joyce currently works with families at Friends of Children with Special Needs and seniors at On

Lok Lifeways in San Jose. She also serves at Northern California Art Therapy Association

(NorCATA) and three Taiwanese organizations to help connecting local communities. Joyce

started her first book translation in 2016 and is currently co-writing a book to share her research

project. She is looking forward to more opportunities to travel and promote art therapy in Asian

communities.

Dedication

I dedicate this dissertation to my parents Chen Fang and Hao Tui who nurtured me and

supported my dreams unconditionally. This research is also dedicated to embrace my name and

beloved homeland Taiwan, which inspired me to explore my spiritual nature and the meaning of

cultural attunement.

Acknowledgments

I would first like to thank my family and friends who supported and encouraged me even though we were thousand miles apart. I am deeply blessed for having their care and love. There were countless moments, I spoke to my mom who patiently listened to me on the phone when I felt exhausted, and my dad who expressed his care by asking, "How is the weather in the Bay?" I cannot tell how precious they were in my long journey of researching, writing, and studying. After I am done, I hope we can enjoy time chatting, laughing, and traveling together. My heart is always with them no matter where I am.

I would like to thank On Lok staff, volunteers, and participants who agreed to assist and take part in this research. My sincere thanks also go to my dear friend and classmate, Jen Deanna Mank, who kindly shared with me her knowledge and experience with On Lok, which helped me to settle in this research.

I would like to thank my partner, Matt Bennice, for giving me the strength to finish this study. I would also like to gratefully acknowledge the effort of my research team, Sufen and Huimei, who kindly assisted me to fulfill analytical tasks, as well as the assistance that I received from Darcy Crosman and Grace Kim, who patiently edited my dissertation based on APA 7th edition guidelines and Notre Dame de Namur University standards.

Finally, I would like to express my deepest appreciation to my committee Dr. Jennifer Harrison and Dr. Richard Carolan, who provided their guidance, relentless support, and valuable time throughout my doctoral journey. A special gratitude to Dr. Laury Rappaport, who inspired me to honor cultural wisdom through a therapeutic lens of FOAT ® and beyond.

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Chapter 1. Introduction

Chapter Introduction

This study was designed to evaluate the effectiveness of Focusing-Oriented Art Therapy

(FOAT ®) in supporting spiritual care for Asian seniors. For this study, the researcher

emphasized culturally attuned practice and collaborative learning with the community-based

facility. The involvement of both research and therapeutic goals was identified as core

considerations to fulfill the requirements of the empirical study while ensuring the wellness of

the participants. The researcher decided to partner with the non-profit organization, On Lok

Lifeways (OLL), which serves seniors from various cultural backgrounds in the Bay Area. As a

pioneer of all-inclusive care for the elderly, OLL continues expanding their services to establish

strong health care networks for seniors and families who need ongoing support in their

communities (On Lok, 2019). The researcher proposed to collaborate with OLL by facilitating

eight 50-minute art therapy (FOAT ®) group sessions over 8 weeks. This research emphasized

the holistic approach of elder care with primary focus on the promotion of spiritual well-being

through the engagement of FOAT ®. The researcher committed to a culturally attuned approach

to nurture clinical insights, to embrace cultural wisdom of the participants, and to thrive the

unique partnership with OLL through active participation and ongoing communication. The

combination of FOAT ®, the focus of spiritual care, and the strengths of the health care

community, allows the growth of genuine curiosity to the process of artistic expression.

This section identifies the research project, including the purpose, a description of OLL,

an alignment of the research goals with the agency's mission, and a recognition of the

commitments to culturally attuned practice. This paper also includes overall objectives, a review

of previous literature, methodology, the evaluation of FOAT ® interventions, as well as the

results and the discussion of the findings.

Purpose of the Research Project

In response to the need for preventative care for the elderly population, this researcher

designed and delivered an art therapy group intervention with the agency, On Lok Lifeways

(OLL, 2015a). This agency sponsors eldercare centers and has developed early assisted care

plans for Asian seniors 55 years of age or older who require medical attention and support to live

independently. OLL (2015b) is a San Francisco nonprofit organization founded in 1971 whose

mission is "to relentlessly pursue quality of life and quality of care for older adults and their

families" (para.1). Furthermore, they aim "to maintain and develop health care models for the

well-being of the elderly and chronically ill through education, advocacy, and innovation in

services and financing" (OLL, 2015c, para.1). Most seniors at OLL have some degree of medical

conditions, such as dementia and diabetes, which would qualify them to enroll in Program of all

the Inclusive Care for Elders (PACE), but who are not yet quite in need of nursing home care.

The goal of the OLL is to assist and keep seniors living at homes by promoting preventative care.

Additionally, OLL adapts a multidisciplinary model to generate integrative care of physicians,

nurses, dietitians, social workers, geriatric aides, activities, physical therapists, and occupational

therapists. The current study will be conducted over the course of this student researcher's third

year of study, as a partnership with Notre Dame de Namur University (NDNU), the institution

overseeing the researcher's study, and OLL in order to advance the mission of both the university

and OLL through art therapy research and practice.

The researcher will focus on the spiritual dimension of preventative care to validate the

existence of implicit experience and phenomenon, such as *gerotranscendence*, which refers to a

transition from a materialistic perspective to a more cosmic and transcendent view of life

(Aartsen, Braam, Deeg, Derkx, & Galenkamp, 2016; Tornstam, 1994). In order to broadly

support seniors with diverse spiritual practices, the overlapping construct of spirituality and

religion will be emphasized rather than separated. The focus on the relational element in both

variables emerges through discussion and within the adapted definition in this study.

The researcher agreed to provide support for the Jade Center, one of the main centers for

Asian seniors at the OLL, to develop art therapy experientials and potential protocols that will

assist seniors in getting in touch with their spirituality, validate spiritual narratives through

communication and reflection, raise the awareness of spiritual care in assisted living facilities

within the scope of business, increase the visibility of the healing process of art therapy, and assist

the researcher to develop leadership in the field of art therapy.

Research Learning Objectives

The researcher was committed to adapting a culturally attuned approach to best serve the

participants, to promote spiritual well-being and collaborative learning experience, to strive for

respective partnerships by engaging in constructive communication and validating organizational

culture and accountability. This approach aimed to synchronize clinical services with the social

and ethnic contexts of the client (Falicov, 2009). Falicov (2009) explained that the urge to

develop a culturally attuned approach is connected with statistical findings of the immigrant

paradox, which reveals that the "rapid assimilation to American culture correlates with worse

physical and mental health than flexible retention of the original culture" (p. 293). The paradox

explains how immigrants often suffer the stressors of racism, lower economic status, and anti-

immigration policies, while at the same time losing protective factors, such as social network and

cultural assets, which have the potential to buffer against these external stressors (Falicov, 2009).

This phenomenon applies to the majority of Asian immigrants and other ethnic populations who

settled in the United States (Teruya & Bazargan-Hejazi, 2013).

The intersection of a culturally attuned approach, spiritual care, and artistic expression

allows for a unique focus on engaging in informative, nuanced, and respectful interactions by

validating strengths and experiences rooted in culturally specific contexts. This approach

emphasizes a preventative perspective from a community, as well as individual learning

standpoint through the collaborative process. This research project, including the purpose, is in

alignment with OLL's and NDNU's mission; a hallmark of NDNU is commitment to cultural

attunement.

Spiritual Direction

In supporting spiritual care at OLL, the researcher explored the idea of spiritual direction

and proposed that the role of an art therapist can be seen as a spiritual director. Spiritual

direction can be described as a practice of being with individuals as they attempt to explore and

cultivate a deeper relationship with the spiritual aspect of daily living (Ellmann, 2018). A

spiritual director provides companionship to individuals to assist in their journey and to help

nurture their spiritual lives (Krestyn, 2013). In this study, the researcher explored the

interconnections between an art therapist and spiritual director. A spiritual director is defined as

an individual "whom we have chosen after prayerful consideration to accompany us, to hold us

accountable, to encourage us, to challenge us and, when necessary, engage us in fraternal

correction along our way of discipleship" (Norris, 2017, para.6). He or she acts as a companion

whose presence aims to witness, contain, and validate people's spiritual lives. Core

characteristics of an art therapist and spiritual director are that they give their full attention, and

demonstrate openness, listening, contemplation, and they aim to empower the individuals they work with.

Asian Americans in Assisted Living Facilities

In addition to the general considerations of the senior population, the researcher is also aware of cultural components in relation to this population. This study focused on Asian Americans in assisted living facilities, particularly those who originally came from East Asia, such as China, specifically Taiwan, and Hong Kong. The researcher paid close attention to spiritual needs of Asian Americans as an acknowledgement of culturally specific concerns in relation to wellbeing. In order to probe into this matter, the researcher aimed to embrace participants' spiritual experience and practice through the creative process. As a native Taiwanese, the researcher's connection to the East Asian culture and capacity to speak Taiwanese, Mandarin, and English may also play an important role for building the researcher-participant alliance.

Focusing-Oriented Art Therapy

With the intention to explore art as a means to support spiritual care on patients' journeys of aging, this study was based on the Focusing-oriented art therapy (FOAT ®) approach because it is uniquely fitted to patients' need to find internal resources as they cope with losses and transitions in their lives (Rappaport, 2008, 2009). Focusing-oriented art therapy is based on Eugene Gendlin's (1996) Focusing-an evidence-based method for success in psychotherapy along with art therapy as designed and developed by Dr. Laury Rappaport. When Focusing is combined with expressive arts, it has been found to have beneficial effects on reducing stress in cancer patients (Klagsburn, et al., 2005). Laury Rappaport (2008) also integrated art therapy with Focusing in order to obtain productive results. Because Focusing is a practice of looking

inward, with an emphasis on mindful awareness and inner listening, it has a great connection to most Asian cultures (Sundararajan, 2015). Based on this consideration, FOAT ® may be considered to be a culturally appropriate approach, which may inform the direction of art therapy practice and research in the future. With regard to a greater goal of this study, the identification of culturally appropriate approaches becomes essential to support eldercare for future application.

Research Goals

This research has the following goals:

Goal 1: To support Asian seniors in assisted living care to engage in creative arts and get in touch with their spirituality, which is defined as the "connections with oneself, others, the nature, and or the transcendence" (Visser, Garssen, & Vingerhoets, 2017, p. 234). This study will use a mixed methods design with both qualitative and quantitative methods to explore how FOAT ® may serve as a culturally attuned approach in facilitating cultural expressions by Asian seniors. The researcher will utilize the Image Analysis Form (Appendix I) to assess artwork of the seniors. The Spirituality Attitude and Involvement List (SAIL) will be implemented as a pre and post assessment of the group FOAT ® sessions.

Goal 2: To explore perspectives of staff and volunteers who have been working closely with seniors to deepen their understanding of spiritual care in the assisted living care setting. This goal will be reached through one 50-minute art therapy (FOAT ®) session for staff to reflect on their perspectives and experience of spiritual care of the elderly, which will be measured by semi-structured interviews following the eight consecutive art therapy sessions over 8 weeks with seniors.

Goal 3: The third goal is to fill the knowledge gaps in the existing literature. This study will provide new knowledge about images as a medium for spirituality for Asian seniors in eldercare.

Hypothesis

Elder participants who engage in eight 50-minute art therapy (FOAT ®) group sessions over 8 weeks will experience an enhanced sense of spiritual connection as the result of the creative process. This will be measured by the SAIL. Data from qualitative semi-structure interviews will provide support to this hypothesis.

Brief Review of Exploratory Questions

The researcher will explore how participants respond to an 8-week FOAT ® program. The research-focus will be on answering the following questions:

1. In what ways does the FOAT ® potentially bolster the sense of spiritual connection, and as a result, soothe the experience of loss of individual participants?

2. What are the specific changes that have occurred after an 8-week art therapy session?

3. What insights do OLL workers provide into commonalities and differences between the workers and the seniors on the topic of spiritual care after workers who engage in one session to reflect on their perspectives and experience of the needs of seniors with respect to spiritual care?

These questions will be addressed in terms of the findings and implications of the study.

Significance

Because the experience of aging varies among seniors, an individual's struggles may show up as anxiety, agitation, tension, and day-to-day disturbances (Whittington, 2011). This study may help seniors in the assisted living facility to get in touch with their spirituality through

the creative process, allow them to be able to stay attuned to their sense of loss by applying felt sense, and thus increase the possibilities for healing and spiritual connection, which in turn will lead to the improvement of wellbeing.

As a vital dimension of human experience and wellbeing, spirituality continues to emerge as a core theme in health care. The researcher strives to explore FOAT ® as a potential modality of spiritual care with a close attention on cultural attunement, which can be utilized to support multicultural competencies and inclusive care that have been highlighted in the field of art therapy (Potash et al., 2015). With the goal to delve into the quality of FOAT ® for spiritual care, this study may serve as a gateway to identify its potential effects for Asian seniors and the role of an art therapist as a spiritual director.

Through evidence-based investigation, this current study may help to build up knowledge on how art therapy can potentially elicit spirituality as an essential dimension in the aging process, which in turn may benefit professionals in developing integrative care with empathy and compassion. With the need of the growing Asian population in California, developing preventative strategies that align with culturally specific practices would promote better client outcomes (Truong, Paradies, & Priest, 2014).

Implications

This study may provide important research to the field of art therapy around cultural considerations within eldercare. New information on culturally attuned practice and perceptions of eldercare will be informative in the field of art therapy within the evidence-based research.

This study may assist Asian seniors in eldercare settings to experience smoother transitions and changes through the creative process, help them to be able to get in touch with their spirituality by applying felt sense. This process may eventually increase the sense of

healing and peace, which in turn will lead to the improvement of well-being. Since spiritual

needs often emerge in the context of healthcare services, further studies are needed to explore

different types of spiritual needs in elderly groups with distinctive cultural backgrounds (Hodge

& Horvath, 2011; Ross, 1997).

Chapter 2. Literature Review

Chapter Introduction

The purpose of this study is to examine how art therapy may assist Asian seniors in staying in touch with their spirituality. This chapter aims to review the literature that supports this study by exploring the role of successful aging within a preventative framework for Asian Americans who are currently enrolled in an assisted living program. This chapter provides an overview of major themes gleaned from the literature on (a) the cultural contexts of successful aging, with a specific focus on spiritual dimension of preventative care for Asian Americans, (b) Asian Americans in assisted living facilities, (c) the use of art in aging care, (d) current psychotherapy approaches for Asian seniors, and (e) the connection of art and spirituality with an emphasis on art therapist as a spiritual director. This review will also provide an overview of FOAT ®, which helps inform culturally attuned investigations. Due to the lack of research on examining the use of FOAT ® with an Asian American population in direct assisted living facilities, research on various medical conditions will be presented. The literature review will also reveal how FOAT ® can be utilized to inform therapeutic modalities within the contexts of Asian senior care.

Preventative Care for Seniors

In the process of aging, many chronic conditions, such as osteoporosis, skin fragility, and dementia, can significantly impact a person's overall quality of life. In most cases, symptoms develop over time and become difficult to manage without assistance (Health in Aging, n.d.). At such stages of life, assisted living programs may be useful in providing suitable care for seniors and families that are specific to their unique needs. Although quality of care varies among distinctive medical contexts, health promotion and the spectrum of preventive care are

highlighted as major themes among these programs in maintaining seniors' holistic well-being (Gilford, 1988). Prevention strategies involve actions to reduce exposure to risk factors and enhance protective factors for individuals or groups (Gilford, 1998; Springer & Phillips, 2007; World Health Organization, 2019). The major goal of prevention and health promotion is to "identify the health problems for which preventive efforts can result in more appropriate utilization of health services and improvements in health status" (Lee, 1985, p.784).

Successful Aging

The National Prevention, Health Promotion, and Public Health Council (2016) reported that the population of Americans over the age of 65 reached 46 million in 2011 and is estimated to reach 74 million in 2030. To ensure successful aging and provide urgent support to the growing number of the elder population, effective preventative strategies must be a foremost concern. These strategies aim to increase the length of people's lives while maintaining their productivity and well-being (National Prevention Council, 2016). The involvement of all sectors is required to plan and create opportunities for the elder population in order to approach the goal of adding life to years rather than years to life. Four strategic directions have been identified as key to pursuing a prevention-oriented society; these include community health and safety, clinical and community support and preventive services, empowered people, and the elimination of health disparities (National Prevention Strategy, n.d.). These strategic directions are needed in planning federal and nonfederal programs and must be part of the blueprint in providing quality services for older adults. The researcher is aware of the importance in generating policy changes and preventive care based on culturally appropriate approaches and that attuned practices can be developed through a deeper understanding of cultural contexts.

Among these approaches, *successful aging* has been utilized in the field of gerontology to describe the conditions and components that are fundamental to maintaining the quality of aging life (Martinson & Berridge, 2015). Traditionally, successful aging involves three components: (a) a low likelihood of disease or disease-related disability, (b) high physical and cognitive functioning, and (c) positive social engagement (Foster & Walker, 2014; Pruchno, Genderson, & Cartwright, 2010). Although efforts have been made to specify the concepts of successful aging, the complexity of this concept remains. Some scholars have noted that successful aging is a positive or optimal state of aging (Foster & Walker, 2014). For this study, the researcher has adapted this general concept to acknowledge the evolvement of multifaceted constructs of successful aging in the modern era. By looking into the foundation of preventative care, the researcher intends to explore the cultural contexts of successful aging in conceptualizing the application of this concept in the aging care practices.

The idea of successful aging is well recognized in gerontology (Katz & Calasanti, 2015). This idea refines the traditional perspective of declination in physical health and brings a new model regarding later life. Although successful aging was not explicitly addressed in the biomedical contexts until 1960s, there have long been efforts to understand the components in promoting enjoyment and positive states of aging life (Jeste, Depp, & Vahia, 2010). The ancient Hebrews described different stages of life and the strength of survival as individuals reach the age of 80 (Martin et al., 2015). Due to the inevitable frailty that rises sharply after the age of 90, individuals are thought to be sickly and "bending over the grave" (Birnbaum, 1949, p. 521, as cited in Williams, 2019, para. 20). In regards to positive emotions in later life, disagreements among ancient philosophers have also been revealed in their writings (Jeste et al., 2010). Aging

has been depicted as an intransigent process rather than delineating the possibilities of engagement and adaptation to new roles (Jeste et al., 2010).

Successful aging research provides an outlook to explain the predictors and self-directed health from adulthood to later life (Calasanti & Katz, 2015; Nguyen & Seal, 2014). The scientific search for successful aging can be traced back to the late 1950 and early 1960s; however, it was not popularized until 1980s. Rowe and Kahn's model (1987), which emphasizes the biomedical perspective and the absence of illness and disease in predicting successful aging, was one of the most well-known and cited approaches. In this approach, three main principles are highlighted: (a) high levels of physical and mental function in maintaining healthy life, (b) the absence of illness and factors contributing to illness and disease, and (c) positive social engagement and involvement. The biomedical process has been criticized for being restricted in its definition and outlook (Scheidt, Humphrey, & Yorgason, 1999). The focus of health and activity does not provide vision in honoring the natural course of aging as anticipated changes (i.e., reduce physical activity level and functioning fitness) take place. It also does not include other critical aspects, such as transformation and wisdom, as people learn to accept what cannot be changed and come to realize that adapt new paths of life are needed (Holstein & Minkler, 2003).

Some researchers have developed other aspects of successful aging to refine and expand these biological models in predicting the quality of life. Bowling and Dieppe (2005), for example, found that models that integrate biomedical, social, and psychological dimensions have a greater ability to predict self-rated quality of life. In a MacArthur funded aging study, Tabbarah, Crimmins, and Seeman (2002) investigated the multidimensional nature of cognitive and physical performance in order to elucidate the impacts of these domains on independence

and quality of life in the elderly. Tabbarah et al. (2002) explored cognitive abilities in relation to

specific aspects of physical functioning; in particular, they examined the relationship between

innovative and routine physical tasks. The findings suggest that cognitive processes are

necessary in executing physical tasks regardless of type of task. In another panel study, Moen,

Dempter-McClain, and Williams (1992) suggested that health is a multidimensional continuum,

which cannot be understood merely through the dichotomous lens of functional abilities and the

absence of chronic illnesses. With the understanding of this interrelated nature of functioning,

the vision of successful aging strives to incorporate different domains to elicit holistic well-being

(Tkatch et al., 2017). One of these domains is spiritual well-being, which has become the focus

of scholars as a common phenomenon in the aging process (Zimmer et al., 2016).

Along with preliminary studies in successful aging, the psychology of aging provides a

systematic review of theories in conceptualizing late life. Jung and Erikson redressed traditional

psychoanalytic theory and explored the positive changes of adulthood (Corbett, 2013; Erikson,

1950; Jung, 1933). Jung's hypotheses about late-life are intrinsic to the motivations of human

beings (Jung, 1933; Sawin, Corbett, & Carbine, 2014). Unlike Freud's central idea that all the

psychological development occurs before the age of 5 (Freud, 1905), Jung argued that the growth

of adulthood is critically important (Jung, 1933). Jung conceptualized adulthood from puberty to

the mid-30s, and noted that seeking the meaning of life and relationship through reflection and

introspection become the predominant concerns in later stages of life (Jung, 1933). For Jung,

aging can be depicted as afternoon life, which "is just as full of meaning as the morning,

[although] its meaning and purpose are different" (Jung, Adler, & Hull, 2014, p. 74). Through

these transitions, individuals are able to integrate all the aspects of life and become more tolerant

of accepting of things they had previously denied. Jung claimed that these transitions can

cultivate a person's spiritual being and that the function of the major changes in later years allows a person to prepare for his or her ultimate death (Belsky, 1990; Jung, 1933).

Erikson (1950) proposed eight phases of life, wherein each one is associated with particular tasks. He claimed that individuals cannot master the issues of the later stages of life unless the crises of previous ones have been successfully resolved (Erikson, 1963). Erikson's descriptions regarding the development of old age are compatible with Jung's. Similar to Jung's idea of an integrated spiritual person, an individual during old age may fully accept his or her life through the integrity and transcendence of ego. This process is specifically connected with the individual's ability to accept his or her past and eventually achieve the ego integrity to accept death. This idea is in stark contrast from the notion that older adults are full of regrets and frustration because of losses and unfulfilled wishes (Belsky, 1990).

Successful Aging and Preventative Care

Foote and Stanners (2002) attributed the unnecessary admission of seniors to acute care facilities and the lack of integrative preventions on a systematic level. Although the majority of seniors seemed to benefit from acute care, about 20 to 30% of elder adults who have been admitted to acute hospitals could have had their care needs managed in alternative settings (Foote & Stanners, 2002; Malone, Capezuti, & Palmer, 2014). Accumulating evidence has demonstrated that medical crises can be reduced when seniors are empowered to manage their own care, or when they have someone to help them to develop plans (Araujo de Carvalho et al., 2017; Boult, Kane, & Brown, 2000; Lorig et al., 1999). However, crisis prevention is intricate because elderly individuals have multiple needs. Most studies have suggested that multidisciplinary teams and organizations are needed to develop multidimensional interventions, which includes diagnosis, assessment, neuropsychological, and social-environmental

considerations (Wilhelmson et al., 2011). Fragility and other risk factors associated with a combination of disease processes lead to physiological and psychological decompensation, resulting in limitations of functioning in the environment (Ge, Yap, Ong, & Heng, 2017). These risk factors are complicated because they are interrelated with each other. For example, individuals who are inactive and lonely are more likely to experience depression and therefore tend to be more socially isolated (Ge et al., 2017).

Successful aging encompasses multidimensional aspects, including the prevention of illness and disease, the maintenance of physical and cognitive functioning, and the engagement of social activities (McCann Mortimer, Ward, & Winefield, 2008; Rowe & Kahn, 2000). Foote, Stanners, Kane, and Kane (2002) reviewed the integrative management model, which aims to provide a framework encompassing the individual, the care he or she receives, as well as the community or the area in which they live. The elder person is encouraged to manage his or her care by considering his or her quality of life in relation to social and health resources. Developing structure, protocols, and cost-effective programs are recommended as a provision to ensure preventative care from many aspects. Among these projects, the Elderly Persons Integrative Care System (EPICS) was designed to deliver responsive package based on assessed needs; it aims to address issues and prevent unnecessary admission to acute hospital or residential treatment (Foote et al., 2002). Seniors and their caregivers are the center of planning and services. This integrative model sustains senior care by reinforcing the responsibilities of local authorities in combination with individual efforts. Preventative programs are not only for moderate-to low-risk or illness; they can be successfully applied in any other aspects, such as spiritual well-being, that often emerge from health care (Dugdale & Sulmasy, 2017). All of

these have a focus on building resilience and strengths on both individual and community levels

(Perkins & Whittington, 2013).

Spiritual Dimension of Successful Aging

In the historical context, research has provided glimpses of how spirituality may fulfill

one's life in old age. Ancient philosophers have revealed the hope of successful aging through

spirituality. Plato described, "The spiritual eyesight improves as the physical eyesight declines"

(Zubko, 1998, p. 338). The Romans and Cicero embraced old age and depicted that "an honored

old age, has so great authority that this is of more value than all the pleasures of youth"

(Douglas, 1917, as cited in Martin et al., 2015, p.16). Thus, social norms play an important role

in validating the preciousness of old age.

In the modern era, spirituality has been a vital component in assisting people with

degenerative changes. In a comprehensive, cross-sectional study, the health status of 227

geriatric outpatients in Kansas City was evaluated through self-report (Daaleman, Perera,

Studenski, 2004). The Physical Functioning Index (PFI) was implemented to measure functional

status of elders (Whetstone, Fozard, & Metter, 2001), and the Geriatric Depression Scale (GDS)

was used to gauge mental health status (Sheikh & Yesavage, 1984).   The results revealed

positive correlation between health status and ethnicity ($p < .01$), physical health ($p <. 01$),

quality of life ($p < .01$), depression ($p < .01$), and age ($p = .01$). Yet, spirituality ($p = .01$)

remained an important predictor of self-appraised good health than religiosity ($p = .12$).

Spirituality may be helpful in understanding not only the underlying aspects of individuals who

affirm their health but also how and why seniors might be leading lifestyles that are health

affirming. One possible explanation for the associations between spirituality and health

appraisal might be that people tend to embrace their health status by applying a broader and

integrative view of health and normalize their physical conditions by attributing them to old age

rather than illness. Regarding the limitations of the study, Daaleman, Perera, and Studenski

(2004) discussed the absence of the definitive conclusions about the causal relationship of the

variables because of the cross-sectional design. The study provided an observational information

of a single moment rather than before and after the study was conducted. In addition, this study

consisted mostly of white individuals, which limited the power of examining ethnicity as a

variable. As a mindful action to integrate cultural aspects into research, the effort in developing

ethnic specific method, such as this current study focuses on Asian seniors, would help to expand

researchers' horizons on a certain subject that they are dedicated to explore.

In another study, Black and Hannum (2015) investigated the concepts of aging, time,

spiritual needs, as well as those related to future care by interviewing a cohort of 54 childless

older women. Researchers probed into their perceptions of these concepts through exploring

life-stories, decisions to remain childless, and other topics that emerged, such as aging and

spirituality. Time and aging are considered to be subjectively and biographically meaningful as

both concepts are rooted in individuals' personal, historical, and cultural contexts. Similar to

time and aging, spirituality and belief systems are culturally and historically sensitive. For

example, in the United States, individuals who were born in the 1940s and 1950s tend to adhere

to the religious legacy of their childhood and family of the origin. In contrast, younger cohorts

who grew up during the social upheaval of the 1960s seem to have a variety of spiritual

resources (e.g., nature, prayer, and meditation) (Black & Hannum, 2015). Black and Hannum

(2015) claimed that the ideas of unity, equality, and oneness with nature are time specific and are

central to spiritual representations. As such, individuals' beliefs and practices are deeply

affected by the era in which "persons came of age" (Black & Hannum, 2005, p.148). Although

Black and Hannum (2005) studied a different demographic group than the current study, the implications still provide a scope of how spirituality evolves over time and provide insights into contextual meanings of aging on different generations.

Carson and Harold (2009) discussed the spiritual dimension of nursing practice and health care. They indicated that the integral nature of spirituality comprises both vertical and horizontal dimensions. The vertical dimension refers to one's transcendent connection to a Higher Being, such as God, without a connection to a specific religion. The horizontal facet is broadly referred to as one's relationship with his or herself, others, faith, lifestyle, and nature or universe. In performing spiritually attuned services, practitioners need to identify how personal experience may be related to one's spirituality. This information may be valuable to express support and care while also allowing the practitioner to be curious in response to unknown domains and phenomenon.

Gerotranscendence

The concept of gerotranscendence was introduced by a Swedish sociologist, Lars Tornstam, in the late 80s (Tornstam, 1989). Tornstam (1989) suggested that people are continuously developing new paths; as they engage in various life experiences, they refine themselves overtime. Regardless of the physical limitations, the emergence of new perspectives takes place in shaping the essence of individuals in their senior years. This transcendence goes beyond the ordinary profile of "successful aging" and redefines the experience of aging. In addition, issues in relation to aging have been found to be less relevant to the problems of individuals' feelings or behaviors, than to their perceptions and interpretations of these experiences (Tornstam, 1989; White, 2015).

Tornstam (2005) postulated three levels of gerotranscendence; the cosmic level, the self, and social and individual level. The cosmic level encompasses the increased connection with the younger generations, changes in how one defines space and time, the acknowledgement of the mysterious nature of life, as well as the tendency to embrace subtle and implicit experiences. The self level includes the exploration of the hidden self, the experience of returning to childhood, a shift from egoism to altruism, a tendency to have less preoccupation with the body, the absence of fear and dying through the comprehension of life, and the realization of the multifaceted dimension of life. On the social and individual level, people tend to eliminate superficial relations while increasing the need for solitude, the realization of the distinction between one's self and role, the inclination to develop less materialistic views as well as the freedom of asceticism. Bruyneel, Marcoen, and Soenens (2005) affirmed that gerotranscendence provides a distinctive view on the *activity perspective* of aging life, which has been widely adapted by the majority of eldercare facilities. From an activity perspective, social engagement is an indicator of healthy living; however, for seniors who pursue peace and solitude, the promotion of social activity may not effectively address their needs.

Wadensten and Carlsson (2001) illustrated the potential of gerotranscendence in clinical settings. For example, caregivers need to be educated to identify the signs of gerotranscendence on seniors, such as becoming less obsessive about the body, actively communicating about death and dying, and revealing the need to adapt alternative activities, such as art and journaling, to find contemplative peace. These shifts assist individuals to construct a smooth and quiet mental landscape from which to thoughtfully build an optimal relationship with the self (Douglas, 2007). Wang, Hsuan, and Hsieh (2011) found the enhancement of life satisfaction and gerotranscendence perspectives, as well as the reduction of depression among 35 seniors who

received an 8-week gerotranscendence group. Three levels of gerotranscendence perspectives were evaluated; the cosmic transcendence, which relates to life, space, and connections with earlier and later generations. Coherence refers to the meanings of wisdom and relationships in life, and solitude indicates the need to be with oneself. A paired t-test was used to evaluate the data from the pre-post scores on the Gerotranscendence Scale (Tornstam, 1996), the Geriatric Depression Scale (Sheikh & Yesavage, 1984), and the Life Satisfaction Scale (Wang, 2005). The outcomes suggested a modest, but statistically insignificant, decrease of depression ($p =$ .06), and a statistically significant increase of cosmic transcendence ($p =$.000) and life satisfaction among participants ($p = $ .000). The potential of gerotranscendence interventions was revealed in promoting spiritual health for institutionalized elders (Wang, Hsuan, & Hsieh, 2011).

In looking at the aging experience and meanings of relationships, the structure and goals of the transcendence interventions provided a framework to implement in this current research, to investigate spirituality in relation to the aging process among Asian seniors. Interventions are aimed to explore important subjects, such as internal and external strengths, to alleviate stress and find joy in art making.

Religion and Spirituality as Overlapping Constructs

Previous literature has examined the distinction between the terms religion and spirituality (Musick, Traphagan, Koenig, & Larson, 2000). Religion is typically associated with nominal religious affiliation, while spirituality is thought to "connote beliefs and behaviors that are broader than those associated with traditional religious bodies" (Musick et al., 2000, p. 74). Although the differences between these two variables have been greatly emphasized, spirituality and religion are increasingly being viewed as unique yet overlapping constructs (Ammondson et al., 2013). Pargament (2007) defined spirituality as people's journey of discovering the essence

of self and higher levels of aspirations, whereas religion is identified as the search for

significance that takes place within established institutional contexts aimed to elicit spirituality

 (Pargament, Mahoney, Exline, Jones, & Shafranske, 2013). Hill et al. (2000) described

spirituality as involving feelings, thoughts, and behaviors that drive the search for the

connectedness to the transcendent. In a special report of two conferences about compassionate

care in 2012 and 2013, Puchalski, Vitillo, Hull, and Reller (2014) tracked the procedure of

conceptualizing the definition of spirituality through international consensus. In the 2013

international conference, participants specified a wide range of terms, concepts, and languages

that are often used in different cultures to describe spirituality. For example, common terms,

such as "transcendence" and "sacred," were considered to be elements of spirituality. However,

some participants questioned these terms due to the specific meanings and interpretations they

have in their cultural contexts. Moreover, some participants wanted to broaden the term to

include relational aspects of spirituality. They gave the example of the importance of family and

significant others, who play a vital role in providing care and connectedness to patients. In

broadly addressing many relational aspects of spirituality, the following definition integrates

beliefs, values, traditions, and encompasses the relational aspects of spirituality:

> Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek
> ultimate meaning, purpose and transcendence, and experience relationship of self, family,
> others, community, nature, and the significant or sacred. Spirituality is expressed through
> beliefs, values, traditions, and practices. (Puchalski et al., 2014, p. 646)

Overall, the complexity of spirituality continues to generate discussion and debate, in

which researchers seek to implement simplified statements that are more susceptible to research

(Puchalski et al., 2014). In diving into spirituality, researchers may understand this concept as an

experience that emerges from the engagement of life over time, rather than a product that is

merely produced at some point within specific scenarios (Puchalski et al., 2014). This

perspective is helpful for the researcher of this current study to delve into the context of

individuals' experience while also identify cultural resource of spirituality.

Spirituality in Clinical Research

Even though researchers have demonstrated the importance of spirituality, religion, and

health, in adding meaning and enhancing quality of life, a great number of questions remain

unanswered (Hadzic, 2011). Unclear language of spirituality has been a major issue in

incorporating spirituality in scientific investigation (Krause, 1993). Kestenbaum et al. (2015)

noted that a lack of common language for spiritual care continues to broadly exist within

interdisciplinary research teams. This issue raises questions regarding the capacity of teams

offering care to seniors to address the spiritual dimensions of senior care. Traditionally,

chaplains learn to adapt and conceptualize the language of other disciplines in order to

participate in team care. In fostering the engagement of effective research, researchers have

suggested that a collaboration between chaplain and nonchaplain researchers might cultivate

curiosity and encourage spiritual care provision, which in turn may assist in narrowing the

clinical gaps (Kestenbaum et al., 2015).

Hadzic (2011) reviewed existing literature to conceptualize the association between

spirituality and well-being and the issues regarding the designs of current studies to inform future

directions. The effects of spirituality were found to be positively correlated with the following

categories: personality, intrinsic motivation, social functions, and restoration and healing (Hill &

Pargament, 2003; Miller & Thoresen, 2003; Nisbet, Duberstein, Conwell, & Seidlitz, 2000;

Shreve-Neiger & Edelstein, 2004). Hadzic (2011) also noted how measures of spirituality are

rendered inadequate due to the lack of precise definitions for spirituality. Researchers must

acknowledge the diverse contexts of spirituality and religiosity and develop context-specific

definitions in order to gain valid results. For example, those who subscribe to other religions

might not see the Buddhist practice of worshipping multiple idols as a spiritual element. Without

acknowledging contextual meanings of spirituality, researchers will not be able to deepen their

knowledge to understand related phenomenon. Regarding the consistent challenge of defining

spirituality, Hadzic (2011) suggested that spirituality should be defined within the specific

believe system with the help of scriptures in the context.

Spirituality and religion in the workplace (SRW) is a field of inquiry that offers special

aspects of form and construct within empirical studies. Numerous researchers have explored the

tension between traditional and SRW research methodologies, focusing on relevance and

legitimacy (Dean, Fornaciari, & McGee, 2003; Dean, 2004). The challenges researchers face

when investigating spiritually relevant phenomenon include not only the complexities of

definitions in various languages but also the form of the inquiry itself (Benefiel, Fry, & Geigle,

2014; Dean, 2004; Dean et al., 2003; Dean, Forniciari, & Safranski, 2008). This barrier is

derived from the uniqueness of SRW in representing an intensely personal field of inquiry,

which is rooted in theology and philosophy, rather than in the well-established fields of

psychology and social science (Benefiel et al., 2014). Therefore, it is difficult to validate SRW

in current accepted methodologies due to the challenge in adapting quantitative approach in

social scientific research. The questions were raised on how to study SRW quantitatively to fit

into the traditional scientific research paradigms as well as on the development of proper

inquiries to examine lived experiences of spirituality and religion within distinctive

organizational contexts (Benefiel et al., 2014).

In spite of these barriers, Dean, Fornaciari, and McGee (2003) argued that the value in

combining an experimental model, such as SRW, with other methodological traditions (e.g.,

quantitative and qualitative methodologies), because doing so may produce new forms of data representation for insights and creative solutions.

In the context of SRW, the spiritual leadership theory provides a framework to incorporate spiritual leadership (e.g., hope, faith, altruism) and spiritual wellbeing (e.g., sense of membership) (Benefiel et al., 2014). The goal is to create a vision and value to foster individual and organizational changes, such as life satisfaction, commitment, and social justice (Fry, Matherly, & Ouimet, 2010; Fry & Nisiewicz, 2013). In the field of organizational science, guidelines and strategies of spiritual leadership have been established (Benefiel et al., 2014). By creating changes on both a personal and systematic level, the process of spiritual leadership is expected to establish strategic learning to develop shared knowledge and set skills, as well as reinforce an organizational culture that cultivates transcendental values of services, such as altruistic love, justice, and harmony (Wong & Hu, 2012). Individuals have genuine care for self and others, thereby developing a sense of membership that facilitates feelings of being understood and appreciated (Fry, 2003).

In creating a contained environment for spiritual expressions, Fry (2003) also mentioned the importance of legislative considerations (i.e., having a nondenominational chaplain, developing nondiscriminatory policies) in managing potential conflicts in the workplace to support SRW activities and ensure individuals' right in spiritual expressions (Dean et al., 2008). The intention of bridging SRW with social science research provides a scope in understanding the phenomenon of spirituality, which resonates with the challenges of balancing quantitative and qualitative perspectives that occurred with this current study. Although quantitative perspective enables to generate statistical value, it is unlikely to bring in-depth information about

spirituality. With the support of qualitative perspective, the researcher is able to obtain unique

aspects to draw rich and insightful results.

Terms and Approaches to "Aging Well"

Foster and Walker (2014) reviewed different terms used in describing healthy states of

aging; two of those terms are *active aging* and *optimal aging*. Each of these concepts signifies a

contrary approach to the gains and possibilities of aging. In Europe, the idea of "active aging"

has emerged over the past two decades as a prominent policy response to the challenges of the

general aging population (Foster & Walker, 2014). According to the World Health Organization

(2002), active aging refers to opportunities that optimize health, participation, and security for

the enhancement of quality of life for people as they age. Foster and Walker (2014) indicated

that, active aging "has become the leading scientific and policy conceptualization of a later life

characterized by well-being" (p. 83). There are two concepts of active aging that have been

implemented in policy framework: Active aging is defined as a life course-oriented approach that

emphasizes the actions that can be promoted by individuals, organizations, and society

(Nicholson, 2015). The other framework focuses on the length of individuals' working life, with

an attention on paid employment. To age well, individual must lead lives that maintain

continued engagement of spiritual, societal, and economic activities, which in turn facilitate

holistic development across the life course (Barrett & McGoldrick, 2013; Nicholson, 2015;

Rowland, 2012).

Baltes and Baltes (1990) proposed the idea of optimal aging, which implies that

individuals can optimize their capacities or satisfaction in life regardless of their state of health.

Optimal aging emphasizes the association between functional levels in multiple domains,

including physical, cognitive, emotional, spiritual, and societal, to an individual's satisfaction

regardless his or her medical conditions **(**Brummel-Smith, 2007; Walsh**,** 1993). Schulz and

Heckhausen (1996) pointed out that the concept of "optimal aging" highlights "the theoretic

potential of aging organism" (p. 702). Optimal aging can be described as "aging under

development-enhancing and age friendly environmental conditions" (Baltes & Baltes, 1990, p.

8).

Although distinctive terms and concepts are adapted in responding to the encounters of

the aging process, such as active aging and optimal aging, the focus of these concepts have

evolved in the specific social contexts of Asian groups and other groups (Martin et al.,

2015). Whereas there was a predominant focus on the physical dimension of aging in early

gerontological studies, a refinement has occurred through the integration of cultural, social, and

religious dimensions (Martin et al., 2015). The complexity of aging has enriched the growing

scientific interests in generating clinical research and application.

 Successful Aging in Asian Americans

While the expansion of successful aging approaches has taken place over the years by

researchers from multiple disciplines, the demand to address specific needs in minority elderly

populations remains. Zimmer and Lin (1996) examined the impact of leisure activities on

emotional wellbeing in among a random sample of 4,049 Taiwanese elders (age 60+). To

determine how cultural factors affect the participation of leisure activity, researchers tested the

Activity Theory of Aging that was originally constructed and tested predominantly in the

West. The Activity Theory of Aging suggests the potential of activity in developing self-concept

and promoting wellbeing through psycho-social processes, such as feelings of competency and

efficacy (Zimmer & Lin, 1996). The data was drawn from the 1989 Survey of Health and Living

Status of the Elderly in Taiwan, which was designed to evaluate physical, economic, and social

well-being. Four types of leisure activities were measured on a scale of 1 to 4 (1 = *never*, 4 =

often), including physical activities (i.e., sport, walking), creative activities (i.e., reading,

handcrafts), contemplative activities (i.e., thinking and worshiping), and social activities (i.e.,

socializing). The results were obtained using a factor analysis and showed a variance of 53.1%

among four types of activities. It is suggested that activity is a multidimensional construct,

which creates various effects based on the type and quality of the activity. For example, physical

activities and contemplative activities were found to have different level of influence on well-

being. Physical activities appeared to have mean scores of 7.6 on men and 7.2 on women, while

contemplative activities displayed 6.3 on men and 5.5 on women. Overall, men engaged in more

leisure activities than women, which may imply the cultural factor that women tend to be

involved in instrumental tasks to take care of their families, and are less encouraged to engage in

leisure activities. Zimmer and Lin (1996) also indicated the need of future research to compare

the data sources from the West with those in Asia to validate the effectiveness of leisure

activities within cross-cultural contexts.

Different cultures might perceive successful aging differently. For example, the meaning

of "success" usually implies individual achievements (Lin, 2015). Torres (1999) pointed out that

the concept of successful aging is culturally sensitive. Chinese elders tend to define it in terms of

how others perceive them, while older Americans tend to define it based on how they view the

world (Torres, 1999). In an integrative review, Zanjari, Sani, Chavoshi, Rafiey, and

Shahboulaghi (2017) discussed the relevancy of the multidimensional nature of successful aging

to understanding the spectrum of older adult's wellbeing. Successful aging consists of physical,

psychological, social, spiritual, and economic and environment aspects. These components can

be subcategorized within a systematic view of micro level (physical and psychological well-

being), meso level (spiritual and social wellbeing), and macro level (environmental and

economic security) (Bowling & Dieppe, 2005). Each of these components contributes

specifically to the wellbeing of individuals in relations to their cultures and past life experience.

As such, the concept of successful aging does not emerge only in later life but should be viewed

as a continuum of achievement (Bowling & Dieppe, 2005).

Numerous studies have highlighted the role of filial piety in understanding the

perceptions of successful aging in Asian populations (Cheng, 2015; Nguyen & Seal, 2014; Sun,

2017). Filial piety refers to the obligation of those in the younger generation to respect and

honor their elders **(**Nguyen & Seal, 2014). Filial piety is rooted in Confucianism and is the core

value that governs intergenerational relationships. This value has been ingrained into Chinese

culture for centuries **(**Kwan, 2000; Nguyen & Seal, 2014). Filial piety embodies a hierarchy of

relationships, which includes a range of beliefs and behavioral descriptions. An adult child is

expected to show respect to elders, live and remain close to parents, and sacrifice for one's

family (Kim, Cheng, Zarit, & Fingerman, 2015). An adult child's duties to his or her elders is

enforced through policy and legal actions, which increases the parents' expectations of support

from their adult children (Cheng, 2015). Individuals who fail to behave in ways consistent with

filial piety may be sanctioned by other family members (Chou, 2011). Older adults whose

children do not perform in ways consistent with filial piety are shown to be at a higher risk of

depression (Choe, 2013; Cong & Silverstein, 2012). In deepening our knowledge of the Asian

population, specific attention on cultural contexts and values is essential to identify potential

variables, such as filial piety, that contribute to the meanings of spirituality among seniors

(Parker, 2014). This acknowledgement informed the goal of culturally attuned practice to

collaborate with spiritual care.

In responding to culturally specific needs for the Asian population, Nguyen and Seal (2014) suggested the implementation of disease management in combination with ancillary services (i.e., physical therapy, nutrient management) should be at the forefront of patient education in maintaining health and independence. Social support services might also emphasize education on lifestyle and modifications of the home environments to optimize mobility and functionality (Feng, Liu, Guan, & Mor, 2012). Cheng (2015) highlighted the necessity in supporting individuals through macro-level policies to the micro-level of family and social relationships. Despite inevitable losses and decline, social support is essential to promote health as well as to maximize the functioning of seniors. This finding suggested the systematic effort in developing skills and a spectrum of programs that can potentially support seniors to address concerns and challenges to meet a variety of needs, such as spiritual care (Bulduk, Usta, & Dincer, 2017).

Ethnic Identity

Previous studies have shown a positive correlation between a strong ethnic identity and personal wellbeing (Oliveira, Pankalla, & Cabecinhas, 2012; Phinney, Cantu, & Kurtz, 1997). In a meta-analysis, Smith and Silva (2011) reviewed 184 quantitative studies to evaluate the relationship between ethnic identity and personal wellbeing. Data was gathered from individuals who identified themselves as Asian Americans, Native Americans, Spanish/Latino Americans, and Pacific Islander Americans. The results of an omnibus analysis suggested an effect size of $r = .17$, indicating a modest relationship between ethnic identity and personal wellbeing. This relationship was stronger among youth and young adults than among people over the age of 40. No differences were reported regarding participants' age, gender, socioeconomic status, which demonstrate the relevance across four cultural groups.

In a qualitative study, Roberts at al. (1999) examined the structure and construct validity of the Multigroup Ethnic Identity Measure (MEIM), which was originally published by Jean S. Phinney (1992) to evaluate ethnic identity for multiple groups. Researchers were also interested to determine if this measure is positively correlated with psychological well-being. The sample consisted of 5,423 adolescents with a mean age of 12.5 from three cultural groups: Europe Americans, African Americans, and Mexican Americans. The outcomes were measured using the Rosenberg (1986) Self-Esteem Scale, Coping Scale (Rosenbaum, 1980; Folkman & Lazarus, 1980), and Optimism Scale (Scheier & Carver, 1985). The findings suggested that the scores of MEIM were strongly associated with individuals' positive attributes, such as coping skills ($r =$ .23, $p < .001$), self-esteem ($r = .20$, $p < .001$), and optimism ($r = .19$, $p < .001$). With these consistent correlations, researchers suggested that ethnic identity could potentially buffer emotional distress experienced by minority groups (Ponterotto & Park-Taylor, 2007).

In expanding the understanding of ethic identity and well-being, some researchers suggested other variables in contributing to personal wellbeing. Smith and Sylva (2011) declared that the strength of ethnic identity might be an indicator of positive socialization within individuals' social network, rather than the strength of ethnic identity itself. Regarding the implication of ethnic identity, future studies that control for socialization factors (i.e., social skills, quality of familial and peer relationships) are needed to identify the contribution of ethnic identity. In addition, research on ethnic identity is mostly performed on young people as studies reviewed above, relatively little research was conducted with elderly. Therefore, whether ethnic identity is connected with personal wellbeing has to be understood through empirical studies (Resource Centers, 2005).

Ethnic Identity of Asian American

Alvarez (2002) explored the sophisticated context and specific features that emerge from the historical and sociopolitical challenges of being an Asian American. Ethnic identity is conceptualized as a sense one has of oneself with respect to one's racial or ethnic group, whereas individual identity is formed through the continuum of reactions in relation to one's cultural context (Alvarez, 2002; Schwartz et al., 2014). Ethnic identity encompasses the ways in which individuals cope with ethnic issues and how much change might occur through one's cognitive, affective, and behavioral responses to ethnic-related information.

Lee, Yun, Yoo, and Nelson (2010) compared the ethnic identity and wellbeing of young Korean Americans (aged 18-24) who were internationally adopted with those who were U.S. born and raised by Korean immigrants, as well as Korean international students. A sample of 107 American Koreans completed the measures of ethnic identity and self reported wellbeing. U.S.-born/immigrant Korean Americans were shown to have higher ethnic identity scores than two other groups. Similar scores were found between adapted Korean American and Korean international students. In addition, ethnic identity was found to be positively correlated with positive affect with all three groups (r's = .27-.34), and yet was negatively correlated with negative affect among Korean international students (r = -.44). It is suggested that the advantage of U.S.-born/immigrant Korean Americans is to grow up in a Korean household, which allow early exposure to Korean culture and the engagement of cultural values, behaviors, and customs.

Acculturation

Acculturation is conceptualized as a multidimensional-process in which individuals adapt the values, norms, and lifestyles to live in a new culture/society (Berry, 1992). This

concept explains how immigrant groups acculturate and integrate into a particular society, and

has been adapted in cultural studies in order to interpret mental health patterns among minority

groups living in the United States (Chan, 2014; Escobar, Nervi, & Gara, 2000; Lara et al.,

2005). The results of empirical investigations in acculturation were found to be inconsistent.

For example, no consistent findings regarding the level of acculturation in relation to mental

health were suggested. Previous studies explored the idea of an "immigrant paradox," which is

the idea that new immigrants have more optimal developmental outcomes than their highly

acculturated counterparts (Alegria et al., 2008; Alegria, & Sribney, 2007; Kaplan & Marks,

1990; Mulvaney-Day, Ortega et al., 2006; Vega, 1998). These optimal outcomes include lower

risk of teen pregnancy and risk-taking behaviors, such as substance use. Although the attribute

of this connection has not been fully elucidated, some researchers have suggested that more

acculturated immigrants are at greater risk of mental health issue due to longer exposure to

discrimination (Alegria, Álvarez, & DiMarzio, 2017). From this standpoint, individuals may

experience less stress from discrimination if they remain distant from the U.S. culture (Alegria et

al., 2017). However, other studies have shown that financial strain, which often exists for new

immigrants, leads to higher stress levels, and this factor appears to have a negative impact on

their overall mental health status (Gupta, Leong, Valentine, & Canada, 2013; Kuo, Chong, &

Joseph, 2008).

   Bulut and Gayman (2016) discussed the discrepancies in previous findings by examining

the conceptualization and measurement of acculturation. Bulut and Gayman (2016) specifically

utilized Berry's (1980) model of four acculturation strategies, which include integration,

assimilation, separation, and marginalization. Individuals who engage in the mainstream culture

while simultaneously maintaining their ethnic identity are more integrated. Assimilation refers

to those who participate in the mainstream culture without retaining their ethnic identity. Separation occurs when individuals maintain a strong relationship with their ethnic identity but disconnect from the mainstream culture. Marginalization is the path of those who are isolated from both their ethnic identity and the mainstream culture (Berry, 1980). Bulut and Gayman's (2016) study, bicultural or integrated immigrants had better mental health outcomes than newcomers and those who used the strategy of separation and assimilation. Based on these results, Bulut and Gayman (2016) suggested that, while the majority of researchers consider common indicators of acculturation, such as citizenship and the duration of living in the U.S., they need to include Berry's four strategies to evaluate the complexities of acculturation. In addition, because many immigrants develop competency within a context of more than one culture, bidimensional measurements are needed to evaluate the degree of individuals' involvement in the host culture, as well as their cultural identity.

Grubb and Bouffard (2014) examined the interrelationships among victimization, fear of crime, and acculturation among Asian Americans. 729 Asian immigrants were recruited from individuals who were originally from China, Korea, Taiwan, and Vietnam. Their findings suggested negative relationships between fear of crime and acculturation ($r = -.124$, $p = .001$), as well as positive correlations between lower acculturation levels and lower annual household income levels ($r = .382$, $p < .001$). The increased fear of crime is negatively associated with acculturation of the U.S culture and annual income. In Grubb and Bouffard's (2014) study, a significant relationship between lower acculturation levels and higher victimization levels was not found. In another study, Padilla and Perez (2003) found that prejudicial attitudes toward them can lead to stereotyping and a reduced sense of safety for acculturated individuals.

Furthermore, research has suggested that psychological and social concerns of alienation with acculturative variations, such as language, occur not only in social scenarios but also within the familial context between parents and their children (Qin, Way, & Mukherjee, 2008). The effects of acculturation on individuals, as well as its dynamics are varied, and they may also vary with cultural contexts and ethnic groups.

Acculturation and Asian American in Health Care. Regarding Asian Americans and health care, researchers have found that positive relationships exist between the sources of care and predisposing and enabling characteristics in Anderson's model (Viera, Pathman, & Garrett, 2006; Weinick & Drilea, 1998). The Anderson model is a broadly used model to assess usual source of care (USC) services for individuals (Anderson, 1968; Babitsch, Gohl, & Lengerke, 2012). This model was developed by Ronald M. Andersen (1968), and is originally comprised of three factors to assess the accessibility of medical care: 1) predisposing factors, which refer to factors that increase or decrease individuals' motivation to undertake a behavior (e.g., demographics and health beliefs), 2) enabling factors, which are factors that are necessary to successfully perform healthy behaviors, such as knowledge, skills, and financial stability, and 3) need factors, which refer to an individual's perception and evaluation of their own health.

Chang, Chan, and Han (2015) used the modified Anderson health behavioral model to evaluate the variations in usual sources of care among Asian American adults (n = 7566) and non-Hispanic White adults (n = 38554) in California. The modified model integrated acculturation factors, which include language proficiency, length of residency, and citizenship. The researchers also used the adjusted odds ratio (AOD) to examine the effect of each acculturation factor. Key findings of this study included the consideration that acculturation factors are the main contributors of ability to access usual sources of care (Chang et al., 2015).

With limited English proficiency, non-Hispanic White and Asian Americans displayed 53% and 48% lower odds in accessing USC. After using AOD to address these factors, the differences between Asian Americans and non-Hispanic White adults are greatly reduced. Another finding indicated that acculturation factors, predisposing characteristics, as well as enabling characteristics are greatly affected by the use of usual sources of care in a family. For example, unemployed non-Hispanic Whites had a 25% lower odds and Asian Americans had a 108% greater odds to access USC.

Chun, Kwan, Strycker, and Chesla (2016) examined the influences of bicultural efficacy, and the perceptions regarding addressing acculturation stressors on the management of type 2 diabetes among first-generation Chinese American immigrants. This study implied the involvement of bicultural efficacy and skill development, such as problem solving and communication, would have positive impacts on the management of type 2 diabetes among Asian families. The Bicultural Efficacy in Health Management (BEFF-HM) scale was used to evaluate the effects of acculturation on the management of type 2 diabetes (Chun, Chesla, & Kwan, 2011). Three domains are included in this scale: the family and social relation domain, the use of U.S. health care system, and the encounters of new language and lifestyle. Based on the outcome of the study in promoting acculturation competency, the researchers suggested that three domains of bicultural efficacy should be included in the evaluation process for health care providers in assisting Chinese American families. The first domain involves perceptions of family obligations and expectations regarding management of type 2 diabetes. Chinese Americans may regard their diabetes as a family issue rather than an individual health condition. The second domain concerns health care; Chinese Americans may be hesitant to ask questions or challenge health care providers. Therefore, providers are expected to offer support

and encourage mutual dialogues about diabetes and treatment. Finally, the unfamiliarity of language and lifestyle can be barriers for families to understand diabetes; thus, these factors should be included as a third domain in evaluation (Chun et al., 2016).

In addition, while social support has been established as a protective factor for health, researchers have suggested that Asian Americans may benefit more from this factor without directly disclosing their stress due to concerns related to burdening others or loss of face (Taylor et al., 2004). In a qualitative study, researchers conceptualized the main barriers in studying acculturation (Jang, Park, Chiriboga, & Kim, 2017). The exclusion of non-English speaking individuals in population-based studies raises questions regarding the generalizability of findings. The main concern is that Asian Americans with language barriers may not be adequately presented in such studies. For example, the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) was used to examine the latent profiles of Asians and Islanders with respect to acculturation. However, NESARC was conducted only in English, which indicates that it may not have been equipped to generate a representative sample of Asian American with regards to distinctive acculturation features (Jang et al., 2017). As a response to this barrier, Jang, Park, Chiriboga, and Kim (2017) reached out to the target population by adapting a culturally sensitive approach to pay close attention on participants' cultural needs. Their strategies included providing Chinese version of consents and questionnaires and also having staff assistants who shared the languages and cultures of the participants. In order to conduct a culturally attuned research, these strategies were utilized in the current study to build rapport and meet participants' needs.

Aging and Losses

Addressing losses in old age appears to play an important role in promoting wellbeing in the elder population (Dockendorff, 2014). People are living longer in most areas of the world, which means there an increase in the population of aging individuals (Lunenfeld & Stratton, 2013). Despite the increasing aging population worldwide, the mechanisms that are implemented to help elders cope with the challenges of old age are still imprecise (Lunenfeld & Stratton, 2013). As a result, developing prevention strategies and psychosocial support are vital to promoting satisfaction in life for elderly persons (Jopp & Rott, 2006). According to Balts (1996), losses associated with aging are multifaceted and are theoretically and empirically diversified. Biological aspects of aging usually associate with the mechanisms of ontogenesis, such as the increase in mutations of genes and genetic attributes to illnesses (i.e., Alzheimer's disease) in old age (Balts, 1996). Cultural or contextual aspects refer to social, psychological, symbolic resources that generate individuals' development over generations (Balts, 1996). In addition, the challenge of the theoretical approach in achieving a positive balance between gains and losses was also highlighted as more and more expected changes take place. The changing ratio between gains and losses may not always desirable in the process to complete the developmental task (Balts, 1996). Balts (1996) also discussed that the criteria for assessing losses are distinct among age ranges and they are culturally and historically specific as well. For example, what indications consider to be losses and the meaning of losses might be changed overtime. The reduction of social activity may be a gain for self-reflection and introspection (Balts, 1996). Therefore, adaptive strategies must be multidimensional to account for the fact that the process of aging varies according to sociocultural experiences (Iwamasa & Iwasaki, 2011).

Common losses associated with aging include the diminishment of function, the death of loved ones, and the loss of social roles associated with retirement (Stefani, 2004). However, these losses have not been adequately classified in order to differentiate specific challenges in relation to old age. For example, hearing impairment is not only a physical loss, but also an emotional and social loss (Dockendorff, 2014). In a mix-method study, structured interviews were conducted with 36 cognitively intact adults between ages of 65 and 85. Six types of losses were identified: loss of physical capacity and healthy functioning, quality of emotional relationships, the death of loved ones, the quality of cognitive function, material living conditions, and social integration (Dockendorff, 2014). Loss is also profoundly associated with *place attachment,* which refers to "the emotional bond between people and their environments" (Anton & Lawrence, 2014, p. 451).

Sokolec (2015) discussed the impact of losing one's "place" to elder people. The word "place" has multiple meanings, and these are often associated with one's residency and one's social identity (Sokolec, 2015). Within the dimension of this psychological bond, individuals form their self-identity, which consists of memories, feelings, thoughts, values, and preferences (Proshansky et al., 1983). With regards to the importance of this attachment, leaving one's place due to the challenge of independent living can cause anger, sadness, depression, and hopelessness (Sokolec, 2015). It is associated with the decision to move from one's own home to a senior care facility, then to assisted living, and then perhaps to full nursing care. Older adults may perceive each move as a loss because it appears to signal their decline. Although the concerns with relation to space are raised, no predictable patterns of responses are recognized, as an individual older adult approaches the meaning of space differently (Sokolec, 2015).

Researchers are learning the heterogeneous nature of the older population within their cultural

contexts and with respect to a continuum of care with adequate resources (Dockendorff, 2014).

Considering the cultural engagement in the context of senior care, the capacity of

cultivating awareness and developing skills continuously influences the action and reaction of

the researcher to utilize a culturally attuned approach (Oakes, 2011). Constant learning and

reflection on the need of spiritual care by understanding the source of connection, such as one's

place and environment, is fundamental to clinical sensitivity (Oakes, 2011).

Regulating Losses and the Need for Connection Through Spirituality

In research on older adulthood, spirituality has gained importance in that it appears to

represent a way to cope with loss throughout the aging process. Studies have shown the use of

spiritual practices in managing chronic health conditions for institutionalized older adults

receiving long-term care (Vitorino et al., 2016). In Vitorino et al.'s (2016) cross-sectional study,

the relationship between religious/spiritual coping strategies (SRCOPE) and quality of life

(QOL) was evaluated using a sample of 77 institutionalized older adults (aged 60 years old or

over) in Brazil. Instruments using in this study include the Religious/Spiritual Coping Scale

(SRCOPE) (Pargament et al. 2000), the WHOQOL-BREF (The WHOQOL Group, 1998), and

the WHOQOL-OLD (Power, Quinn & Schmidt, 2005). The overall results revealed a positive

correlation between SRCOPE and most of QOL domains from both WHOQOL-BREF ($p < .05$)

and the WHOQOL-OLD ($p < .05$) (Vitorino et al., 2016). WHOQOL-BREF domains include

physical health (r = .37, $p < .01$), psychological wellbeing (r = .37, $p < .01$), and social

relationships (r = .33, $p < .01$). WHOQOL-OLD domains encompass future activities (r = .49, p

$< .001$), social participation (r = .41, $p < .001$), and intimacy (r = .45, $p < .001$). In addition,

negative SRCOPE strategies, such as blaming God or feeling dissatisfaction with members in an

religious institution, were found to be negatively correlated with the facets of "death and dying"

($p < .001$, $r^2 = .10$ from the WHOQOL-OLD. The results suggested an integrative approach in

combining positive and negative aspects of coping for institutionalized older adults (Vitorino et

al., 2016).

Ramsey and Blieszner (2000) examined the use of spirituality as a resource of resilience

to transcend major losses in eight women over 65 years of age. In-depth interviews were

performed to explore the empowerment of spirituality in transforming significant losses and

traumatic family events. Three common themes emerged: the importance of community in daily

living, the role of affect in understanding life experience, and the engagement of interpersonal

relationships. The interrelated nature of these themes was revealed during the coding process as

participants described their affect in relation to their spiritual lives, which encompass the sense of

community, interpersonal relationship, and self-identity. Through the expression of symbolism,

participants were able to navigate their struggles while also enriching their affective

experience. The focus on human relationships and narratives also brought to the forefront

universal aspects that lend insight into women's spirituality. These insights include the

relationality of faith, strategies of developing spiritual resilience in complicated contexts, and the

occurrence of a wide range of affect from individuals' spiritual journeys. Instead of drawing clear

conclusions of women's spirituality, this study brought questions regarding the direction of future

research, such as gender differences in spiritual experience/expression, how people address

multiple losses by cultivating strength, and how people live together and grow stronger in their

families and within their communities.

The connectedness and relational aspect of spirituality are continuously addressed in

literature and research. Kim, Kim, and Koenig (2016) suggested that family spirituality enhances

the sense of family togetherness and interdependence, which reflects the collective culture and

values of Korean families. Cultivating spiritual growth in families is perceived to be essential to

fostering family commitment, to improving emotional wellbeing, and to developing healthy

behaviors in younger generations. A body-mind-spirit intervention was proposed as a way of

providing holistic care to older adults (Lee, Yoon, Lee, Yoon, & Chang, 2012). This type of

intervention includes various modalities, such as reiki and tai chi, to promote health from the

aspects of body (i.e., exercise, nutrition, and sexuality), mind (i.e., emotions, thoughts, will), and

spirit (i.e., meaning, gratitude, forgiveness) (Lee et al., 2012). The goal of Lee et al. study is to

help seniors to promote quality of life by understanding the experience of aging while adapting

changes as part of this process.

Developing one's connection to the spiritual dimension of human life may become a

source of inner strength that helps to address adversity and loss (Manning, 2015). Social services

need to promote spiritual resilience through its diverse expressions, including interventions aimed

at maximizing participants' desire for spiritual growth and independence rather than depression

and learned helplessness. Empowering individuals through encouraging the use of their strengths

is helpful to soften the tension underlying pathologies and issues associated with assumptions of

older adulthood (Langer, 2004).

The Importance of Storytelling to Cope with Aging and Loss

According to Sawyers (2013), storytelling is an avenue to create legacies because

everyone has "experiences and stories to share despite age, gender, race, or class" (p. 8).

The function of sharing memories and stories in depth is meaningful beyond simply

"debrief[ing] and reminisce[ing]" (Barnier & Bergen, 2014, para. 2). By telling a warm and

enlightened story, people offer sympathetic support and build a shared connection. Collective

sharing can also strengthen and maintain "individual and shared identities" (Barnier & Bergen, 2014, para. 5). Because memories store experiences and offer resources regarding what we have had in the past, people are able to re-affirm who they are as "individuals, groups, or communities" (Barnier & Bergen, 2014, para. 5). For younger family members, telling stories about the older person is a path to building autobiographical memory, which refers to memories of oneself and his or her life (Barnier & Bergan, 2014). As individuals scaffold and protect memories from fading away, passing intergenerational messages through stories ensures identity and integrates relationships between the older and younger generations (Barnier & Bergan, 2014).

For individuals who are not capable of recalling stories due to memory decline, storytelling itself can still be comforting because people can still express themselves through imagination and share emotionally meaningful events (Botek, 2018). In addition, because one's hearing is considered to be the last sense to go during the dying process, some physicians suggest that a person might still be listening even if he or she appears to be unconscious (Dying Matters, 2018). Therefore, it is vital to understand the potential of storytelling without assuming that a person is unable to hear (Dying Matters, 2018). The mutual engagement of telling and hearing stories implies the potential benefits of sharing stories within a therapeutic context. The reinforcement of storytelling in a group setting allows for communication and connections, which may help to develop meaningful rapport among members inside and outside the group (Boris & Peterson, 2018).

Current Treatment Approaches in Eldercare

Existential Humanistic Therapy

Developing humanizing care has been at the forefront of all levels of medical care (Davis, 2015). The existential humanistic approach can be regarded as a philosophical base and or blueprint for elder care services, which is interwoven into the purpose of care itself, rather than merely an alternative treatment model that can be chosen from a pack of treatment approaches (Lavoie, Biondean, & Koninck, 2008).

Existential humanistic therapy places more focus on understanding a person and his or her experiences rather than on symptoms of illnesses (Price, 2011). Humanistic therapy is grounded in "acceptance and growth" (Rockville, 1999, para. 2), whereas existential therapy emphasizes "client responsibility and freedom" (Rockville, 1999, para. 2). Both approaches aim to assist clients in cultivating their capacity for self-awareness and choice rather than working to alleviate disorders or diseases. The therapist supports the process of finding the authentic self and a potential avenue for transformation. These aspects serve as a vehicle to foster the client's psychological growth and the therapeutic relationship in the therapeutic context (Rockville, 1999).

More recently, Lavoie, Biondean, and Koninck (2008) described existential humanistic therapy as a fundamental approach to address existential questions that accompany an individual's experience with sickness and imminent death. In becoming a whole being under the impact of sickness, four dimensions need to be addressed within the context of palliative care; these include the "corporal, emotional, relational, and spiritual being" (Lavoie et al., p. 90). Suri (2010) explored three psychotherapeutic themes of existential humanistic therapy and how these ideas are relevant in working with the geriatric population. These ideas are (a) presence, (b)

spirituality, and (c) the importance of meaning for individuals who are growing older. Presence

refers to the therapist's undivided attention to the client's responses, behaviors, and subtle

emotions that are emerge from the therapeutic relationship. This attitude is encompassed by a

profound mental and emotional engagement through the awareness and continuous reflection of

the therapist. Spirituality is an attitude of reflection on questions, feelings, and concerns

regarding the meaning of being as well as human existence. Spirituality includes multifaceted

relationships and connection to many aspects of life. Living a life with meaning is implicit in

purposeful aging. For elders, purposeful aging is a source of honor as they are able to grow a

sense of respect in the community (Irving, 2015).

Lantz and Ahern (1998) presented the process of recollection, within existential

psychotherapy, to explore hidden stories with families and couples. In this article, the dynamics

of actualizing the past and honoring the meaning of family members were illustrated. Five cases

were presented in detail to understand the contexts of each individual and their families. Each

case illustrated specific modalities that help to facilitate family recollection, such as photographs

and poems. Although no quantitative data could be drawn from the study, clinical observations

were valuable regarding the fulfillment of existential psychotherapy in helping families in getting

together with their loved ones. In addition, recalling the past is suggested to be both inductive

and deductive, and therefore, the process of recollection can help families and couples to deal

with grief and loss by decreasing alienation, reflecting meanings, and depositioning the past. Art

making, poetry, and photography are presented as family recollection activities, enabling

families to process grief and "shrink [the] family meaning vacuum" (p. 57). Another qualitative

study investigated the effects of existential psychotherapy on 25 chronically ill couples between

1986 to 1990. The qualitative report demonstrated an increase in the couple sense of purpose

and positive perception toward marital relationships (Lantz, 1996).

Although the existential humanistic therapy is an empirically supported approach, aspects

of evidence-based foundation have not been adequately articulated in literature (Hoffman, Dias,

& Soholm, 2012). These aspects include therapist factors and individual and cultural variations.

Existential therapy has well demonstrated the relational factors in contributing to therapeutic

outcome, yet the therapy relationship has to be studied and examined in varied cultural contexts.

For example, the meaning of generosity and authenticity may have different meanings in

individualistic and collective cultures. Thus, cultural studies are needed to provide more validity

on this approach. Despite this issue, existential humanistic therapy directly addresses existential

concerns of human beings, which can be a provision of this current inquiry for the elderly who

are experiencing the aging process.

Dignity Therapy

Dignity therapy is a brief, empirically-supported intervention specifically designed for

adults to address emotional, physical, and social concerns at elder and hospice care (Martínez et

al., 2016; Montross, Winters, & Irwin, 2011). Through the implementation of dignity therapy,

patients have opportunities to review their lives by conveying important messages to desired

loved ones (Montross et al., 2011). Several studies have shown that dignity therapy reduces a

patient's sense of suffering while heightening their sense of dignity and purpose (Houmann et al.,

2014). Healthcare providers have found that features of dignity therapy, such as feasibility and

flexibility, aid in their understanding of senior residents in long-term care (Chochinov et al.,

2012). Montross, Winter, and Irwin (2011) suggested that dignity therapy is readily available

and can serve as an important factor to increase the satisfaction of patients and their families in

hospice care. Two major studies were identified to support the effectiveness of dignity therapy.

In a joint Canadian and Australian randomized controlled trial (RCT), a hundred of home-based

palliative care patients completed the pre-post measures regarding their sense of dignity,

depression, hopelessness, suffering, as and sense of purpose. A psychometric screening test was

administered to discern possible therapeutic influence on seniors physical, psychological, and

existential areas. A quality of life instrument developed by Graham and Longman (1987) was

administered along with the revised Edmonton Symptom Assessment Scale to evaluate

symptoms that are common among palliative patients, such as tiredness, depression, nausea,

drowsiness, anxiety, shortness of breath (Bruera, Kuehn, Miller, 1991). Individual sessions were

tape-recorded, and one in four transcripts were selected randomly and reviewed thoroughly by

the principal investigator. Patients' evaluations offered convincing resources to examine the

positive effects of dignity therapy, including a lessened sense of suffering ($r = 0.327$, $p = .001$)

and the increase of will to live ($r = 0.387$, $p = .000$) (Chochinov et al., 2005). Dignity therapy

improved participants' sense of divinity by 76% and their sense of purpose by 68% over the

course of two-year study (Chochinov et al., 2005). Another RCT from the United Kingdom

examined two groups of advanced cancer patients ($n = 45$) who were randomly assigned to either

control or experimental group (Hall et al., 2011). The results revealed no significant differences

between groups regarding dignity-related stress (i.e., meaning and purpose of life, dependency,

social support), which was measured by the pre-post Palliative Dignity Inventory (Chochinov et

al., 2008), and self reported well being (i.e., hope, anxiety, depression). Yet, patients who have

experienced dignity therapy conveyed greater meaning, purpose, and hope. These effects

sustained four weeks after the intervention.

Montross et al. (2011) conducted a study of dignity therapy with 27 patients in a community-based hospice setting. Upon a nine-month dignity therapy offered at the San Diego Hospice, researchers conducted interviews to further explore individuals' experience. The consensus of the dignity therapy protocol was made between the participants and the therapy facilitator to ensure the applicability of the therapy. Significant themes emerged through dignity therapy. The majority of participants (90%) reflected on their unfinished business throughout the dignity therapy process. Moreover, 75% revealed their hopes and wishes, and 75% discussed their obstacles in overcoming challenges. Along with these common themes, patients also expressed their loves, accomplishments, and life lessons. In spite of these positive findings, Montross et al. (2011) also discussed the limitations of this study. For example, the sample consisted of Caucasian, Christian individuals with cancer, and the study did not take into account the socioeconomic status of patients; these were both likely to limit the generalizability of the findings.

Similar outcomes were shown in a quantitative study of dignity therapy by Hack et al. (2010). Researchers accessed previous transcripts of dignity therapy with a sample of 100 terminally ill patients, and 50 transcripts were randomly selected, independently coded and analyzed by a group of three investigators using grounded theory techniques. They found common values associated with patients' autobiographical contexts, such as pleasure, families, friendships, care, and trust. In addition, all patients provided "nostalgic stories" in conveying the rich experiences of their lives and how they offered their services to others as they carried a strong sense of care (Hack et al., 2010, p. 732). In order to advance the application of dignity therapy, it will be necessary to conduct further investigations with larger samples and diverse groups to address limitations of current studies. For the purpose of developing culturally specific

practice and research, it is essential to probe into the application of dignity therapy and other approaches, such as humanistic therapy and Focusing-oriented art therapy. Knowing the strengths and weaknesses of these approaches would help to evaluate appropriateness of the researcher's own choice of approach.

Complementary Therapy

Complementary therapy can be described as "therapies used along with conventional medicine that are noninvasive, pleasant, stress-reducing and can be used in states of sickness or health" (Cassileth, 1996, as cited in Wyatt et al., 1999, p. 136). Complementary therapy has been incorporated into eldercare because it assists in promoting individuals' quality of life. Current reviews on complementary therapy are related to "physical symptom management and a variety of psychosocial variables" (Wyatt et al., 1999, p. 136). Psychosocial variables include spirituality, anxiety, and depressive states. Kligler, Teets and Quick (2016) provided a systematic review of the effectiveness of complementary therapy on various physical ailments. For instance, mind-body interventions, such as yoga and tai chi, were found to be helpful in alleviating insomnia. Klimova and Kuca (2017) reported the effective use of nonpharmacological therapies, such as Chinese medicine, in managing symptoms of Alzheimer's disease.

In an empirical study, Ashford, Mahoney, and Burkett (2015) suggested meditation as a stress reduction technique, which can be implemented effectively with little interference into daily activities. With the evidence of the physiological benefits to the functioning of the brain, meditation may potentially reduce the risk of Alzheimer's disease. In a psychosocial approach combining weekly supportive group and self-hypnosis for patients with metastatic cancer,

Spiegel (1989) described the implementation of psychosocial therapy in producing "possible

mechanism of action" (p. 36), such as exercise and diet.

Selman, Williams, and Simms (2012) conducted a quasi-experimental study on prevalent

concerns and wellbeing for 18 men and women (mean age 63.8 years) who enrolled in hospice

care. Yoga and dance therapy were implemented as primary interventions within a six week

course of therapy. The Measure Yourself Concerns and Wellbeing questionnaire (Jolliffe,

Collaco, Seers, Farrell, Sawkins, & Polley, 2018) was administered pre and post

interventions. Prevalent concerns among participants were mobility (n = 20), breathing problems

(n = 20), and neck, arm, and shoulder issues (n = 18). Other factors that impact health were also

reported, such as side effects of treatments. After the course of interventions, patients reported

significant improvement on concern scores ($p < .001$) from both therapies, and improved

wellbeing was specifically associated with yoga. Considering the feasibility of complementary

therapy for eldercare, further studies that include large samples of patients and patients with a

wide range of symptoms and illnesses will be necessary to address areas currently

neglected. Since art is often utilized as complementary therapy in medical settings, mechanisms

of the therapeutic effects and cultural contexts must be investigated through evidence-based

research (Bilgin, Kirca, & Ozdogan, 2018).

Art Therapy

Art has been identified as an effective means to achieve healthy aging in

 eldercare (Kim, 2013). In meeting the increasing needs for services, practitioners have

recognized the ways in which art therapy is able to expedite applicable treatment, diagnosis, and

interventions for the elder population (Maheshwari et al., 2014).

When the emphasis of an individual's overall care focuses on the promotion of quality of life rather than merely addressing physical ailments (Puchalski et al., 2014), art can serve as a healing vehicle by reducing negative emotions, supporting life review, and identifying the strengths of each individual (Kim, 2013; Stephenson, 2006). Seniors face major life changes associated with loss; these include the loss of loved ones, friends, as well as physical and cognitive capacities (Stephenson, 2006). Art may be valuable in facilitating self-expression, introspection, and life review to address these losses (Stephenson, 2006). In terms of the senior's needs during the process of aging, art therapy may be uniquely fitted in reducing anxiety, cultivating spirituality, and increasing the quality of life (Farrelly-Hansen, 2001; Kim, 2013). For seniors who have difficulty communicating due to common losses (i.e., hearing and memory loss), art therapy provides a platform and concrete form to facilitate communication among seniors, caregivers, families, and friend (Chicago Methodist Senior Services, 2018). With regard to the goal of expanding quality of services to promote creative aging and lifelong learning, many eldercare settings have heightened their focus on art disciplines to improve people's medical experiences (Hanna & Perlstein, 2008). Art in medical care is a flourishing field that is "dedicated to transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives" (Society for Arts in Healthcare, 2011, para.1). Art therapists are able to share unique artistic experiences with seniors as they carry out their creative intentions and allow them privacy and dignity (Stephenson, 2006; Wood, 2013). In response to the tendency to expand the role of art in healthcare, this present study explores the therapeutic qualities of art on Asian seniors experiencing their aging journeys.

Despite common losses during the process of aging, such as the passing of loved ones, studies have shown the positive association between creativity and later life. In a qualitative

study, older Chinese people reported attributes of optimism as they formulated more

multifaceted views of experience and development (Hui et al., 2014). This study consisted of 594

participants with four age groups (aged 18-25, 26-40, 41-60, 61 and more) that were recruited

from different sites (i.e., universities, advertisement, family networks, and senior day care

centers) in Hong Kong. The Chinese version of Gough's (1979) Creative Personality Scale was

utilized to measure participants' creativities among four age groups. As one of the major

findings of this study, the researchers observed the ability of using life experience as a source of

imagination among seniors, and suggested creative personality is a cultivable ability, which can

facilitate the engagement of creative activities. Reed (2005) reported that creativity might

change qualitatively over time based on the findings of in-depth interviews with a group of 21

older adults (aged 53-75 years) who were identified as working or retired artists. The

enhancement of creativity is found to be a potential element for successful aging (Flood &

Scharer, 2006).

Glozman and Naumova (2014) examined the use of art therapy as an avenue to mobilize

personal resources during aging with a sample of 80 participants (aged 57 to 80 years old). The

study adapted Karpov's (2004) individual degree of reflexiveness to measure one's own

relationship with the environment and the regulation capacity in adapting the societal

context. Three themes were developed by the researchers to correspond to the goal in mobilizing

personal resources, including the activation of the personality resource, the resolution of

contradictions and the coherence of life, and self-realization and presentation of competence in

life. The results indicated that, in the context of the thematic group art therapy, participants were

able to identify latent resources through the engagement of creative activities in conceptualizing

psychological resources of self-regulation. The researchers also suggested that regulation

mechanisms could be stimulated both in oneself and others in an art therapy group setting.

In another case study, Safrai (2013) applied Erikson's theory of psychosocial stages and

suggested that art facilitates storytelling, allowing patients in hospice care to review and

reinterpret their life experiences and eventually reach the stage of integrity (Erikson, 1950). The

researcher discussed that the bond between the therapist and the patient may foster artistic

experiences for both parties. Although no quantitative measures were involved to support this

finding, the researcher explored rapport and therapeutic context through in-depth observation,

which in turn may bring the researcher's reflections and detailed description that are associated

with qualitative study (Safrai, 2013).

Kennett (2000) suggested the use of creative arts in fostering hope, which is critical for

the provision of hospice care. While numerous studies represent the benefits of art therapy in

eldercare institutions, investigation of home art therapy is also needed. Givens (2008) performed

home hospice art therapy for an individual with a terminal illness. Through observations and

individual sessions within the context of home art therapy, Givens (2008) suggested that the

home environment allows the therapeutic boundaries to be more fluid, because the role of the

therapist shifts from being an expert to a guest.

The studies presented in this section show the diversity of findings regarding the

therapeutic value of art therapy for seniors who struggle with challenges during

eldercare. Empirical results have consistently shown that art therapy can cultivate spiritual

wellbeing and increase patient's quality of life (Farrelly-Hansen, 2001; Glozman & Naumova,

2014; Kim, 2013; Stephenson, 2006). These prior studies have demonstrated the strengths

implicit in art therapy, but limitations of these studies have also been discussed. As Kennett

(2000) mentioned in reference to his study, interview bias may have impacted the research

outcomes because the interviewer was well known to the patients. Patients may have been

reluctant to make adverse comments and this reluctance could affect the outcomes of the

study. In addition, most previous research has consisted of case studies, which may not allow

the researchers to generalize findings to the larger population. To address these limitations,

researchers may need to perform appropriate studies with large samples to properly examine the

effects of art therapy on the elderly population.

Focusing

Focusing is an evidence-based method that helps psychotherapy to be effective

(Gendlin, 1996, 1981). It is the process of engaging in your body by listening to the messages of

inner self in a friendly and accepting way (Cornell, 1996). This process enables individuals to

access their inner wisdom and inherent knowledge through their body. Focusing brings insights

into the present moment as our whole being is experiencing mind, body, and spirit (Rappaport,

2009). As an avenue to approaching felt sense or awareness inside the body, Focusing provides

resolution by guiding an individual to develop motivational force to nurture authenticity and

vitality inside and outside the therapy (Rappaport, 2009).

Preston (2008) explored Gendlin's (1981) idea of felt sense, as it can be "a royal road to

the implicit" through the "sensing into" of empathetic attunement (p. 349). Preston (2008)

utilized "the edge of awareness" (p. 349) to unfold unique perspectives to increase our

understanding of the implicit dimension of experience. Gendlin's (1981) felt sense demonstrates

that through empathetic response to our body sense, we are able to experience the nature of

conscious moments and seek to attune ourselves to experience a new level of awareness

(Preston, 2008). Through this exploration of felt sense, both implicit thinking and knowing

emerge. Implicit thinking is thought that is just beneath our conscious sense and it encompasses

multiple meanings. It can refer to something that is already there but that which we have not

discovered or fully understood. The implicit is recognized as similar to the unconscious as it is

"there and not there" or it represents "a different kind of there" (Preston, 2008, pp. 350-

351). The term *implicit relational knowledge* is used by the Boston Change Process Study

Group to indicate the interactive experience of the nonconscious world that is not in a logical

form of language (Karlen, 1998). Donnel Stern (as cited in Preston, 2008) described the implicit

as "unformulated experience [and] . . . raw materials of consciousness" (p. 350), which may

eventually transform to an articulate form by utilizing verbal interpretations. To initiate the

journey into implicit knowing, we choose what speaks to it. Art, metaphor, and poetry invoke

creative thinking; they are able to evoke our implicit knowledge and allow it to enter our

conscious awareness (Cothey, 1990).

The active interactions of ourselves with the felt sense is a way to check the flow of

subtle messages emanating from the body (Rappaport, 2009). Through attention to this flow, the

emergence of new experiences may occur, and this is the movement of "felt shift" or affective

recognition, which may come with a smile, sign, or a sense of rightness (Rappaport, 2009). It is

crucial to give spaces for these shifts so that they can be "welcomed, recognized, named, and

nurturing" (Preston, 2008, p. 362). In addition, Gendlin (1981) described the concept of *life-

forward direction,* as the process of Focusing can bring a sense of forward movement in

unfolding the body's knowing. This concept is built on the idea that the body knows the

direction of healing as long as individuals are willing to take time and listen to its voice; the step

of direction will come naturally (Gendlin, 1981).

The intention of dipping into the realm of the implicit knowing is to weave aspects of multiple layers of human experience into the complexity of the aging journey (Preston, 2008). The efforts of carrying and comprehending the philosophical context of Focusing will become a foundation to integrate all knowledge into this current study.

Focusing-Oriented Art Therapy (FOAT ®)

Rappaport (2009) developed FOAT ® based on an integration of Focusing (Gendlin, 1996, 1981) and expressive arts. Rappaport (2009) highlighted the process of incorporating Focusing and art therapy. Art can either be applied before or after the Focusing practice. Rappaport (2008) outlined the five foundational principles of FOAT ®. The first is therapeutic presence, which refers to "the therapist's awareness of their state" (Rappaport, 2008, p. 140). The therapist is encouraged to ask questions to begin this step, such as "are you willing to be here?" and "can you be mindful of your own presence?" The second is the Focusing attitude, which is a "friendly, welcoming, accepting attitude" toward both "the felt sense and unfolding [f]ocusing process, as well as toward the creative process and art product" (Rappaport, 2008, p. 140). The third is clinical sensitivity, which is an indication of the therapist's mindful practice in terms of having the needs of the clinical population in mind. The fourth is grounding, and ensures the client's safe connection with his or her body; the fifth is reflection, which refers to the therapist's "empathic understanding in response to the client's verbal, nonverbal, and artistic communication" (Rappaport, 2008, p. 140). This can be through compassionate listening and artistic reflections.

The central components of FOAT ® are bringing mindful awareness to the felt sense and expressing it through art. Focusing is a mind and body practice that adopts a welcoming attitude to "one's felt sense of an issue, situation, or experience" (Rappaport, 2008, p. 139). According

to Henson (2012), "the felt sense is the embodiment (bringing awareness inside the body) of one's ever-changing sensory/energetic/emotional landscape" (para. 2). Felt sense allows the patient to shift his or her focus from the actions of the external world to internal experience and space (Hanson, 2012). Therefore, it is a powerful practice which brings together physical (sensations) and mental experiences in subtle ways from all areas of the body. Focusing and felt sense allow for the access to "the inner sanctum of our ongoing experiential process, while art is a natural expression for communication of life's meaning" (Rappaport, 2008, p. 139). Through the engagement of Focusing in therapy, our attention to innate wisdom can be raised and cultivated (Rappaport, 2008).

Although Focusing provides a way to access the inner felt sense when used alone, it may miss the therapeutic emphasis of change (Gendlin, 1996). Therapy must involve both inward and outward movements in order to create interactions for changes. With this consideration, it is suggested that the integration of Focusing and art therapy would be a good balance to access inner wisdom from the felt sense while allowing creative expression to take place (Rappaport, 2008). Utilizing Focusing with art therapy brings a friendly attitude toward the inner experience of the creative process and the art itself, paying attention to the symbols, phrases, sounds, that are associated with this spontaneity of artistic expression (Rappaport, 2009). In addition, consistent communication with the felt sense helps to build an attuned mind-body connection.

Focusing Attitude

The Focusing attitude of being friendly and keeping company to inner experience is considered to be a modest quality, allowing individuals to access inner resource and address interpersonal and intrapersonal conflicts and relationships. FOAT ® helps individuals to access healing imagery from the body's felt sense and leads them toward making change through

implicit steps (Rappaport, 2009). This intuitive emergence of felt sense encourages creative

endeavors, enriches the exploration of self-awareness, and enables unconscious feelings to be

gently uncovered (Rappaport, 2009).

Clearing a Space

Clearing a space is a central approach of FOAT ® that can be implemented in different

types of therapy (i.e., couples, individuals, and families). Clients are encouraged to identify

issues by imagining an "All Fine Place", which is useful to creating a comfortable distance

between the issues and the body (Rappaport, 2009). For example, the client might imagine

packing each issue/concern up in a parcel and placing it on a lake as a practice to set it aside

from themselves for the time being.

McGrath (2013) conducted a mixed-method study with a hypothesis that clearing a space

and art would alleviate anxiety, depression, and stress of women who had been experiencing

chronic pain. Eight participants were identified as having chronic pain for a minimum 3 months

at the time when they confirmed to participate to the study. Clearing a space was applied

through three sessions of FOAT ®, with each lasting for 90 minutes. Representation of the "All

Fine Place" and body map were themes in connecting with the art. The pre and post measures

included three instruments: The Depression Anxiety and Stress Scale (DASS) (Lovibond &

Lovibond, 1995), the Mindful Awareness and Attention Scale (MAAS) (Brown & Ryan, 2003),

and the Chronic Pain Intrusion and Accommodation Scale (CPIAS) (Jacob, Kerns, Rosenberg, &

Haythornthwaite, 1993).

The results indicated a 14.6% decrease in depression as measured by DASS, an increase

of 11.18% in mindfulness based on scores of the MAAS, and a 5.3% decrease in pain intrusion

as measured by the CPIAS. In addition, there was a slight increase (2.7%) in pain

accommodation. In addition to these quantitative results, one participant reported that she wanted to "visit a favorite grove of trees" as it was her "All fine Place" (McGrath, 2013 p. 80). Another participant expressed that clearing a space is relaxing and helpful to releasing tension and pain from her body. Overall, the study showed that clearing a space, through the above described process, can potentially reduce chronic pain-related stress. There were also several limitations regarding the study. For example, one participant conveyed that she was "not at all comfortable" (McGrath, 2013, p. 44) with art making. Therefore, instead of creating images, simply asking the participant to clear a space is suggested as an alternative way of helping the participant to stay and experience the present moment. Moreover, McGrath (2013) discussed the issues of reliability and validity in identifying the limitations of the study. For instance, treatments or therapies that participants had prior to the session were likely to produce multiple treatment interference, which would affect participants' responses and impact the validity of the outcomes.

Theme-Directed FOAT ®

Theme-Directed approach is primarily used with groups, topics are developed through the understanding of group needs, issues, questions, and further explore themes that emerge over the course of the group. The current study adapted a Theme-Directed approach to explore participants' perspectives of the aging experience and spirituality while raising new questions through the process of collaborative discovery.

Chidanand (2014) investigated the effects of Focusing-Oriented Arts Therapy Internet Protocol (FOAT-IP) on trauma within a population of South Asian women. A Theme-based approach was implemented over the course of the study. Pre-post State Trait Anxiety Inventory (Cohen, 1994), Perceived Stress Scale (Spielberger et al., 1983), Positive State Of Mind

(Horowitz et al., 1988), and Beck Depression Inventory (Beck et al., 1996) were obtained at

baseline, and an 8-week-web-based intervention was administered. The intervention group

demonstrated a significant decrease (47%) in scores on depression as measured by Beck

Depression Inventory, and no significant findings on other measures included in this study.

However, these findings are not conclusive due to the unrepresentative sample size ($n = 8$). In

spite of this limitation, this study suggests that FOAT-IP may have been able to transcend

cultural barriers and allow for the creation of meaning from one's felt sense. Since most

participants identified themselves as Hindu, FOAT ® seemed to create a "natural bridge" for

them to use culturally familiar practices, such as meditation, yoga, and chanting. These elements

were suggested to be vital in enhancing participants' mental health.

In a hermeneutic study, Husum (2016) evaluated how FOAT ® may combine with

trauma therapy to increase therapeutic value for a group of three women who were working on

Complex Post-traumatic (C-PTSD) symptoms. Participants reported a sense of empowerment

and support after four weeks of directives and group discussions. Although the results were not

statistically significant, the in-depth interviews suggested that FOAT ® can potentially help

individuals with trauma to recover through expressions and cultivate inner strength

FOAT ® Psychotherapy

FOAT ® psychotherapy is an in-depth therapy which primarily applied for individuals

and couple's therapy (Rappaport, 2008, 2009). The orientation of the therapy is to address issues

that emerge from client's experience and approach insights for further action. During the

process of FOAT ® psychotherapy, art therapy can integrate with Gendlin's six-steps by

welcoming client's expressions of felt sense in creating visual images (Rappaport, 2008, 2009).

To date, there have been very few studies presented to support the effects of FOAT ® on elders in senior services. However, based on preliminary literature examining the effects of FOAT ® on releasing depression and stress in McGrath (2013) and Chidanand's (2014) studies, FOAT ® is likely to be beneficial for elderly people facing the aging process. Moreover, Chidanand's (2014) work with South Asian adults provides some justification for FOAT ®'s efficacy within the current study's population of Asian American persons.

FOAT ® and Spirituality

Rappaport (2009) noted that spirituality and psychotherapy can be seen as two wings of a bird–both are needed to fly. While psychotherapy provides insights into human nature (e.g., emotions, defense mechanism) and helps an individual to develop an optimal avenue to addressing obstacles, spirituality assists individuals to access their transcendent nature and cultivate "mindfulness, compassion and peacefulness" (Rappaport, 2009, p. 199). Cox (2016) advised that a therapist's recognition and responses to spiritual issues are essential to a therapist's clinical sensitivity. In providing effective psychotherapy, the therapist is encouraged to genuinely respond to spiritual issues that may affect the development of rapport and the wellbeing of clients. In the context of FOAT ®, spirituality indicates universal transpersonal qualities, encompassing loving kindness, compassion, equanimity, generosity, hope, and wisdom (Rappaport, 2009). These qualities encourage individuals to open themselves up to their authenticity, which lies beneath their habitual selves and create "the entry into spiritual dimension of living" (Rappaport, 2009, p .26).

Clearing a space allows individuals to set aside issues and encourages in-depth reflection by revealing the unconscious self. The "All Fine Place" guides people to connect with images that are often peaceful, tranquil, and whole. While the "All Fine Place" helps to bring spiritual

qualities into awareness, it also provides space to contain difficult feelings, such as pain, shame, and anguish (Rappaport, 2009). With the emphasis on creating room for individuals' views and experience, FOAT ® goes beyond religious beliefs to kindly support the healing process. The spiritual essence that permeates the practice of FOAT ® helps to concretize elusive domains of experience, which influences the therapist and the client, both within and out of the context of therapeutic relationship (Rappaport, 2009).

Culturally Attuned Practice

Cultural attunement can occur within a therapeutic context when the therapist and client are from two distinctive cultural contexts and the therapist is able to be attuned with the client's culture (Wilson & Drozdek, 2004). In developing a culturally attuned approach, the main task is to establish common ground in understanding, defining, and redefining issues that require efforts from both parts. Process and negotiation are emphasized in performing cultural attunement, as both concepts imply a greater effort from the therapist and the client with different cultural backgrounds then those from the same culture (Wilson & Drozdek, 2004).

According to Hoskins (1999) and Oaks (2011), cultural attunement requires the acknowledgement of the pain of cultural oppression; it requires one to develop different ways in conceptualizing a person's experience. As for the reinforcement of ethical practice, Hoskins (1999) indicated the importance of attunement qualities, encompassing love, empathy, and compassion among healthcare practitioners. Anderson and Goolishian (1992) encouraged the cultivation of *not knowing* in culturally attuned practice. Not knowing refers to an open attitude to cultural differences, allowing the therapist to develop "abundant, genuine curiosity" (Anderson & Goolishian, 1992, p. 29). The development of a culturally attuned approach will

require the engagement of participants, especially the therapist, through collaboration and

continual communication.

Moreover, it is crucial to recognize cultural features from social, historical, and economic

perspectives. For example, looking back at the United States' immigration history, there were

times when Asian populations experienced societal exclusions due to complicated

socioeconomic reasons (Hipsman & Meissner, 2013). Such isolation was tied to American

immigration policies in late 19th and early 20th century, including the Chinese Exclusion Act in

1882 and the Anti-Japanese Movement in 1905 (Lee, 1999; Immigration Direct, n.d.). Although

these policies were eliminated in the late 20th century, they may become contextual messages

that people still carry through generations (Lee, Park, Wong, 2017).

These contextual messages could have a large impact on people in subtle ways. For

example, in medical settings, people may appear to be hesitant to receive medical care or may be

distrusting of their health care providers (Thorburn, Kue, Keon, & Lo, 2012). Individuals who

intend to conduct culturally attuned research must have a deep understanding of specific cultural

and historical factors at the forefront of such research. Another concern is the level of openness

to eldercare for many Asians. As discussed earlier in this chapter (See pp.27-28), the value of

filial piety may prevent Asian families from seeking assistance from eldercare agencies because

doing so implies that the family has given up on the responsibility to look after a family member

(Lan, 2002).

The Use of FOAT ® to Support Culturally-Attuned Practice

As a mindfulness-based approach, the potential of FOAT ® in working with Asian

seniors is identified through the understanding of the root of FOAT ® along with cultural

characteristics of the Asian population. FOAT ® is consistent with fundamental elements of

"presence, grounding, Focusing attitude, listening and reflection, and clinical sensitivity"

(Rappaport, 2014, p.194). These elements support the practice of mindfulness in ensuring the

respect and safety of the client throughout their treatment. FOAT ® cultivates self-awareness,

compassion, and insights through the embracement of Thich Nhat Hanh's (2012) affirmation that

the energy of mindfulness enables individuals to explore the true nature of any emotion, allowing

the transformation of the emotion to take place. Individuals can facilitate mindfulness in

concrete ways, from moment to moment to explore our mind in order to come a deeper

understanding (Hanh, 2001). Acknowledging strong emotions, such as anger, enable us to

engage in this mud and become a full human as we give ourselves a permission. As we dip into

negative affiliations, we are able to endorse the root of anger and begin to practice loving-

kindness as part of ourselves (Thich Nhat Hanh Foundation, 2017).

With their roots in the Buddhist Zen tradition, mindfulness-based practices, such as

FOAT ®, can potentially facilitate individuals' inner strengths by improving their ability to react

and withstand life changes with balance and acceptance (Moodley, Lo, & Thu, 2017). FOAT ®

incorporates mindfulness awareness and a "friendly curiosity" through the Focusing attitude. In

addition, FOAT ® integrates compassionate listening and presence–which cultivates mindfulness

and other spiritual qualities (Rappaport, 2009). Previous studies have suggested that Asian

cultures tend to hold a holistic perspective of wellbeing, emphasizing the inter-connection

between the mind, body, and soul (De La Cancela, Chin, & Jenkins, 1993; Grover & Ghosh,

2014). Mental health is often associated with physical ailments. Therefore, Asians often present

with somatic symptoms when encountering mental health issues. Headaches and stomach

distress are often the indication of depression, while heart palpitations are often associated with

anxiety (Arnault & Kim, 2008; De La Cancela et al., 1993; Grover & Ghosh, 2014).

Regarding the cultural perception of wellbeing, the focus of bottom-up awareness in

FOAT ® may assist Asian seniors to recognize their body experience while uncloaking

emotional distress with a friendly attitude. This may allow individuals to develop their own

solutions and insights while inner resources can flourish and grow (Rappaport, 2009). In

addition, the art therapist's genuine presence and acceptance may promote the therapeutic

alliance, which is found to correlate with positive therapeutic progress (Castonguay, Godfried,

Wiser, Raue, & Hayes, 1996).

The Use of Russel's Model as an Analytic Tool

The valence-arousal model provides a guideline for the research team to evaluate the

affects emerged from viewing participants' artwork, as it is the last portion of the image analysis.

This session covers information of Russel's model and rationale of its application to this current

study.

The researcher adapted Russel's (1980) *circumplex model of affect* (Appendix J) to

measure and describe emotions. This model comprises two bipolar dimensions pleasure–

displeasure (or valence) and degree of arousal. Valence can be conceptualized as positive and

negative affects of an individual, while arousal refers to level of psychological and physiological

activation during affective experience (Barrett, 2006; Lim, 2016; Russel, 1980, 1991).

Emotional states are classified into four categories: high valence-high arousal, high valence-low

arousal, low valence-high arousal, and low valence-low arousal. Emotions can fall into any of

these four categories (Barrett, 2006; Russel, 1980). A person in a high valence affective state

may experience pleasant or delighted emotion, whereas in a low valence state, he or she may

experiences unpleasant or sad reaction. When arousal state increases, a person may feel

enthusiastic or excited, whereas a bored or sluggish response may occur when a low arousal state takes place (Russel, 1980; Shukla & Chaurasiya, 2019).

Russel's model particularly focuses on environmental aspects of emotion and is commonly applied to examine cultural differences in emotional arousal level (Lim, 2016). Lim (2016) discussed cross-cultural differences of emotion and expressive behavior between Western and Eastern cultures. Previous studies suggested that Western or individualistic culture tends to emphasize self-expression and actions to influence others, and therefore, high arousal emotions are valued more than low arousal emotions in creating effective impact (Russel, 1980; Lim, 2016). Yet, in Eastern or collectivist culture, individuals tend to adjust expressions and behaviors to ensure the society's harmony and not to affect others. Within this cultural context, low arousal emotions are considered to be ideal for cultural expressions (Lim, 2016). To align with the goal in promoting culturally attuned practice, the valence-arousal approach was applied to assess the engagement of the research team in receiving the messages of participants' artwork and responding back by knowing the emergence of their own emotions during the evaluation process.

Spiritual Attitude and Involvement List (SAIL)

The SAIL (de Jager Meezenbroek et al., 2012) was developed to support research on religious and nonreligious domains of spirituality. SAIL involves seven subscales as follows: meaningfulness, trust, acceptance, caring for others, connectedness of nature, transcendent experiences, and spiritual activities. The SAIL consists of 26 items, and each item is scored on a Likert scale ranging from of 1 to 6, in which 1 = *not at all* or *never* and 5 = *a very high degree* or *very often*). The sum scores are derived from summing up the mean score on the items of each subscale. A high score on the subscales may be an indicator of a high level of spiritual

connection, whereas a low score may indicate a need to facilitate spiritual connection. SAIL was selected as a measurement because of its value in identifying areas of spirituality for participants with and without a religious faith. This measure is intended to assess participants' experience and engagement with spirituality through different levels of connection, including connectedness with the self, with others, with nature, and with the transcendent.

Psychometric properties of SAIL were examined in five samples varying in age, spiritual and religious background, and physical health. Factorial, convergent, and discriminant validity were demonstrated by de Jager Meezenbroek et al. (2012). Each subscale revealed sufficient internal consistency and test-retest reliability, and the mean score of Cronbach's Alphas of the eight subscales ranged from .73 to .86 (de Jager Meezenbroek et al., 2012).

Clinical Efficiency of FOAT ®

Based on the strengths of FOAT ®, it is suggested that it has positive therapeutic potential for the senior population (Rejeski, 2008). Although FOAT ® is relatively new to the art therapy field, there are current studies that support its use and effective implementation in medical settings. McGrath (2013) investigated the ways in which FOAT ® may assist women with chronic pain. These outcomes show that FOAT ® has positive effects on reducing stress and increasing participants' awareness as they continue to interact with their pain. In addition, the benefits seem to be increased if participants are able to integrate and incorporate practices related to FOAT ® in their daily living.

Weiland (2012) found that FOAT ® was a means to reducing stress for graduate students (n = 9) in the Art Therapy Psychology Department of Notre Dame de Namur University. The Self-Compassion Scale (SCS) (Neff, 2003) and Stress Arousal Checklist (SACL) (Mackay et al., 1978) were used as pre-post tests in this study. No significant self-compassion levels were

reported (t = .8508, *p* = .42.). And yet, there was a 60% decrease in stress level, which suggested

the benefit of FOAT ® in alleviating stress for students.

In expanding application and knowledge of FOAT ®, more research is needed. Studying

FOAT ® as an approach to spiritual care of Asian seniors may provide insights into potential

application and therapeutic effects. In addition, the development of evidence-based research in

FOAT ® will help to establish principles and inform future investigation.

Rationale of FOAT ® Interventions

As an intention to facilitate spiritual connection, the researcher adapted interventions

based on literature and previous studies. This session describes rationale of these interventions

to demonstrate the effectiveness of a Theme-based FOAT ® approach in supporting spiritual

care. Interventions presented in this session are corresponded with the eight week FOAT ®

sessions–the detailed procedures are described in Chapter 3.

Coffee Filter Leaves. The coffee filter leaves provide joyful and creative experience in

transforming a plain filter paper to a vibrant image (Pinch, 2017). This directive aims to

facilitate metaphoric expressions of seasonal changes in nature, which allows participants to

echo their experience of aging without concerning current issues at the present moment. As an

attempt to create a supportive milieu, the researcher of this current study facilitated the coffee

filter art to initiate interactions and conversations.

Name Drawing/Collage. Name drawings provide a safe way to initiate the exploration

of artmaking since simple writing or drawing can be easily done (Rappaport, 2009). The collage

making scaffolds the process of eliciting life experiences from the past and could have powerful

meanings to uncloak or bring to the light (Schalkwyk, 2010). Collage involves linguistic and

nonlinguistic mode of expressions; it allows the unfolding of subconscious thoughts and feelings

through the remembrance and engagement of life stories (Schalkwyk, 2010). Evidence has shown that collage is a therapeutic modality which can be utilized in processing reminiscence or a way of thinking and talking about one's life (Stallings, 2010). Collage making can address the needs in stimulus during the creative process and also allow for personal choices. Selecting pictures and images is also perceived as less threatening than creating images from other mediums because it does not demand that the participant draw (Johnson & Sullivan-Marx, 2006). The use of collage can potentially facilitate self-expression, sense of control, and dignity (Ikemi, Yano, Miyake, & Matsuoka, 2007). With metaphoric expressions from chosen images, participants are able to unfold implicit experience by looking inward. In a group setting, participants can share ideas and experiment with different images together, which allow communication and collaboration (Therapeutic Recreation Directory, n.d.).

Peaceful Place. Feeling safe is forefront to mental health care and wellbeing, especially for those who have experienced trauma and major anxiety (Mehlomakulu, 2017). Creating a peaceful place image can help participants to sense a place where they are able to find comfort and safety and return to it as a way to self-regulate and address emotional distress. The visual and experiential aspect of art making may allow participants to come to a better understanding of their peaceful place and stay in touch with the sense of serene and safety (Mehlomakulu, 2017). In addition, combining a guided imagery, through journaling or dialogue, can enhance the overall experience of the peaceful place. Participants who have difficulties engaging in meditation, may find joy and soothing in art making. For others who are unable to relate to the sense of safety due to traumatic experience, may be able to engage in the art experience through metaphoric expressions (Mehlomakulu, 2017).

Mindful Breathing. According to Thich Nhat Hanh (1996), mindful breathing is a simple but useful mindful technique because breath occurs in every moment. Simple recognition of one's breath as one breathes in and out helps individuals to stay in touch with themselves at the present moment. During the practice, participants are instructed to simply allow breathing-in to take place could elicit wonder and appreciation to the beauty of life as the deeper connection of breathing is formed. Through mindful breathing, a better quality of in-breath and out-breath can be cultivated, and therefore, this exercise has the potential to increase individuals' quality of being in the engagement of everyday life.

Source of Strength. The source of strength allows individuals to identify their resources, express emotions, and connect to their communities. Source of strength within a group affords an opportunity to resonate with the therapeutic milieu that aims to support seniors through feedback and positive engagement. Self-reflection is enhanced in a group setting as a result of creating a safe space for dialogue (Rappaport, 2009; Shapiro, 2014).

Focusing on Nature. The Focusing on Nature intervention aims to connect participants with their felt sense in terms of their experience of nature. The focus of one's relationship with nature helps participants to become aware of and identify spiritual resources that help to cultivate wonder and contemplation (Rappaport, 2009). Processing a sense of connectedness, especially with nature, can nourish resilience by creating a space for something bigger in life. The visual representation of this intervention may provide valuable information regarding the spiritual and emotional needs of participants. The intent is to provide a visual form for participants to facilitate a sense of how they feel inside and outside their bodies when attuned with nature.

Group Mandala. The mandala refers to *circle*, which is the symbolization of wholeness and unity in Indian Sanskrit (Palmer, Dowrick, & Gunn, 2014). Utilizing a mandala may help

participants to elicit information from their unconscious world (Allchin, 1980). With its

structure and unique pattern, the mandala allows participants to settle into a reflective space to

think about the care they have received and learn from other group members (Allchin, 1980). In

a participatory environment, the researcher facilitates a group mandala to initiate conversation,

which in turn may enhance the sense of connection and positive engagement of participants

(Palmer et al., 2014).

        Messages to Pass On. Viewing images can reduce potential stress related to artmaking

for some participants (Kerr, 1999). Therefore, they are able to focus on the connectedness and

relational aspect between themselves and their chosen pictures. Hogan (2012) indicated that

visual techniques, such as image viewing, could open up new consciousness in the viewer, which

encourages metaphoric expressions and empathetic communication that allow participants to

embody their culture, experiences, and views.

Spiritual Direction

        The goal of spiritual direction is to help individuals to *pray in truth* and settle their heart

so the authentic self can emerge through conscious and unconscious interaction with the divine

(Billy, 2013). As a supportive relationship between two people, spiritual direction seeks to

empower people to refrain from merely sifting through conflicting and troublesome narratives and

allow room for introspection and question. The process of reaching into internal spaces requires

patient and silence, which draws people into a deeper participation in their spiritual contexts. In

order to identify the spiritual domain of one's life, spiritual directors play an essential role in this

ongoing process (Billy, 2013). By setting the intention to assist individuals who seek support,

directors remain silent with full attention during the session. In understanding the specific

narratives of each individual, directors assist him or her in recognizing the factors in their life that

contribute to the establishment of struggles and peace in a nonjudgmental manner. The spiritual

direction relationship enables the reflective bond through the other person's unfolding experience,

resulting in a shared experience of caring and peace (Billy, 2013).

While spiritual direction is thought to originate from Christianity, this concept has in fact

existed in every culture and religious tradition (Spiritual Directors International, 2018). For

example, Buddhist spiritual direction underlies the connection between the director and directee

or the "spiritual friend" relationship. In the Jewish culture, spiritual direction is a sacred process

of engaging in the exploration of God, spiritual, and truth. The intention of this process is to

discern God in one's daily life, work, struggles, and celebrations through the companionship of

the director (Spiritual Directors International, 2018). Understanding the differences and

overlapping practices among religious traditions allows the director to help the directee awake his

or her inner divinity and express compassion, nature, and true love.

Art Therapist as a Spiritual Director

The therapeutic aspect of art therapy and spiritual direction is rooted in contemplative

practice and attention on the cultivation of self-knowing, caring presence, and intuitive insight

(Panhofer, 2011). Although art therapy and spiritual direction were developed as independent

concepts within different contexts, the interconnections between these constructs have been found

in literature (Fehlner, 2002). As a constructive pattern occurs in a helping relationship, art

therapists establish the quality of care through presence, understanding, and respect the unique

spiritual avenues of each person (Maty, 2017). These qualities correspond to spiritual directors

who engage in centering practices with clients to transform feelings and access insights (Acklin &

Hicks, 2017). In building the consistency and congruency of practice, the interconnections

between art therapy and spiritual direction are summarized in Table 1 (Chang, 2014, p. 220;

Tajiri, 2009).

Table 1

Shared Practice Wisdom of Art Therapy and Spiritual Direction

Practice wisdom	Art therapy	Spiritual direction
Full attention	Full attention to the present moment and the expressive arts process	Full presence and attention to the directee
Openness	Beginner's mind-welcome to whatever is emerging in the process	Openness to the spiritual narratives of specific cultures
Listening	Deep listening and consistent reflection to ourselves and others	Deep listening
Contemplation	Contemplating one's circumstances with a non judgmental attitude	Cultivate a contemplative attitude
Empowering	Empowering individuals to identify issues and develop skills in daily life	Cultivating individuals' ability to navigate decision by paying attention to where they come from and where they would like to go

Attitudes of Art Therapist Similar to Spiritual Director. The attitudes of an art

therapist are aligned with a spiritual director who offers a safe and supportive space for

individuals to share stories (Solomon, 2015). These shared attitudes are essential to explore the

spiritual aspect of life (Maty, 2017).

Full Attention. In art therapy, the therapist provides full attention to a client's

expressions and creative process (Malchiodi, 2012a). With trust and understanding, the therapist

listens and captures the essence of what the person shares with them. Having the witnessing

presence of the art therapist is essential to the therapeutic context. In carefully observing the

creative process and images of the client, the therapist's undivided attention can bring alliance

and healing to the practice (Chang, 2014; Malchiodi, 2012a).

Openness. Art therapy emphasizes the understanding life experience with a

nonjudgmental lens (Wilkinson et al., 2013). Practicing critical reflection helps art therapists to

keep themselves from imposing perceived truths and to rather respect clients' own pace in

discovering the nature of their issues (Crawford, Solis, & Pfister, 2014). Rogers (1980)

suggested that a therapeutic change happens more often when a therapist has an open and

accepting attitude. Practicing mindfulness helps therapists to stay open to the unknown (Chang,

2014). With a beginner's mind, therapists learn to stay curious and open for possibilities to

allow for new perspectives and ideas (Goodman, 2005).

*Listening***.** Chang (2014) discussed the essence of deep listening, including full presence,

verbal and nonverbal cues, undivided attention, the ability to listen beyond words, and

respect. Art therapists are actively engaged with their clients and listen with an undivided heart

in order to catch both verbal and nonverbal expressions of the client. Through deep listening, the

meaning beneath the words can be detected with respect and trust, inviting the transformation to

take place (Chang, 2014).

*Contemplation***.** The creative process uniquely provides a contemplative experience,

which facilities the unity of the body and the mind through attentive awareness (Salom,

2013). The nature of art therapy allows the activation of contemplative action as the artistic

process may evoke thoughts, reaction, and memories (Salom, 2013). Kapitan (2013) described

the contemplative nature of doing art therapy, noting it "produces self-knowledge, reinvention,

re-membrance, and critical reflection and action" (p. 140). By allowing the body to follow

movements in response to sensations, feelings, and impulses, individuals allow their true selves

to surface.

Empowering. Engaging in art helps to cultivate a sense of empowerment (Morris &

Rauch, 2014). Art helps an individual to expand his or her way of understanding oneself and

one's life by evaluating habitual thoughts and behaviors in order to develop new paths of

knowing. The art therapist works cooperatively with the client without pathologizing common

behaviors and reactions. The presence of the art therapist serves as a genuine witness of the

human condition (Maty, 2017). This presence serves to empower the individual engaged in this

process of self-discovery to stay attuned to his or her feelings, struggles, and thoughts, which

soften critiques of oneself and may lead to therapeutic change.

Credentials and Training to Become a Spiritual Director

Although shared qualities of art therapy and spiritual direction were discussed above,

separate training and education requirements were identified. According to Blythe (2012), most

spiritual directors come to training through several paths. They may notice their nature in

providing listening ear and care for others, or have received many blessings from others and are

motivated to give back, and the capacity of providing spiritual guide could be reached if they

received further training. Individuals who are deeply rooted in faith, might also describe

themselves as having a strong connection with God and that they are called by him to become a

spiritual director. However, "call" is considered to be vague as its meaning diverges between

people (Blythe, 2012). Blythe (2012) suggested the need for people to receive proper training in

order to be able to present to another person, listen genuinely to their sacred story, and practice

ethically and competently to avoid harm.

Regarding the importance of ethical practice, several programs provide a guideline for

spiritual directors or other professionals who are interested in taking a spiritual path to engage in

lives of others. The University of Theology and Spirituality (UOFTS) in New York offers both

Master's and Doctoral degree in spiritual direction (University of Theology and Spirituality,

2020). The UOFTS is dedicated in developing skillset, knowledge, and multicultural

understanding through an inclusive lens of theology, psychology, ethics, and so forth. The

Cenacle of Our Lady of Divine Providence School in Florida also offers a two-year program to

thrive spiritual growth (Servants of Divine Providence, 2017). Along with academic courses,

there is a specific focus on self-engagement to grow profound knowledge of spiritual healing, as

well as to assess the role of spiritual director in honoring God's action and becoming a more

compassionate listener.

Art Therapists with Knowledge and Skills of Spiritual Care

The concept of spiritual direction was applied to conceptualize the qualities of art

therapists who may notice and learn the aspect of spirituality through the process of art making,

and may also integrate their spiritual inspiration into practice (Crooks, 2012). For some art

therapists, the knowledge and skills of spiritual direction may be an additional avenue to guide

their own spiritual life while also blessing others on their own journey.

Conclusion

The purpose of the current study is to examine how art therapy may assist Asian seniors

in staying in touch with their spirituality, thus improving their overall outcomes within the aging

process. To gain deeper insight, therapists needs an understanding of how spiritual care can be

applied with consideration to an individual's context (e.g., cultural context and experiences of

the elders). This literature review provided an overview of what successful aging is and how

interventions in eldercare can support elder seniors to reach an optimal state (body, mind, and

spirit). Health care practitioners have refined the concept of successful aging by recognizing the

implicit nature of human experience; that spirituality is one of the core components of wellbeing.

Although FOAT ® is relatively recent and limited in research, Focusing techniques appear to have potential strengths in promoting a culturally attuned approach for Asian seniors. The cultivation of the Focusing attitude involves spirituality (e.g., compassion, empathy, loving-kindness), which in turn may be valuable in assisting seniors to understand their experience of aging. Regarding the cultural features of the Asian population in the United States, FOAT ® is proposed as a suitable psychotherapeutic modality to help seniors to stay in touch with their spirituality, which is essential for seniors to engage in their aging lives. This literature review suggests that FOAT ® could be effective within the contexts of Asian senior care, and that there is a need for further research. Understanding the contexts and values of successful aging can provide a vision to inform clinical directions and generate policy to develop preventative programs in more meaningful ways (Ng, Broekman, Niti, Gwee, & Kue, 2009).

Chapter 3. Methodology

Chapter Introduction

This mixed-method study will examine how art therapy may assist Asian seniors in staying in touch with their spirituality, and thereby improve their outcomes throughout the aging process. Expressing oneself through art in the presence of an art therapist can allow patients to explore essential issues and emotions that are related to their chronic conditions (Malchiodi, 2012b). By slowly transforming stress to a state of ease, the use of art as a means to foster spiritual connection will be introduced. This chapter describes the methodology that will be used to carry out the purpose of this study. The chapter also includes an overview of the research design, participants, procedures, data collection and analysis. Eight sessions of FOAT ® and interventions are covered. Chapter 3 also reviews the materials used in the FOAT ® protocol, followed by the assessment measures and data analysis. In addition, participants' risks and benefits, including benefits of seniors and workers at On Lok Lifeways (OLL) are described. Finally, the research limitations, recommendations, implications are discussed in detail.

Hypothesis and Exploratory Questions

With the intention and awareness of cultural attunement, the researcher integrated art therapy and clinical knowledge into eight 50-minute sessions. The use of FOAT ® in exploring spirituality provided a structure for seniors and OLL workers to reflect on life experience. These modalities support the goals in providing spiritual care to Asian seniors in medical setting. This research hypothesized that the art interventions during each session would contribute to a sense of spiritual connection for Asian seniors within the context of assisted care.

Hypothesis

The study will test the following hypothesis:

Elder participants who engage in eight 50-minute art therapy (FOAT ®) group sessions over 8 weeks will have an enhanced sense of spiritual connection as a result of engaging in the creative process (Rappaport, 2008).

Exploratory Questions

There are two exploratory questions related to this study:

1. In what ways does the FOAT ® potentially bolster a sense of spiritual connection, and as a result, enhance the wellbeing of individual participants?

2. What are the specific changes that occur after an 8-week art therapy intervention?

3. What insights do OLL workers provide into commonalities and differences between the workers and the seniors on the topic of spiritual care after workers who engage in one session to reflect on their perspectives and experience of the needs of seniors with respect to spiritual care?

 These questions will be addressed in terms of the findings and implications of the study.

Participants and Recruitment

Locations

The locations for the group art therapy series were the OLL Jade Center at 1333 Bush Street, San Francisco, California, 94109, and the 30th Street Senior Center at 225 30th Street, California, San Francisco, 94131. OLL continues to develop community-based programs at Jade Center and OLL participants are familiar with this facility. The researcher obtained the permission of the Director of Learning and Development and the Activity Specialist to conduct the research project from June to August, 2018 via emails as well as at the meeting room of this facility (Appendix A).

Process of Recruitment

The participants for this research were Asian Americans who are originally from East Asia, such as Taiwan, China, Singapore, Japan, and Korea. The study did not exclude anyone based on gender, socioeconomic status (SES), or other demographic features. The participants were recruited from OLL in San Francisco, California. To identify specific needs of the participants, the researcher consulted the site manager and the spiritual care chaplain at OLL regarding the clinical features of all participants ($N = 30$). This study initially sought to recruit 30 participants from one site, and later adjusted having two groups of 15 participants from each site, the Jade Center and the 30th St. Senior Center, to adapt the availability of participants at each site. The sample size of 30 participants was determined to create an optimal power for a mixed methods research that involves both qualitative and quantitative perspectives (Benetka, Braakmann, & Gelo, 2008; Boyd, Catro, Kellison, & Kopak, 2011).

The researcher consulted the OLL staff to identify the needs of participants before their engagement in the art therapy sessions. Those needs included accessibility of wheelchairs, doctor

appointment, and language. The participants were between age 55-85 and were under eldercare

when the study began. All had received appropriate pain management, medication, and expressed

interest in this research project. This study took place in a wheelchair accessible space for seniors

with restricted mobility.

In addition, participants were recruited if they had scores between 18-30 or more on the

Montreal Cognitive Assessment (MoCA) (Nasreddine et al.,1995), which is a measurement of

cognitive impairment. The MoCA was administered to participants when they admitted to OLL.

OLL staff identified the scores of participants and discussed with the researcher to make decisions

regarding recruitment for the current study. The MoCA was utilized in this way to ensure that

participants had the cognitive capacity to voluntarily sign the consent forms and understand the

process and content of the study. The researcher interacted with participants as part of observation

to identify their needs and functioning level. OLL staff were also involved in the recruitment

process to recognize and approach potential participant, as well as arrange groups as they helped to

determine the appropriateness of research design in matching participants' cognitive and functioning

levels.

Ethical Handling of Participants

While the researcher intended to follow rigorous procedures to ensure the quality of the

study, it is essential to maintain flexibility and recognize the uniqueness of each individual. The

researcher attempted to acknowledge that each participant had his or her own pace if engaging in

the process and to treat any unexpected responses with respect and acceptance.

The researcher ensured the ethical treatment of participants throughout the research process

by following the guidelines and ethical standards of the Board of Behavioral Sciences (BBS), the

American Art Therapy Association (AATA), and Notre Dame de Namur University (NDNU)'s

research policies.

FOAT ® Online Training. The researcher was aware of the qualification for conducting

FOAT ® during the planning phase of the study. In order to become a qualified facilitator to support

participants, the researcher consulted with Dr. Rappaport about training opportunities and followed

the online courses that were available on the website of the Focusing Expressive Arts Institute. As a

parallel process, the researcher arranged time for guided Focusing training not only before the study

but also within the eight-week research timeframe to engage in the process.

Informed Consent. With the intention to perform a culturally attuned inquiry, the

researcher paid careful attention on the descriptions and terms to ensure the consent was properly

designed and translated. Staff and or volunteers who were working with participants were

required to assist with the process of explaining the consent form. In addition, conservators were

informed of the participation of the seniors. Conservators may be primary caregivers who have

power of attorney and are responsible to secure seniors' physical, emotional, and financial care.

This conservator may be a family member or someone who is assigned by the state government.

The researcher explained the research project, including the procedures, requirements,

and potential risks, to the participants and allowed time for them to ask questions and express

concerns. Consent was signed by the participant at the beginning of the first session. The

consent form was offered in English and Mandarin with large font (Appendix D). The researcher

translated the consent form to Mandarin by consulting two professional translators to avoid

inaccurate language. There was no coercion or deception in this study; participants were free to

withdraw their participation and their data at any time without any consequences. OLL staff

were also required to sign a consent form for their participation of the 50 minutes of post-senior

session (Appendix D). The participants were informed that the researcher may take photographs of the artwork for research purposes, possible presentations, and publication.

Confidentiality. Participants were assigned code numbers to protect their identity in this research. These personal codes were paired with scores of measures to allow for the data analysis.   Identifying information and the code numbers were stored in a separate secure location away from the other data. The names of all participants were kept confidential; no individuals were identified in any reports or documents. All photographs of artwork and reports were kept under lock, including a locking office door and a locked cabinet for a 7-year period, with only the researcher and her dissertation advisor, Jennifer Harrison, PsyD, ABPP, ATR-BC, having access. All the information will be destroyed 7 seven years after the completion of research.

Measures

This research project involved quantitative and qualitative data gathered from Asian seniors and employees at OLL. The researcher administered a Demographic Questionnaire, the SAIL, and semi-structured interviews to both sets of participants. In an effort to maintain consistency in offering texts in English and Mandarin, the researcher translated all required instruments into Mandarin by consulting two professional translators to ensure the accuracy of language. The researcher assisted participants in understanding the content of the instruments by explaining and reading the texts as needed.

Demographic Questionnaire

The researcher created the Demographic Questionnaire (Appendix E) to collect demographic information about participants, including age, gender, ethnicity, and participants' association with OLL (i.e., years of providing or receiving care). The content of the questionnaire was based on the Demographic survey from the community project, developed by the 2015 PhD Art Therapy cohort with Love Never Fails (LNF) in 2016. The Researcher was one of the designers to collaborate with and develop the questionnaire with other cohort members. The demographic survey included items to assess participants' comfort level and familiarity with art therapy. Participants received the instruction to complete the Demographic Questionnaire at the beginning of the first session.

Spiritual Attitude and Involvement List (SAIL)

To support culturally attuned practice, the researcher chose the SAIL to examine both religious and non-religious domains of spirituality (de Jager Meezenbroek et al., 2012). Although this measurement is publicly available online, the researcher obtained an email and signed permission from the head of research at Helen Dowling Institute to use it with elder participants in this study (Appendix B). The researcher administered the SAIL at the beginning of the first session and at the end of the eighth session in order to evaluate possible changes as referenced in the previously stated hypothesis. Those participants who were absent from the first session were invited to complete the pre-session measure at the beginning of the second or third session. In addition, not all participants attended the eighth session, and therefore, some participants did not complete the measure both before and after the group art therapy series. The SAIL can be located in Appendix F.

Semi-Structured Interview (For Seniors and Those Working in Eldercare Setting)

A semi-structured interview (Appendix L) was designed by the researcher to evaluate participants' quality of life and care after the group art therapy intervention. The researcher conducted the interviews with 15 seniors and 10 OLL workers (staff and volunteers). Six interview questions were included for seniors and OLL workers. In developing interview questions, the researcher consulted two art therapists who work closely with seniors, asking them to identify their understanding of concerns among seniors in conjunction with the needs of spiritual connection. Questions were formed through the basis of their responses. The OLL workers were directed to "reflect on your experience or observations of spiritual care in eldercare." Questions for seniors focused on participants' experience of aging and spiritual care at eldercare setting, including:

1. What concerns do (you) seniors have about anything outside the eldercare?

2. What do (you) (seniors) like about the eldercare setting?

3. How do (you) (seniors) understand the experience of being at the eldercare?

4. Do the visual images assist (you) (seniors) in understanding the aging experiences?

5. Do (you) (seniors report) having increase spiritual feelings or connection?

6. Do you have any additional comments?

The evaluation had a qualitative element that was designed for the purpose of this research. Notes and voice recording were involved during each interview. The notes and recordings were useful in exploring commonalities and differences between seniors and care providers.

Procedures of Collaboration with OLL

Before conducting the study, the researcher obtained permission to conduct the study

from the OLL (Appendix A). The researcher initiated a dialogue with the activity leader of OLL

at the Jade Center to understand the goals of the organization, the strengths, as well as the

organizational culture before further engagement. The researcher also engaged in initial

dialogues and phone interviews with the site manager, the chaplain, the music therapist, and

activity therapist to build a consensus regarding each one's expectations, needs, schedule, as well

as to learn the legislative requirements involved in carrying out the study. Through these

dialogues the researcher was able to develop the appropriate methods for this study. OLL and

the researcher reached consensus through an on-site discussion that all the seniors are recognized

as *participants* at this community and that the directives of this study were in alignment with

OLL's missions. The decision to work with Asian seniors also involved cultural and ethical

considerations, which included the time, medical needs, and language capacity. Staff was asked

to assist with translation if the researcher recognized the need. In order to reduce the confusion

of terminology, the researcher used the term *participant* to refer to seniors during onsite

collaboration; however, in this paper, this term will only be used to describe seniors who actually

participated in this study. Because this study was experiential, OLL staff was involved in

supervision to assist the researcher during the 8-week timeframe. These dialogues with OLL

staff provided direction in conceptualizing the framework and plans for involvement with

participants.

The organization's mission statement is "to maintain and develop health care models for

the wellbeing of the elderly and chronically ill through education, advocacy, and innovation in

services and financing" (On Lok, 2015b, para.1). The researcher identified the potential of OLL

to support spiritual growth for Asian seniors and strived to gain an understanding of the

perspectives of spiritual care among staff and volunteers.   It is expected that this study will help

to provide insight into current practices and determine ways clinical services might be improved

from the standpoint of the eldercare workers.

The commitment involved in designing eight sessions of interventions for 30 participants

was agreed on at the OLL review team meeting. This meeting included the site manager, the

chaplain, and the onsite physician. The researcher facilitated the entire eight sessions of group

art therapy with the assistance of OLL staff and volunteers.

Research Procedures

This project was designed to work with seniors and OLL workers to support them through

art-based and culturally attuned group sessions for the purpose of (a) getting in touch with

spirituality, (b) evaluating the effectiveness of FOAT ®, and (c) reflecting on current spiritual

care. The first session included explaining the study, measurements, and art interventions, as well as

what participants could anticipate in this research project. The first and last group sessions included

time for the administration of the pre- and post-session measures. Each session started with a

welcome and introductions to build rapport and attuned relationships. Art directives began after

introductions. Each session closed with discussions followed by a question and answer session and a

short introduction to the next session. OLL staff was asked to assist with translation and individual

attention to support the process.

Prior to the administration of required forms, the researcher explained the research project,

confidentiality, and that the participation in this study is voluntary. Participants were informed that

they could engage in the group art therapy series without participating in the research component.

The proposed group art therapy series followed a structure, with each session having a different

focus on spiritual connection and a different art intervention. Upon the completion of art directives, participants were given the opportunity to process the experience of doing the response art by engaging in conversations, questions, and comments. The participants were also provided with a debriefing statement (Appendix M) and counseling resources (Appendix N) to address any feelings of distress and anxiety that might arise due to participation in the art therapy intervention. The researcher plans to provide the feedback in the form of a final report to the OLL staff and one of the designers of the SAIL, who is the head of research at the Helen Dowling Institute regarding the overall process and the results of this study.

Post interviews took place after the last group session, which gave participants time individually to reflect on their experiences and processes. Each interview lasted for approximately 15 minutes, and included participants who attended all eight sessions and agreed to attend the interviews. Other considerations were involved to determine the number of interviewees, including the dropout rate, availability of participants, and the level of comfort for participants to share information with the researcher. Therefore, the researcher expected to have approximately 15 out of 30 participants to attend to the interviews (Appendix K). Although all participants were initially eligible to attend the interview, some participants were unable to attend all the sessions due to medical and personal reasons. The number of interviewees was also determined by the researcher's understanding of the availability of participants, the timeframe of the study, and the homogeneity/heterogeneity of the population (this factor is relevant to how much fresh data is needed to spark insights or reveal new themes) (Dworkin, 2012). In addition, because of the schedule at the senior center, the researcher wanted to schedule the interviews right after the group session so participants would be able to reflect on their group and art experience when they still had a fresh memory. Not all of the participants were available directly after the group because there are

other activities at the center. There were also some participants who mainly spoke Cantonese, which

required additional support from a translator during the interview. The translator and participants

have their own schedules, which made it difficult to include everyone.

      This study also included 10 OLL workers (staff and volunteers) to attend one 50 minute

group FOAT ® session to reflect on their experience of providing spiritual care. The total

number of participants was determined through the schedule and availability of OLL workers.

They signed a consent to participate (Appendix D), which included consent to have photos taken

of their artwork, and the Demographic Questionnaire (Appendix E). These forms were

administered at the beginning of the session. Again, with these participants the researcher also

addressed questions regarding confidentiality, compensation, and potential benefits and risks. As

a facilitator, the researcher focused on creating a contained space rather than allow tension that

can sometimes exist within a hierarchical relationship. The group session with OLL workers

was designed to understand the perspectives from both seniors and care providers as a parallel

process to explore their perceptions of current spiritual care and the role of art in their own

practices. Creating an image of spiritual care served as a visual representation of their

engagement in spirituality in which body and mind was involved. To mitigate anticipated stress

from sharing their experiences of spiritual care, participants were provided with debriefing

(Appendix M) and counseling resources (Appendix N) at the closing of the session. All 10 staff

participants were invited to attend post-session interviews, and these each lasted for 15 minutes.

With the intention to adapt to the OLL schedule, this session was conducted separately at both

centers, and each included five OLL workers. These sessions were intended to allow participants

to reflect on their art process and spiritual care for Asian seniors. As participants took their art

with them, artwork was photographed before participants left the meeting room. All the research

data, including the assessments, the photographs of participants' artwork were collected and

stored in a secured location with a locking system.

Appendix G has details of the eight session intervention for seniors and the one session

for staff. Appendix H contains the art images used, Appendix I is an image analysis form

developed by the researcher and two members of the Art Therapy PhD 2015 cohort, which was

used to evaluate the artwork with a framework of content, forms, styles, and colors (Fincher,

1991; Kaplan, et. al., 2006; Miller, 2007), as well as emotions that emerged from viewing

images. Appendix K is a sample Group Process Notes Form to track the session and document

level of engagement and specific reactions from the activities of each session. The researcher

filled out the form after every session. Emphasizing a sense of containment and rapport building

allowed for consistency in creating a safe space for engagement and reflection. In facilitating a

culturally attuned perspective, participants were introduced to art therapy interventions to

generate discussions regarding cultural needs and experiences, which helped to inform the

process of the next session. The sessions were designed to meet the needs of the OLL

participants through their feedback and participation in both the art making and self-evaluation

through formal and informal assessments.

FOAT ® Session Details

The researcher strived to offer a contained space for participants to engage in art response

and to avoid anyone feeling judged from sharing ideas. In order to offer personal attention while

holding the group, the researcher and OLL staff spent time interacting with and assisting each

participant during the art process. Art directives were explained prior to participants'

engagement with the activity. The researcher paid close attention to time distribution regarding

the flow and the transitions of activities to ensure participants had time and space to engage in

their own processes as well as the whole group. With the awareness of the extra time

participants would need to fill out required forms, the researcher anticipated spending 75 minutes

for the first and last session and 50-minutes for the remaining sessions.

The instructions regarding use of art materials were given to protect participants from

harm. Only nontoxic and safe materials were involved. Participants learned to integrate these

tools to grow skills, while they were encouraged to reflect on spirituality and insights into their

experiences. Interventions were deliberately chosen and ordered to echo the core value of FOAT

® in clinical sensitivity, the structure of theme directive art, as well as the definition of

spirituality in addressing different levels of connections. Each FOAT ® session started with a

Focusing check-in, a guided imagery to unpack and settle the mind, and a theme directive FOAT

®. The engagement of intuitive art making and felt sense was explored through the creative

process and group discussions. Artwork was photographed at the end of each session. Artwork

was returned to participants after photographs were taken.

Depending on the participant's comfort level, the researcher read guided scripts either in

English or Mandarin. Because of the progressive nature of daily conditions, the researcher

adjusted FOAT® activities to support participants. For example, the researcher anticipated

administering the semi-structured interview at the bedside if the participant expressed discomfort

sitting in the office.

Steps in the Session

Since the researcher attempted to unfold the essential idea of connectedness in

spirituality, a Theme-Directed approach helped to develop appropriate topics that attached to

group goals in identifying concerns, hope, fear regarding the aging process. Theme-Directed

FOAT ®: A different theme was presented each week. Participants were guided through a

Focusing exercise that related to a different theme each week. After the exercise, participants engaged in "expressing the felt sense in art" by creating an image that reflected their inner felt sense.

FOAT ® Scripts

In order to properly design art therapy interventions, the researcher revised scripts for FOAT® exercises, such as Focusing check-in and Theme-Directed FOAT ®, with the permission and consensus of Rappaport to match participants' needs. Both English and Mandarin scripts are attached to sessions and can be found in Appendix G.

Outline of FOAT ® Sessions

Eight different themes from FOAT ® were adapted for a total of eight sessions; each session addressed a specific relational concern. These themes were designed to meet participants' needs in senior care, encompassing: (a) coffee filter leaves (b) name drawing and collage (c) peaceful place (d) mindful breathing (e) source of strength (f) Focusing on nature (g) group mandala (h) messages to pass on. Table 2 details the sessions of the art intervention.

Table 2

Group Themes and Skills During 8 Week Period

Week	Theme-Directive FOAT ®	Goal
1	Welcome/Introductions Exercise 1. Warm up to the art materials: Coffee filter leaves (Rappaport, 2009, p.230)	To help participants feel more comfortable with artmaking; introduce coffee filter art. This task is designed to elicit joy, beauty, and wonder and create a contained milieu to establish safety and alliance.
2	Exercise 2. Name drawing and collage (Rappaport, 2009, pp.149-150)	Continue to explore art expressions and build trust and safety. Pictures help to facilitate metaphoric meanings and expressions.
3	Exercise 3. Focusing stress check-in peaceful place (Rappaport, 2009, p.141)	Develop body awareness through a visual representation of peaceful place; notice tension and stress in the body and help participants to become acquainted.
4	Exercise 4. Mindful breathing (Rappaport, 2009, p.207)	To help participants to align the body, breath, and mind. Coordinate breathing with phrases and words. Help to address difficult feelings.
5	Exercise 5. Source of strength (Rappaport, 2009, p.174)	Allow the reflection of strengths and support; provide a tangible form in describing the needs and resources
6	Exercise 6. Focusing on nature	Create an artistic representation of experience with nature, and use it as a resource to center the mind.
7	Exercise 7. Group mandala (Rappaport, 2009, p. 223)	Facilitate conversations and positive interactions; create a collaborative milieu and safe space
8	Exercise 8. Messages to pass on (Rappaport, 2009, p. 219, 222, 225) Closing • Closing with pebbles, leaves, flower petals • Express appreciation and the gratitude	Find the connection with others (i.e., loved ones, friends) by expressing messages and legacies. Honor participants' stories and wisdom. Express compassion and gratitude.

Detailed Procedural Plan

For clarity, specific steps for the senior and eldercare workers are described separately.

Seniors in Eldercare

For the seniors, eight group meetings took place. Steps for senior participants are described below.

Session One: Coffee Filter Leaves. This first session took place at 30th St. Senior Center on Tuesday, June 12, 2018, from 1 p.m. to 2:15 p.m., and the other sessions were scheduled between 1 to 2 p.m. and occurred from June to September 2018.

The first session at Jade Center took place on Monday, June 18, from 10:30 a.m. to 11:45 a.m. From the second session on, the sessions started at 10:00 a.m. and the session was over at 11:30 a.m. The other sessions took place from June to August 2018. The goals for the session included the following:

1. Distribute consent forms, the Use of Photographs and Artwork Form (Appendix C), the Demographic Questionnaire (Appendix E), and SAIL (Meezenbroek et al., 2012; Appendix F), either English or mandarin version.

2. Build rapport and safety

3. Facilitate conversation about participants' connection with nature

In alignment with the goals above, the session proceeded as follows:

1. The researcher administered the consent forms (Appendix D), the Use of Photographs and Artwork Form (E), and the demographic questionnaire (Appendix E).

2. Explained the research project, including the purpose, procedures, potential risks, and confidentiality that associate with the current research project. Participants were given the opportunity to ask questions or make comments at that time.

3. Introduced On Lok staff and or volunteers as supporters during the session

4. Introduced and explained the SAIL (Appendix F) for participants to complete at the

   meeting room tables

5. Conducted Coffee Filter Leaves to explore participants' relationships with nature

   a. Explained the purpose of the coffee filter leaves in cultivating awareness and the

   connection with nature

   b. Facilitated guided Focusing

   c. Chose materials that feel right to create your peaceful place

   d. Began to create coffee filter leaves, instructions were given for participants to

   create their own art.

6. Observed the group process during and after artmaking

7. Discussed discovery and experience of this session

   a. What body senses have you noticed during the process?

   b. How did it feel to make the coffee filter leaf?

   c. How did you choose colors, lines, and shapes to decorate your leaf?

   d. What did your image appeal to you?

8. Closed the session, time for discussion, questions, and comments

 9. Briefly introduced the next session

10. Artwork was photographed and returned to participants

11. Assisted participants to leave the meeting room, i.e., move wheel chairs and walkers.

The quantitative measures encompassed the self-report inventory for the attitude and

involvement of spirituality. The qualitative measures involved clinical observation of the FOAT

® process and finished product. Materials included pre-cut coffee filter leaves, single hole

puncture, yarn, markers, newspaper, safety scissors, and watercolor paint.

      Session Two: Name Drawing/ Collage. This session took place at 30th St. Senior

Center on Tuesday, June 19, 2018, from 1 p.m. to 2:15 p.m. The second session at Jade Center

took place on Monday, June 25, from 10:30 a.m. to 11:30 a.m. The goals for session two

included

1. Provide a visual representation of the self through life stories

2. Engage in the group that elicits self-expression and resonates stories

3. Find connection with the core self in a non-judgmental way

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Welcomed and introductions by checking and identifying the needs of participants.

3. Created name drawing/collage

    a. Demonstrated and explained the purposes of name drawing/collage in facilitating

       storytelling

    b. Facilitated guided Focusing (See protocol in Appendix G)

    c. Chose materials that appealed to your name drawing/collage

    d. Began image making

4. Shared emotions and stories based on the process of name/drawing/collage

    a. What have you learned from this experience?

    b. What did your felt sense say to you?

    c. How did it feel to choose images?

    d. What did you see from the collage?

e. What does this image need?

5. Closed the session, time for discussion, questions, and comments

6. Briefly introduced the next session

7. Artwork was photographed and returned to participants

8. Assisted participants to leave the meeting room, i.e., move wheel chairs and walkers

Qualitative assessment included the process, finished product, and clinical observation.

Materials included: Regular and 9" x 12" construction paper, oil pastels or crayons, markers,

stickers, glue, magazine pre-cut images, safely scissors.

Session Three: Peaceful Place. With the intention to create an attuned space for

participants, seniors were guided to create an artistic representation of a place that represents

peace and safety (Rappaport, 2018, 2009, p. 141). This directive was aimed to assist participants

to concretize the peaceful experience to regulate stress and settle the mind. This session took

place at 30th St. Senior Center on Tuesday, July 10, 2018, from 1:15 p.m. to 2:10 p.m. The

third session at Jade Center took place on Monday, July 2, from 10:30 a.m. to 11:45 a.m. The

goals for session two included:

1. Create artwork that represents a peaceful place

2. Develop body awareness of how peaceful experience connects to stress reduction

3. Dialogue about peaceful experience and mindfulness

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Welcomed participants and introduced the third session

3. Conducted Focusing stress check-in

    a. Explained the purpose of Focusing Stress Check-In in helping participants to bring

    a friendly attitude to how they are now, and see if there is an image, word, phrase,

    gesture, or sound that matches a symbol (handle) for the inner felt sense.

    b. Facilitated Focusing stress check-in

4. Individual peaceful place

    a. Explained the purpose of the Peaceful Place in cultivating bodily awareness and

    reducing stress

    b. Facilitated guided Focusing

    c. Chose materials that feel right to create your peaceful place

    d. Began to create the peaceful place, instructions were given for participants to

    create their own art.

5. Shared experience in the group and brought up questions to engage in dialogues

    a. How did your peaceful appeal to you?

    b. How did it feel to create a peaceful place?

    c. How did your body respond to the image?

    d. How did it feel to share your peaceful experience in this group?

6. Closed the session, time for discussion, questions, and comments

7. Briefly introduced the next session

8. Artwork was photographed and returned to participants

9. Assisted participants to leave the meeting room, i.e., move wheel chairs and walkers

Qualitative assessment included the process, finished product, and clinical observation.

Materials included: Regular and construction papers 9x12", crayons, markers, stickers,

watercolor, glue stickers, magazine pre-cut images, safely scissors.

Session Four: Mindful Breathing. This session took place at 30th St. Senior Center on Tuesday, July 17, 2018, from 1 p.m. to 2 p.m. The fourth session at Jade Center took place on Monday, July 9, from 10:30 a.m. to 11:30 a.m. The goals for session four included:

1. Help to align with the body, breath, and mind. Coordinate breathing with phrases and words.

2. Help to address difficult feeling while developing mindful skills.

3. Explore and express felt sense

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Welcomed participant and introduced the forth session

3. Facilitated mindful breathing

    a. Explained the purpose of mindful breathing in cultivating mindfulness and self-connection

    b. Facilitated guided Focusing

    c. Chose materials that feel right to create your felt sense after the practice of mindful breathing

    d. Began to create the image, instructions were given for participants to create their own art.

4. Encouraged participants to share experience in the group and bring up questions to engage in dialogues:

    a. How did it feel to connect with your breath?

    b. How did your body respond to this process?

    c. What did your felt sense tell you?

      d. How did it feel to create an image to respond to mindful breathing?

5. Closed the session, time for discussion, questions, and comments

6. Briefly introduced the next session

7. Artwork was photographed and returned to participants

8. Assisted participants to leave the meeting room, i.e., move wheel chairs and walkers

Qualitative assessment included the process, finished product, and clinical observation.

Materials included: Regular and construction papers 9x12", oil pastels, markers, stickers, watercolor, glue stickers, magazine pre-cut images, safety scissors.

      Session Five: Source of Strength. This session took place at 30th St. Senior Center on Tuesday, July 24, 2018, from 1 p.m. to 2 p.m. The fifth session at Jade Center took place on Monday, July 16, from 10:30 a.m. to 11:30 a.m. The goals for Session Four included:

1. Assist participants to identify external support from their communities

2. Reflect on strengths from the support map

3. Provide a tangible form in describing the needs and resources

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Welcomed and introductions by checking and identifying the needs of participants.

3. Facilitated source of strength

      a. Explained the purposes of support map in recognizing external resources

      b. Facilitated guided Focusing (See protocol in Appendix G; Rappaport, 2009, p.174)

      c. Participants chose materials that appealed to their source of strength

      d. Began to create a source of strength

4. Discussed strengths, needs, and emotions based on the source of strength

      a. Asked, what have you noticed from this experience?

      b. Asked, what did your felt sense say to you?

      c. Witness the strengths brought by your source of strength

5. Closed the session, time for discussion, questions, and comments

6. Briefly introduced the next session

7. Artwork was photographed and returned to participants

8. Assisted participants to leave the meeting room, i.e., move wheel chairs and walkers

Qualitative assessment included the process, finished product, and clinical observation.

Materials included: Pre-cut magazine images, glue, markers, oil pastels, color pencils, safety

scissors, glitter.

      Session Six: Focusing on Nature. This session took place at 30th St. Senior Center on

Tuesday, August 7, 2018, from 1 p.m. to 2 p.m. The sixth session at Jade Center took place on

Monday, July 23, from 10:30 a.m. to 11:30 a.m. The goals for Session Six included:

1. Express connection with nature

2. Cultivate awareness of spiritual resource

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Welcomed and introductions by checking and identifying the needs of participants.

3. Facilitated Focusing on nature

      a. Demonstrated and explain the purposes of Focusing on Nature in facilitating

      awareness of spiritual resource

      b. Facilitated guided Focusing

      c. Chose materials that appealed to your Focusing on nature

       d. Began to create a felt sense image

5. Facilitated discussion of body experience based on the process and images of focusing

on nature

       a. What have you noticed from this experience?

       b. What did your felt sense say to you?

       c. How did it feel to make a self sense image?

6. Closed the session, time for discussion, questions, and comments

7. Briefly introduced the next session

8. Artwork was photographed and returned to participants

9. Assisted participants to leave the meeting room, i.e., move wheel chairs and walkers

Qualitative assessment included the process and finished product, and clinical

observation. Materials included: Precut figures, glue, markers, oil pastels, color pencils, safety

scissors, and tissue papers.

Session Seven: Group Mandala. This session took place at 30th St. Senior Center on

Tuesday, August 14, 2018, from 1 p.m. to 2 p.m. The seventh session at Jade Center took place

on Monday, July 30, from 10:30 a.m. to 11:30 a.m. The goals for Session Seven included:

1. Facilitate conversations and positive interactions

2. Create a collaborative milieu and safe space

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Facilitated a welcoming and introductions

3. Facilitated group mandala

    a.   Explained the purpose of the mandala in facilitating conversation and enhancing positive group experience

    b. Facilitated guided Focusing

    c. Began mandala making, instructions will be given for participants to use color, shapes, and lines to decorate their mandala pieces.

4. Helped participants to place the mandala pieces as a group and share the experience with questions and ideas

    a. How did it feel to look at the mandala as a group?

    b. What strengths do you bring to this community?

    c. What barriers and challenges have you experienced during the process?

5. Closed the session, time for discussion, questions, and comments

6. Briefly introduced the next session

7. Artwork was photographed and returned to participants

8. Assisted participants to leave the meeting room, that is, to move wheel chairs and walkers

Qualitative assessment included the process, finished product, and clinical observation. Materials included precut mandala pieces, crayons, markers, safety scissors, stickers, glitter glue.

    Session Eight: Messages to Pass On. This session took place at 30th St. Senior Center on Tuesday, September 11, 2018, from 1 p.m. to 2 p.m. The eighth session at Jade Center took place on Monday, August 6, from 10:30 a.m. to 11:30 a.m. The goals for Session Eight included:

1. Express messages to pass on

2. Promote continued FOAT ® and facilitate termination with the researcher

3. Distribute debriefing, SAIC, referral resources, and appreciation cards for

participation

In alignment with the goals above, the session proceeded as follows:

1. Assisted participants to settle down in the meeting room

2. Welcomed and introductions by checking and identifying the needs of participants.

3. Messages to the next generation

    a. Demonstrated and explain the purposes of messages to the next generation in

    elaborating expression

    b. Facilitated guided Focusing (See protocol in Appendix G) (Rappaport, 2009, pp.

    219, 222, 225)

    c. Chose an image that appealed to your messages to the next generation

  4. Shared your messages based on the chosen picture

    a. What have you learned from this experience?

    b. What did your felt sense say to you?

    c. How did it feel to choose an image to echo your anticipations?

    d. How does this image connect with your culture and experiences?

    e. What are your anticipations of the future?

5. Closing ritual

    a. The researcher invited participants to choose a material (i.e., pebbles, leaves,

    and flower petals) that they could hold in their hands.

    b. Expressed feelings, concerns, and thoughts over the eight-week FOAT ®

    sessions. Allowed time for questions and comments.

6. Completed SAIL (Appendix F)

7. Passed on debriefing (Appendix M), referral resources (Appendix N), and

   appreciation cards for participation

8. Invited participants to make post-session interviews and schedule time and place with

   the researcher (Appendix L)

9. Artwork was photographed and returned to participants

10. Assisted participants to leave the meeting room (i.e., move wheel chairs and walkers)

   if needed.

The quantitative measures encompassed the self-report inventory for the attitude and

involvement of spirituality. The qualitative measures involved clinical observation of the FOAT

® process and finished product. Materials included an image set (Appendix I).

Post-Session Interview

Semi-Structured Interviews with Seniors

Fifteen out of 30 participants were invited to attend individual post-session interviews

(Appendix L). Each interview lasted for 15 minutes. In meeting the needs of participants,

interviews took place in a private office of the senior's preference with the assistance of staff to

ensure their safety and confidentiality. Staff were asked to assist in the process of translation

under the agreement of participants. The interview proceeded as follows:

1. Assisted the senior to settle down in the office

2. Explained the purpose of interview in understanding the perspective and experience of

    spirituality. The confidentiality was reviewed prior to the interview.

3. Conducted the interview by engaging in the dialogue with full presence.

4. Expressed gratitude and acknowledged the importance of participants' support in this

   project.

Plan for eldercare workers

     This section describes one group meeting with eldercare workers.

Image of Spiritual Care

     This session was designed for eldercare workers to reflect their experiences of spiritual care through artmaking. Eldercare workers were invited to participate in one session of FOAT® and response art. Through images, eldercare workers were encouraged to explore their inner experience of spiritual care and increase their self-engagement and expression (Maty, 2017). Creating the image in a group can facilitate dialogues and interactive learning by understanding perspectives of other members, promote empathetic communication, positive dynamics, and community support (Maty, 2017). This session took place at 30th St. Senior Center on Tuesday, September 18, 2018, from 1 p.m. to 2:15 p.m. This session at Jade Center took place on Monday, August 27, from 8:30 a.m. to 9:45 a.m. The goals for this session included:

1. Create a safe space for self-reflection

2. Promote supportive milieu and positive dynamics in the group

3. Distribute consent forms, referral resources, and appreciation cards for participation

In alignment with the goals above, the session proceeded as follows:

1. Welcomed and introductions by checking and identifying the needs of participants.

2. Distributed an Informed Consent (Appendix D) by explaining the purpose, procedures, potential risks, and limits of confidentiality that associate with the current research project. Participants were given the opportunity to ask questions or make comments at that time.

3. Administered a consent form in which they provided their permission to present the

   photographs and artwork for the purpose of research and education. A Demographic

   Questionnaire (Appendix E) was administered to obtain information on participants'

   previous experience with art therapy and what interventions they received.

4. Introduced roles as supporters during the session

5. Facilitated image of spiritual care to explore participants' experiences

6. Discussed experience and stories of spiritual care

   a. What have you noticed from this experience?

   b. How does your image appeal to you?

   c. How did it feel like during the process?

7. Closed the session, with time for discussion, questions, and comments

8. Distributed the debriefing (Appendix M) and referral sheet (Appendix N) in anticipation

   of any emotional distress

9. Invited participants to make complete post-session interviews (Appendix L)

10. Artwork was photographed and returned to participants

Qualitative assessment included the process, finished product, and clinical

observation. Materials included 14 x 8.5" papers, oil pastels, markers, safety scissors, stickers,

and watercolor paint.

Post-Session Interview with OLL Workers (Staff & Volunteers)

All 10 participants were invited to attend individual post-session interviews (Appendix

L). Interviews took place in a private office, with each lasting for 15 minutes. The interview

proceeded as follows:

1. Explained the purpose of interview in understanding the perspective and experience of

spirituality. The confidentiality was reviewed prior to the interview.

2. Conducted the interview with full presence.

3. Expressed gratitude to participants and acknowledged the importance of their support in

this project.

Analysis of Data

Quantitative and qualitative data were gathered in this mixed research project by

examining the data from SAIL, semi-structured interviews, art images, and process notes to

understand the effect on participants. The information of the Demographic Questionnaire was

utilized to identify potential demographic variables that may have influenced the outcomes.

Potential variables include how long has the senior received services at OLL, particular ethnicity

group, gender, or whether the participant is a staff or volunteer at OLL. Participants'

information was not included in data analysis if pre-post assessments were not completed. As

mentioned earlier, the researcher predicted that the dropout rate of this research project would

about half.

Each participant was assessed based on his or her scores on the SAIL, recorded notes of

the clinical observation, and individual interviews. The researcher coded the answers of the

semi-structured interviews from the seniors and eldercare workers, as well as compared the

commonalities and differences among these two groups. A *t*-test was used to evaluate the

seniors' pre-post scores on the SAIL.

Quantitative Data

The scores of the pre-post SAIL were evaluated using a paired *t*-test

to identify if spiritual involvement and attitude significantly shifted as a result of the eight

consecutive group art therapy sessions. A cutoff value of .05 was chosen to determine if there is

a significant difference between two sets of data. In addition, since the paired t-test did not

reveal significant difference pre-post SAIL, univariate analyses was performed to evaluate each

variable that might influence the results.

Qualitative Data

Qualitative data involves semi-structured interviews, process notes, and image analysis

form as described below.

Semi-Structured Interview. A coding process occurred in conjunction with the summary of

ideas, concepts, and themes to conceptualize the data as a result of this process (Holton, 2007). The

researcher utilized NVIVO, which is one of the broadly used software to assist the coding process by

performing thematic analysis, word cloud, and word frequency query. The overall theme and

themes from the notes of the interviews were distilled. For the semi-structured interview, the

qualitative data were analyzed for common themes relating to concerns of aging life, FOAT ®,

spiritual connection, as well as experiences of being at the eldercare setting, if anything noticeable.

The researcher examined phrases and words that were used in describing participants' experience to

give voice while understanding their cultural contexts.

The researcher began with reviewing collected materials thoroughly to look into details and

thrive the engaging process. Interview notes and voice recordings were imported to and organized

with NVIVO and all the recordings were transcribed by the researcher through repeatedly listening.

The researcher carefully reviewed the notes and transcripts and categorized them into nodes.

Categorizing nodes aimed to gather related materials into one place, which helped the researcher to

look for emerging themes and ideas for further analysis (Nvivo 11, n.d.). Thematic analysis was

conducted to distill common themes from the nodes.

Thematic analysis included *mind map*, *word frequency*, and *text search query* that were commonly applied to distill themes through NVIVO. Each method was described below:

Mind Map. Mind map was used to brainstorm and visualize ideas at the beginning, structure nodes during the analysis, and present the results upon the completion of the analysis (Nvivo 11, n.d.). The researcher started mind map with key concepts that might associate with the current study, included concerns of aging life, FOAT ®, culturally attuned practice, spirituality and so forth. From each key concept, the researcher was able to prompt other ideas and branched off it to develop ideas either at the same level (sibling ideas) or go into deeper concepts (child ideas). Mind maps were reviewed through the analysis to structure and confirm the nodes, and to explore participants' responses to particular concept. At the later stage of the study, mind maps provided visual representation to demonstrate the findings of this study.

Word Frequency. Word frequency was performed as an initial coding method to help creating nodes and identifying themes upon the materials were carefully reviewed (Nvivo 11, n.d.) After the materials grouped into nodes, the researcher retrieved participants' responses in the nodes that associated with specific interview questions, and further highlighted texts that were intended to run the query. As the texts included English and Mandarin, the researcher set up the text content language before processing each query. The most occurring words were identified and added into nodes as needed.

Text Search Query. Followed by word frequency query, the researcher used text search query to identify references and contexts of the occurring words. The query was initiated by searching a word that the researcher intended to explore (Nvivo 11, n.d.). Summary, reference, and word tree were shown once the query was processed. Summary and reference allowed for the retrieval of the interview notes and transcripts that were categorized in the nodes, while the word

tree provided a systematic view of the occurring word and placed the references of participants'

interviews in one place.

   Process Note. The process note (Appendix K) was originally designed by the Art Therapy

PhD 2015 cohort based on the understanding of required information to support the

documentation process for the community project. The purpose was to document participants'

level of engagement and specific reactions that emerged from each session. The note includes

seven items to serve as standardized questions to code the answers into specific subject areas

(i.e., the strengths and weaknesses of the session). The note has subjective criteria with regard to

therapeutic alliance, such as boundaries, engagement, and safety, as well as subjective criteria

that are designed to recognize the emotional theme of overall process. The researcher complete

the process notes for the group at the end of each session for eight weeks to provide information

about the effectiveness of each specific session's focus and structure. The notes were reviewed

and rated by the research team to distill concurrent themes. Themes were added on with the

agreement of three raters of the research team.

   Image Analysis Form. For cultural consideration, the researcher collaborated with two

research assistants to work as a research team. Both researcher assistants are art therapists who

are originally from Taiwan and have experienced working with seniors. The purpose was to

recognize cultural expressions of seniors that art therapists from other cultural backgrounds may

not be easily achieved within the timeframe of group work to perform inter-rater validity.

   Interpreter Convergence. The researcher and two research assistants utilized the

interpretive method to find common elements and emerging emotions from participants' artwork.

This process, referred to as *interpreter convergence,* is one in which multiple researchers start

with individual coding then come to a group consensus to distill individual data to group

data. Utilizing this coding method enhanced the validity of data by reducing the impact of subjectivity of individual coder.

     Common Elements of Art. The artwork was evaluated with a framework of content, forms, styles, and colors (Kaplan, 2007; Fincher, 1991; Miller, 2007) using a form created by the research team (Appendix I). This form was originally designed by the researcher and two members of the Art Therapy PhD 2015 cohort based on common elements of art to examine the quality of individual mandalas throughout the community project. The researcher applied this form in this study to evaluate the instances when the similarities of artwork are recognized. This form was designed to encompassed common content (main themes and medium used), forms (common quality of lines, how much space was filled, and relationships of shapes), styles (realistic, abstract, or the combination of realistic and abstract; and other specific styles, such as balance, wording, and movements), and color (main color and common color used). The researcher examined the common elements of art to understand the shared experience of participants in exploring the spiritual dimension of their narratives in the process of aging.

     Evaluation of Valence-Arousal Affective State. The individual coding also included emotions that were emerged from viewing the artwork. Each research team member listed three affects for the last question of the image analysis. Upon the completion of the image analysis, the researcher created a table to summarize answers and shared with two assistants via email three days before the group coding. The coding process took place through an online meeting after the discussion of Russel's model to ensure the clarity of information in performing the valence-arousal analysis. Questions were also addressed during this time. The team reviewed the table of summary together on the shared screen and categorized the affects individually based on the circumplex chart (Appendix J). The final discussion was conducted to cross check the

answers of the team members to identify agreement and disagreement. Disagreements were

addressed through the review of the circumplex chart to recognize acceptable answers for all

members and confirm the outcome of coding. Upon the consensus, the team also included

miscellaneous comments for texts that were not fall under any valence-arousal affective states.

Chapter 4. Results

Chapter Introduction

This study used a mixed-methods approach to examine the degree to which art therapy assists Asian seniors in connecting with their spirituality. Twenty-eight Asian seniors participated in an 8-week group using Focusing-oriented art therapy (FOAT ®). In this chapter, the results of the quantitative and qualitative data are presented to highlight the focal points of this study in exploring the effects of the 8-week FOAT ® groups with participants at On Lok Lifeways (OLL).

Analysis of the interview transcripts, which were conducted to uncover codes and themes, is described in detail. The coding process included careful reviews of the data and thematic analysis using NVIVO (n.d.), which is a widely used qualitative data analysis program designed for researchers working on multimedia resources, where in-depth analysis on a wide range of information is required to connect ideas and develop insights. In addition, the artwork was reviewed by a group of three art therapists to sort out common elements, themes, and emotions that emerged from viewing art images. Tables and graphics included in this chapter are presented to demonstrate detail of the quantitative findings and qualitative findings.

Participant Demographics and Questionnaire Data

On Lok Group Session Participants

A total of 30 participants were expected to be recruited equally from Jade Center and 30th St. Senior Center. After the recruitment process, 28 participants were included in the study, with 14 participants from each. At Jade Center, 11 out of 14 participants attended all eight sessions and 13 completed the Demographic Questionnaire and the pre-post SAIL. At 30th St. Senior

Center, 10 out of 14 attended all eight sessions and eight completed the Demographic

Questionnaire and the pre-post SAIL.

Additionally, as part of the study design, 10 On Lok workers from both centers were

planned to be recruited, five from each center. In the end, there were six staff who expressed

their interest and attended to the group.

Demographic Overview for Seniors

Table 3 presents the demographic characteristics of the 21 participants who completed

the demographic survey and the pre and post-SAIL from both centers. Their ages ranged from

65-94 with a majority ($n = 15$) between 77.5 to 81.5 years old. Twelve (57.14 %) respondents

identified as female, five (23.81 %) identified as male, three did not give a response (14.29 %),

and one preferred not to answer (4.76 %). Of the 21 respondents who answered the question

related to country of origin, fourteen (66.67 %) reported China, two (9.52 %) Taiwan, one (4.76

%) Hong Kong, one (4.76 %) stated both China and Hong Kong, one (4.76 %) Vietnam, one

(4.76 %) Cambodia, an one (4.76 %) stated Pacific Island. Since country of origin is a culturally

sensitive question, the respondents could select both Hong Kong and China as their country of

origin or select Hong Kong only, similar to respondents from Taiwan.

Under the demographic question regarding time receiving care at On Lok, six (28.57 %)

reported between 3-6 years, five (23.81 %) stated over 6 years, three (14.29 %) reported 1-3

years, three (14.29 %) 6-9 months, two (9.52 %) participants did not respond, one (4.76 %)

stated 9-12 months, one (4.76 %) responded to two items, 1-3 months and 3-6 years. Six (28.57

%) participants reported their religion as Buddhism, six (28.57 %) stated they were atheist/

agnostic, three (14.29 %) Christian, three (14.29 %) preferred not to answer, two (9.52 %) made

no response, and one (4.76 %) Catholic,

Table 2 presents their responses regarding their comfort with therapy, familiarity with art therapy, and frequency to which they engage in art therapy. Scores are arranged on a 1-5 scale, with 1 being the least and 5 being the most for each item. Regarding their comfort level with art, the mean score for responses was "somewhat" (3 out of 5). The mean score for responses related to how frequently they make art was "almost never" (2 out of 5). In response to the question about familiarity with art therapy, the mean response was "not so familiar" (2 out of 5).

Table 3

Descriptive Statistics of Participants' Demographics (Seniors)

Variable	N	%
Age		
65-69	2	9.52
70-74	1	4.76
75-79	7	33.33
80-84	8	38.18
85-89	1	4.76
90-94	2	9.52
Gender		
Male	5	23.81
Female	12	57.14
Prefer Not to Answer	1	4.76
No Response	3	14.29
County of Origin		
China	14	66.67
Hong Kong	1	4.76
Pacific Islander	1	4.76
Taiwan	2	9.52
Vietnam	2	9.52
Cambodian	1	4.76
Other: Hong Kong/China	1	4.76
Years of Receiving Care		
6-9 Months	3	14.29
9-12 Months	1	4.76
1-3 Years	3	14.29
3-6 Years	6	28.57
6 Years+	5	23.81
Other: Month/3-6 Years	1	4.76
No Response	2	9.52
Religion		
Atheist/Agnostic	6	28.57
Buddhism	6	28.57
Catholic	1	4.76
Christian	3	14.29
Prefer Not to Answer	3	14.29
No Response	2	9.52

Table 4

Comfort and Familiarity With and Frequency of Artmaking (Seniors)

Comfortable with art	*N*	%
Not at all comfortable	5	23.81
Not so comfortable	1	4.87
Somewhat comfortable	11	52.38
Extremely comfortable	3	14.29
No response	1	4.76
Frequency of artmaking		
Never	10	47.62
Almost never	1	4.87
Sometimes	8	38.19
Everyday	1	4.87
No response	1	4.87
Familiarity with art therapy		
Not at all familiar	7	33.33
Not so familiar	4	19.05
Somewhat familiar	8	38.19
Extremely familiar	1	4.87
No Response	1	4.87

Demographic Overview for OLL Workers

A total 11 On Lok workers from both Jade and 30th St. centers completed the demographic information survey. Two (27.27 %) respondents identified as male, and nine (63.64 %) identified as female. Their ages ranged from the 25-70, with a median age of 45-50 years. Of the 11 respondents who answered the ethnicity question, eight (72.73 %) identified as Asian, two (18.18 %) identified as White/Caucasian, and one (9.18 %) Latino/Hispanic/Chicano.

Under the demographic question regarding position at On Lok, 10 (90.91 %) identified as staff and one (9.18 %) identified as a volunteer. Five (45.45 %) respondents reported that they had worked at On Lok for over 10 years, four (36.36 %) reported working there for 1-3 years, and two (18.18 %) for 3-5 years. Three (27.27 %) workers reported their religion as Buddhism, three (27.27 %) as Catholic, three (27.27 %) as Christian, and two (18.18 %) reported they preferred not to answer. Eleven participants responded to questions regarding art and art

therapy. Scores were arranged on a 1-5 point scale with 1 being the least and 5 being the most

for each item. Regarding their comfort level with art, the mean score for responses was "very

comfortable," which was 4 out of 5. The mean score for responses related to how frequently

they make art was "sometimes," to which they gave a 3 out of 5 score. In response to the

question about familiarity with art therapy, the mean response was "somewhat familiar," which

received a 3 out of 5 score. Since staff and volunteer were not targeted for pre and post

evaluation, there was no quantitative analysis involved in their data. The staff/volunteer

demographics (Table 5) will only be used as a reference point.

Table 5

Participants Demographics (Staff/Volunteer)

Variable	*n*	%
Age		
25-30	1	9.52
31-35	1	
36-40	1	
41-45	2	4.76
46-50	1	33.33
51-55	2	38.18
61-65	1	4.76
65+	1	9.52
No response	1	
Gender		
Male	5	23.81
Female	12	57.14
No Response	3	14.29
Ethnicity		
Asian	14	66.67
White/Caucasian	1	4.76
Latino/Hispanic/Chicano	1	4.76
Years of being involved in On Lok		
1-5 years	3	14.29
5-10 years	1	4.76
More than 10 years	3	14.29
Position	6	28.57
Staff	5	23.81
Volunteer	1	4.76
Religion		
Buddhism	6	28.57
Catholic	1	4.76
Christian	3	14.29
Prefer Not to Answer	3	14.29

Table 6

Comfort and Familiarity With and Frequency of Artmaking (Staff/Volunteer))

Comfortable with art	N	%
Not at all comfortable	2	18.18
Somewhat comfortable	2	18.18
Very comfortable	3	27.27
Extremely comfortable	4	36.36
Frequency of artmaking		
Almost never	6	54.55
Sometimes	4	36.36
Often	1	9.18
Familiarity with art therapy		
Not so familiar	4	36.36
Somewhat familiar	2	18.18
Very familiar	4	36.36
Extremely familiar	1	9.18

Quantitative Results: Hypothesis Testing

This section describes the results of the analysis of the quantitative data, indicating the pre- and post-SAIL results for 8-week FOAT ® participants. Twenty-five FOAT ® participants completed the pre SAIL only and 21 participants completed both the pre- and post-SAIL. The scores from those 21 participants were considered for analysis.

Research Question and Hypothesis

This section describes the analytic process that was used to examine the study's hypotheses. All inferential tests were conducted with $p < .05$ denoting significance. The research question this hypothesis was formulated to test was: Will elder participants who engage in eight 50-minute art therapy (FOAT ®) group sessions over 8 weeks experience an enhanced sense of spiritual connection as the result of the creative process? The null and alternative hypotheses are as follows:

H_0: Elder participants who engage in eight 50-minute art therapy (FOAT ®) group

sessions over 8 weeks will not experience an enhanced sense of spiritual connection as

the result of the creative process.

H_1: Elder participants who engage in eight 50-minute art therapy (FOAT ®) group

sessions over 8 weeks will experience an enhanced sense of spiritual connection as the

result of the creative process.

A *t* test was used to evaluate the differences between the pre- and post-SAIL scores, and

to determine the impact of the 8-week FOAT ® regarding spiritual connection. The researcher

also planned to perform a univariate analysis of variance if there were no significant differences

found between the pre- and post-SAIL scores. The purpose of performing a univariate analysis

would be to assess the influence of variables that may possibly contribute to the results apart

from the independent variable (Canova, Cortinovis, Ambrogi, 2017). This step was thought to

help the researcher to gain a comprehensive insight into the analytic outcome by assessing single

variables while considering possible adjustments.

Paired *t*-Test for Pre and Post-SAIL Scores

A paired *t*-test was performed to determine if there were significant differences between

the pre- and post-SAIL scores on completion of the 8-week FOAT ®. The paired *t*-test is

appropriate when comparing the scores of a sample that has been assessed with a measurement

variable before and after an intervention (Mangiafico, 2016). The 8-week FOAT ® was the

between sessions independent variable, and the experience of spiritual connection (measured by

pre/post SAIL) is the dependent variable.

In the paired *t*-test statistics box (Table 7), the number of participants in each test (*n*) was

21. When the means of the pre-SAIL scores (*M* = 100.88, *SD* = 15.34) were compared to the

post-SAIL scores (M = 100.26, SD = 17.46), there was no statistically significant difference

between them, $t(20)$ = .11, p = .91. The p (2-Tailed) value in the sample is .91, which is greater

than .05. (Table 8). This finding suggests that participants did not increase in spiritual

connection after the 8-week FOAT ® groups. Therefore, the null hypothesis, that elder

participants who engage in eight 50-minute art therapy (FOAT ®) group sessions over 8 weeks

will not experience an enhanced sense of spiritual connection as the result of the creative

process, is accepted.

Table 7

Results of Paired t Tests of the Effects of the 8-Week FOAT ® Intervention on SAIL Scores

Outcome measure	Before 8-week FOAT		After 8-week FOAT			95% CI for mean difference			
	M	*SD*	*M*	*SD*	*n*		*r*	*t*	*df*
SAIL	100.88	15.34	100.26	17.46	21	−11.16, 12.40	.24	.11	20

Note. Two-tailed paired *t* test.
$p < .05$

Univariate Analysis of Variance

The paired *t*-test did not reveal the significant differences between the pre- and post-test

SAIL scores. Therefore, a univariate analysis of variance was conducted to further examine

single variables that may have been influencing results. The researcher identified binary

variables and ordinal variable before performing the analysis. Binary variables refer to variables

where responses can be divided into two categories (Mangiafico, 2016), such as age (above or

below 80 year old), gender (male and female), years of care, and center (Jade Center and 30th St.

Senior Center). Ordinal variables are utilized to describe variables that can be placed in an order,

without differences between each of the variables and fixed start of "true zero" (Bhat, 2019).

Years of receiving care were characterized as ordinal variables, which encompass under 3 years,

3-6 years, and 6 years or more. The univariate analysis results regarding gender, age, center,

years of care are described below.

Participant's Gender in Relation to the Pre- and Post-SAIL Scores

A univariate analysis of variance was conducted to determine if there were significant

differences between males and females regarding pre- and post-SAIL scores to determine

potential influences of gender on results. This descriptive report only included participants ($n =$

17) who responded to the question regarding gender. Table 8 indicates that the mean of the pre-

SAIL scores for females ($M = 99.04$, $SD = 18.85$) was slightly lower than for the males ($M =$

99.80, $SD = 11.45$), yet females ($M = 101.58$, $SD = 20.91$) scored higher on the post-SAIL than

males ($M = 94.40$, $SD = 14.50$) after the 8-week FOAT ® group. Females also scored higher on

the post-SAIL than the pre-SAIL. Although the analysis did not yield significant results due to a

small number of participants, this suggested potential gender differences between males and

females regarding their responses to the FOAT ® sessions. The finding of the analysis of the

tests conducted to determine effects due to gender was not significant (Table 9), indicating male

and female had equal error variances on post-SAIL scores, $F(2, 2) = 2.34$, $p = .30$. Additionally,

the interaction effect between gender and the SAIL scores was not statistically significant, $F(2,$

$36) = .25$, $p = .78$.

Table 8

Descriptive Statistics of Gender on SAIL Scores

SAIL scores	Female vs. male	*M*	*SD*	*n*
Pre-SAIL Score				
	Female	99.04	18.85	12
	Male	99.80	11.45	5
	Total	100.881	15.34	17
Post-SAIL Score				
	Female	101.58	20.91	12
	Male	94.40	14.50	5
	Total	100.26	17.46	17
Total		105.69	6.34	
	Female	100.31	19.51	24
	Male	97.10	12.64	10
	Total	100.57	16.24	34

Note. Dependent variable: SAIL scores

Table 9

Tests of Between-Subjects Effects for Gender on SAIL Scores

Source		Type III Sum of Squares	*df*	Mean Square	*F*	*p*
Intercept	Hypothesis	344511.04	1	344511.04	1967.42	.00
	Error	458.40	2.62	175. 11		
Pre and post	Hypothesis	45.72	1	45.72	.52	.51
	Error	311.67	3.56	87. 52		
Gender	Hypothesis	331.67	2	165.76	2.34	.30
	Error	141.67	2	70.83		
PrePost*	Hypothesis	141.67	2	70.83	.25	.78
Gender	Error	10331.58	36	286. 99		

Note. Dependent variable: SAIL scores.

Participants' Age in Relation to the Pre- and Post-SAIL Scores

A univariate analysis of variance was conducted to determine if there were significant

differences between participants' ages in relation to the pre and post-SAIL scores. Table 10

indicates that the means of the pre-SAIL score for participants over the age of 80 ($M = 102.09$,

SD = 13.90) was slightly higher than under the age of 80 (*M* = 99.55, *SD* = 17.45). The means of

the post-SAIL scores increased for participants over the age of 80 (*M* = 104.96, *SD* = 17.85), yet

they decreased for participants under the age of 80 (*M* = 95.10, *SD* = 16.35). Although the

analysis did not yield significant results due to a small number of participants, the scores

increased for participants over the age of 80 suggested potential age differences regarding

participants' responses to FOAT ® sessions. Effects due to age (Table 11) were not significant,

indicating two age categories had equal error variances on posttest SAIL, *F*(1, 1) *F* (1, 38) = .52,

p = .48. = 2.87, *p* = .34.

Table 10

Descriptive Statistics of Age on the SAIL Scores

SAIL scores	Older vs. younger	*M*	*SD*	*N*
Pre-SAIL Score				
	80+	102.09	13.90	11
	Under 80	99.55	17.45	10
	Total	100.88	15.34	21
Post-SAIL Score				
	80+	104.96	17.85	11
	Under 80	95.10	16.35	10
	Total	100.26	17.46	21
Total				
	80+	103.52	15.68	22
	Under 80	97.33	16.61	20
	Total	100.57	16.24	42

Note. Dependent variable: SAIL scores

Table 11

Tests of Between-Subjects Effects for Age on the SAIL Scores

Source		Type III Sum of Squares	*Df*	Mean Square	*F*	*p*
Intercept	Hypothesis	422607.53	1	422607.53	1050.19	.02
	Error	402.41	1	402.		
Pre and post	Hypothesis	6.59	1	6.59	.05	.86
	Error	140.09	1	140.		
Age	Hypothesis	402.41	1	402.41	2.87	.34
	Error	140.09	1	140.		
Pre and post*age	Hypothesis	140.09	1	140.09	.52	.48
	Error	10262.26	38	270.		

Note. Dependent variable: SAIL scores.

Jade and 30th Street Senior Centers in Relation to the Pre and Post-SAIL Scores

A univariate analysis of variance was conducted to determine if there were

significant differences between Jade and 30th St. centers in relation to the pre- and post-SAIL

scores. Table 12 indicates that the means of the pre-SAIL scores for participants at Jade center

($M = 95.88$, $SD = 15.48$) were lower than participants at 30th St. center ($M = 103.96$, $SD =$

15.01). The means of the post-SAIL scores increased for participants at Jade center ($M = 98.00$,

$SD = 27.55$), yet they decreased for participants at 30th St. center ($M = 101.65$, $SD = 7.75$).

Although the analysis did not yield significant results due to a small number of participants, the

scores increased in Jade center suggested potential differences between two centers regarding

participants' responses to FOAT ® sessions. The tests of between effects due to center (Table

13) was not significant, indicating two centers had equal error variances on posttest SAIL, F

$(1,1) = 7.01$, $p = .23$. In addition, the interaction effect between centers and the SAIL scores was

Table 12

Descriptive Statistics for Jade and 30th Street Centers on the SAIL Scores

SAIL scores	Jade vs. 30th St.	M	SD	n
Pre-SAIL Score				
	Jade	95.88	15.48	8
	30th St.	103.96	15.01	13
	Total	100.88	15.34	21
Post-SAIL Score		98.00	27.55	8
	Jade	101.65	7.75	13
	30th St.	100.26	17.46	21
	Total	103.52	21.61	16
Total		97.33	11.77	26
	Jade	100.57	16.24	42
	30th St.	95.88	15.48	8
	Total	103.96	15.01	13

Note. Dependent variable: SAIL scores
not significant.

Table 13

Tests of Between-Subjects Effects for Jade and 30th ST. Centers on the SAIL Scores

Source		Type III Sum of Squares	Df	Mean Square	F	p
Intercept	Hypothesis	395181.60	1	395181.60	1157.84	.02
	Error	341.31	1	341.		
Pre and post	Hypothesis	.08	1	.08	.00	.97
	Error	48.65	1	48.		
Center	Hypothesis	341.31	1	341.31	7.01	.23
	Error	48.65	1	48.		
Pre and post*center	Hypothesis	48.65	1	48.65	.18	.68
	Error	10414.80	38	274.		

Note. Dependent variable: SAIL scores.

Years of Care in Relation to the Pre and Post-SAIL Scores

A univariate analysis of variance was performed to determine whether there were significant differences between participants' years of care in relation to the pre- and post-SAIL scores. Participants ($n = 2$) who did not respond to the question of years of care were not included in the analysis. Table 14 indicates that the means of the pre-SAIL scores for participants who had received 3-6 years of care ($M = 95.88$, $SD = 15.48$) were higher than those who received less than 3 years of care ($M = 92.50$, $SD = 12.74$), as well as those with more than 6 years of care ($M = 99.40$, $SD = 16.89$). The means of the post-SAIL scores increased for participants with under 6 years of care ($M = 94.72$, $SD = 12.74$), yet they decreased for those with 3-6 years of care ($M = 103.57$, $SD = 5.09$) and those with more than 6 years of care ($M = 94.90$, $SD = 29.53$). Although the analysis did not yield significant results due to a small number of participants, this suggested potential differences between those who had received different years of care regarding participants' responses to FOAT® sessions. The tests of between effects on years of care (Table 14) were not significant, indicating three categories of years of care had

equal error variances on posttest SAIL, $F(3, 3) = 1.47$, $p = .38$. In addition, the interaction effect between years of care and the SAIL scores was not significant.

Table 14

Descriptive Statistics for Years of Care on the SAIL Scores

SAIL scores	Years of care	*M*	*SD*	*n*
Pre-SAIL				
	Under 3 years	92.50	12.74	7
	3-6 years	112.71	5.09	7
	6+ years	99.40	29.59	5
	Total	100.88	17.46	21
Post-SAIL				
	Under 3 years	94.71	10.18	7
	3-6 years	103.57	5.09	7
	6+ years	94.90	29.59	5
	Total	100.26	17.46	21
Total		107.00	25.86	4
	Under 3 years	93.61	11.14	14
	3-6 years	108.14	7.50	14
	6+ years	97.15	22.84	10
	Total	100.57	16.24	42

Note. Dependent variable: SAIL scores

Table 15

Tests of Between-Subjects Effects for Years of Care on the SAIL Scores

Source		Type III Sum of Squares	*Df*	Mean Square	*F*	*p*
Intercept	Hypothesis	334285.122	1	334285.12	640.89	.00
	Error	1856.245	3.56	251.59		
Pre and post	Hypothesis	156.615	1	156.62	.426	.55
	Error	1411.613	3.84	367.82		
Center	Hypothesis	1763.957	3	587.99	1.47	.38
	Error	1197.333	3	399.11		
Pre and post*center	Hypothesis	1197.333	3	399.11	1.73	.18
	Error	7843.471	34	230.69		

Note. Dependent variable: SAIL scores.

Subscales Data for On Lok Participants

Table 16 shows the comparison of the pre- and post-SAIL subscale scores for On Lok participants. Within the SAIL (Table 16), the *meaningfulness* and the *connectedness with nature* subscales showed a decrease in the mean and median scores. The mean for the *trust* subscale showed a slight increase but no change in the median, and the *acceptance* subscales showed a slight decrease in the mean score but no change in the median. The *caring for others, transcendent experiences, and spiritual activities* subscales showed an increase in the mean and median scores. The small numbers of participant did not show statistical significance, yet an increase and decrease across the seven subscales were observed. A positive impact was shown on the *caring for others, transcendent experiences*, and *spiritual activities* subscales, which are essential areas of FOAT ® in fostering spirituality.

Table 16

SAIL Subscale Scores for FOAT ® Participants

SAIL Subscales	*Mean*		*Median*	
	Pretest	Posttest	Pretest	Posttest
Meaningfulness	4.46	3.99	4.67	4.3
Trust	4.07	4.09	4	4
Acceptance	3.7	3.6	3.75	3.75
Caring for others	4.01	4.37	4	4.25
Connectedness with nature	4.93	3.79	5	3.5
Transcendent experience	3.27	3.71	3.4	4
Spiritual activities	3.28	3.71	3.5	3.75

Summary of the quantitative data analysis

In conclusion, the quantitative data did not indicate an increase in participants' sense of spiritual connection after the 8-week FOAT ® groups. However, it is important to note that, with a small sample of 21 participants, the results are less likely to be generalized due to the

inability to detect statistical significance. In spite of the univariate analysis failed to reveal strong interaction effects between the pre- and post-SAIL scores and demographic variables (i.e., gender, age, center, and years of care), possible differences between binary variables, such as female versus male, should still be considered to examine participants' responses to FOAT ®. Participants who were identified as female, who were older than 80, who had received under 3 years of care, and those at Jade center showed a modest increase in the post-SAIL scores. Additionally, seven SAIL subscales that revealed a mixture of increased and or decreased mean and median scores could also generate further discussion. In order to obtain additional information, qualitative data were collected to provide insights into the quantitative findings. The next section will report the results of the analysis of the qualitative data to further evaluate potential effects of FOAT ® on spiritual connection in seniors.

Exploratory Questions: Qualitative Data Analysis

This section presents the results of the analysis of the qualitative data, including artwork evaluation, process notes, and the transcripts from the semi-structured interviews after the 8-week FOAT ® sessions with participants. The semi-structured interviews were utilized to provide additional insights into the findings regarding the qualitative data of the study. Thematic coding using NVIVO was chosen to investigate three exploratory questions. Three exploratory questions were assessed in this study:

1. In what ways does the FOAT ® potentially bolster a sense of spiritual connection, and as a result, enhance the wellbeing of individual participants?

2. What are the specific changes that occur after an 8-week art therapy intervention?

3. What insights do OLL workers provide into the commonalities and differences between the workers and the seniors on the topic of spiritual care after workers who

engaged in one session reflect on their perspectives and experience of the needs of

seniors with respect to spiritual care?

Theme-Directive FOAT ®

This session describes the results of the image analysis and process notes that were

examined by the research team that consisted of the researcher and two art therapists in Taiwan.

In the descriptive outcomes, the supporter(s) refers to On Lok staff/volunteers who helped to set

up the FOAT ® groups, provided translation service, assisted individual participants, and offered

feedback after each session. Supporters helped either at Jade center or 30th St. center based on

the site at which they worked. As a reflection to each process note, the researcher also included

a memo to provide additional information that might be helpful in deepening the understanding

of the overall experience. These memos were not created for analytic purposes, and therefore,

they were only used to provide insights along with the qualitative data.

Session One: Coffee Filter Leaves

Image Analysis. In Session One at Jade center, the overall emotions that emerged in the

image analysis were a mixed range between high valence-high arousal and high valence-low

arousal (Lim, 2016; Barrett, 2006). High valence-high arousal states included cheerful and

vivid. High valence-low arousal states included contemplation and fulfilled. Miscellaneous

comments that were not identified as an affective state included "diversified." At 30th St. center,

the overall emotions that emerged were in the range of high valence-high arousal and high

valence-low arousal states, high valence-high arousal state included cheerful, and high valence-

low arousal states included contemplation, peaceful, and natural. Miscellaneous comments

included "full of color."

Process Notes. From the process note of the first session at Jade center, the objective

themes for the researcher included clarity and simplicity of the consent process, individual

attention, and the researcher's flexibility in adjusting time and setting to meet participants'

needs. The subjective themes that emerged from the first session encompassed building rapport,

creating a safe environment, as well as facilitating group conversations. The group assistant

reported that participants were engaged in the art as they appeared to be focused and remained so

for the entire session. Overall, participants' responded positively to the first session. Their

affect was happy, joyful, and they appeared to be interested in the warm-up activity as observed

by the researcher.

In the memo, the researcher noted the odd feeling of role shifting from a visitor to a

group facilitator at On Lok. Multiple roles (i.e., researcher, facilitator) were identified at the

beginning in a conscious process to consider the influence of researcher's presence along with

the dynamics between the researcher and participants. The researcher noted the collaborative

learning that was occurring through open-minded engagement.

At 30th St. center, the objective themes of the first session included facilitating dialogues,

building rapport, and exploring the possibilities of art and colors. The main language of this

group was Cantonese. Because the researcher only spoke Mandarin, the need for translation may

have affected the group dynamics and possibly participants' ability to fully engage in the

process. The group assistant reported the need to simplify the consent process to avoid

confusion and allow more time for participants to get accustomed to the guided Focusing.

Participants expressed joyful feelings that emerged from their past experience with nature

through art. One participant stated "leaves are beautiful as they change colors throughout four

seasons. Autumn leaves are as beautiful as spring leaves." In the memo, the researcher noted

the powerful metaphor that "autumn leaves are as beautiful as spring leaves." This statement

appeared to resonate with Jung (1933) and Erikson's (1950) ideas on positive aspects of

adulthood as individuals go through life stages and developmental tasks.

Session Two: Name Drawing

     Image Analysis. In Session Two at Jade center, the overall emotions that emerged from

the image analysis were in the mixed range between high valence-high arousal and high valence-

low arousal (Lim, 2016; Barrett, 2006). High valence-high arousal states encompassed the affect

states of delighted, joy, and powerful. High valence-low arousal states included feeling balanced

and harmonious. Miscellaneous comments included "colorful." At 30th St. center, the overall

emotions that emerged were in the low valence-low arousal states including dry, empty, dusky,

and alone. Miscellaneous comment included "story-telling."

     Process Notes. From the process note, the objective theme for the researcher in the

second session consisted of the researcher's flexibility in adjusting tools and time to meet

individual's needs and to properly address participants' concerns about artistic skills.

Cohesiveness, trust, and the sharing of experience and stories by the participants were common

themes of this session. Participants responded positively to the name drawing activity, which

appeared to strongly facilitate cultural expressions. Collective engagement was observed when

supporter and staff also shared the meanings of their names during and after the session. In an

analysis of common themes of the session, making special, ownership, cultural identity, and

engagement were highlighted.

     In the memo, the researcher reflected that participants' efforts to use colorful alphabet

stickers to represent personal traits were associated with the idea of "making special" (p.54),

which was derived from Dissanayake's (1995) insights into the evolutionary origin of the arts.

In addition, the ownership and identity aspects are related to one's context and experience from

owning one's name, and how his or her own identity has been shaped by this name. The

engagement aspect is the facilitation of personal reflection and meaningful conversations among

participants. The researcher also noted the differences between writing names in English and

Chinese. While Chinese names are often comprised of three or two characters with each

containing specific meaning, writing names in Chinese may offer a different emotional

experience from writing in English. These aspects were considered to resonate with the goal of

implementing a culturally attuned study.

The objective themes for the researcher at 30th St. center included simplifying the

instruction for the guided Focusing, the implementation of tools, and making adjustments to

provide proper instruction. Patience and sharing of experience were common themes of the

group. The need for individual assistance when guiding participants through the theme-directive

FOAT ® was reported by the researcher and supporters/staff. The researcher observed

participants' tendency to use colors to represent personal qualities. One participant stated that

every name has its own color, and dark grey is how she perceived her own name, which is

colorless, and which she said was similar to her personality. Another participant expressed her

unhappiness regarding changing her family name when she was married. In the memo, the

researcher noted cultural expectations for woman, new role as a mom and wife after marriage,

and the right of women to keep their family names. The engagement in art seemed to slowly

open up participants' expressions, even when they had difficulty doing so at the beginning.

Session Three: Peaceful Place

Image Analysis. In Session Three at Jade center, the overall emotions that emerged in the

image analysis were in the range of high valence-high arousal, low valence-high arousal, and low

valence-low arousal (Lim, 2016; Barrett, 2006). High valence-high arousal states included

lighthearted, joyful, cute, and interesting. Low valence-high arousal states included

defensiveness. Low valence-low arousal states included stiffness. At 30th St. center, the overall

emotions that emerged were in the mixed range of high valence-high arousal, high valence-low

arousal, and low valence-high arousal. High valence-high arousal states included vibrant and

vivid. High valence-low arousal included simple and easy. Low valence-high arousal states

included nervous and stressful.

  Process Notes. In the process notes, the objective themes for the researcher at Jade

center consisted of flexibility in providing individual assistance and the need for more time for

private dialogue and to answer questions within the session. Participants appeared to be

concentrating during the guided Focusing and art making. Supporters reported positive

responses from the participants. One participant expressed a joyful feeling in sharing her

experience with the researcher; the other participant expressed her anticipation in coming to the

FOAT ® session. In the memo, the researcher reflected on observations that might be associated

with cultural aspects. Several participants constantly asked for permission before they acted

(i.e., "Should I glue pictures on the paper?" "Should I write my name"?). Their tendency to

choose restrictive materials was also observed (i.e., stickers, collage). In addition, the

interactions among participants appeared to affect personal choice regarding which materials

they used. As participants openly expressed their nervousness in the morning due to daily

routines before they came to On Lok, the researcher could easily connect the mind-body aspect

to the need for self-connection and avenues (i.e., breathing techniques) to calming the mind.

  The objective themes for the researcher at 30th St. center included the need for assistance

in translation, implementation of tools, and to make necessary adjustments to provide proper

instruction. The need for translation influenced group dynamics and possibly participants'

ability to fully engage in the process. Due to a clog in the toilet in the other room, staff

accompanied seniors back and forth to use the bathroom at the Aloha room, which also affected

participants' level of concentration. The researcher identified the need for simplifying the

instructions and allotting more time to slowly shift from the guided Focusing to the art.

In the memo, the researcher noted the language barrier and participants' intention to

communicate through smiles and body languages. One participant approached the researcher

after the group to thank her by touching her forehead. Participants' art also provided a means for

communication. The researcher noticed the shift of her focus from participants' challenges to

their strengths and efforts.

Session Four: Mindful Breathing.

Image Analysis. In Session Four at Jade center, the overall emotions that emerged in the

image analysis were in the mixed range between high valence-low arousal and low valence-low

arousal (Lim, 2016; Barrett, 2006). High valence-low arousal state included hopeful. Low

valence-low arousal states included rigid and careful. Miscellaneous comments included

"bountiful life" and "light above" (life forward action). At 30th St. center, the overall emotions

that emerged were in the high valence-high arousal range. High valence-high arousal states

included playful, pleasant, interesting, expressive, and colorful.

Process Notes. The objective themes from the researcher at Jade center encompassed the

need for more time to address questions, smoother group process with proper levels of individual

engagement, and embracing interests and talents. Frustration and a lack of feeling settled were

observed during the session. The researcher identified the influence of internal stressors on

participants' level of engagement. One participant expressed her hesitation to rejoin the group

after her medical appointment. The researcher noticed the need to address individual questions while smoothing out the pace and time. In the memo, the researcher identified daily duties, time restrictions, and lack of guidance as main concerns that emerged from the group discussion about the continuation of breathing exercises.

The objective themes that emerged from the researcher at 30th St. center were the need to simplify the instruction and the implementation of art materials, as well as the need to identify cultural expressions. Participants appeared delighted to share, talk, and influence each other on choosing art materials. Positive reinforcement, containment, and connection were common themes. The use of metaphor and symbolic expressions (i.e., poems and slangs) was typically observed. In the memo, the researcher noted the use of slangs and poems was the most reported expressions to convey ethical values regarding interpersonal relationships. Participants articulated positive mood and messages (i.e., "I am happy;" "We are family at On Lok") and hardly mentioned other feelings (i.e., sadness, sorrow, struggles), nor did they show a range of feelings. The researcher noted the tendency to reveal positive feelings to maintain harmonious milieu and avoid voicing negativity in cultural expressions.

Session Five: Source of Strength

Image Analysis. In Session Five at Jade center, participants' overall emotions that emerged in the image analysis were in the high valence-high arousal, high valence-low arousal, and low valence-low arousal range (Lim, 2016; Barrett, 2006). High valence-high arousal states included lively and happy with sunshine. High valence-low arousal state included serene. Low valence-low arousal states included detailed and careful. At 30th St. center, the overall emotions that emerged were in the high valence-high arousal, high valence-low arousal, and low valence-

low arousal. High valence-high arousal states included lively. High valence-low arousal states included harmonious, peaceful and grateful. Low valence-low arousal states included careful.

Process Notes. The objective themes for the researcher at Jade center encompassed acknowledgement of concerns, individual dialogues, recognition of cultural expressions. As participants expressed concerns of competence to create their images, uncertainty and hesitation emerged. The researcher noticed the tendency to ask permission among several participants before they chose art materials. In addition, the supporter noticed the need for reducing the number of art materials to alleviate frustration. Overall, participants appeared to be concentrated on the guided Focusing and the art directive. One participant mentioned the intention to simplify the art image as a way to embrace the beauty of simplicity. In the memo, the dynamics between participants and the researcher were highlighted. As participants expressed their roles and daily duties, the researcher indicated the generation gap in sharing experience. For example, several participants notified the challenge of caring for and interacting with their grandchildren due to habit and language. This family dynamic appeared to be an underlying aspect that is commonly associated with immigrant families (Xu, Chi, & Wu, 2018), and yet this concern was unidentified by the researcher as the beginning.

From the process note of the fifth session, participants appeared to be unsettled during the guided Focusing. The objective themes for the researcher at 30th St. center were fluidity of agenda, assisted support to ensure the accuracy of translation, and the need for the simplicity of information and instruction. Love, heart, and compassion emerged from the group discussion. As participants slowly engaged in the process, supporters reported the need for more transitional time between activities. In the memo, the researcher observed that participants tended to use puns to communicate ethical values and beliefs while engaged in artmaking.

Session Six: Focusing on Nature

   Image Analysis. In Session Six at Jade center, the overall emotions that emerged in the image analysis were in the range between high valence-low arousal and low valence-low arousal (Lim, 2016; Barrett, 2006). High valence-low arousal states included centered, blessed, and alive. Low valence-low arousal state included detailed. At 30th St. center, the overall emotions that emerged were in the high valence-low arousal and low valence-low arousal range. High valence-low arousal states included still, settled, peaceful, and balanced. Low valence-low arousal state included less energy.

   Process Notes. The objective theme for the researcher at Jade center focused on communicating resources in the continuation of guided Focusing while addressing concerns and questions about termination. Participants expressed appreciation for the simplicity of daily routines and the beauty of the little things in life. The enjoyment of nature and the connection with childhood experience and memories were common themes. Positive dynamics and care for each other were observed throughout the process. In the memo, the need for remembrance as part of termination was highlighted as participants conveyed the hope that the researcher will remember them through the art. Mixed feelings of sadness and satisfaction emerged.

   The objective themes for the researcher at 30th St. center included flexibility of the researcher to ensure the instruction was properly translated and to address boundaries while looking for assistance from supporters. The researcher noted the need for utilizing experiences and stories to engage in conversations and communicate concepts. Participants appeared to be comfortable engaging in the process; trust, care, and compassion were common themes. In the memo, the use of slang and poems was identified as a way for participants to communicate values and beliefs.

Session Seven: Group Mandala

Image Analysis. In Session Seven at Jade center, overall emotions that emerged in the image analysis were in the mixed range between high valence-high arousal and high valence-low arousal (Lim, 2016; Barrett, 2006). High valence-high arousal states included colorful and bountiful. High valence-low arousal states included engaged and togetherness. At 30th St. center, the overall emotions that emerged were in the range of low valence-high arousal and low valence-low arousal. Low valence-high arousal states included feeling of annoyance. Low valence-low arousal states included plain and fragmented. Miscellaneous comments included repeating and diversified feelings and thoughts.

Process Notes. The objective themes for the researcher at Jade center encompassed the need for flexibility in responding to schedule changes of participants and the communication of boundaries about the pace and timeframe of the session. Togetherness, congruence, curiosity, and appreciation emerged as participants shared their stories and inspiration for mandala images. The researcher noted the curiosity of participants in putting the mandala pieces together and the idea of wholeness through action and incorporation. In an analysis of cultural expression in the session, connection, compassion, sense of family, and rapport were commonly reported during the mandala making as the meaning of "circle" in Asian culture was discussed.

The objective themes for the researcher at 30th St. center focused on coherence of the milieu, consistency regarding the quality of translation, and time distribution regarding transitions between activities. Individual assistance was needed during the guided Focusing, as several participants had difficulty hearing. Activities of supporters and staff in the room appeared to influence the group dynamics as participants' attention shifted. Disquiet and uncertainty were observed during the process. Additionally, the researcher discussed the need

for clarity and art samples to simplify the instruction and help the level of engagement. In the

memo, the mid-autumn festival was identified as a shared topic to express the wish of

togetherness and celebration.

Session Eight: Messages to Pass On.

      Image Analysis. In Session Eight at Jade center, the overall emotions that emerged in

the image analysis fell within the high valence-low arousal range (Lim, 2016; Barrett, 2006).

High valence-low arousal states included pacific, silent, and calm. At 30th St. center, the overall

emotions that emerged were in the high valence-low arousal range. High valence-low arousal

states included unified, centered, alive, and peaceful. Miscellaneous comments included "life

with good memories" and "to live."

      Process Notes. The objective theme for the researcher at Jade center focused on

expressing gratitude and addressing questions and concerns upon the termination of the group.

Participants expressed calmness and serenity after the guided Focusing. Appreciation, warmth,

and care for each other were common themes. The researcher identified the need for more time

on transitions, as participants were occupied with forms and debriefing in the final session.

Participants expressed anticipation in continuing guided Focusing to soothe the mind and help to

reduce stress from daily routines. In the memo, the researcher extended some observations

during the final discussion and stated that outdoor scenes and pictures in motion were commonly

chosen to express concerns of immobility and the wish to go out: "I used to be able to . . ." and "I

was able to . . ." were used often to express capacity, experience, and memories of the past.

      The objective theme for the researcher at 30th center encompassed the contentment and

flexibility to address bafflement and the communication of boundaries regarding the timeframe

of the session. Participants conveyed that art therapy helped to promote wellbeing and build

connection within the group. The supporter reported participants' challenge in filling out the

post SAIL and the need to simplify the explanation of questions. Engagement, sense of family,

and calmness were common themes. In the memo, the researcher reported peaceful feelings,

passion, and motivation upon the completion of the final session.

One Session with On Lok Staff/Volunteers

Experience of Spiritual Care. In the staff/volunteer session at Jade center, the overall

emotions that emerged in the image analysis were in the range between states of high valence-

high arousal, high valence-low arousal, and low valence-low arousal (Lim, 2016; Barrette,

2006). High valence-high arousal states included finding meaning and being inspired. High

valence-low arousal states included feeling contemplative and peaceful. Low valence-low

arousal states included feeling exhausted and tired. In the staff/ volunteer session at 30th St.

center, the overall emotions that emerged fell within the high valence-high arousal range. High

valence-high arousal states included feeling cheerful, bright, blissful, and love.

Process Notes. In the staff/volunteer session, the objective themes of the researcher at

Jade center focused on fostering awareness and insights about balanced and unbalanced spiritual

care. The staff conveyed the ways in which the program engaged their own spirituality with

feeling of connections to the integrity and the care for seniors. Image making appeared to be

effective in reinforcing dialogues and containing the milieu. Positive reinforcement was

observed during discussions. Staff conveyed how they embraced the idea of art expression in

communicating ideas with colleagues. Compassion, empathic learning, and growth emerged. In

the memo, the dilemma between busyness and spiritual practice was noted. The need to "feed

our souls" is less noticeable and less satisfied compared with other needs, such as to eat and

drink. The marginalization of spirituality is echoed with the need for spiritual care in the medical

system.

The objective themes for the researcher at 30th St. center at the staff/volunteer session

included the communication of needs in spiritual care and grounding the practice to deepen the

experience. Staff appeared to be engaged and concentrated during the process; two staff

conveyed the need for more of this type of activity. Several staff discussed emotional

disturbances due to the existential issues (i.e., the fear of death and dying, the process of fading

away from the world) of seniors, along with personal growth through companionship, love, and

humility. In addition, the researcher noted cultural dynamics and the level of expression among

staff. As staff discussed personal experiences and backgrounds in relations to spiritual care, the

importance of culture, religion, and personal philosophy was highlighted. In the memo, the

researcher noted the importance of legacies as remaining evidence of existence and the concern

of remembrance as core aspects to spiritual care for seniors.

Summary of Process Notes and Valence Arousal States of Image Analysis

Table 17 summaries the themes that emerged from the process notes and valence arousal

state analysis. In the process notes, a range of themes was noticed from both Jade and 30th St.

centers. Positive themes included *cohesiveness*, *trust*, and *anticipation*; challenging themes

included *unsettled*, *frustration*, and *hesitation*; as well as neural themes, encompassed *group*

conversation, *group dynamics*, and *cultural aspects*. The valence arousal analysis indicated that

the most commonly shared affective state between both centers was high valence-low arousal,

followed by high valence-high arousal, low valence-low arousal, and low valence-high arousal.

Table 17

Themes Emerged from the Process Notes and Valence Arousal State Analysis

| | Jade St. Center | | 30th St. Center | |
| | Participants | | Participants | |
Themes	Process Notes	Valence Arousal (VA)	Process Notes	Valence Arousal (VA)
Week 1	Building rapport Creating a safe milieu Group conversation	HV-HA Cheerful Vivid HV-LA Contemplation Fulfilled	Facilitating dialogue Creating a safe milieu Exploring possibilities of art & colors	HV-HA Cheerful HV-LA Contemplation Peaceful Natural
Week 2	Cohesiveness Trust Sharing experience & stories	HV-HA Delighted Joy Powerful HV-LA Balanced Harmonious	Patience Sharing experience	LV-LA Dry Empty Dusky Alone
Week 3	Concentrating Anticipation Cultural aspects	HV-HA Lighthearted Joyful Cute Interesting LV-HA Defensiveness LV-LA Stiffness	Communication Group dynamics	HV-HA Vibrant Vivid HV-LA Simple Easy LV-HA Nervous Stressful
Week 4	Frustration Feeling unsettled	HV-LA Hopeful LV-LA Rigid Careful	Positive Reinforcement Containment Connection	HV-HA Playful Pleasant Interesting Expressive Colorful
Week 5	Uncertainty Hesitation	HV-HA Lively Happy with sun HV-LA Serene LV-LA Detailed Careful	Love Heart Compassion	HV-HA Lively HV-LA Harmonious Peaceful Grateful LV-HA Careful

Week 6	Enjoyment of nature Connection with childhood experience and memories	HV-LA
		  Centered
		  Blessed
		  Alive
		LV-LA
		   Detailed
			Trust
			Care
			Compassion
				HV-LA
				  Still
				  Settled
				  Peaceful
				  Balanced.
				LV-LA
				   Less energy.

Week 7	Togetherness
	Congruence
	Curiosity
	Appreciation
		HV-HA
		  Colorful
		  Bountiful
		HV-LA
		  Engaged
		  Togetherness
			Disquiet
			Uncertainty
				LV-HA
				  Annoyance
				LV-LA
				   Plain
				   Fragmented

Week 8	Appreciation
	Warmth
	Care for each other
		HV-LA
		  Pacific
		  Silent
		  Calm
			Engagement,
			Sense of family
			Calmness
				HV-LA
				  Unified
				  Centered
				  Alive
				  Peaceful

Staff/ Volunteer Session	Compassion
	Empathic learning
	Growth
		HV-HA
		  Finding meaning
		  Being inspired
		HV-LA
		  Contemplative
		  Peaceful
		LV-LA
		  Exhausted
		  Tired
			Personal growth through companionship, love, and humility	HV-HA
				  Cheerful
				  Bright
				  Blissful
				  Love

Note. HV: high valence, LV: low valence, HA: high arousal, LA: low arousal

Examples of Participants' Artwork and Quotes

The researcher identified the richness and expression of the artwork in revealing the inner experience of participants. The value of these images goes beyond the contribution of the qualitative data in this study, but the uniqueness of the artistic languages in creating the channel for communication. This acknowledgement recognizes the preciousness of time and space to share the joy with participants and witness their creativity to unfold their own stories. Table 18 shows examples of participants' artwork and quotes from the theme-directive FOAT ®.

Table 18

Examples of Participants' (Sseniors & OLL workers) Artwork and quotes for the Eight-Week FOAT ®

Week One: Coffee Filter Leaves	
	"This activity reminds me of my trip to Xianshan in Beijing, it's unforgettable to see all the beautiful trees and leaves with different colors."
	"A falling leave reveals spring comes after winter."
Session Two: Name Drawing and Collage	
	"I like crefting, artmaking, and be with people. I also find peace in nature."
	"Every name has its own color, and dark grey is how I perceived my name, which is colorless and is similar to my personality."
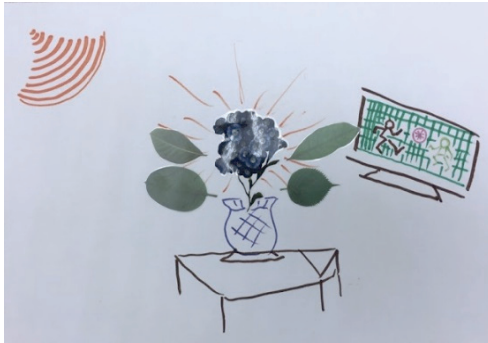
| **Session Three: Peaceful Place**	
	"I find peace from feeling the warmth of the sun in the morning, and looking at the beautiful flower on the table. It was kinda nervous to watch the World Cup because I don't know which team will win."
	"The mahjong table makes me happy, feels like celebrating birthday."
Session Four: Mindful Breathing	
	"I like to enjoy good food and share my happiness with people and friends."
	"I had this image in my head when I did the guided Focusing. There were people on the boat in a river."
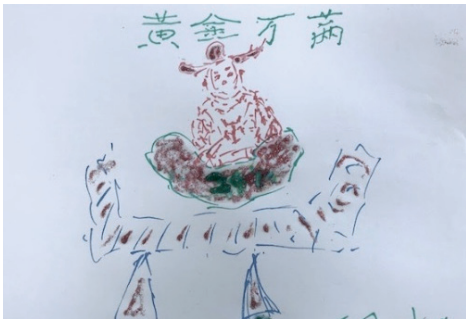
Session Five: Source of Strength	
	"My source of strength is the God of Wealth, money allows me to do lots of things."
	"There is a big heart to light up people's lives. Families inside the houses are deeply attached to and cared for each other."
Session Six: Focusing On Nature	
	"Sun shinning in the blue sky with white clouds, the breeze is gentle and sun is bright. The willow leaves dancing in the wind."
	"There are flower in the garden, hot balloons in the sky."

Session Seven: Group Mandala	
	"These pieces look like pizzas!" "This activity reminds me that On Lok is a big family."
	"It's fun to put all the pieces together."
Session Eight: Messages to Pass On	
	"It's interesting that the child is reading a book to the elephant and the elephant is kneeing down. There's a connection between humans and animals."
	"Stay active as a senior. Reading helps to keep my brain active and tai chi helps to promote physical well-being."

Staff/Volunteer Session: Experience of Spiritual Care	
	"There are two pairs of sandals, one is us (care providers), one is seniors. We are carrying them to face the unknown, the ocean represents the unknown. There may be fear, maybe something we don't know."
	"There's light around the Buddha, the light luminates his robe. The cave is a protected and sacred space to find the inner peace."

Semi-Structured Interviews

At the 30th St. center, six participants (seniors), four staff, and one volunteer attended post-session interviews. Two out of six participant interviews were conducted with Mandarin without translation assistance from the supporters; whereas four out of six participants (seniors) were Cantonese speakers; thus translation was needed for a smooth process. Of five staff interviews, three interviews were conducted in English, one in Mandarin, and the only volunteer interview was mixed of Mandarin and English.

At Jade center, nine participants (seniors) and six staff attended interviews. All nine participant interviews were completed in Mandarin; whereas five staff interviews were conducted in English, and one in Mandarin. The following is a breakdown of descriptive results

for the Jade center and 30th St. center participants. The themes were distilled from the interviews

based on exploratory questions, with a focus placed on exploring the following categories:

concerns of aging life, potential effects of FOAT ®, and the experience of being at elder care as

these were appealing ideas regarding spiritual connection.

Jade Center Participants (Seniors) Data

   Concerns of Aging Life. The themes that emerged from participants at Jade center were

Family, Physical health, and *Cultural adaptation.* Each theme also included subthemes. *Family*

health and *far apart from family* were under the umbrella of *Family.* *Mobility* and *chronic*

illness were under *Physical health,* whereas *language* and *getting resources* were under *Cultural*

adaptation.

   FOAT ®. In terms of potential effects of *FOAT ®*, the themes that emerged were, *Calm*

our mind and *Enjoyment* were most commonly cited, followed by *Guided Focusing, Shared*

experience, and *Stay active.* Participants also noted the researcher's characteristics in facilitating

FOAT ®, including the *calming voice, gentle demeanor,* and *presence.*

   Experience of Being at Eldercare. The results of the analysis of participants'

experience with OLL, the overall themes that emerged were *Secure*, *Medical services*, and *Care.*

Jade Center Participants (OLL Workers) Data

   Concerns of Aging Life. The thematic analysis identified themes of staff's experience in

providing care for seniors, as well as reflections on participants' concerns of aging based on

clinical interactions. *Family*, *Physical health*, and *Independence* were the most commonly cited,

followed by *Isolation, Living situation, Safety,* and *Death and dying.* The subthemes under

Family were *negative relationship, family lives far away,* and *become a burden for family.*

Subthemes under *Physical health* included *disability, heal from surgeries, mobility*, and *physical pain.*

FOAT ®. The overall themes regarding FOAT ® from Jade center staff included *Shared experience, Togetherness, Joyfulness, Calm our mind, Communication, Culturally attuned expression,* and *focus on present moment.* One staff described the importance of spirituality as the need to "feed the hungry soul" to indicate the imbalance between the consumption of food to meet physical needs and the lack of engagement in spirituality for inner growth. In addition, several staff noted an anticipation with regard to future art projects, along with possibilities and challenges to initiate doing art as self-care projects for OLL staff.

Experience of Being at Eldercare. In an analysis of participants' experience at OLL, the overall themes that emerged were *know, people, and home.*

30th St. Center Participants (Seniors) Data

Concerns of Aging Life. For the 30th St. center participants, the overall themes that emerged from concerns of aging life were *Worry free, Simplicities, Family, Physical wellbeing*, and *Daily living.* The subtheme under family was *Negative relationship*.

FOAT ®. From the analysis, the overall themes regarding FOAT ® at 30th St. center included recall of memory and expressions. Child themes under expressions were *create, space for distress, learn new things, enjoyment, expressions,* and *communication.*

Experience of Being at Eldercare. The analysis revealed participants' perception in receiving care from On Lok. In an analysis of participants' experience at OLL, the overall themes that emerged were *Secure, Heart,* and *Good*.

30th St. Center (OLL Workers) Data

  Concerns of Aging Life. For staff and volunteer at 30th St. center, the overall themes regarding participants' concerns of aging life were *Family* and *Confront changes*. *Worry for children* was subcategorized under family, and *loss of independence* and *declining physically* were subthemes of Confront changes.

  FOAT ®. For the potential effects of FOAT ®, *Expressions* and *Engage memories* were cited the most, followed by *Feeling useful* and *Projection of ideas*. *Inner reflection* and *help to understand experience* were subthemes of *Expressions*.

  Experience of Being at Eldercare. In an analysis of participants' experience at OLL, the overall themes that emerged were *Care, People, Home*, and *Activity.*

Summary of Thematic Analysis from NVIVO

  Table 19 summaries the thematic analysis of the semi-structured interviews. Table 20 and Table 21 display the second and final distillations, which were conducted to specify the common themes between two centers.

Table 19

Themes and Subthemes of Participants and OLL Workers: Concerns of Aging, Life, FOAT ®, and Experience of Being in Eldercare

	Jade St. Center		30th St. Center	
Category	Participants	OLL workers	Participants	OLL workers
	Themes Subthemes	Themes Subthemes	Themes Subthemes	Family. . Subthemes
Concerns of aging, life	Family Family health Far apart Physical health Mobility Chronic illnesses	Family Negative relationship Far apart Burden for family Physical health Mobility Heal from surgeries Disabilities Physical pain Independence Isolation Living situation Safety Death and dying	Family Negative relationship Worry free Simplicities Physical wellbeing Daily living	Family Worry for children Confront changes Loss of independence Physical declination
FOAT ®	Calm our mind Enjoyment Guided Focusing Shared experience Stay active The researcher Calming voice Gentle demeanor Presence	Calm our mind Togetherness Joyfulness Shared experience Communication Culturally attuned expression	Recall memory Expression Enjoyment Communication Learn new things Create a space for distress	Expressions Inner reflection Understand experience Engage memories Feeling useful Projection of ideas
Experience of being in eldercare	Care Medical services Secure	Know Home People	Secure Heart Good	Care Home People Activity

Second Distillation of Themes and Subthemes of Participants Data from Jade and 30th St. Centers

The table 20 represents the common themes between seniors and OLL workers at Jade center and 30th St. center.

Table 20

Second Distillation of Themes and Subthemes of Participants and OLL Workers: Concerns of Aging, Life, FOAT ®,

and Experience of Being in Eldercare

	Jade St. Center		30th St. Center	
Category	Themes from Participants (Seniors & OLL workers)		Themes from Participants (Seniors & OLL workers)	
	Themes	Subthemes	Themes	Subthemes
Concerns of aging, life	Family	Far apart	Family	Relationship
	Physical health	Mobility Illnesses & disabilities	Physical health	Declination
FOAT ®	Calm our mind Shared experience		Expressions Recall & engage memory	
Experience of being in eldercare	Care Know Medical services Home Secure People		Secure Care Heart Home Good People Activity	

Table 21

Final Distillation of Themes and Subthemes of Participants and OLL Workers: Concerns of Aging, Life, FOAT ®,

and Experience of Being in Eldercare

	Jade St. Center & 30th St. Center	
Category	Themes from Participants (Seniors & OLL workers)	
	Themes	Subthemes
Concerns of aging, life	Family	Far apart Relationship
	Physical health	Illnesses & disabilities Mobility Declination
FOAT ®	Calm our mind Shared experience Expressions Recall & engage memory	
Experience of being in eldercare	Care Home Secure People	

Summary of the Qualitative Data Analysis

In conclusion, the qualitative data demonstrated positive responses of participants that may provide insights into the potential effects of FOAT ®. The process notes, valence-arousal analysis, as well as the semi-structured interviews provided valuable information to assess participants' perspectives regarding their concerns of aging life, FOAT ® interventions, and experience of being in elder care. The distillation processes also applied to identify common themes from participants at both Jade and 30th St. centers. Although the image analysis was conducted to examine artwork, the use of common elements did not unfold hidden messages of these images due to insufficient information. Therefore, limited scope was acknowledged to embrace the richness of participants' artistic expressions.

Conclusion

In summary, the quantitative data did not yield significant outcomes from the paired t tests ($p > .05$) of the pre- and post-SAIL and the univariate analysis. However, a modest increase of the post SAIL scores were found on participants who were identified as female, who were older than 80, who had received under 3 years of care, and those at Jade center. Moreover, positive impact was revealed on three out of seven SAIL subscales, included the *caring for others*, *transcendent experiences*, and *spiritual activities* subscales.

Besides the quantitative findings, the qualitative data also provided additional information and insights to examine the effectiveness of FOAT ® in fostering spiritual connection. Positive themes that distilled from the process notes over eight weeks included *cohesiveness*, *trust*, and *anticipation*; challenging themes included *unsettled*, *frustration*, and *hesitation*; as well as neural themes, encompassed *group conversation*, *group dynamics*, and *cultural aspects*. The valence arousal analysis showed that the most commonly reported

affective state between both centers was high valence-low arousal, such as *peaceful*, *harmonious*, and *centered*. In terms of the common themes of the semi-structured interviews from both centers, *family* and *physical health* were recognized as main concerns of aging life; *calm our mind*, *shared experience*, *expressions*, and *recall & engage memory* were shown to be the attributes of FOAT®; as well as *home*, *care*, *secure*, and *people* were found to be experience of being in eldercare. As a reference to the FOAT® groups, participants' artwork and quotes are included in this chapter (See pp. 148-152) to show the richness of cultural expressions along with the image analysis. It is important to note that due to the small sample size the findings cannot apply to the general population of Asian seniors. Future research is needed to probe into therapeutic aspects of FOAT ® for seniors in eldercare.

Chapter 5. Discussion

Chapter Introduction

The purpose of this mixed-methods study was to examine how art therapy may assist Asian seniors in fostering a greater sense of connection with their spirituality. The quantitative and qualitative elements of this study encompassed different approaches in understanding the experience of spiritual connection in an attempt to obtain insights into aging life. Overall, this study reflects the shared experiences of spirituality, as a result of Focusing-oriented art therapy (FOAT ®) and the consistency of culturally attuned approach that was integrated into the design of this research project. This chapter presents the results of the researcher's hypothesis and exploratory questions. Considerations of validity and reliability will be covered, as well as significance, limitations, implications, and recommendations for practice and for further research.

Participant's Spiritual Attitude and Involvement Impacts

The researcher hypothesized that participating in the 8-week FOAT ® groups would increase participants' sense of spiritual connection, which could potentially alleviate their sense of loss from the process of aging. The quantitative data failed to support this hypothesis. Overall, the analytic outcomes demonstrated a decrease in the SAIL. The univariate analysis of variance revealed no significant differences on potential variables that might be associated with the results, including age, gender, center, and years of care received at OLL. Although there was no statistical significance in the pre and post SAIL-scores that indicated their effect on the study results, possible influences of these variables should be considered. Age and gender differences may have associated with participants' responses to FOAT ® and their engagement level with spiritual aspects in their lives, as

well as their different backgrounds, including years of care. Modest changes were found between

binary variables. Females showed an increase in SAIL-scores, while males showed a decrease.

Those who were older than 80, those who had received under 3 years of care, and participants at Jade

St. demonstrated increases in the post-SAIL scores, whereas their counterparts showed decreases.

Older participants may have been more actively engaged in the idea of connecting with their

spirituality, having encountered more life changes that allowed inner strengths to nourish. In

addition, different centers might offer different programs based on participants' needs, which may

also influence their perception of spiritual care, which accounts for why those at Jade center showed

increases in their scores, whereas those at 30th center showed decreases. The need for translation at

30th center during the intervention may have also affected the variation in responses to the

intervention, as measured by the SAIL. In addition, when examining the subscale scores of the SAIL

on all participants, it is notable that the *caring for others, transcendent experiences,* and *spiritual*

activities subscales showed an increase in the mean and median scores, while the other scales showed

either no change or a decrease in means and/or median scores. Although no statistical importance was

claimed from the finding of the SAIL subscales, these are essential aspects of spirituality that might

help to generate ideas and insights from further exploration of FOAT ®.

The concepts of guided Focusing and expressive arts may have been new to some participants,

and therefore, they may have encountered a learning curve in the face of absorbing information while

engaged in the process. As the group proceeded, participants may have become more aware of their

body and inner experience. For participants who needed assistance to respond to the questions, the

ways that supporters explained to and interacted with them may have also influenced the results

because there may have been different levels of understanding among participants. Despite these

considerations, the quantitative findings leave limited information on which to base accurate

interpretations of the findings, and the qualitative component of this study might lead to greater

possibilities in initiating meaningful insights.

The researcher included the qualitative component to deepen the inquiry of the hypothesis.

Using FOAT ® as a culturally attuned avenue to cultivate spiritual connection was supported by

participants' responses. Based on the results of the post-session interviews and session notes,

participants experienced a sense of closeness to each other and serenity during the guided Focusing

and art. One participant stated that she made cancellations for other appointments and events to

attend the group. A number of participants stated they recommended ongoing groups combining

music and Chinese calligraphy to correspond to personal interests. Within the 8-week group

timeframe, staff also noticed a continuation of discussions about the FOAT ® and interactions among

participants outside the group, which might be a sign of their experiencing connection and to cocreate

the experience with one another to develop rapport and trusting relationships.

While qualitative data demonstrated findings that support the potential effects of FOAT ®,

these findings were not intended to be used as a comparison or to disprove the quantitative results,

but rather a complementary element to identify hidden aspects that might otherwise possibly be

ignored. This acknowledgement is to place equal value on both aspects of the mixed-methods

approach in an attempt to better understand spirituality, how it is fostered in elders, and to honor

different ways of knowing in human experience. Although the interventions were carefully designed

to support the OLL population, the findings cannot be generalized to another senior group. In

advancing knowledge of spiritual care for Asians, further exploration is needed.

FOAT ® Interventions

Exploratory questions were developed to provide valuable information to probe into the

FOAT ® and spiritual connection with Asian seniors at OLL. Implementing a theme-directive

approach and culturally attuned practice enabled the researcher to focus on strengths and on

connection in fostering spirituality.

Spiritual Wellbeing, Impact of FOAT ® Interventions, and Clinical Insights

   Spiritual wellbeing. The first exploratory question was intended to explore specific ways

that FOAT ® would potentially bolster a sense of spiritual connection, and as a result, increase the

wellbeing of individual participants. Qualitative data reflected positive dynamics and interactions

among participants as the group progressed. In the process notes, a range of themes noticed between

both Jade and 30th St. centers indicated a mixture of positive and challenging experiences from the 8-

week FOAT ® sessions. These experiences revealed participants' states and transitions from time to

time, and were noticeable through their verbal and nonverbal communication. For example, at least

two participants at Jade center asked permission to use art materials before they acted. After two or

three sessions, they appeared to be less hesitant to go ahead as they became more comfortable. In

addition, high valence-low arousal state was found to be the most commonly shared affective state

from the image analysis, such as *balanced*, *harmonious*, and *contemplative*. This phenomenon

resonates Lim's (2016) study of cross-cultural differences of emotions and expressive behaviors, and

that low arousal emotions are considered to be ideal for the Eastern collective culture. From the

analytical results of the interviews, the researcher identified common themes that shared between two

centers. The concerns of *family* and *physical illnesses* reflected the major challenges of participants.

The expression of physical or emotional distance from their spouses and or children was noted. Some

participants mentioned that they seldom saw their families because they lived far away, and some

conveyed regrets to break good relationships with their children. A range of challenges in relation to

physical illnesses was identified through group and individual discussions, such as immobility, side

effects of medication, as well as difficult to heal from surgeries that increase the risk of infections.

The quality of FOAT ® that enables individuals to look inward while exploring the emerging feelings from the body appeared to gradually influence participants' engagement and responses. Self-connection and caring for other people were expressed through their art, stories, and poems. A number of participants at Jade center discussed the stress of maintaining routines, their effort to adapt schedules for appointments, as well as their unsettled feelings before they arrived OLL, and it appeared that guided Focusing could help to calm restless feelings and settle down their minds for the beginning of the day. These findings resonant themes of potential effects of FOAT ® from the interviews included *calm our mind*, *shared experience*, and *expressions*.

Although the intention was made to examine the spectrum of connectedness based on the definition of spirituality, some aspects of spirituality were discussed more frequently than other aspects. For example, family and interpersonal relationships were more commonly reported than aspects in relation to religion, transcendent experience, and spiritual practices. The researcher also noticed a pattern of dialogues occurred when participants shared their experience about nature in the group; the conversation would lead to the expression of joy but also sad feelings due to lack of mobility and other health concerns. This mixture of feelings may have influenced individuals' perception of certain aspects of spirituality as the discussion reminded them of what they used to enjoy but that they could no longer achieve.

Impact of FOAT ® interventions. The second exploratory question was to identify if there were specific changes that occurred after an 8-week FOAT ® among participants. Similar to what was observed with respect to the ways FOAT ® could foster a sense of spiritual connection, gradual changes were observable based on participants' responses. One participant became more expressive and shared her inspiring stories after 7 weeks of engagement. At least four participants from both centers expressed their curiosity about the ongoing practice of guided Focusing, either by sharing

with the group or approaching the researcher on an individual basis. Despite language barriers, one

participant approached the researcher and supporters to express her appreciation by gently touching

their forehead or holding their hands. This expression reflected the norms within the contained

milieu to show gratitude and soften the boundaries. Besides observing positive responses, one staff

conveyed the need for ongoing nourishment of spirituality, which has long been underestimated

within the senior care system. She recognized the need to acknowledge the importance of the

spiritual aspect of care. In order to create continuous impacts to OLL, regular support groups with

the goal of spiritual care are required. These would be necessary to allow room for long-term

changes among participants and staff.

  Clinical insights of OLL workers. The third exploratory question was intended to glean

insights that OLL workers could provide into the commonalities and differences between seniors and

workers on the topic of spiritual care with workers who completed one FOAT ® session. From the

distillation of the process notes, the themes identified were strongly linked to the qualitative data that

derived from the descriptions of On Lok workers in providing spiritual care, included *compassion,*

empathic learning, *growth*, *love*, and *humility*. The shared valence arousal state between two centers

was high valence-high arousal, *cheerful*, *blissful*, *love,* and *being inspired* were expressed by the

research team during the process of reviewing art images. These affective experiences were also

commonly described in the group conversations as staff conveyed their understanding and inspiration

through the engagement of senior care.

  There was a range of responses from staff and volunteers who were identified as having

different cultural backgrounds, years of experience, roles at OLL, and gender. All of the staff worked

closely with seniors, and yet their levels of engagement varied. For example, one staff engaged in

more administrative tasks than other staff because of his role as a site manager. Staff and volunteers

with different duties and roles also reflected different aspects of spirituality; some focused on a

personal level; some focused on a systematic level. One staff noted the varying ways that older and

younger seniors approached seeking treatment when they encountered illnesses. The staff stated that

"younger seniors" such as those in their 60s and 70s, appeared to have higher levels of anxiety when

they faced major illnesses, such as cancer, while "older seniors," those between in their 80s and 90s

were more apt to accept death and dying. This observation also resonates with the quantitative

findings that those who were older increased their spirituality as measured by the SAIL. The

acceptance of death and unknown among older seniors might reflect transitions that occurs to sooth

the pain of avoidance, to acknowledge the unavoidable reality, and ultimately lead to a sense of

fulfillment and integrity (Erikson, 1950, 1982). Although SAIL does not address existential

questions that are directly related to death and dying, the multifaceted dimensions of connectedness

still provide valid information to comprehend spirituality.

       Another staff mentioned systematic efforts to bring resources and customize care for the

elders, including outdoor music programs. At least six OLL workers noted family-related concerns

among seniors, such as their relationship with children, the physical health of their love ones, and

being far apart from their family. Three of them conveyed the encounters of immigrants in not seeing

their families due to distance, financial constraints, or other personal reasons. One volunteer

indicated commonalities between Mexican and Asian cultures as they are both family oriented with

children often taking care of seniors. Under cultural influences, the structure of Asian families in the

US may have changed, but the traditional value of their culture to embrace family has remained.

       The majority of OLL workers expressed the need for companionship and presence in spiritual

care. One staff expressed that her role as a caregiver is to support seniors in facing the fear of not

knowing the future; another staff indicated what an honor it was to witness and accompany people,

giving them lots of love to acknowledge their struggles and pain. Two staff noted they anticipated

aging and also affirmed the quality of OLL programs. As a way to convey a deep understanding and

empathy from providing care, most of the staff related their experience to the question of "how would

I like to be treated at an old age" with the expression of gratitude for their current lives. Some

reflected on personal and professional growth and their ability to develop insights into aging.

The Researcher's Reflection on Culturally Attunement Research

This research was designed to consistently reflect on and accommodate cultural attunement

into subtle aspects of culturally specific inquiry. Efforts were made to collaborate with the OLL team

in order to fulfill the research and therapeutic goals. The researcher looked into the cultural roots of

FOAT ®, the implementation of interventions, and the backgrounds of the research team in viewing

participants' images as well as other aspects of the intervention. However, within the research

timeframe, there was not enough time to integrate the understanding of OLL participants'

backgrounds into the group objectives. These background aspects included hobbies, cultural era, and

immigration history.

Furthermore, the researcher noticed the challenge in communicating FOAT ®'s core concepts

and Focusing techniques. Whereas the instruction needed to be delivered in a clear and

comprehensive manner while avoided misinterpretation, there was limited time to talk with

supporters to ensure the accuracy of the terms used, and therefore, meanings might have been twisted

during verbal translation.

The researcher also noticed participants' preference for using metaphoric expressions, such as

poetry, idioms, or proverbs, which were often communicated in Chinese or Cantonese and were

untranslatable into English. In this study, the researcher did not explore further about how language

influences cultural expressions and expressive behaviors, yet it is important to acknowledge the

uniqueness of the Asian culture in expressing faith and ethical values via metaphors, as well as the

pain and struggles that were hidden within participants' messages. With a lens to embrace

participants' wisdoms and stories, the researcher was able to engage in the process open-mindedly,

while exercising humility when reflecting deeply on the meaning of cultural attunement.

The researcher recognized the common concern of lacking competence in artmaking, which

might relate to their previous experience that emphasized artistic skills. In order to alleviate

participants' concerns, it was essential to communicate with them in anticipation of the group, such as

"There is no good or bad," "It is ok to ask for help," and "There is no need to ask permission to try

different art mediums here." Within its delightful milieu, the 8-week of FOAT ® might help to create

a natural flow and a new experience that shifts the focus from artistic skills to the enjoyment of art.

As one cultural consideration, the choice of art forms was highlighted to resonate with participants'

level of experience, familiarity, and comfort. For example, Chinese calligraphy was recommended

by several participants to express and tap into the spirit, mind, and body. On a profound level,

Chinese calligraphy is believed to be more than a form of art but also a practice of bringing good

health and expressing the spirit (Oriental Art Supply, 2019). It was a learning moment for the

researcher to look on her own fear of using certain art forms due to lack of confidence and examine

how cultural expression could be nurtured though classical art forms.

Culturally attuned practice occurred not only by "doing," but also by examining assumptions

through consistent reflection. For example, providing many art supply options was intended to give

participants an opportunity to explore and develop interests in different mediums. However, it may

have also caused frustration and difficulties because of different levels of functioning and experience

among participants. The notion of simplicity and clarity was noted to be helpful in creating a

contained space for artistic expression.

This study was developed based on the idea of cultivating spirituality to promote overall wellbeing in elders. However, spiritual practices are varied among different cultures and religions. Within certain religious contexts, individuals might feel compelled to follow dogmas as an essential part of their practice. In addition, failure to follow religious dogmas may lead to guilt feelings and frustration, and therefore, the nourishing value of spirituality is perceived differently by individuals with different backgrounds and ranges of experience.

Limitations and Delimitations

Several limitations and delimitations exist for this study, as with any other research. Some delimitation strategies were developed to address emerged questions; some strategies may help to improve future research. This section discusses small sample size limitation, literature limitation, qualitative procedure limitations, and limitations of using NVIVO as an analytic tool.

Quantitative Procedure Limitations

Several quantitative data limitations were identified and described below. Limitations included small sample size, limited literature, and the design of the SAIL.

Small Sample Size. While Asian culture encompasses the collective and diverse traditions that were maintained and influenced by an abundance of ethnic groups, this study was mainly focused on the East Asia population, and it was completed with participants who originated from China. The lack of a representative sample was the main challenge to yield significant outcomes in this study. The small sample size with 28 participants, which dropped down to 21 for some analyses, also impacted the generalizability of the study outcomes regarding FOAT ® potentials in spiritual care.

Delimitation of Small Sample Size. In this study, the researcher opted for a small sample size to adapt to the timeframe and the capacity of OLL at the time when this research was conducted. As a strategy to delimit constraints for a small sample size, a larger and more heterogeneous sample size

would strengthen the power analysis. With this in mind, recruitment from multiple sites and extended research time period would be required to achieve the goals for improving the findings for the population.

Limited Literature. Although the effectiveness of FOAT ® was examined in previous studies, there is limited literature on FOAT ® in spiritual care for the Asian population. Most of the literature has focused on mindfulness but not specifically on Focusing techniques. The researcher intended to pay close attention to FOAT ® rather than rely on mindfulness-based studies, and this decision narrowed the availability of literature to support this current study. In expanding the knowledge of FOAT ® in cultural attunement, not only the quantity of future studies is expected but also researchers' effort to cultivate cultural sensitivity for compassionate learning.

Design of the SAIL. The SAIL was designed to enable research on spirituality for religious and non-religious individuals (Meezenbroek, et al., 2012). It was not intended to be used as a culturally specific instrument. For participants, spirituality may have been a hidden resource and aspect of life, as they mentioned the lack of opportunity to talk about it. Therefore, questions regarding spirituality may have seemed intricate or difficult to comprehend. In addition, an official Chinese version of this instrument has not yet been published; the researcher translated the SAIL with two translators' assistance. However, there was limited time to discuss as a group to improve the format, terminologies, and fluency of question items to meet participants' needs. The question was raised regarding the accuracy of translation in text.

SAIL Delimitations. In order to develop a culturally specific instrument, some adjustments to the items in SAIL might be needed to correspond with language and expression of spiritual experience in Asian culture. For example, under the influence of collectivism, the aspect of connecting with other people in building harmonious relationships might have gained more attention

than other aspects, such as connecting with the self and with nature. Other aspects of spirituality the

SAIL measured might have been off the mark or had not been nourished. For future studies, it would

be helpful to involve psychoeducation in guiding participants to complete the SAIL.

In consideration for the improvement of translation, one important thing would be to obtain

feedback from other readers and field experts that were not involved in this study. Terminologies and

fluency of question items could be tested and adjusted accordingly through readers' notes and

comments. The drawback of this strategy would be the need for more time to collect feedback, which

may not be doable for researchers within a limited timeframe.

Qualitative Procedure Limitations

This section discusses limitations of the qualitative procedure, including the interview

questions with OLL workers and the use of NVIVO as an analytic tool.

Limitation of the Interview Questions with OLL Workers. While OLL workers were all

welcomed to the single FOAT ® session, not all of them worked closely with participants who were

involved in this study. With this fact, observation-based questions, such as the interview question

four (Appendix K), "Do the visual images assist (you) (seniors) in understanding the aging

experiences?" was only effectively answered by workers who were also supporters of the FOAT ®

groups. Although efforts were made to develop interview questions to expand the understanding of

art in spirituality, very limited resources of standardized questions for caregivers in providing

spiritual care were available. In this study, it would be questionable to conclude that all the interview

questions (Appendix K) effectively drew fruitful responses.

Interview Question Delimitation. In helping caregivers to examine the impact and possible

medium to elaborate spiritual care, it would be critical to develop structured questions through

conceptualizing objectives and goals and establishing content by identifying what these questions are

examining, such as perceptions, attitudes, followed by the process of including multiple raters to

perform interrater reliability, and developing detailed steps for administering and scoring the

interview. Beyond the quality of the interview questions, the researcher is also expected to develop

methods to improve the overall interview process, which may include verbal and nonverbal

communication skills, demeanor of the interviewer, as well as external variables, such as temperature

and noises and so forth.

Limitation of Picture Quality for Image Analysis. The researcher took pictures of

participants' artwork after each session at the same room where the FOAT ® group took place. With

different light quality, pictures took at Jade center appeared to be brighter than pictures look at 30th

St. center. Under the influence of shadow and glare, some pictures looked darker than other pictures.

Since the research team used pictures to evaluate images rather than actual art images, qualities of

these pictures may have influenced raters' perception and evaluation to the art elements, such as the

space, lines, and shapes. This factor may have also impacted the results of the image analysis.

Delimitation of Picture. Most pictures with poor quality/resolution were found and

eliminated at the beginning, the researcher was able to retake some pictures after the light was

adjusted. While several low quality pictures remained and used for analysis, raters brought questions

into the discussion and looked for consensus to examine the art images. With this strategy, raters

were able to communicate openly and work collaboratively to resolve questions.

Limitation of the Image Analysis. The image analysis consists of common elements of art,

which allows the research team to describe what participants have done, to evaluate what is

happening to a particular piece, as well as to communicate ideas and thoughts utilizing common

languages of visual presentation (Esaak, 2020). However, the evaluation of common elements does

not provide in-depth insights of what is under the visual representation of art. Participants'

motivation, emotions, and actions were not fully explored during the analytic process. Additionally, other variables that may influence the expression of common elements, such as culture and personality, have not been effectively assessed by the image analysis.

Delimitation of the Image Analysis. Knowing the limitation of the analytic tool helped the researcher to identify the uniqueness of each participant and explore more of the artwork besides the goal of achieving the analytic tasks. Within the research timeframe, art pieces were not examined thoroughly by using the image analysis. However, the possibilities of engaging in these pieces can be expanded through future actions, such as presentations and publications, to open the new paths to embrace the language of art beyond the termination of this study.

Limitation of NVIVO as an Analytic Tool. The researcher documented some semi-structured interviews with Chinese to ensure the accuracy of the interviewees' expressions and word selection. In NVIVO, language setting was available before processing thematic analysis, however the analytic capacity did not correspond to the Chinese language system. For example, in English, each word is comprised of numbers of letters (i.e., the word "compassion" has 10 letters). Yet in Chinese, each character has only one letter, for example: 兒 (ér) means children, but some characters lack meaning if it stands by itself. For example: 忐忑（tǎn tè）means disturbed or uneasy. Since NVIVO uses one character as one unit to count word frequency, the distillment of either " 忐" (tǎn) or " 忑" (tè) resulted in no meaning, and therefore, could not be used as a way to find a new node when performed word frequency in thematic analysis.

NVIVO Delimitation. To ensure the accuracy of the results, the analytic process included automatic and manual strategies. As an adjustment to process data in Chinese, the researcher retrieved references to identify the contextual meaning of each coded character from word frequency analysis, eliminated meaningless characters, and reviewed nodes diligently to omit errors. For a

culturally attuned research, it would be important to consider analytic tools to use with Chinese or

other languages with respect to identifying the structure, puns, untranslatable words, as well as other

attributes of a specific language. The goal is to include a spectrum of ideas that sparked insights and

deep understanding on cultural-attuned studies.

Reliability and Validity

Validity

Discussion of validity in the context of this study includes quantitative and qualitative forms

of validity. The qualitative forms include descriptive validity, interpretive validity, theoretical

validity, and evaluative validity.

Quantitative Data. The SAIL was chosen to validate the quantitative aspect of this study.

The SAIL had been validated in previous studies through factorial, convergent, and discriminant

validity (de Jager Meezenbroek et al., 2012). However, the Chinese version has not gone through an

expert panel review to determine the appropriateness of the test content, format, and terms. The

validity of SAIL may have been affected by the quality of the translation.

Qualitative Data. Four types of validity for the qualitative data that pertain to this study are

descriptive, interpretive, theoretical, and evaluative (Maxwell, 1992; Thomson, 2011). The validity

of the results was also strengthened by utilizing NVIVO and through the use of multiple sources, such

as the session process notes, evaluation of participants' artwork, and the semi-structured interview

transcripts. Despite these actions, the revision of interview questions was suggested to improve

qualitative validity by allowing better responses from OLL workers regarding their observations of

changes from participants.

Descriptive Validity. Descriptive validity indicates the accuracy and credibility of the data

(Maxwell, 1992; Thomson, 2011). This study utilized the process notes to report the impressions and

observations after the completion of each FOAT ® group. The process of documenting through

process notes encouraged consistent reflection to generate insights from probing into responses,

barriers, and success. Supporters also contributed to the notes by giving direct feedback during or

after the group. Being open to input from staff and participants strengthened the collaborative

learning and provided the opportunity to enact strategies to address challenges. Voice recordings

were made from which to transcribe interviews to ensure accuracy of the data. The overall process

stimulated consistent engagement, while allowing the researcher to evaluate goals and assumptions.

Interpretive Validity. Interpretive validity captures participants' perspectives and the

meanings they attached to the FOAT ® group experience (Maxwell, 1992; Thomson, 2011). This

type of validity was established by looking into clues in the transcripts that reflected participants'

ideas, feelings, and thoughts throughout 8 weeks of FOAT ®. In addition, participants' nonverbal

language, such as facial expressions and body gestures, were also recorded to detail observations

and identify cultural expressions.

Theoretical Validity. Theoretical validity seeks to examine the correspondence between the

data and the theoretical explanation that the researcher provided, which gave direction to the study

(Maxwell, 1992; Thomson, 2011). This type of validity was established through post-session

interviews and feedback from the participants and OLL workers. Artmaking and group discussions

were also utilized to provide information to support theoretical validity.

Evaluative Validity. Evaluative validity was utilized to accurately assess the evaluations

based on the data (Maxwell, 1992; Thomson, 2011). The qualitative coding process served to

achieve evaluative validity; the interview transcripts were coded using direct terms and phrases

and accounted for contextual meaning to capture participants' inner experience.

Threats to Validity. Both internal and external threats were identified in the context of the research process. The FOAT ® sessions took place during regular hours at OLL, there were other interventions (i.e., medication, doctor's appointment, music therapy) occurred between sessions throughout the eight week timeframe. The results for this study cannot be conclusively attributed to the FOAT ® interventions due to the mutual influence of these interventions and activities. Additionally, the contextual variables between the 30th St. center and Jade center, such as programs, staff, and setting, might also contribute to the results of this study. With a small and homogeneous sample, the results cannot be generalized.

While the researchers attempted to limit the influence of language barrier as a factor to jeopardize internal validity with written and on-site translation, this step was necessary for the purpose of communication and engagement. However, it also brought other variables, including the experience and demeanor of the workers, the quality and accuracy of the translation, inadequate pre-session trainings, as well as the lack of discussions on how to properly translate guided FOAT ®. Additionally, the translation methods also appeared different between workers, one worker tended to perform paraphrasing to express the meaning of the researcher using different terms while the other tended to catch main points and add additional words. Under the influence of these factors, participants' responses to FOAT ® and answers to the SAIL may have also been impacted.

To provide information and reflection to FOAT ® experience, the researcher intended to record process notes following each session. However, the consistency of this intention was affected by unanticipated events, which resulted in inaccurate memory and the delay of subjective reflections to the notes. There were two times that the researcher was aware the delay of documentation, which might shorten the process notes due to the challenge of retrieving

details of the FOAT ® sessions. With this in mind, delays may have contributed to the thematic

analysis of the process notes.

Reliability

Reliability in this study encompassed interrater and internal consistency (Middleton,

2019). The interrater process was established through the evaluation of process notes,

participants' artwork, and interview transcripts, while considering each rater's cultural

background. The artwork was reviewed by a group of three art therapists to sort out common

elements, themes, and emotions that emerged from viewing art images, and these art therapists

helped to provide some reliability through their own observations of participants' responses,

artistic expressions, and inner experience. In addition, qualitative data was coded, categorized,

and compared through team efforts to strengthen consistency. For the SAIL, the internal

consistency coefficients for the scale have ranged from .73 to .86; test-retest reliability

coefficients have a value of $r \geq .70$ over a month interval (Meezenbroek, et al., 2012). The

internal consistency of the Chinese version of the SAIL might also be strengthened through panel

review and further revision.

Implication for Art Therapy

This study was intended to address the aspect of loss during the process of aging through

placing a focus on the importance of connection as a way of meeting the spiritual needs of seniors in

medical care. This research was also designed to explore culturally-attuned practices to advance the

knowledge of spiritual care by introducing FOAT ® to a community-based organization. To expand

the vision of culturally-attuned research, this study provided a framework to accommodate research

goals by designing a theoretical framework, methodology, and analytic tools; as well as therapeutic

goals by making attempts to understand cultural expression, communication, and interconnection

between the researcher, supporters, and participants. Participants and workers had the opportunity to explore art as an avenue for expression of both individuals and the collective group, in which creating was a colearning experience in a community-based setting, with an emphasis on cultural factors in a therapeutic context.

The application of FOAT ® further exposed the need for an in-depth understanding of ways to adapt therapeutic approaches for the Asian culture as well as other ethnic and cultural groups. The somatic root of Focusing and expressive arts helps the researcher to reflect on the methodology and rationale of FOAT ® based on cultural perspectives. For practitioners working with elder populations, the ability to provide cultural and spiritual support contributes to the quality of care from both an individual and community perspective. With the emphasis of cultural factors in the field of art therapy, this study provides a theoretical and practical lens in advocating for culturally attuned research with seniors. Focusing and art techniques could be a powerful practice for individuals to explore implicit strengths and gently unfold body experience in a constructive way.

Recommendations for Practice

Although efforts were made by OLL workers to assist with translation during the group sessions, supporters may have brought different variables, including selection of words, tones, and speed of speaking. In uplifting the collaborative process, time and communication is needed to allow for clarification and identification of needs and actions. Similarly, participants who expressed unfamiliarity with art and guided Focusing, provide psychoeducation with kind acknowledgment of their courage and efforts is a way to bring support to enhance the overall experience. Additionally, the researcher identified the need to develop valid instruments and interview questions to probe into spirituality of elderly individuals based on their cultural contexts. In terms of the application of the SAIL, the researcher would recommend it for participants with higher functioning; this would lead to

more effective responses with less confusion regarding the questions as observed during the first and last FOAT ® sessions.

The researcher would also suggest the necessity of having FOAT ® training before the implementation to evaluate the appropriateness of each intervention. This step allowed the evaluation of skills and capacity of FOAT ® facilitators, which was one of the ethical considerations in this study. FOAT ® online training was sought to be an entry to gain Focusing skills and experience, yet advanced training may be required to ground the knowledge base and adequately support clinical work.

Future Study

An important consideration that emerged from developing this study was to intertwine cultural elements with methodology and analytical process. The purpose was to establish consistency through culturally attuned engagement for the enhancement of spiritual care. However, the multicultural environment in the Bay Area may exert a mixed influence on the Asian population, and researchers' ability to look beyond the scope of collectivism should serve as a foundation to evaluate specific sociocultural contexts. Further research may be useful in expanding the knowledge regarding the spectrum of intricate cultural interactions, including participants' understanding of being part of this societal system. Through grounded inquiry, researchers could approach different layers of cultural experience and adjust FOAT ® interventions to create a safe milieu to support participants.

Future studies on cultural attunement would help to bring new knowledge to enrich academic and add research value in the field of art therapy, as well as to create a welcoming environment for practitioners with different cultural lens. The focus on Asian culture of this study echoes the need to interweave cultural perspectives into methodological and analytical details to ally with therapeutic and research goals. Limitations and considerations of this study identified the importance in

understanding art-based interventions and cultural variations in working with Asian seniors and can

be extended as a framework to underpin spiritual care for practitioners within a collaborative

community.

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Appendix A

Approval to Conduct Study From Organization

June 25, 2018
Mr. Sager
On Lok Lifeways
1333 Bush St San Francisco, CA 94109-5611
Permission to Conduct Research Study

Dear Mr. Sager,

My name is Joyce Chiang. I am a PhD student at Notre Dame de Namur University (NDNU) in the Department of Art Therapy Psychology under the supervision of Dr. Jennifer Harrison, PsyD, ATR-BC. Your organization is invited to participate in a research project entitled *Art and Connectedness: Getting in Touch with Spirituality through Images for Asian Seniors in Eldercare.* The purpose of this study is to evaluate how images assist Asian seniors to get in touch with their spirituality during eldercare, as well as to understand the perspectives of spiritual care from eldercare workers who work closely with seniors.

Participants will be given: 1) consent forms 2) demographic questionnaires, the Spiritual Attitude & Involvement Scale (SAIC) (seniors only), art therapy directives, and semi-structured interviews. I hope to recruit30 Asian seniors with age 55-85 and 10 eldercare workers from your organization. There are no identified risks from participating in this research. Participation in this research is completely voluntary and you may refuse to participate without consequence. Senior participants will receive 8-consecutive art therapy sessions, with each lasts for fifty minutes. Eldercare workers will also be invited to participate to fifty minutes of group art therapy and individual semi-structured interviews upon the final session with the seniors. No costs will be incurred by either your organization or the individual participants.

Your approval to conduct this study will be greatly appreciated. If you have any questions or concerns, I would be happy to answer them. You may contact me at cchiang70@gmail.com or 502-657-8619. Further information regarding the research can be obtained from the principal researcher Dr. Jennifer Harrison. You may reach her at jharrison@ndnu.edu or 650-508-3556.

Sincerely,

Joyce Chiang,
Notre Dame de Namur University (NDNU)
Department of Art Therapy Psychology

Approved by:

Nicholas Sager, Activity Specialist _____
                                    Signature   Date

Appendix B

Permission to Use SAIL

I, _E de Jager Meezenbroek_ grant permission to _Joyce Chiang_ for the use of the Spiritual Attitude and Involvement List (SAIL) in the research project: Art and Connectedness: Getting in Touch with Spirituality through Images for Asian Seniors in Eldercare.

I understand that I may revoke this authorization at any time by notifying Joyce Chiang in writing. The revocation will not affect any actions taken before the receipt of this written notification. The instrument will be cited properly to acknowledge the copyright, and will only be used in the clinical evaluation and not be reproduced in the project.

Completed SAIL will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Your approval to implement this instrument will be greatly appreciated. If you have any questions or concerns, I would be happy to answer them. You may contact me at cchiang70@gmail.com or 502-657-8619. Further information regarding the research can be obtained from the principal researcher Dr. Jennifer Harrison. You may reach her at jharrison@ndnu.edu or 650-508-3556.

Sincerely,

Joyce Chiang,
Notre Dame de Namur University (NDNU)
Department of Art Therapy Psychology

Approved by:

Drs. E de Jager Meezenbroek   _(signature)_   _28-9-2017_
Print your name and title here   Signature   Date

Appendix C

Permission to Use Photos

I, Robin Moyer grant permission to Joyce Chiang for the use of the photograph(s) or electronic media images as identified below in the research project: Art and Connectedness: Getting in Touch with Spirituality through Images for Asian Seniors in Eldercare. The purpose of this study is to evaluate how do images assist Asian seniors to get in touch with their spirituality during eldercare, as well as to understand the perspectives of spiritual care from eldercare workers who work closely with seniors.

I understand that I may revoke this authorization at any time by notifying Joyce Chiang, the researcher in writing. The revocation will not affect any actions taken before the receipt of this written notification. All the images will be cited properly to acknowledge the copyright, and will only be used in the clinical interventions and not be reproduced in the project. They will be kept as long as they are relevant and after that time archived.

Your approval of the image sets will be greatly appreciated. If you have any questions or concerns, I would be happy to answer them. You may contact me at cchiang70@gmail.com or 502-657-8619. Further information regarding the research can be obtained from the principal researcher Dr. Jennifer Harrison. You may reach her at jharrison@ndnu.edu or 650-508-3556.

Sincerely,

Joyce Chiang,
Notre Dame de Namur University (NDNU)
Department of Art Therapy Psychology

Approved by:

Robin Moyer   19 September 2017
Print your name and title here   Signature   Date

Appendix D

Informed Consent Form (Seniors and Staff; English and Mandarin Versions)

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

Informed Consent for Seniors

Project Title: Art and Connectedness: Art as a Means to Spiritual Care for Asian Seniors

Student Investigator: Joyce Chiang

Contact Information for Student Investigator Primary Contact: Chia-yun Chiang, cchiang@student.ndnu.edu or (502)657-8619
Principal Investigator: NDNU Art Therapy Psychology, Jennifer Harrison, PsyD, ATR-BC
Contact Information for Principal Investigator: jharrison@ndnu.edu or (650)508-3556

This research will be asking you to participate in an art therapy group to make art and talk about spirituality in your life. Joyce is a doctoral student at Notre Dame de Namur University and is wondering how spirituality can be explore and understood within the Asian culture to increasing the sense of spiritual connections. You will be asked to make art and answer questions over 8 weeks in one hour meetings with Joyce.

A. Purpose and Background

The purpose of this research is to explore the effects of a group session series combining Focusing-Oriented art therapy (FOAT) and theme-based directives with seniors at On Lok. Specifically, the researcher seeks to determine whether FOAT will be a culturally attuned approach to Asians in increasing the sense of spiritual connections within the eldercare setting. This research also encompasses a 45 minutes of post-senior sessions to understand and gain insights into the perceptions of staff on their experiences of eldercare. There will be eight fifty minutes group sessions conducted by the student investigator in the 2015 Art Therapy PhD cohort under the supervision of Jennifer Harrison, Associate Professor of Art Therapy Psychology at Notre Dame de Namur University.

B. Procedures

In voluntarily consenting to participate in this research study, I understand the following:

1. I will be asked to complete a demographic questionnaire that includes questions about my background and experience with On Lok, and that information will be used for research purposes only.
2. I will be asked to take an assessment to measure the spiritual attitude and involvement worksheet prior to the beginning of the session series as well as after the final session series.
3. I will be asked to participate in art directives in each session that focus on exploring a 1) safe place, 2) accompanying with pain, 3) exploring changes/loss, 4) current concerns 5) listening what your body needs, 6) identifying your internal & external resources, and 7) exploring the nature, 8) anticipations of the future.
4. I will be asked to provide written feedback in order for the research to evaluate impact of directives.
5. Artwork may be reproduced for use in a research study and for possible presentation and/or publication. Artwork will be returned to me after being digitally photographed by the researchers, if desired.
6. The photographic images of the artwork will remain the property of the researcher.

C. Risks

There is a foreseeable risk involved in participating in this study. In working with any of the art directives, it is possible that I may experience an increase in stress due to creating art and reflecting on
safe place, body needs, and current issues. However, this study is designed to increase spiritual connection though artmaking and image viewing. The researcher will be available during the study to help participants process any discomfort that may arise. Referrals for crisis resources will be provided for any participants not currently in counseling.

D. Benefits

The possible benefits of participating in this study are listed below:
1. I may experience positive feelings about my experience at eldercare.
2. I may experience an increase in the sense of spiritual connection.
3. I may find it fun and relaxing to work with artmaterials.
4. I may experience personal growth and self-knowledge.
5. I may experience a sense of fulfillment by contributing to a scientific body of knowledge.

E. Confidentiality

The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. All artwork, questionnaires, and transcribed material will be coded with a number that matches the corresponding consent and permission to use artwork forms. All forms and number key will be stored separately from all artwork, questionnaires, and transcribed material and will be accessible to the primary researcher and the student researcher only and stored behind two locks; including a locking office door and a locked cabinet for a seven-year period. After this period, artwork and testing information will be released after the three-year period.

F. Alternatives

I am free to decline to participate in this research study.

G. Costs

There will be no costs to me as a result of participating in this research study.

H. Compensation

There will be no monetary compensation for my participation in this research study. Researcher will provide healthy snacks and beverages during workshop sessions.

I. Questions

Any questions about my participation in this study will be answered by Chia-yun Chiang, emailing her at cchiang@student.ndnu.edu. Any questions or concerns about this study should be addressed to Jennifer Harrison, or (650)-508-3674. Complaints or concerns about this study may be addressed to Dr. Kim Tolley at ktolley@ndnu.edu, or (650)-508-3464).

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. My consent is given voluntarily without being coerced. I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without penalty or prejudice to my future contact with NDNU.

_____YES, I agree to participate in this study.

_____NO, I don't agree to participate in this study.

_____ YES, I agree to have photos taken of my artwork.

_____NO, I don't agree to have photos taken of my artwork.

_____YES, I agree to have voice recorded during my post-session interview.

_____NO, I don't agree to have voice recorded during my post-session interview.

Print Name _____Date_____
                    Research Participant

Signature _____ Date_____
                    Research Participant

Print Name _____ Date_____
                    Conservator

Signature _____ Date_____
                    Conservator

Signature _____ Date_____
                    Student Investigator

Informed Consent for Staff/Volunteer

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

Project Title: Art and Connectedness: Art as a Means to Spiritual Care for Asian Seniors

Student Investigator: Joyce Chiang

Contact Information for Student Investigator Primary Contact: Chia-yun Chiang, cchiang@student.ndnu.edu or (502) 657-8619
Principal Investigator: NDNU Art Therapy Psychology, Jennifer Harrison, PsyD, ABPP, ATR-BC, DAAETS
Contact Information for Principal Investigator: jharrison@ndnu.edu or (650)508-3556

This research will be asking you to participate in an art therapy group to make art and talk about spirituality in your life. Joyce is a doctoral student at Notre Dame de Namur University and is wondering how spirituality can be explore and understood within the Asian culture to increasing the sense of spiritual connections. You will be asked to make art and answer questions in one hour meetings with Joyce.

A. Purpose and Background

The purpose of the research is to explore the effects of a group session series combining Focusing-Oriented art therapy (FOAT ®) and theme-based directives with seniors at On Lok. Specifically, the researcher seeks to determine whether FOAT ® will be a culturally attuned approach to Asians in increasing the sense of spiritual connection within the eldercare setting. This research also emcompasses a 45 minutes of post-senior session to understand and gain insights into the perceptions of staff on their experiences of eldercare. There will be eight fifty minutes group sessions conducted by the student investigator in the 2015 Art Therapy PhD cohort under the supervision of Jennifer Harrison, Associate Professor of Art Therapy Psychology at Notre Dame de Namur University.

B. Procedures

In voluntarily consenting to participate in this research study, I understand the following:
1. I will be asked to complete a demographic questionnaire that includes questions about my background and experience with On Lok, and that information will be used for research purposes only.

2. I will be asked to participate in an interview and art directive that focuses on exploring experience and perceptions in eldercare.

3. Artwork may be reproduced for use in a research study and for possible presentation and/or publication. Artwork will be returned to me after being digitally photographed by the researchers, if desired.

4. The photographic images of the artwork will remain the property of the researcher.

C. Risks

Participation in this study will be voluntary and participants have the option to withdraw at any point. However, it is possible that I may experience an increase in stress due to reflecting on my experience of eldercare. The researcher will be available during the study to help participants process any discomfort that may arise. Referrals for crisis resources will be provided for any participants not currently in counseling.

D. Benefits

The possible benefits of participating in this study are listed below:

1. I may experience positive feelings about my experience in providing eldercare.
2. I may find it fun and relaxing to work with art materials.
6. I may experience self-insight and self-knowledge.
7. I may experience a sense of fulfillment by contributing to a scientific body of knowledge.

E. Confidentiality

The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. All artwork, questionnaires, and transcribed material will be coded with a number that matches the corresponding consent and permission to use artwork forms. All forms and number key will be stored separately from all artwork, questionnaires, and transcribed material and will be accessible to the primary researcher and the student researcher only and stored behind two locks; including a locking office door and a locked cabinet for a seven-year period. After this period, artwork and testing information will be released after the three-year period.

F. Alternatives

I am free to decline to participate in this research study.

G. Costs

There will be no costs to me as a result of participating in this research study.

H. Compensation

There will be no monetary compensation for my participation in this research study.

I. Questions

Any questions about my participation in this study will be answered by Chia-yun Chiang, emailing her at cchiang@student.ndnu.edu. Any questions or concerns about this study should be addressed to Jennifer Harrison, or (650)-508-3674. Complaints or concerns about this study may be addressed to Dr. Kim Tolley at ktolley@ndnu.edu, or (650)-508-3464).

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. My consent is given voluntarily without being coerced. I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without penalty or prejudice to my future contact with NDNU.

_____ YES, I agree to participate in this study.

_____ NO, I don't agree to participate in this study.

_____ YES, I agree to have photo's taken of my artwork.

_____NO, I don't agree to have photo's taken of my artwork.

_____YES, I agree to have voice recorded during my post-session interview.

_____NO, I don't agree to have voice recorded during my post-session interview.

Print Name _____ Date_____
                          Conservator

Signature _____ Date_____
                          Conservator

Signature _____ Date_____
                    Student Investigator

參與研究同意書（長輩）

那慕爾聖母大學

羅爾斯頓大道 1500

貝爾蒙特，加利福尼亞 94002

計劃名稱：*藝術與連結：在安寧療護中透過圖像來觸及自我的靈性*

學生調查員：江佳芸

學生調查員主要連絡人聯系資訊：江佳芸，

cchiang@student.ndnu.edu 或（502）657-8619

計劃負責人：NDNU 藝術治療心理學系，Jennifer Harrison 教授，PsyD, ABPP, ATR-BC, DAAETS

計劃負責人聯系資訊：jharrison@ndnu.edu 或（650）508-3556

這項研究將需要你參加一個藝術治療小組，談論藝術和靈性在你的生活之中。佳芸是一個在那慕爾聖母大學的博士生，想要探索亞洲文化如何理解靈性靈性，並增加靈性的連結。在與佳芸為期八週一個小時的會面過程中，你將需要藝術創作和回答問題。

A. 目的和背景

本研究的目的為探索在 On Lok 中心結合澄心聚焦取向藝術治療 (Focusing-Oriented Art Therapy, FOAT ®)，以及具有主題性的系列團體治療的影響。具體而言，研究者試圖決定 FOAT ® 是否為適合亞洲文化的方法; 能夠在長者照護的機構中，透過藝術過程及圖像來增加靈性的連結。本研究還包含在團體治療後，針對工作人員安排的 45 分鐘的 FOAT ®，以協助研究者來了解及覺察他們對長者照護經驗的看法。將有八個為時 50 分鐘的團體療程，在那慕爾聖

母大學心理學副教授藝術治療學系 Dr. Jennifer Harrison 的監督下，由 2015 藝術治療博士班學生進行研究。

B. 程序

在自願同意參與本研究，我的理解如下：

1. 我將完成調查問卷，其中包括我的背景和長者照護經驗之相關問題。這些資訊將被用於研究目的。

2. 我將會在藝術治療的第一個及最後一個療程，完成個人靈性態度及參與的量表。

3. 我將會參與每一個藝術引導; 包含探索安全的地方、疼痛陪伴、探索改變和失去、近期的擔憂、聽身體需要什麼、辨識內在與外在的資源、探索自然、對未來的期許。

4. 我會提供書面回饋，讓研究者用於評估藝術引導的影響。

5. 藝術品可以被複製，並用於研究和出版。藝術作品在拍照留存過後，將會歸還與我。

6. 藝術品的影像將為研究人員所有。

C. 風險

參與這項研究有可預見的風險。在接受藝術活動的引導下，我可能會體驗到因為反映安全地方、身體需要、和近期的擔憂而感到壓力。但是，這項研究的目的是透過藝術創作和觀看圖像來增加靈性的連結，因此，研究人員將在研究過程中，協助參與者處理可能出現的任何不適。額外的輔導資源將提供給沒有接受心理諮詢的參與者。

D. 效益

參與這項研究的可能好處如下：
1. 我可以體會在長者照護中，正向的情感體驗。
2. 我可能會體驗到增加靈性連結。
3. 我可能會覺得運用藝術材料既有趣又輕鬆。
4. 我可能會經歷個人成長和自我認識。
5. 我可以體驗到貢獻科學知識所獲得的成就感。

E. 保密性

本研究的記錄將全數保密。個人不會在任何報告或出版品中被辨識出來。所有藝術品、問卷、和轉錄資料將與同意書，和藝術作品使用許可使用相應的編碼。所有表格和數字將與所有的藝術品、問卷調查、和轉錄資料分別儲存，資料會置於兩道鎖後; 包含上鎖的辦公室及箱子內，並且只有研究學生和負責人可以查看。所有的研究資料將由研究人員保存七年，所有的藝術作品和資訊將在此年限後釋出。

F. 選擇

我可以謝絕參加這項研究

G. 成本

我無需任何成本來參加這項研究

H.補償

我參與這項研究不會有金錢上的補償

I. 問題

江佳芸將回答我參與這項研究的任何問題，Email: cchiang@student.ndnu.edu。關於這項研究的任何問題經由 Jennifer Harrison 處理，聯繫電話：(650) 508-3674。關於這項研究的投訴或問題可與 Dr. Kim Tolley 聯繫，email: ktolley@ndnu.edu 或（650) 508-3464。

我在不強迫的情況下自願參與研究。我可以拒絕參加本研究或研究的一部分，並在不會受到處罰和影響未來聯繫 NDNU 的權益下，可隨時退出。

_____是的，我同意參加這項研究。

_____不，我不同意參與這項研究。

_____是的，我同意拍攝我的作品。

_____不，我不同意拍攝我的作品。

_____是的，我同意在訪談中進行錄音。

_____不，我不同意在訪談中進行錄音。

簽名（正楷）_____日期_____
　　　　　　　研究的參與者

簽名_____　日期_____
　　　　　　　研究的參與者

簽名＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿日期＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

　　　　照顧者/工作人員

簽名＿＿＿＿＿＿＿＿＿＿＿＿＿　日期＿＿＿＿＿＿＿＿＿＿＿＿＿＿

　　　　照顧者/工作人員

簽名＿＿＿＿＿＿＿＿＿＿＿＿＿＿日期＿＿＿＿＿＿＿＿＿＿＿＿＿＿

　　　研究學生

簽名＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　＿＿＿＿＿＿＿＿＿＿＿＿＿

日期

　　　研究學生

參與研究同意書（工作人員）
那慕爾聖母大學
羅爾斯頓大道 1500
貝爾蒙特，加利福尼亞 94002

計劃名稱：*藝術與連結：在安寧療護中透過圖像來觸及自我的靈性*
學生調查員：江佳芸
學生調查員主要連絡人聯系資訊：江佳芸，cchiang@student.ndnu.edu 或（502）657-8619
計劃負責人：NDNU 藝術治療心理學系，Jennifer Harrison 教授，PsyD, ATR-BC.
計劃負責人聯繫資訊：jharrison@ndnu.edu 或（650）508-3556

這項研究將需要你參加一個藝術治療小組，談論藝術和靈性在你的生活之中。佳芸是一個在那慕爾聖母大學的博士生，想要探索亞洲文化如何理解靈性靈性，並增加靈性的連結。在與佳芸一個小時的會面過程中，你將需要藝術創作和回答問題。

A.目的和背景

本研究的目的為探索在 On Lok 結合澄心聚焦取向藝術治療（FOAT ®)，以及具有主題性的系列個別治療的影響。具體而言，研究者試圖決定 FOAT 是否為適合亞洲文化的方法; 能夠在長者照護的機構中，透過藝術創作及圖像來增加靈性的連結。本研究還包含在團體治療後，針對工作人員安排的 45 分鐘的 FOAT ®，以協助研究者來了解及覺察他們對長者照護經驗的看法。將有八個為時 50 分鐘的團體療程，在那慕爾聖母大學心理學副教授藝術治療學系 Dr. Jennifer Harrison 的監督下，由 2015 藝術治療博士班學生進行研究。

B. 程序

在自願同意參與本研究，我的理解如下：
1. 我將完成一個調查問卷，其中包括我的背景與長者照護的相關問題，這些資訊將被用於研究目的。
2.我將會參加一個面談及藝術活動，重點於探索長者照護的經驗和看法。
3. 藝術品也許被複製，並用於研究和出版。藝術作品在拍照留存過後，將會歸還與我。
4. 藝術品的影像將為研究人員所有。

C. 風險

參與本研究將是自願的，且參與者可以選擇在任何時候退出。然而，在參與過程中，我可能會在反應個人的長者照護經驗時而感到壓力。研究人員將在研究過程中，協助參與者處理可能出現的任何不適。額外的輔導資源將提供給沒有接受心理諮詢的參與者

D. 效益

參與這項研究的可能好處如下：
1. 我可能會對我所提供的長者照護，產生積極的情感體驗。
2. 我可能會覺得運用藝術材料既有趣又輕鬆。
3. 我可能會經歷自我洞察力和自我認識。
4. 我可以體驗到貢獻科學知識所獲得的成就感。

E. 保密性

本研究的記錄將全數保密。個人不會在任何報告或出版品中被辨識出來。所有藝術品、問卷、和轉錄資料將與同意書，和藝術作品使用許可使用相應的編碼。所有表格和數字將與所有的藝術品、問卷調查、和轉錄資料分別儲存，資料會置於兩道鎖後; 包含上鎖的辦公室及箱子內，並且只有研究學生和負責人可以查看。所有的研究資料將由研究人員保存七年，所有的藝術作品和資訊將在此年限後釋出。

F. 選擇

我可以謝絕參加這項研究。

G. 成本

我無需任何成本來參加這項研究

H. 補償

我參與這項研究不會有金錢上的補償

I. 問題

江佳芸將回答我參與這項研究的任何問題，Email: cchiang@student.ndnu.edu。關於這項研究的任何問題經由 Jennifer Harrison 處理，聯繫電話：(650) 508-3674。關於這項研究的投訴或問題可與 Dr. Kim Tolley 聯繫，email: ktolley@ndnu.edu 或（650) 508-3464。

我在不強迫的情況下自願參與研究。我可以拒絕參加本研究或研究的一部分，並在不會受到處罰和影響未來聯繫 NDNU 的權益下，可隨時退出。

_____是的，我同意參加這項研究。

_____不，我不同意參與這項研究。

_____是的，我同意拍攝我的作品。

_____不，我不同意拍攝我的作品。

_____是的，我同意在訪談中進行錄音。

_____不，我不同意在訪談中進行錄音。

簽名_____   _____日期
　　　　照顧者/工作人員

簽名_____   _____日期
　　　　照顧者/工作人員

簽名_____   _____日期
　　　　研究學生

簽名_____   _____日期
　　　　研究學生

Appendix E

Demographic Questionnaire (Seniors Staff; English and Mandarin Versions)

Art and Connectedness: Art as a Means to Spiritual Care for Asian

Seniors (Seniors)

Demographic Information
(*to be filled out by the seniors*)

1. Age (Check one):

☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80-84

☐ 85-89 ☐ 90-94 ☐ 95+

2. Gender How do you identify? _____ ☐Prefer not to answer

3. Ethnicity

Asian, country of origin (Check one)

☐ China ☐ Hong Kong ☐ Japan ☐ Taiwan ☐ Singapore ☐ Korea

☐ Pacific Islander ☐ Others_____ ☐ Prefer not to answer

4. How long have you been admitted to On Lok? (Check one)

☐ 0-1 month ☐1-3 months ☐3-6 months ☐6-9 months

☐ 9-12 months ☐ 1-3 years ☐ 3-6 years ☐ 6 years+

5. What is your religion, if any? ☐ Atheist/agnostic ☐ Buddhism

☐ Catholic ☐ Christian ☐ Taoism ☐ Prefer not to answer

6. On a scale of 1 to 5, please rate how comfortable you are making art (Circle one):

1	2	3	4	5
Not at all comfortable		*Somewhat comfortable*		*Extremely comfortable*

7. On a scale of 1 to 5, please rate how often you make art on your own (Circle one):

1	2	3	4	5
Never	*Almost never*	*Sometimes*	*Often*	*Every day*

8. On a scale of 1 to 5, please rate how familiar you are with art therapy?

1	2	3	4	5
Not at all familiar		*Somewhat familiar*		*Extremely familiar*

Thank you for your participation!

Staff and Volunteers

Art and Connectedness: Art as a Means to Spiritual Care for Asian Seniors

Demographic Information
(*to be filled out by the staff*)

1. Age (Check one):
☐ 18-24   ☐ 25-30   ☐ 31-35   ☐ 36-40   ☐ 41-45   ☐ 46-50   ☐ 51-55
☐ 56-60   ☐ 61-65   ☐ 65+

2. Gender How do you identify? _____ ☐ Prefer not to answer

3. Ethnicity (Check one)
☐ Black/African American   ☐ White/Caucasian   ☐ Asian
☐ Latino(a)/Hispanic/Chicano(a)   ☐ Native American /Alaska Native ☐ Middle East
☐ Others_____   ☐ Prefer not to answer

4. How long have you been involved with On Lok? (Check one)
☐ 0-6 months   ☐ 6-12 months   ☐ 1-5 years   ☐ 5-10 years
☐ More than 10 years

5. What is your current position at On Lok?   ☐ Staff   ☐ Volunteer

6. What is your religion, if any?   ☐ Atheist/agnostic ☐ Buddhism ☐ Catholic

☐ Christian ☐ Taoism ☐ Others_____ ☐ Prefer not to answer

7. On a scale of 1 to 5, please rate how comfortable you are making art (Circle one):

1	2	3	4	5
Not at all comfortable		*Somewhat comfortable*		*Extremely comfortable*

8. On a scale of 1 to 5, please rate how often you make art on your own (Circle one):

1	2	3	4	5
Never	*Almost never*	*Sometimes*	*Often*	*Every day*

9. On a scale of 1 to 5, please rate how familiar you are with art therapy?

1	2	3	4	5
Not at all		*Somewhat*		*Extremely*
familiar		*familiar*		*familiar*

Thank you for your participation!

藝術與連結：在長者照護中透過圖像來觸及自我的靈性（長輩）
問卷調查

1.年齡（請勾選）：

☐ 55-59   ☐ 60-64   ☐ 65-69   ☐ 70-74   ☐ 75-79   ☐ 80-84

☐ 85-89   ☐ 90-94   ☐ 95+

2. 您的性別？＿＿＿＿＿＿＿＿＿＿＿＿＿＿ ☐ 選擇不回答

3. 種族

亞洲，原籍國（請勾選）

☐ 中國 ☐ 香港 ☐ 台灣 ☐ 新加波 ☐ 其它＿＿＿＿＿＿＿

☐ 太平洋島民   ☐ 選擇不回答 ☐ 其它＿＿＿＿＿＿＿

4. 請問您接受 On Lok Lifeways 照護多久了？（請勾選）

☐ 0-1 個月 ☐ 1-3 個月 ☐ 3-6 個月 ☐ 6-9 個月 ☐ 9-12 個月

☐ 1-3 年   ☐ 3-6 年 ☐ 6 年+

5. 您的宗教信仰是什麼？ ☐ 無神論/不可知論者 ☐ 佛教

☐ 天主教 ☐ 基督教 ☐ 道教   ☐ 選擇不回答

6. 從 1 到 5，請您評估對藝術感到舒適的程度（圈選）：

1   2   3   4   5
不自在   尚可   非常自在

7. 從 1 到 5，請你評估自己創作藝術的頻率（圈選）：

1	2	3	4	5
從來沒有	幾乎沒有	有時候	經常	每天

8. 以 1 到 5 的比例，請評估您對藝術治療的熟悉程度？

1	2	3	4	5
不熟悉		有點熟悉		非常熟悉

謝謝您的參與！

藝術與連結：在長者照護中透過圖像來觸及自我的靈性（工作人員/志工）
問卷調查

1. 年齡（請勾選）：
   ☐ 18-24　☐ 25-30　☐ 31-35　☐ 36-40　☐ 41-45　☐ 46-50
   ☐ 51-55　☐ 56-60　☐ 61-65　☐ 65+

2. 您的性別？_____ ☐ 選擇不回答

3. 種族 (請勾選)
   ☐ 中國 ☐ 香港 ☐ 台灣 ☐ 新加波 ☐ 其它_____
   ☐ 太平洋島民 ☐ 選擇不回答 ☐ 其它_____
   ☐ 白人/高加索 ☐ 亞洲 ☐ 拉丁/西班牙裔/墨西哥裔美國人 ☐ 印第安人/阿拉斯加
   原住民
   ☐ 其他_____ ☐ 選擇不回答

4. 請問您在 On Lok Lifeways 服務多久了？（請勾選）
   ☐ 0-3 個月　☐ 3-6 個月　☐ 6-9 個月　☐ 9-12 個月　☐ 超過 1 年 ☐ 1-5 年
   ☐ 5-10 年 ☐ 10 年+

5. 你的宗教信仰是什麼？ ☐ 無神論/不可知論者　☐ 佛教　☐ 天主教
   ☐ 基督教　☐ 道教　☐ 選擇不回答

6. 從 1 到 5，請您評估對藝術感到舒適的程度（圈選）：
   1　　　　　　　2　　　　　　　3　　　　　　　4　　　　　　　5
   不自在　　　　　　　　　　　　尚可　　　　　　　　　　　　非常自在

7. 從 1 到 5，請你評估自己創作藝術的頻率（圈選）：
   1　　　　　2　　　　　3　　　　　4　　　　　5
   從來沒有　　幾乎沒有　　有時候　　經常　　　每天

8. 以 1 到 5 的比例，請評估你對藝術治療的熟悉程度？
   1　　　　　　2　　　　　　3　　　　　　4　　　　　　5
   不熟悉　　　　　　　　有點熟悉　　　　　　　　非常熟悉

謝謝您的參與！

Appendix F

Spiritual Attitude and Involvement List (English and Mandarin Versions)

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Begeleiding bij kanker

SPIRITUAL ATTITUDE AND INVOLVEMENT LIST (SAIL)

- Please, **circle** the answer that is most applicable to you
- There are no 'right' or 'wrong' answers
- Your first reaction is often the best; do not think too long about your answer

We realise that some questions may be difficult to answer for you, for instance because you have never thought about it before. Yet it is of utmost importance that you **answer every question**.

To what extent do the following statements **generally** apply to you?
(Not just now, but most of the time)

		not at all	hardly at all	some-what	to a reason-able degree	to a high degree	to a very high degree
1.	I approach the world with trust	1	2	3	4	5	6
2.	It is important to me that I can do things for others	1	2	3	4	5	6
3.	In difficult times, I maintain my inner peace	1	2	3	4	5	6
4.	I know what my position is in life	1	2	3	4	5	6
5.	The beauty of nature moves me	1	2	3	4	5	6
6.	I accept that I am not in full control of the course of my life	1	2	3	4	5	6
7.	I am receptive to other people's suffering	1	2	3	4	5	6
8.	I accept that I am not able to influence everything	1	2	3	4	5	6
9.	Whatever happens, I am able to cope with life	1	2	3	4	5	6
10.	There is a God or higher power in my life that gives me guidance	1	2	3	4	5	6
11.	I am aware that each life has its own tragedy	1	2	3	4	5	6
12.	I experience the things I do as meaningful	1	2	3	4	5	6
13.	I try to take life as it comes	1	2	3	4	5	6

		not at all	hardly at all	some-what	to a reason-able degree	to a high degree	to a very high degree
14.	When I am in nature, I feel a sense of connection	1	2	3	4	5	6
15.	I accept that life will inevitably sometimes bring me pain	1	2	3	4	5	6
16.	I try to make a meaningful contribution to society	1	2	3	4	5	6
17.	My life has meaning and purpose	1	2	3	4	5	6
18.	I want to mean something to others	1	2	3	4	5	6

		never	seldom	some-times	regular-ly	often	very often
19.	I have had experiences during which the nature of reality became apparent to me	1	2	3	4	5	6
20.	I have had experiences in which I seemed to merge with a power or force greater than myself	1	2	3	4	5	6
21.	I have had experiences in which all things seemed to be part of a greater whole	1	2	3	4	5	6
22.	I talk about spiritual themes with others (themes such as the meaning in life, death or religion)	1	2	3	4	5	6
23.	I have had experiences where everything seemed perfect	1	2	3	4	5	6
24.	I meditate or pray, or take time in other ways to find inner peace	1	2	3	4	5	6
25.	I have had experiences where I seemed to rise above myself	1	2	3	4	5	6
26.	I attend sessions, workshops, etc. that are focused on spirituality or religion	1	2	3	4	5	6

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靈性態度和參與量表（SAIL）

·請圈出最適合你的答案

·沒有「正確」或「錯誤」的答案

·請以直覺來作答，無需思考太久

我們理解有一些問題對您而言也許較難回答。例如，您之前從來沒有想過的問題。然而，您回答所有問題是最重要的。

在一般情況下，下面那一個陳述下適用於您？(不僅僅是現在，而是大部分的時候)

一點也不難在某種程度上達到合理程度到很高的程度

	完全沒有	幾乎沒有	有一些	合理程度	高的程度	非常高的程度
1. 我以信任來接近世界	1	2	3	4	5	6
2. 對我而言，能為別人做事是重要的	1	2	3	4	5	6
3. 在困難的時候，我保持內心的平靜	1	2	3	4	5	6

	1	2	3	4	5	6
4．我知道我在生活中的定位	1	2	3	4	5	6
5．大自然的美麗打動了我	1	2	3	4	5	6
6．我接受自己無法完全掌控生活的歷程	1	2	3	4	5	6
7．我能接收到別人的痛苦	1	2	3	4	5	6
8．我接受自己不能影響一切	1	2	3	4	5	6
9．無論發生什麼，我都能應對生活	1	2	3	4	5	6
10．我生命中有神或更高的力量來指引我	1	2	3	4	5	6
11.我知道每個生命都有自己的悲劇	1	2	3	4	5	6
12．我體驗到我所做事情的意義	1	2	3	4	5	6
13．我試著接受生活	1	2	3	4	5	6
14．當我在大自然中，我能感受到一種連結的感覺	1	2	3	4	5	6
15．我接受生活有時會給我帶來痛苦	1	2	3	4	5	6
16．我努力為社會做出有意義的貢獻	1	2	3	4	5	6
17．我的生活有其意義和目的	1	2	3	4	5	6
18．我對別人是有意義的	1	2	3	4	5	6
19．我曾有過這樣的經歷：在我看來，現實的本質是顯而易見的	1	2	3	4	5	6
20．我有過與在我之上力量相融的經歷	1	2	3	4	5	6
21．所有我經歷的事情似乎都是整體的一部分	1	2	3	4	5	6
22．我與他人談論精神主題（如生命、死亡或宗教的	1	2	3	4	5	6

意義）						
23．我有過似乎一切都很完美的經驗	1	2	3	4	5	6
24．我冥想或祈禱，或花時間在其他管道找到內心的 平靜	1	2	3	4	5	6
25．我似乎曾經歷過超越自我的經歷	1	2	3	4	5	6
26．我參加探討靈性或宗教的研討會或工作坊	1	2	3	4	5	6

August, 2008 Eltica de Jager Meezenbroek, Bert Garssen and Machteld van den Berg. Helen Dowling Institute, care for cancer, hdi@hdi.nl, postbox 85061, 3508 AB, Utrecht, The Netherlands, www.hdi.nl.

Appendix G

Eight Week Intervention (English and Mandarin Versions)

Week One: Welcome/Introduction: Warm Up to the Art Materials

Exercise 1.0. Coffee Filter Leaves (Rappaport, 2009, pp.82-83)

Art: Create a coffee filter leaf to resonant this season and feelings that emerge from this exercise

Goal: To help participants feel more comfortable with artmaking; introduce coffee filter art that elicits joy, beauty, and wonder; and create a contained milieu to establish safety and alliance.

Guided Focusing: Place the coffee filter leaves in front of you. Take a few moments to look at it. Begin to feel it…its texture, temperature, smoothness, or toughness, softness or hardness. Blow it, touch it, flap it. See what you can do with it as you respect its properties. What is it like to place it on your hand? We are going to explore the colors, lines, and shapes of the coffee filter leaves. You will have few minutes to use the art materials to create your own leaves. You may create a leaf to resonant the season and notice any feeling that comes to you: Happy, Love, Joy, Trust, Calm. See if you can be accepting to your artistic expression and feelings. Feel free to write down any words on the piece of paper after the artmaking is completed. Take a few moments to look at it and share how that was for each of you.

Week 2 – Accessing Acceptance, Culture, and Identity

Exercise 2.0. Name Drawing and Collage (Rappaport, 2009, pp.149-150)

Art: Draw or create a collage of how you see yourself and how you would like to be seen

Goal: Continue to explore art expressions and build trust and safety. Pictures help to facilitate metaphoric meanings and expressions.

Guided Focusing: Take a few deep breaths down inside to your body. Just greet and be accepting to whatever you find there in this moment. Take a few moments and say your name to yourself.

Hear your name on the inside. Ask inside, "So what would I like to tell this group about me?...Am I bold, or quiet… What do I enjoy?...What or who is important to me?" Just wait and let yourself have time for the answers to arise from within. When you're ready, ask inside, "So what's the whole feel of all of that [who I am and what I'd like this group to know about me]?" See if there's an image of your name that matches or acts like a "handle" for the inner felt sense. Perhaps the name feels big, or small, is certain colors, or thicknesses. See if there are any other symbols, shapes, colors, or images that go with your name. Sense that in your body. If it's not right, let it go and invite a new image of your name to come. When you have an inner sense of that rightness, gently open your eyes, bringing your attention to being here in the room… and when your're ready. Use the art materials to create your Name Drawing and Collage.

Week 3: Peaceful Place

Exercise 3.0 Focusing Stress Check-In (Rappaport, 2009, p.141)

Art: Draw or write anything that reflect your felt sense from this exercise

Goal: Notice tension and stress in the body and help participants to become acquainted.

Guided Focusing: Take a few deep breaths into your body. Follow your breath down inside to your body and notice any places that feel tense or stressed. See if you can be friendly to whatever is there. Now, see if there's an image that acts like a handle for the inner felt sense of the stress or tension. Check it for a sense of rightness. When you're ready, drew the felt sense image.

 [Pause to do the expressive art part.]

Exercise 3.1 Peaceful Place and "being friendly" (Rappaport, 2009, p.141)

Art: Create an image of your peaceful place and reflect on how it feels in your body

Goal: Develop body awareness through a visual representation of peaceful place

Guided Focusing: Imagine that you are somewhere peaceful. It may be a place that you know or one that you make up in your imagination. Sense how it feels in your body…being friendly what you find (Pause.) Now, see if there's an image that matches the inner felt sense. When you are ready, draw the felt sense image.

Week 4: Aligning the Body, Breath, and Mind

Exercise 4.1 Mindful Breathing (Rappaport, 2009, p.207)

Art: Gently and compassionately follow your breaths and pay attention on how your body feels during mindful breathing

Goal: To help participants to align the body, breath, and mind. Coordinate breathing with phrases and words. Help to address difficult feeling.

Guided Focusing: If you feel comfortable, I invite you to close your eyes now, but you don't have to. And, if you do close your eyes, know that it's ok to open them anytime, and don't have to wait until I suggest you open them. As you settle in, with your eyes closed or open, gently bring your awareness to your body. Feel your feet flat on the floor; the chair supporting your upper legs and back; feel your shoulders – how are they being supported? Your arms and hands? Maybe they are crossed in your lap or resting at your side. Be aware of your breath coming into your body and moving out. In and out.

To help it be easier, you can silently say to yourself, " In" as you breath in…and then "Out as you breath out. (Pause)…Repeat 2 times: , " In" as you breath in…and then "Out as you breath out. (Pause).

And now we are going to change it a litte to:

Breathing in a sense of peace as you breathe in…and…

Breathing out a sense of calm as you breath out.

To help it be easier, you can silently say to yourself, " In Peace" as you breath in…and then "Out

Calm as you breathe out. (Pause)…Repeat 2 times: , " In" as you breath in…and then "Out as you

breath out. (Pause).

If it's helpful, you can also picture a peaceful and calm place while you breath in peace and breathe

out calm. (Pause).

Guided Focusing: Now, notice how it feels in your body as you breathe in this sense of peace…and

breathe out calm. Notice the feeling inside. Notice if there are any colors, shapes, images or words

that match the inner felt sense of how it feels inside. Take some time to express your felt sense of

this mindful breathing through art.

Week 5: Finding Support, Resources, and Strengths

Exercise 5.0 Source of Strength (Rappaport, 2009, p.174)

Art: Create an image of what source of strength you have and how is it important to you

Goal: Allow the reflection of strengths and support; provide a tangible form in describing the

needs and resources

Guided Focusing: Take a few deep breaths down into your body…breathing in….breathing out.

Become aware of your body…where it meets the chair, of your feet touching the floor. Feel how

your body is supported. Whatever thoughts are on your mind, notice them and let them pass by like

clouds in the sky.

I'd like to invite you to become aware of something in your life that has been a source of strength. It

may be a person in your life, something from nature, a spiritual source, or something else.

Describe this source of strength to yourself… Turn your attention inside to your body and notice

how it feels inside as you focus on this source of strength. (Pause) See if there's an image that

matches or acts like a "handle" for the inner felt sense. (Pause.) Check it against your body for a

sense of rightness. If it's not right, let it go and invite a new image (or word, phrase, gesture, or

sound) to come. (Pause.) When you're ready, bring you're attention to being in this room, stretch,

and gently open your eyes. Using the art materials, create the image of your source of strength.

Week 6: Connecting with Nature

Exercise 6.0 Focusing on Nature (Rappaport, 2009, p.230)

Art: Draw or create an image representing your experience with nature

Goal: Create an artistic representation of experience with nature, and use it as a resource to center the

mind.

Guided Focusing: Take a few deep breaths down inside to your body. Feel the support of the floor

and the chair that you're sitting on. As you breath, I'd like to invite you to explore your

[relationship with nature] over the lifetime. As you feel the support of the [chair, the floor, and the

earth], and your breath coming into and out of your body, I'd like to invite you to take a moment and

reflect on any experience with nature you may have had [in your life]. The experience may be

connected to your sense of spirituality in nature…walking in a woods…looking at the night sky full

of stars…the sunset…or a flower…when there's a moment of feeling a connection with the

universe…If you don't recall a connection with nature, that's ok. Just acknowledge that…and create

a welcoming space…Turn your attention inside to your body and ask, "What's the whole feel of the

relationship with nature?" Take your time, allowing a felt sense to form. See if there's an image (or

word, phrase, gesture, or sound) that matches or acts like a handle for the inner felt sense. Check it

for a sense of rightness. If it's not right, allow a new image (word, phrase, gesture, or sound) to

come. When you're ready, bring your attention back here… stretch…(if your eyes have been closed, gently allow them to open) and use the art materials to create the felt sense image of the relationship with nature.

Week 7: Building Relationship

Exercise 7.1 Group Mandala (Rappaport, 2009, p.223)

Art: Draw and design your mandala piece. Each piece represents each of you in this group

Goal: Facilitate conversations and positive interactions; create a collaborative milieu and safe space

Guided Focusing: Take a moment and become aware of one thing in your life that you are grateful for. It may be something from the presence…like being part of this group or living here; something from nature; something that was important to in your life… like friends or family or where you have lived; something that you have done in your life, etc. What made you laugh or smile today? What's the weather like today, what's one good thing about that? What simple pleasures did you enjoy—or can you enjoy—today? (Pause.) Imagine you are watching a movie and can see highlights from your experience over time…up until now (Pause.) Notice where you see yourself in these grateful moments. Turning your attention inside, ask, "What's the whole feel of being grateful?" (Pause.) See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for inner felt sense…Check it against your body for a sense of rightness…If it's not right let it go and invite a new image to come. (Pause.) When you're ready, breathe that out, and now imagine what it would look like and feel like for you to have the relationship with this person or thing that you're grateful for. Be friendly to whatever comes. See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for the inner felt sense…Check it against your body for a sense of rightness…if it's not right let it go and invite a new image to come. (Pause.)

Week 8: Expressing Legacies, Compassion, and Gratitude

Exercise 8.0 Messages to Pass On (Rappaport, 2009, pp.219, 222, 225)

Art: Create an image of your messages that you would like to pass on

Goal: Find the connection with others (i.e., loved ones, friends) by expressing messages and

legacies. Honor participants' stories and wisdom. Express compassion and gratitude.

Guided Focusing: Let yourself sit in a comfortable position. Take a few deep breaths, noticing the

breath moving in and out of the body. Feel free to close your eyes or keep them open...whichever is

most comfortable to you. Feel the support of the chair, the floor where your feet touch, the ground,

and being here. I'd like to invite you to reflect on what you have learned from this group and what

messages you would like to pass on. Begin to let yourself to review what messages you have…what

do you like about this group? What have you learned from this group? What messages would you

like to pass on in this group and outside the group? Turn your attention inside to your body and ask,

"What's the whole feel of [passing on messages]?" Take your time, allowing a felt sense to form.

See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for the

inner felt sense. Check it for a sense of rightness. If it's not right, allow a new image (word, phrase,

gesture, or sound) to come. When you're ready, bring your attention back here… stretch…(if your

eyes have been closed, gently allow them to open) and [choose one image to represent] the felt sense

image of [the messages to the next generation].

Post-Senior Session with Staff/Volunteer

Exercise 9.0   Experience of Spiritual Care (Rappaport, 2009, p.97)

Art: Create an image that contains your feeling of spiritual care and how you would like to see in your service

Goal: Provide space and opportunity for self-expression, group support and dialogue.

Guided Focusing: Let yourself sit in a comfortable position. Take a few deep breaths, noticing the breath moving in and out of the body. Feel free to close your eyes or keep them open...whichever is most comfortable to you. Feel the support of the chair, the floor where your feet touch, the ground, and being here. I'd like to invite you to reflect on the experience of spiritual care. Become aware of feelings about the [experience of spiritual care]. "What does spiritual care mean to you? What do you notice about spiritual care as you provide care for others?" "What challenges do you have?" And "What would you like to learn about it?" Turn your attention inside to your body and ask, "What's the whole feel of [spiritual care]?" Take your time, allowing a felt sense to form. See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for the inner felt sense. Check it for a sense of rightness. If it's not right, allow a new image (word, phrase, gesture, or sound) to come. When you're ready, bring your attention back here… stretch…(if your eyes have been closed, gently allow them to open) and [choose one image to represent] the felt sense image of [spiritual care]. Notice which art materials you feel drawn to, and use them to create an artistic expression that matches your felt sense. If you rather move or write instead of draw, feel free to engage in any expressive art form that resonates with you. (Pause). When you finish, you may journal about the piece and what came up in this exercise.

第一週－歡迎/介紹：藝術材料的暖身

1.0 咖啡濾紙葉 (Rappaport, 2009, p.230)

藝術：創造一個咖啡濾紙葉，與這個季節產生共鳴，並從這個練習中產生感受

目標：幫助參與者更熟練地進行藝術創作; 介紹引發喜悅、美麗、和驚奇的咖啡濾紙藝術; 並創造一個包容的環境來建立安全感和聯盟。

引導聚焦：把咖啡濾紙葉放在您的面前。花點時間看看它。開始感覺它⋯它的質地、溫度、平滑度、韌性，柔軟性或硬度。吹它、觸摸它、拍打它，看看您能做什麼，如同您尊重它的材質。把它放在您手上是什麼感覺呢？我們將探索咖啡濾紙葉的顏色、線條和形狀。您將有幾分鐘的時間使用藝術材料來製作您自己的葉子。您可以創造一片樹葉來反應這個季節，並注意到任何感覺：快樂、愛、愉悅、信任、平靜。 看看您是否能夠接受您的藝術表達和感受。 在藝術作品完成後，可任意在紙上寫下任何字。 花一些時間看著葉子， 並相信您在探索咖啡濾紙葉的特性之後想到的任何事物。完成葉子後，花點時間來分享您們每個人的經歷。

第 2 週 －達到接受、文化、與認同

練習 2.0 名字的畫與拼貼 （Rappaport, 2009, pp.149-150）

藝術：畫出或創造一幅您如何看待自己以及您希望如何被他人看到的拼貼畫

目標：繼續探索藝術表達，建立信任和安全。 圖片有助於促進隱喻的意義和表達。

引導聚焦：做幾次深呼吸進入您的身體。單純的迎接並接受您在這一刻所發現的一切。花點時間對自己說您的名字。在內心聽到您的名字，問內心，「那麼我想告訴這個團體關於我的什麼呢？」… 我是大膽的還是安靜的……我喜歡什麼？…對我來說重要的是誰？」等待著，讓自己有時間從內在產生答案。當您準備好了，問內在，「那麼，這一切的感覺是什麼？」『我是誰，我想讓這個團體知道我的什麼呢？』」看看您的名字是否與內心的意感相符，或者像一個「把手」。也許這個名字感覺大或小，是某些顏色，或厚度。看看是否有任何其他的符號、形狀、顏色，或影像與您的名字一起併行。感覺它在您的身體。如果不正確，就讓它離去，並邀請一個您名字的新圖像。當您內心有這種意感時，輕輕睜開眼睛，把注意力放在房間裡……當您準備好了。使用藝術材料來創造您名字的畫和拼貼。

「停頓以做藝術表達的部分」

第 3 週—祥和之地

練習 3.0 澄心聚焦壓力檢視 (Rappaport, 2009, p.141)

藝術：寫或畫下能反映意感的圖像

目標：注意身體的緊張和壓力，並幫助參與者認識。

引導聚焦：做幾次深呼吸進入您的身體。跟隨您的呼吸進入您的身體，注意任何感到緊繃或壓力的地方。看看您是否能對那裡的任何事物友好。現在，看看是否有一個圖像、一個把手、符合或表現了意感把手的緊繃與壓力。檢查它的正確性。當您準備好的時候，畫出意感。

[停頓以做藝術表達的部分]。

練習 3.1 祥和之地和「友好」(Rappaport, 2009, p.141)

藝術：創造祥和之地的圖像並感受身體的感覺

目標：通過視覺呈現祥和的地方來提高身體意識

引導聚焦：想像您在一個祥和的地方。它可能是一個您知道的地方，或者是您想像中的一個地方。感覺到您的身體現在如何⋯對您所發現的事物友好（停頓）現在，看看是否有一個圖像能符合內心意感。當您準備好的時候，畫出意感的圖像。

第 4 週─與身體、呼吸、與心靈的連結

練習 4.0 覺照呼吸 (Rappaport, 2009, p.207)

藝術：溫柔和慈悲地跟隨你的呼吸，注意你的身體在正念呼吸時的感受

目標：幫助參與者調整身體，呼吸和思維。 用短語和單詞協調呼吸，幫助解決困難的感覺。

如果您覺得舒服適，我邀請您現在閉上眼睛，但是您可以不必這麼做。若您閉上眼睛，也知道可以隨時張開它們，不必等到我建議時您才張開它們。當您安定下來，閉上眼睛或睜開眼睛，輕輕地把您的覺知帶到您的身體。感覺您的腳平放在地板；椅子支撐您的上肢和背部；感覺您的肩膀─它們是如何支撐的？您的胳膊和手？也許他們是交叉在您的膝蓋或在您身側休息。注意您的呼吸進入並移出身體，進與出。

為了幫助它更容易，您可以默默地對自己說：「進」當你吸氣時……接著「出」當您呼氣時。（停頓）重複 2 次：「進」當你吸氣……然後「出」當您呼氣時。（停頓）。

現在我們將它改為：

當您吸氣時吸進一種平靜的感覺……

當您呼氣時呼出平靜。

為了幫助它更容易，您可以默默地對自己說：「在祥和中」當您吸氣時，接著…

「呼出平靜」當您呼氣時。（停頓）重複 2 次：「進」您吸氣時……然後「出」您呼氣時。（停頓 ）。

如果它有幫助，您也可以在吸入祥和與呼出平靜時，想像一個祥和與平靜的地方。（停頓）。

引導聚焦：現在，注意您的身體在當您吸入祥和時的感覺如何……接著是平靜的呼氣。注意內心的感覺。請注意，如果有任何顏色、形狀、圖像或文字能與內在感覺的意感相符。花些時間來用藝術表達您對覺照呼吸的意感。

第 5 週— 找尋支持、資源、與力量

練習 5.0 力量來源 (Rappaport, 2009, p.174)

目標： 允許反映力量和支持; 提供描述需求和資源的具體形式。

藝術： 創造一個您力量來源的圖像，並反映這個來源對您來說有多重要

引導聚焦：做幾次深呼吸進入您的身體…呼吸……呼氣。意識到您的身體……它在椅子上碰觸的地方，您的腳碰到地板。感受您的身體是如何被支撐的。無論您腦海中有什麼想法，注意它們，並讓它們像天空中的雲朵一樣飄去。

我想邀請您去瞭解您生命中一直是力量源泉的東西。它可能是您生命中的一個人，來自自然的東西，精神的源泉，或其他的東西。

描述您自己的力量源泉…把您的注意力轉向您的身體，注意您內心的感受，因為您專注於力量的源泉。（停頓）看看是否有一個影像（或單詞、短語、手勢或聲音）符合或表現了意感的把手……檢查您的身體是否有正確感。如果它不正確，讓它離去，並邀請一個新的圖像（或單詞、短語、手勢、或聲音）來。（停頓）當您準備好的時候，把注意力集中在這個房間裡，伸展，輕輕地睜開您的眼睛。運用藝術材料，描繪您的力量源泉的圖像。

第 6 週─與自然連結

練習 6.0 澄心聚焦自然 (Rappaport, 2009, p.230)

藝術：畫下或創造一個代表您的自然體驗的圖像

目標：創造一種與自然的藝術體驗表現，並將其作為一種資源來集中精神。

引導聚焦：做幾次的深呼吸來進入身體。感覺地板和您所坐的椅子的支撐。當您呼吸時，我想邀請您來探索您生命中與自然的關係。當您感覺到椅子、地板和大地的支撐，以及您的呼吸進出身體時，我想邀請您花一點時間思考一下您在生活中所擁有的任何與大自然有關的經歷。這段經歷可能與您在大自然中的靈性感有關……在樹林裡散步…看著滿天繁星的夜空…

…日落…或者一朵花……與宇宙連結的時刻……如果您不記得與大自然的連結，也沒有關係。只要承認它……並創造一個歡迎的空間…把您的注意力轉向您的身體，並且問：「與自然關係的整體感覺是什麼？」慢慢來，讓意感形成。看看是否有一個影像（或單詞、短語、手勢、或聲音），符合或表現了意感的把手。檢查它的正確性。如果不正確，允許一個新的影像（單詞、短語、手勢或聲音）來。當您準備好了，把您的注意力放回這裡…伸展。如果您的眼睛是閉上，輕輕地讓它們睜開），並使用藝術材料來創造與自然關係的意感圖像…

第 7 週—建立關係

練習 7.0 團體曼陀羅（Rappaport, 2009, pp.223-224）

藝術： 畫和設計您那部分的曼陀羅。 每一個部分都代表著團體中的每一個人

目標： 促進對話和積極的互動; 創造一個合作環境和安全空間

引導聚焦： 花一點時間，意識到您生命中有一件值得感恩的事。它可能是來自存在的東西…像是這個群體的一部分或生活在這裡；來自大自然的東西；在您的生活中重要的東西……像朋友或家人或您曾經生活過的地方；您在生活中所做的事情…等等。今天什麼使你發笑或微笑？今天天氣怎麼樣，有一個什麼是關於這樣天氣的好？您今天喜歡或可以享受哪些簡單的快樂？（停頓）想像一下您正在看一部電影，可以從你的經歷中看到這些感恩的時刻……直到現在（停頓）。把您的注意力轉移到內部，問：「感恩的整體感受是什麼？」（停頓） 看看是否有一個影像（或單詞、短語、手勢或聲音）符合或表現了意感的把手……檢查您的身體是否有正確感。如果它不正確，讓它離去，並邀請一個新的影像（或單詞、短語、手勢、或聲音）（停頓）當您準備好了，把它呼出來，現在想像您與這個感激的人或事產生關係時

看起來或感覺起來如何。無論是什麼都以友好的方式應對。看看是否有一個影像（或單詞、短語、手勢或聲音）符合或表現了意感的把手……檢查您的身體是否有正確感。如果它不正確，讓它離去，並邀請一個新的影像 (停頓）。

第 8 週－表達傳承、關照、與感恩

練習 8.1 傳遞的訊息（Rappaport, 2009，pp.219, 222, 225）

藝術：創造您所想要傳遞訊息的圖像

目標：通過表達信息和傳承來尋找與他人（即親人，朋友）的聯繫。 尊重參與者的故事和智慧。 表達關照和感謝。

引導聚焦：讓自己坐在舒服的位置上。做幾次深呼吸，注意呼吸在身體的進出。閉上您的眼睛，或者睜開眼睛，無論何者您覺得最舒服。感覺到椅子的支撐，您的腳接觸地面的地方，還有您身處在這裡。 現在我想邀請您反應您從這個團體所學習到的內容，以及您想要傳遞的訊息。開始讓自己回顧一下您有什麼訊息......「您喜歡這個團體的什麼地方？」「您在這個團體學到了什麼？」「您想在這個團體內及團體外傳遞什麼信息？」把您的注意力轉移到您的身體上，問：「傳遞訊息的整體感覺是什麼？」慢慢來，讓一種意感形成。 看看是否有一個圖像（或單詞、短語、手勢或聲音）符合或表現了意感的把手……檢查您的身體是否有正確感。如果它不正確，讓它離去，並邀請一個新的影像（或單詞、短語、手勢、或聲音）。當您準備好的時候，把您的注意力回到這裡…伸展（如果您的眼睛已經閉上，輕輕地讓它們打開）和 [選擇一個圖片來代表] [給他人訊息] 的意感圖像。

員工/志工的團體

練習 9.0 靈性照護經驗

藝術：創造一幅能包容您靈性照護感覺的圖像，以及您希望在服務中看到的方式

目標：提供自我表達的安全空間、團體支持、與對話的機會

引導聚焦：讓自己坐在舒服的位置上。做幾次深呼吸，注意呼吸在身體的進出。閉上您的眼睛，或者睜開眼睛，無論哪個您覺得最舒服。感覺到椅子的支撐，您的腳接觸地面的地方，還有您身處在這裡。我想請您們反映靈性照護的經歷。了解[靈性照護經驗]的感受。「靈性照護對您的意義是什麼？」「當您為別人提供護理時，您注意到關於靈性照護的地方？」「您有什麼樣的挑戰？」以及「您想了解什麼？」把您的注意力轉移到您的身體上並問：「整體感覺如何 [靈性照護]？慢慢來，讓意感形成。（停頓）看看是否有一個影像（或單詞、短語、手勢或聲音）符合或表現了意感的把手……檢查您的身體是否有正確感。如果它不正確，讓它離去，並邀請一個新的影像（或單詞、短語、手勢、或聲音）。當您準備好了，輕輕地伸展您的身體，睜開您的眼睛，如果它們之前是閉上的。注意哪些藝術材料是吸引您的，並用它們來創造一種符合您意感的藝術表達。如果您喜歡書寫而不是畫畫，可以自由地運用任何與您有共鳴的藝術表現形式。（停頓）當您完成時，您可以寫下在這個練習中所想到的事。

Appendix H

Set of Images Used in Study

※ **Large copy of each image ("4.1 x 5.8") was made for the purpose of study**

Photo 1

Photo 2

Photo 3
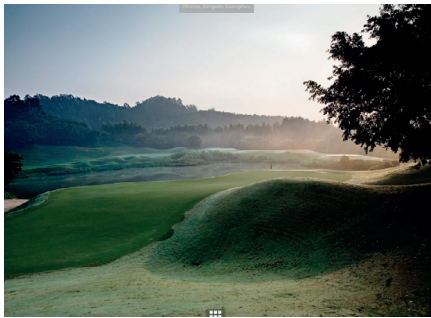
Photo 4

Photo 5

Photo 6

Photo 7

Photo 8

Photo 9
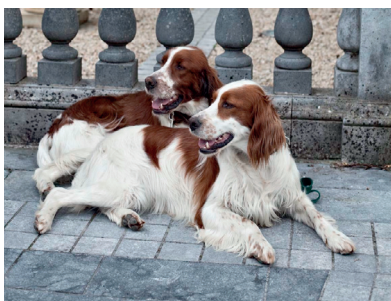
Photo 10
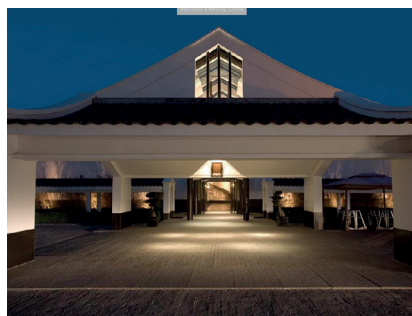
Photo 11

Photo 12

Photo 13

Photo 14

Photo 15

Photo 16

Photo 17

Photo 18

Photo 19

Photo 20

Photo 21
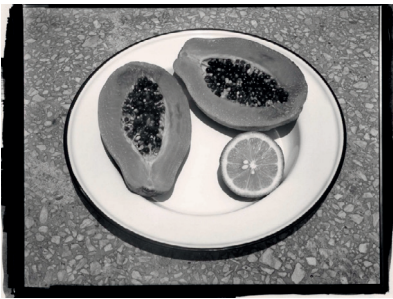
Photo 22

Photo 23

Photo 24

Photo 25

Photo 26

Photo 27

Photo 28

Photo 29

Photo 30

Photo 31

Photo 32

Photo 33

Photo 34

Photo 35
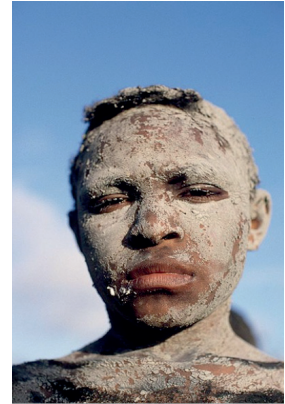
Photo 36

Photo   37

Photo 38

Photo 39

Photo 40

Photo 41
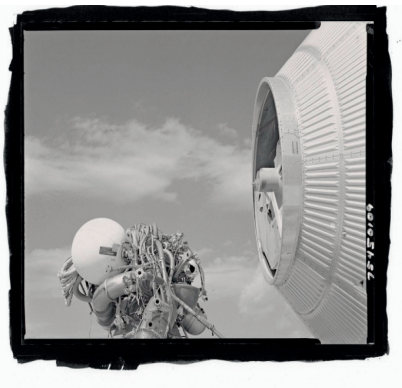
Photo 42

Photo 43

Photo 44

Photo 45

Photo 46

Photo 47

Photo 48

Photo 49

Photo 50

Photo 51

Photo 52

Photo 53

Photo 54
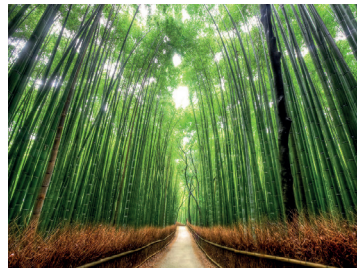
Photo 55

Photo 56

Photo 57

Photo 58

Photo 59

Photo 60

Appendix I

Image Analysis Form

Image Analysis Form

Week # of ___ 8

Please circle: Staff   Senior | Jade Center   30 St. Center

Check all that apply for the items in the form ✓

※ Please choose maximum of two in each section.

CONTENT (C)	FORMS (F)		STYLES (S)	COLORS (CL)
Predominant Themes (Subjective Experience)	*Amount of Space Filled* (Shape, Line, Pressure)		*Realistic, Abstract, or Mixed, Realistic + abstract*	*Predominant Colors*
※ Common Themes (C1)	※ Common Quality of Line (F1)		※ Common Style I (S1)	※ Common Colors You See in Group (CL1)
___ human figures (CA)	___ light pressure (FA)	___ heavy pressure (FI)	___ realistic (SA)	___ black (CLA)
___ animal figures (CB)	___ thin lines (FB)	___ thick lines (FJ)	___ abstract (SB)	___ white (CLB)
___ inanimate figures (CC)	___ jagged lines (FC)	___ shaky lines (FK)	___ realistic and abstract (SC)	___ gray (CLC)
___ nature theme (CD)	___ curved lines (FD)	___ spirals (FL)		___ red (CLD)
	___ diagonal lines (FE)	___ wavy/curly lines(FM)		___ pink (CLE)
	___ horizontal (FF)	___ vertical line (FN)		___ blue (CLF)
	___ parallel lines (FG)	___ broken line (FO)		___ turquoise (CLG)
	___ mixed lines (FH)			___ green (CLH)
※ Common Medium Used (C2)	※ How Much Space is Filled (F2)		※ Common Style II (S2)	___ yellow (CLI)
___ pencil (CE)	___ filled the entire space (FP)		___ placement within the mandala (SD)	___ orange (CLJ)
___ colored pencils (CF)	___ filled half the space (FQ)		___ exactness (detail) (SE)	___ brown (CLK)
___ colored markers (CG)	___ filled ¼ the space (FR)		___ wording (SF)	___ purple (CLL)
___ oil pastel (CH)	※ Shape relationships		___ shading (SG)	___ silver (CLM)
___ watercolor (CI)	___ large (bigger than ½ size) (FS)		___ harmony (SH)	___ gold (CLN)
___ acrylic (CJ)	___ medium (between ½ and ¼ size) (FT)		___ incongruence (SI)	※ Common Colors Used (CL2)
___ collage (CK)	___ small (smaller than ¼ size) (FU)		___ balanced (SJ)	___ 1-3 colors use (CLO)
___ tactile (CL)	___ mixed (large, medium, or small) (FV)		___ movement (SK)	___ 3-5 colors used (CLP)
___ glitter (CM)	___ overlapping (on top of each other) (FW)		___ shocking (SL)	___ more than 5 colors
___ chalk pastel (CO)			___ soothing (SM)	___ (CLR)
___ pen (CP)			___ perseveration (repeating) (SN)	

When viewing the art as whole what are 1~2 maximum emotions that emerge for you?

Appendix J

Valence-Arousal Circumflex Chart
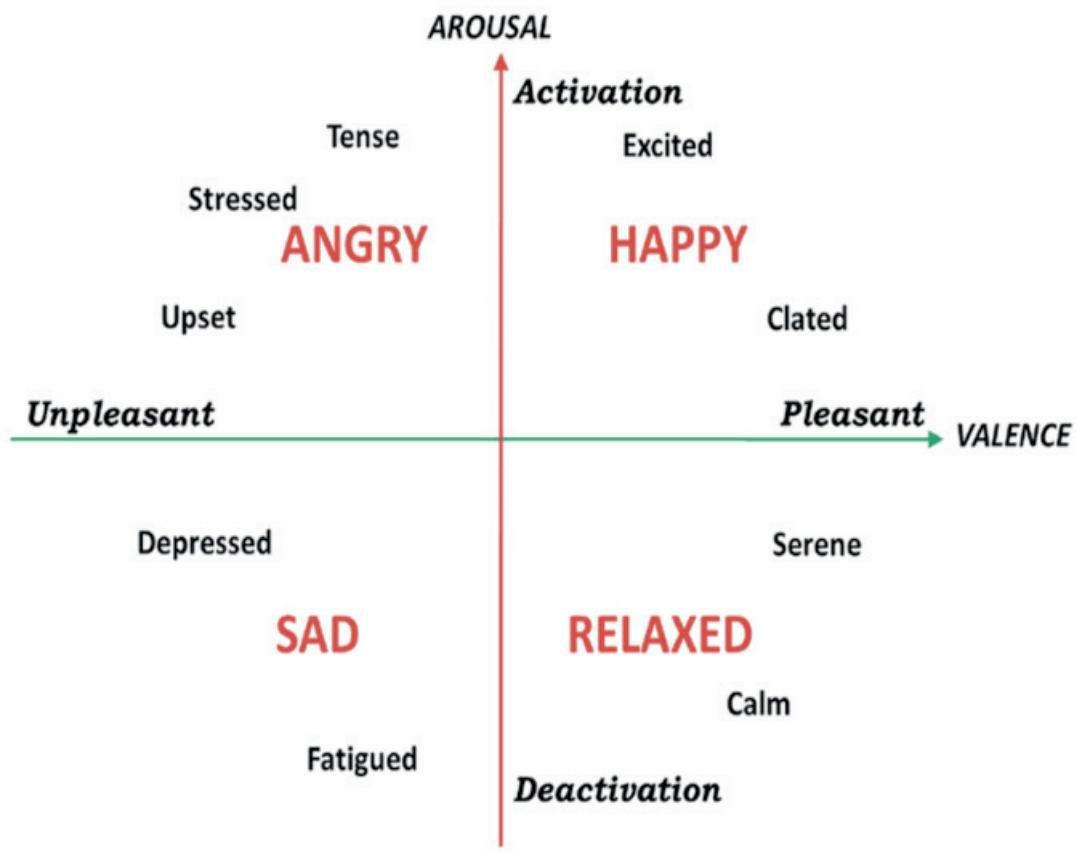
Appendix K

Group Process Note Form

Date: Location: # of participants:

Facilitators:

Supporters: Start Time: End Time:

Comments

1. Adhered to Time/Schedule?

2. Related to Goals. Have goals been met?

3. Are Interventions appropriate and effective?

4. Strengths and weaknesses of the workshop:

5. Any difficulties/Extraordinary events?

6. Participants' Response to interventions (*progress toward measurable objectives):*

7. Additional Information/Comments:

8. Subjective emotional theme of overall workshop process (The workshop preparation, the workshop and/or the debriefing):

  Student Investigator: _____Date

Appendix L

Semi-structured Interview Questions about the Quality of Life and Care (Seniors and

Staff; English and Mandarin Versions) .

1. What concerns do (you) seniors have about anything outside the eldercare?

2. What do (you) (seniors) like about the eldercare setting?

3. How do (you) (seniors) understand the experience of being at the eldercare?

4. Do the visual images assist (you) (seniors) in understanding the aging experiences?

5. Do (you) (seniors report) having increase spiritual feelings or connection?

6. Do you have any additional comments?

Response art (eldercare workers only)

Reflect on your experience or observations of spiritual care in eldercare.

關於生活與照顧的半結構式訪談：長輩 （你/妳）與志工及工作人員

1. 您對長者照護有什麼顧慮？

2. 您（長輩）喜歡長者照護的環境嗎？

3. 您（長輩）如何理解在長者照護的經歷？

4. 您是否認為視覺影像有助於（長輩）瞭解老化的經歷？

5. 根據您的觀察或描述，您認為長輩是否增加了對靈性的感覺或連結？

藝術反映（長者照護的工作人員）

請反映您在靈性照護的經驗及觀察

Appendix M

Debriefing Statement (English and Mandarin Versions)

Project Title: Art and Connectedness: Art as a Means to Spiritual Care for Asian Seniors

Student Investigator: Chia-Yun Chiang (Joyce)

Thank you for your participating in this research project. The purpose of this research project was to determine the effectiveness of using Focusing-Oriented Art Therapy (FOAT ®) to help increase the sense of spiritual connection. This study was also designed to gain insights into the perspectives of caregivers and staff on their experiences of eldercare. Your participation was a valuable contribution to the field of art therapy and to the study of individuals who have experienced the process of aging.

If you have any questions regarding this project or a copy of the final report, the project supervisor Dr. Jennifer Harrison will be available to answer them. Dr. Harrison may be reached by phone, 650-508-3556, or by email: jharrison@ndnu.edu. Your participation, including your name and answers, will remain absolutely confidential, even if the report is published.

If you have any unresolved feelings from this research that cannot be answered by Dr. Jennifer Harrison, low-cost and sliding scale mental health services are provided at the following locations. A full list of resource information is available on the referral program sheet.

San Francisco Bay Area:
Integral Counseling Center
(415) 776-3109

Bay Area Peninsula:
San Mateo Medical Center
(650) 573-2662

East Bay:
The Psychotherapy Institute
(510) 548-2250

研究名稱：*藝術與連結：在老年照護中透過圖像來觸及亞洲長者的靈性*

學生調查員：江佳芸

感謝您參與本研究計劃。本研究的目的是決定澄心聚焦取向藝術治療 (FOAT ®) 提升靈性連結的效果。另外，這項研究也在於深入瞭解照顧者和工作人員，對於靈性照護經驗的觀點。您的參與是對藝術治療領域，和經歷老化的心路歷程是寶貴的貢獻。

如果您有任何關於這個計劃，或關於報告副本的問題，將由負責人 Dr. Jennifer Harrison 回答。聯繫電話：650-508-3556，電子郵件：jharrison@ndnu.edu。即使發表該報告，您的參與; 包括您的姓名和答案，將保持絕對保密。

如果您有任何無法過過 Dr. Jennifer Harrison 回答的問題，或者未解決的感覺，我們提供以下低成本，及根據服務項目調整費用的心理健康服務站。其他服務中心的資訊，請參閱轉介資源表。

舊金山灣地區：
整合諮詢中心
(415) 776-3109

灣區半島：
聖馬提奧醫療中心
(650) 573-2662

東灣：
心理治療協會
(510) 548-2250

Appendix N

Referral Programs (English and Mandarin Versions)

Hotlines:
National Suicide Prevention Lifeline
1-(800)-273-8255
Monday-Sunday, 24-hours

Hotline of Southern California
(562) 596-5548
(714) 894-4242
Monday-Sunday, 9:00am-9:00pm

San Francisco Bay Area:
Integral Counseling Center
2140 Pierce St, San Francisco, CA
(415) 776-3109

Bay Area Peninsula:
San Mateo Medical Center
222 W. 39th Avenue, San Mateo, CA 94403
(650) 573-2662

South Bay:
San Jose Counseling
4320 Stevens Creek Blvd #220, San Jose, CA 95129
(408) 920-1730

North Bay:
Integrative Therapy and Counseling
700 E Street, Suite 220, San Rafael, CA 94901
(415) 847-4341

East Bay:
The Psychotherapy Institute
2232 Carleton St., Berkeley, CA 94704
(510) 548-2250

轉介資源表

熱線：
生命線
1 -（800）- 273-8255
星期一星期日，24 小時

南加利福尼亞熱線
（562）596-5548
（714）894-4242
星期一星期日，早上 9:00 至晚上 9:00

舊金山灣地區：
整合諮詢中心
2140 皮爾斯街，舊金山，CA
(415) 776-3109

灣區半島：
聖馬提奧醫療中心
222·第三十九大道，聖馬提奧，CA 94403
(650) 573-2662

南灣：
聖荷西諮詢
4320 史蒂文斯溪大道＃220，聖荷西，CA 95129
(408) 920-1730

北灣：
綜合治療與諮詢
700 E 街，220 套房，聖拉斐爾，CA 94901
(415) 847-4341

東灣：
心理治療協會
2232 卡利頓街，伯克利，CA 94704
(510) 548-22