Focusing Oriented Art Therapy Interventions to Reduce Suicidality in Caucasian Middle-Aged Men

A Program Design

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Chapter I

Introduction

This research paper will explore the prevalence of suicidality in Caucasian middle-aged men, and how to decrease suicidal feelings, thoughts and behaviors through the use of art therapy. The program design described in this paper will outline an art therapy group utilizing Focusing Oriented Art Therapy (Rappaport, 2009a) interventions for the purpose of decreasing suicidal feelings, thoughts, and behaviors in its group members. The study method for acquiring supporting research for this program design is a review of the literature, and the study aims to determine if utilizing Focusing Oriented interventions in an art therapy group will decrease feelings of suicidality in Caucasian middle-aged men. The program utilizes an art therapy assessment tool and other assessments to determine the participants' level of change in their feelings of suicidality.

Background

The literature reviewed pertains to the causes, considerations, and treatment of suicidality in Caucasian middle-aged men (CMAM). Research findings pertaining to depression in CMAM has also been included in this study because of its status as a major risk factor for completing suicide (Suicide Prevention Resource Center & Rodgers, 2011). The literature reviewed concerning feelings of suicidality and depression in CMAM, and their treatment, is comprised of statistical data, phenomenological studies, and literature reviews. The statistics are the most up-to-date available by the Centers for Disease Control and Prevention, and the remaining

literature has been published within the last 10 years. Two of the articles pertaining to the cause of depression and suicidality in men were published outside the U.S. (Germany and England), while the remaining literature was published in the United States.

The statistical data regarding suicides in the United States establishes Caucasian middle-aged men as having one of the highest incidences of completed suicide (“Trends in suicide” 2012; “Suicide rates” 2012). The literature reviewed pertaining to suicidality and depression in Caucasian middle-aged men theorizes that the population could be at a higher risk for suicide because of an adherence to traditional gender roles (Möller-Leimkühler, 2003). A gap in the research concerning the causes of suicidality in American Caucasian middle-aged men includes a lack of empirical data pertaining to American Caucasian middle aged men within the last ten years. Current treatment options available to men include traditional psychotherapy, psychotropic medications to manage symptoms of depression, Positive Activity Interventions, and affective and action based suicide prevention (Layous et al. 2011; Chuick, 2009; Rosenberg, 1999).

Focusing Oriented Art Therapy, Anthroposophical Art Therapy, and Mindfulness Based Art Therapy (MBAT) were found to be effective in reducing depressive symptoms in populations prone to depression and self-harm (Rappaport, 2009; Bar-Sela et al., 2007; Monti et al., 2006). These approaches utilized the art making processes to develop insight concerning the individual’s subjective

experience, and in some cases utilized art-as-therapy to manage symptoms (Rappaport, 2009, Bar-Sela et al., 2007; Monti et al., 2006).

Rationale

Identification of the population, problems and needs. Statistics from the Centers for Disease Control and Prevention report that in 2005 – 2009 Caucasian men in America had the highest rate of suicide of any other ethnic group (29.69 per 100,000), and that the incidence of suicide in middle-aged men (ages 45 – 54) increased 36.5% from 1999 to 2009 ("Trends in suicide", 2012; "Suicide rates", 2012). Factors that put men at a greater risk for suicide include having a history of alcohol and substance abuse, experiencing a recent loss (relational, social, work, or financial), or being unwilling to seek psychiatric help (Hilton, 2009; Möller-Leimkühler, 2003). Spouses of suicide victims are more likely to experience higher levels of grief and depression longer than spouses of individuals that died of natural causes (Farberow as cited in Cerel, Jordan & Duberstein, 2008), and adolescents that experience suicide in their families have higher incidence of marijuana use, alcohol misuse, suicidal ideation and attempts, inflicting severe injuries, and emotional distress (Cerel & Roberts as cited in Cerel, Jordan & Duberstein, 2008). Society as a whole experiences considerable financial loss when someone commits suicide: the average cost per suicide in 2000 was $2,596 in medical costs and $1.0 million in lost productivity (Corso, Mercy, Simon, Finkelstein & Miller, 2007). Currently there are numerous services aimed at decreasing suicidality in the general public, such as Didi Hirsch's Suicide Prevention Center in Culver City, but there appears to be a gap in

suicide prevention programs that are specific to the needs of Caucasian middle-aged men.

Need I: Middle-aged men need a place they can feel safe enough to process the implications of their experiences that may lead to depression and suiciality.

Men are reluctant to talk about or obtain help for depression as a result of the impact traditional masculine socialization (Chuick, 2009). Depressive symptoms, in particular, can be perceived as being feminine symptoms giving men reason to deny their own depressive symptoms (Warren as cited in Möller-Leimkühler, 2003).

Need II: Middle-aged men need to increase the number of their social supports.

Men can have fewer social supports than women, which could increase their risk of mental illness should they lose their support (Möller-Leimkühler, 2003). If men are less likely than women to seek help, then men can only benefit from having a greater network of support that can help them get help (Möller-Leimkühler, 2003).

Need III: Middle-aged men need a means by which to recreate an identity that is congruent with values of modern society.

Whereas men of earlier generations acted as breadwinners for the nuclear family, today's men find themselves still identified by their work, but also doubtful about the purpose of their work and their role within the family because of changing gender roles (Hilton, 2009). Men continue to connect their jobs to their core identity, and ultimately their sense of worth, which can be cause for distress when men lose jobs or feel their role as a financial provider is unnecessary (Hilton, 2009).

Identification of existing programs/interventions. Didi Hirsch Mental Health Services currently provides suicide prevention services in Los Angeles to the general public. Their prevention services include a 24-hour crisis line, a 24-hour Internet chat line, and a support group for survivors of suicide attempts or those struggling with thoughts of suicide who are at least 18 years old. Didi Hirsch is the only “crisis center” in Los Angeles that participates in the National Suicide Prevention Lifeline network ("Suicide prevention center", n.d.).

Aims of proposed study. The program is a three-month Focusing Oriented Art Therapy group for suicidal Caucasian middle-aged men. The study will aim to determine if a Focusing Oriented Art Therapy group can decrease feelings of suicidality and depression in Caucasian middle-aged men.

Main Research Question

How can an art therapy program utilize art interventions to decrease feelings of sucidality in suicidal Caucasian middle-aged men?

Chapter II

Review of the Literature

Introduction

This chapter reviews the literature pertinent to the question "How can an art therapy program decrease feelings of suicidality in Caucasian, American middle aged men?" The literature reviewed explores the causes of suicidality, causes of psychological satisfaction, and cultural considerations in treating a Caucasian, middle-aged male population with depression. Current treatments available for persons with depression, and art therapy interventions aimed at decreasing symptoms of depression will also be reviewed. The review compares and contrasts the literature as it pertains to each topic, and then concludes with a summary of the findings.

Causes of Suicidality in Caucasian Middle-Aged Men

Traditional masculinity. Möller-Leimkuhler (2003), Hilton (2009), and Marin and Dokoupil (2011) make the argument that men suffer from higher rates of depression, and ultimately suicidality, because men ascribe to a traditional definition of masculinity that is no longer relevant in modern society. This "idea of manhood" encourages men to be autonomous, strong, and to maintain control.

Möller-Leimkuhler (2003) describes how a man's striving to be autonomous, self-sufficient, and successful can provide feelings of accomplishment, but could also instigate feelings of distress if the expectations of a traditional man are not met. At that point a man may become unwilling to disclose his feelings of sadness or shame

due to the masculine understanding that expressions of sadness are signs of weakness and give the advantage of control to another man (Möller-Leimkuhler, 2003).

Autonomy. The Spokas, Wenzel, Stirman, Brown, & Beck (2009) study finds that men who experienced childhood sexual abuse reported more feelings of hopelessness and suicidal ideation, and were more likely to attempt suicide than women. This increased vulnerability is an example of the traditional masculinity's value of appearing strong by dealing with distress autonomously. Rickwood and Braithwaite (as cited in Möller-Leimkuhler, 2003) confirm that there is a significant inconsistency between the help men need and the help they seek for treatment of emotional problems.

Möller-Leimkuhler (2003) suggests that "biological, individual, and social factors" are contributing to men's difficulty with self-evaluation of symptoms. Men perceive depressive symptoms as having feminine qualities, and because their traditional role does not allow them to have these qualities they have greater reason to hide their symptoms or to deny them altogether.

Control. Möller-Leimkuhler (2003) explains how suicide can be a last effort for men with depression to regain their feelings of self-control. Canetto (as cited in Möller-Leimkuhler 2003) found that surviving a suicide attempt "is culturally perceived to be inappropriate behavior for males" (pg 4). White and Stillon (as cited in Möller-Leimkuhler 2003) found that college students were unsympathetic towards suicidal males. The presence of cultural beliefs concerning a man's failure to complete suicide could influence men to be more efficient at completing suicide,

whereas women are far less likely to be successful in their suicide attempts.

Möller-Leimkuhler (2003) reviewed the literature pertaining to risk factors contributing to male suicide in Western societies and statistical information regarding suicide rates. Möller-Leimkuhler created hypotheses based on the content of the literature and statistics, and proposed her own "gender model of male vulnerability". A limitation of the research is the exclusion of information pertaining to men of non-Industrialized nations.

Success. Marin and Dokoupil (2011) describe a man's identification with his career as belonging to the "traditional masculine" mindset. Men who are laid off, or are unable to work, cannot fulfill that key function of the traditional male, which can lead to feeling out of control, helpless, and depressed. Also, the need for men to work has changed from the time the traditional masculine identity was formed, thereby making the workingman a "contributor" to his family, rather than the ultimate provider. This shift in financial dependence in modern families has come before the old masculine identity has adapted.

Psychological and hormonal changes in middle age. Dr. Jed Diamond (as cited in Marin and Dokoupil, 2011) describes psychological and hormonal changes that occur in middle-aged men that can contribute to feelings of depression and suicidality. Men experience a change in their hormone levels that affects their mental functioning and emotions from age 40 – 55. Symptoms of this period can include feeling tired, loss of sexual drive, and irritability. Making adjustments during this period can be challenging, especially if men are experiencing difficult external

circumstances as well.

Marin and Dokoupil (2011) reviewed literature pertaining to experiences of middle-aged men without work, conducted a professional interview concerning the psychological and hormonal changes in men, and conducted a poll of unemployed (and underemployed) men aged 41 to 59, the majority being married, white, and middle class. Statistics from the Labor Department concerning college-educated men ages 35 to 64 were used. The following limitations were found concerning the research: their findings are not published in a peer-reviewed journal, and it is not made clear how the data used in the article was produced.

Summary. The possible causes of suicidality in the middle-aged men population were addressed in this section. The literature found that a mentality of "traditional masculinity" could make men in today's society more vulnerable to feelings of depression and suicidality in the presence of external stressors (Möller-Leimkuhler, 2003). Components of "traditional masculinity" were addressed, as well as how they inhibit a man from receiving help when feeling suicidal (Rickwood & Braithwaite as cited in Möller-Leimkuhler, 2003). Lastly, hormonal changes experienced by men in middle age and how those changes could contribute to feelings of suicidality were discussed(Marin and Dokoupil, 2011).

Causes of Psychological Satisfaction in Middle-aged Men

Inhabiting one's major identity. In his work with retirement-aged persons, Olgilvie (1987) found that the study participants experienced greatest satisfaction with life when they spent the most amount of time in their "major identity" (p. 222).

A "major identity" is identified as one that allows the individual full self-expression and gives the individual the greatest sense of meaning. The author goes on to say that changes in life circumstances that extinguish one's major identity (by death of a spouse, or loss of a job) could lead to decreased feelings of satisfaction with life. Some individuals may seek out other means by which to enact their major identity, thereby restoring their level of satisfaction.

Olgilvie (1987) recruited 32 retirement-aged subjects (men and women) and gathered qualitative data concerning their various identities and the levels of satisfaction associated with those identities. The data was gathered through the completion of a life satisfaction survey. Olgilvie acknowledges that the study contains too many variables to know if enacting one's major identity is the greatest predictor of satisfaction with life, and proposes that longitudinal research be completed. The study's participants were of different ages and backgrounds, but the group lacked any individuals of ethnicities other than Caucasian, thereby making racial diversity a limitation of the study.

Summary. This section reviewed causes of psychological satisfaction in middle-aged men, and Olgilvie (1987) found that middle-aged men could gain a greater sense of psychological satisfaction while inhabiting their "major identity". Olgilvie (1987) posits that in the event a "major identity" is lost that seeking out a new "identity" will increase overall feelings of satisfaction.

Cultural Considerations Concerning Middle-aged Men with Depression

Chuick et al. (2009) reviewed the literature pertaining to major depression in men, and conducted a phenomenological study of men with depression. The literature posits that fewer men are diagnosed with depression as a result of the diagnostic criteria representing a more female means of expression of symptoms, and that in a study where measurement criteria was adapted to be more gender neutral more men were found to have depressive symptoms (Angst & Dobler-Mikola as cited in Chuick et al., 2009). In their study Chuick et al. (2009) found that cultural biases towards men with depression were prevalent with his group of study participants. The participants described how depression was not considered socially acceptable for men, that it was inappropriate for men to seek help, and that men who are depressed are thought to be weak.

Chuick et al. studies (2009) consisted of 15 participants with average age of 44.6 years old. All of the participants were Caucasian males. The purpose of the study was to gather qualitative data concerning men's experience of depression. The data was gathered through an extensive interview process. A limitation identified by the author is that the eight-month time period between the interviews and the follow-up meeting may have been the cause for the loss of some participant's participation in the follow-up meeting.

Chuick et al. (2009) and Chillet (2003) describe the variations found in the way men manifest their depressive symptoms. Chuick et al. (2009) describes how Caucasian men gravitated towards atypical symptoms, such as physical symptoms of

stress and anger and interpersonal disturbance, because typical symptoms were thought to be “unmanly or inconsistent with their idea of how men should manage a depressed mood” (p. 310). Chillet (2003) explains how men’s atypical symptoms can include working too much, becoming easily angered, or becoming obsessed with sex. Men with these symptoms can be easily provoked, abuse drugs or alcohol, or have extramarital affairs.

Male preferences in the session. Pollack (as cited in Vick, 2007) suggests that men and boys are inclined toward “connection through action”(p. 8). He goes on to say that men and boys need a period of time in which they can process their emotions before sharing. Vick (2007) confirms this theory in his personal experience and experiences with clients. He goes on to explain that incorporating both needs, or preferences, into the art therapy process can be beneficial to the male client’s process. Men can be encouraged to achieve “connection through action” (p. 8) and have their time to process their emotions through the use of particular interventions.

Vick’s (2007) findings are his own hypotheses based on his review of the literature concerning using art therapy with men and boys. Vick does not explain the context of Pollack’s theories, but identifies with the theories as a result of his own experiences. Being that Vick relies on his subjective experience to validate the findings of Pollack it can be assumed that Vick’s theories about their validity are biased. Vick has no data of his own to suggest that Pollack’s theories are correct, which makes applying his conclusions to a larger population of men less valid.

Summary. Cultural considerations in working with middle-aged men that were reviewed in this section include negative cultural biases towards men with depression, a gender bias in the diagnostic criteria for depression, and the gender specific expressions of depressive symptoms (Chuick et al. 2009). Male preferences in a psychotherapy session include the need for time to process feelings before sharing, and their inclination to achieve “connection through action” with the therapist (Vick, 2007).

Treatment for Men with Suicidality and Depression

Affective and action-based intervention to prevent suicide. Rosenberg (1999) describes a need to utilize suicide prevention in the clinical setting that integrates both affective and action based intervention. Affective-based interventions are intended to address the underlying meaning of suicide, decrease suicidal ideation in the long term, and create “life-supporting options” (p. 85) for the client. Action based interventions include concrete steps taken to prevent a suicidality individual from completing the suicide act, such as a “no harm” contract and other pre-made arrangements. Rosenberg (1999) posits that this integrative model of suicidal prevention can assist clinicians in addressing the client’s feelings and experience of suicidality which could have greater success in preventing more suicidal ideation in the long run.

Rosenberg (1999) reviewed the literature concerning suicides of clients receiving mental health services, suicide assessment tools, and affective based interventions. Rosenberg formed a model of suicide prevention based on her research

findings. The limitations of her research include the lack of recent data and information concerning suicide amongst mental health patients, and any quantitative data to support the validity of her suicide prevention method.

Medication and talk therapies. Chuick et. al (2009) conducted a phenomenological study about the experiences of depression of 15 male participants between the ages of 24 and 75. The study found that "solutions used to successfully cope with depression included psychotropic medication, individual therapy, couple's therapy, group therapy, and religious counseling" (p. 308). Chuick describes the limitations of the study as being a restrictive demographic makeup of the participants, the participants access to health care resources, the criteria for participation, and the 8-month time frame between the initial and follow up interviews. Rosenberg (1999) highlights the contributions made to addressing cognitive distortions associated with suicidality through the use of cognitive behavioral therapy. This therapeutic approach addresses the feelings of hopelessness and thought processes about the meaning of suicide that are often over-looked by action-based suicide prevention.

Layous et al. (2011) critiques the use of talk therapies and medications to alleviate symptoms with depressed clients. Traditional psychotherapy is expensive due to the educational requirements of the therapist and the longevity of treatment, and can foster a sense of dependence on the therapist by the client. Medication has been found to provide remission in only 30% - 40% of patients, and can have significant delay in providing relief of symptoms. Both treatments can be inaccessible

to those without means or health insurance, and require time before symptoms are reduced.

Positive activity interventions. Layous et al. (2011) describe Positive Activity Interventions (PAI's) as interventions that help clients experience positive feelings and thoughts. An example of a PAI would include counting one's blessings. Randomized controlled longitudinal studies have confirmed that the practice of PAI's increase one's sense of well-being and decrease symptoms of depression. PAI's can help prevent relapse in depressed clients because they can be utilized without professional help, which also makes the interventions more cost-efficient and accessible.

Layous et al. (2011) reviewed the literature concerning the effectiveness of PAI's, and proposed a neural model for how PAI's can reduce depressive symptoms based on social psychology, affective neuroscience, and psychopharmacology research. The article also includes initial findings from two randomized controlled studies that support the efficacy of using clinician-administered PAI's to reduce depressive symptoms. Limitations of the research include a lack of long-term studies to determine the efficacy of maintaining remission of depressive symptoms, and a lack of research concerning the effectiveness of self-administered PAI's.

Summary. In this section treatment for men with suicidality and depression were reviewed including Affective and action-based interventions, medication and talk therapies and Positive Activity interventions. Affective and action-based interventions are theorized to address the underlying reasons for suicidality, and

decrease suicidal ideation in the long run (Rosenberg, 1999). Medications and traditional talk therapy are described as being effective means of coping with feelings of depression, in particular Cognitive Behavioral Therapy (Chuick, 2009; Rosenberg, 1999). Layous et al. (2011) argues that medications and talk therapies are less than desirable means of addressing depressive symptoms, and proposes a system of utilizing Positive Activity Interventions as a means of managing feelings of depression.

Art Therapy Interventions to Decrease Depressive Symptoms

Focusing-oriented art therapy. Rappaport (2009) describes her method of using Focusing Oriented Art Therapy (FOAT) with trauma victims and individuals of various diagnoses, including depression. Rappaport found that the use of FOAT allowed the individual to "…have an experiential knowing that there is a self separate from the trauma and related issues, and that there is a place of inherent wholeness within" (p. 130). Additionally, FOAT encourages the expression of preverbal, nonverbal and implicit memory in the art product, and when processed verbally allows for integration in the left and right brain hemispheres (Rappaport, 2009). Bessel van de Kolk (as cited in Rappaport, 2009) posits that in dealing with trauma clients need to have their medial prefrontal cortex activated for the purpose of increasing their capacity for introspection, which in turn will allow them to make sense of their experience through language.

Rappaport (2009) reviews the literature pertaining to the "Focusing" method, and applies the method's technique to her own art therapy process. Rappaport created

hypotheses about the efficacy of utilizing FOAT based on her experience with clients. Limitations of her research include the lack of empirical data supporting the efficacy of FOAT, as well as the application of FOAT to other populations besides trauma victims.

Anthroposophical art therapy. Bar-Sela et al. (2007) found in their non-randomized trial with adult ambulatory cancer patients that their baseline of depression was reduced after participating in four art therapy sessions. The media utilized was watercolor, and the participants worked individually in a common area with other patients. The participants were asked to create three non-directive watercolor paintings, and then after were guided in creating paintings that reflected movement from dark to light. This approach was based on the anthroposophy philosophy of R. Steiner; a philosophy based on the idea that inner development of the self can result in the experience of an intellectually comprehensible spiritual world. Combing the use of art therapy with anthroposophy philosophy results in "anthrosophical art therapy" (p. 981).

Bar-Sela et al. (2007) acknowledge that further research of anthrosophical art would be helpful in better understanding its implications for reducing depressive symptoms and fatigue in cancer patients. The study did not include a control group which could mean that the placebo effect caused the reported change in mood. Lastly, the sample size of 19 participants in the intervention group is relatively small, which limits the generalizability of the study's findings to a larger population of cancer patient receiving chemotherapy.

Mindfulness-based art therapy. Monti et al. (2006) found that involvement in a mindfulness-based art therapy group, over a period of eight weeks, decreased overall emotional distress (including measures of depression and anxiety) for female cancer patients in treatment. The mindfulness-based art therapy directives, including "Draw a complete picture of yourself," were paired with mindfulness exercises to encourage participants to explore the present moment and focus their awareness. The participants were assigned mindfulness meditation homework to complete outside of group in addition to the group art therapy work.

Monti et al. (2006) identified the control group and results of the study as being limitations. The control group was considered "in active" (p.371) because the participants were placed on a wait list. Secondly, only short-term results after the intervention are reported, and would not necessarily have implications for long-term results.

Gender-appropriate art media. Trombetta (2007) and Vick (2007) theorize that men have greater difficulty in being emotionally expressive because they experience contradicting societal expectations that require them to act tough, but then punishes them for not being sensitive. Trombetta suggests that using particular media can encourage men to engage in the therapeutic process without feeling pressured to conform to a more feminine identity. The mediums he suggests includes comics, tattoo designs, graffiti style art, and three-dimensional art. Trombetta (2007) theorizes that these mediums allow for the client to maintain his sense of masculine identity and control, and express his feelings of anxiety and anger.

Trombetta (2007) reviewed the research concerning men and their experience of depression, and conducted a phenomenological study of a depressed man. In the study the participant was asked to make drawings including images representing his depression, and answered interview questions concerning his experience of major depression and its communication to others (p. 30). Trombetta (2007) identifies the limitation in his study as being the restricted number of subjects. Only one middle-aged male subject was willing to participate in the study. The small sample size of the study limits its generalizability to the larger population of middle aged men.

Summary. The art therapy approaches reviewed in this section were found to be effective in decreasing depressive symptoms in their respective populations. Focusing Oriented Art Therapy provided a means of integrating the left and right brain hemispheres through art making with trauma victims, and encouraged an appreciation of “inherent wholeness” within the individual (Rappaport, 2009). Anthroposophical Art Therapy decreased feelings of depression in cancer patients by creating paintings representing a movement from darkness to light (Bar-Sela et al. 2007). Lastly, Mindfulness Based Art Therapy decreased feelings of depression and anxiety by pairing art making with mindfulness exercises as a means of bringing their awareness to the present moment (Monti et al., 2006). In addition to these art therapy approaches various types of preferable media to use with men in the art therapy session were reviewed (Trombetta, 2007).

Summary

Causes for suicidality, satisfaction with life, and treatment of depression in Caucasian middle-aged men were reviewed. The research theorizes that Men experience distress as a result of out-dated expectations related to “traditional masculinity” (Möller-Leimkuhler, 2003). These expectations include dealing with problems autonomously, striving for control, and needing to be successful in the workplace. It also considers the psychosocial stress of losing a job, and its implications for men (Marin & Dokoupil, 2011). One study found that one in seven men will develop depression within six months of losing their jobs (Kivimaki as cited in Hilton, 2009). Marin & Dokoupil (2011) found that the hormonal changes that men experience in middle age can cause them to feel tired, irritable, and have a lower sex drive making it more difficult to cope with external stressors.

Considerations in the male culture, working with men in therapy, and current treatments for depression were also reviewed. Cultural biases regarding men with depression were found to be prevalent with depressed men (Chuick et al., 2009). Men reported feeling that their experience of depressive symptoms was thought to be a sign of weakness, and that being depressed was socially unacceptable (Chuick et al., 2009) Acknowledging men’s preference for taking time to process in the session, and achieving connection through physical movement was found to be more successful (Pollock as cited in Vick, 2007). Current treatments for depression include talk therapies, medication, and Positive Activity Interventions (Chuick et al., 2009; Layous et al., 2011).

Lastly, art therapy interventions aimed to reduce depressive symptoms were reviewed. The research concerning art therapy use with adult cancer patients found that depressive symptoms were reduced with weekly anthroposophical art therapy sessions, consisting of directed and non-directed watercolor paintings (Bar-Sela et al., 2007). The literature pertaining to Focusing Oriented Art Therapy found that trauma victims experienced a reduction in symptoms (Rappaport, 2009) by accessing the place of "inherent wholeness" apart from the trauma, and making sense of their experience through the art making process. Lastly, the research found that women with cancer experienced a decrease in their overall emotional distress as a result of a mindfulness-based art therapy group (Monti et al., 2006). The group exercises and homework emphasized the significance of the present moment and trained the participants how to focus their awareness through meditation (Monti et al., 2006).

Chapter III

Methods

Research Design Identification and Rationale

A mixed methods program design created for the purpose of determining effective art therapy interventions that will decrease feelings of depression and suicidal ideation and behaviors in Caucasian middle-aged men. The program will provide support for a population at high risk for completed suicide, and provide research in the field of art therapy.

Hypothesis

If Caucasian middle-aged men (CMAM) participate in a three-month focusing-oriented art therapy program then they will experience a reduction in self reported feelings of depression and suicidal ideation and their quantified scores of depression and suicidality will decrease.

Goal. To identify pre and post tests to evaluate program efficacy and client satisfaction after completion of the program.

Goals/Objectives

Goal 1. To identify contributing factors to feelings of depression and suicidal ideation.

Objective I. To identify psychiatric disorders that contribute to feelings of depression and suicidal ideation.

Objective II. To identify personal history and life events as contributing factors to feelings of depression and suicidal ideation.

Goal 2. To determine the needs of CMAM and the impact of feelings of depression and suicidality on this population.

Objective I. To identify the prevalence of suicide within the CMAM population.

Objective II. To identify the cultural and societal factors contributing to feelings of depression and suicidality in CMAM.

Goal 3. To develop a Focus Orienting Art Therapy program aimed at decreasing self reported feelings of depression and suicidality in CMAM.

Objective I. To design the psychosocial and psychoeducational components of the program.

Objective II. To design the art therapy components of the program.

Measures

This program design proposes to use both subjective, clinical assessment testing, and art therapy assessment testing to determine participants' suicidal ideation and behaviors, and feelings of depression before and after participation in the program. The researcher will utilize the Columbia Suicide Severity Rating Scale (C-SSRS) (Posner et al., 2009), as well as a short questionnaire, to assess for participant's suicidal ideation and behaviors, and feelings of depression. Participants' will be required to complete a "Draw a person picking an apple from a tree" assessment (PPAT) before and after their participation in the program, and the PPAT drawings will be scored according to the Formal Elements of Art Therapy Scale (FEATS).

The C-SSRS is a brief questionnaire that quantifies the severity of suicidal ideation and behaviors (Posner et al., 2009). Posner et al. (2009) examined the validity of the C-SSRS in comparison to other measures of suicidal ideation and behaviors by analyzing the consistency of its findings in three multisite studies. The findings suggest that the C-SSRS is an appropriate assessment tool for suicidal ideation and behaviors in the clinical setting.

FEATS is a measurement scale that assigns numerical value to global variables in two-dimensional art (Gantt & Tabone, 2001). The measurement scale assigns a point value (0 – 5) to 14 different elements of the drawing including space, implied energy and line quality. The PPAT is used with the FEATS to control for variables in the individual's drawing that could be attributed to different drawing prompts. Malchiodi (2012) describes the administration of the PPAT as providing participants with 12" x 18" white drawing paper and "Mr. Sketch" colored markers including black, brown, yellow, orange, red, purple, magenta, hot pink, turquoise, blue, green, and dark green. The participant is handed the paper as to require the participant to choose the paper's orientation, and is instructed to "Draw a person picking an apple from a tree" (Malchiodi, 2012). Studies concerning the inter-rater reliability of FEATS (Gannt, 1990; Williams, Agell, Gannt, & Goodman as cited in Malchiodi, 2012) have found that in some cases most of the scales have high rates of inter-rater reliability, whereas other studies (Lusebrink as cited in Malchiodi, 2012) have reported mixed results. Malchiodi (2012) states that researchers are currently in the process of repeating the original validity study on a larger scale, and that further

research is needed to confirm the correlation of the FEATS scores with "an independent measure of clinical condition."

A personal report questionnaire will be administered at the beginning of treatment, and at the conclusion of the program's duration to assess for client's subjective experience of the program. The self report questionnaire will contain several open-ended questions concerning the participant's state of feelings, current life circumstances, perceptions of personal strengths and resources, and thoughts or feelings concerning their desire to die.

Participation Recruitment Efforts

Participants will be recruited via referrals from Employee Assistance Programs, health care centers, mental health professionals, or hospitals within Los Angeles city limits. The researcher will also post an online advertisement for the program on community accessible websites such as www.craigslist.org.

Selection for Participation

The pilot study will require 10 socio-economically diverse Caucasian middle-aged men (ages 45 – 64) that have been experiencing moderate to severe feelings of depression and suicidal ideation for at least one month (as determined by the C-SSRS), are taking anti-depressant medication, and receive individual psychotherapy treatment. Participants that attend at least 75% of the sessions, 75% of their individual therapy sessions, and are consistent with their anti-depressant medications for the duration of the program will be included in the study. Caucasian men under the age of

45 or over 64 with mild depression or suicidal ideation, or have a Personality Disorder diagnosis will be excluded from this study.

Ethical Considerations

Procedures. To reduce the risk of suicide attempts for the duration of the program the participants will be required to participate in regular psychotherapy sessions with their own psychotherapist. Participants will be provided with support by the group facilitator and/or group members should the personal material processed in group become intolerably distressing. The participants will also be given the contact information for the researcher should they have any additional questions or concerns during the study's duration.

Risk/Benefits. Risks include possible suicide attempts by the participants during the program's duration, and emotional distress caused by personal material that surfaces during art making or processing. Possible benefits for the group participants include experiencing a reduction in feelings of depression, suicidal ideation and behaviors, and feelings of isolation as a result of participating in the study. Participants will learn new means of coping with their depressive symptoms through the art making process, and could utilize this process to manage their symptoms after the completion of the group sessions. Participants could feel that their individual experiences are normalized by sharing and hearing about other group member's experience with depression and suicidality, and could create supportive relationships with the other group members as a result of their shared experiences.

Informed Consent. All participants will be given and required to sign an informed consent to treatment contract, and will be made aware that their participation in the study is voluntary.

Confidentiality. All participants' information will be kept confidential and stored in a locked file per California Health and Safety Code 123145, and any artwork or photographs of artwork will be stored in a locked file for a seven-year period. After this period of time the researcher will shred the client's information.

Data Analysis

The data collected at the beginning and at completion of the study from the participants' personal questionnaire, and scores from the C-SSRS will be evaluated to determine if the participants experienced a reduction in feelings of depression and suicidal ideation and behaviors. Additionally, the participants' PPAT completed at the beginning and end of the study will be evaluated using the Formal Elements of Art Therapy Scale (FEATS) to determine if the elements of the participants' artwork are consistent with their self-report and clinical assessment scores.

Budget and Implementation Plans

The implementation of this pilot study would require funding to provide a location for the group meetings, salary for a contracted group facilitator, art making materials, and the cost of purchasing the necessary clinical assessment tools. Possible funding sources include government grants, non-profits, and private donors. See Appendix A for complete budget description.

Chapter IV

Results

Introduction

The objective of the program is to decrease feelings of suicidality and depression in Caucasian middle-aged men. The researcher will be using a Focusing Oriented Art Therapy (Rappaport, 2009) approach with the participants, which will include the use of various art media including oil and chalk pastels, colored pencils, collage, clay, building materials, found objects, fabric and paints. The group will meet for 12, 2-hour sessions in a three-month period, and will be assessed for any change in feelings of suicidality and depression using the methods previously discussed.

Location

The group sessions will take place in a studio space used for creating sculptures, or woodshop, at a local community college or university. The space will need to have room enough for at least 8 - 10 participants, and include table space for art making. Furthermore the room will need to have potentially harmful tools stored away prior to the arrival of the group members. Lastly the space will need lockers, with padlocks, to store client's artwork for the duration of the program.

Facilitators

The two facilitators for this group should be either an MFT or CSW intern or a LMFT or LCSW, and both need to have familiarity with the Focusing Oriented Art Therapy method, as well as having training in administering the C-SSRS. Both

facilitators should have some training in art therapy, and it would be preferable that they have experience with sculpture and assemblage. They can be of either gender, and should have clinical experience working with individuals who are suicidal. Both facilitators should be knowledgeable about how to intervene if a participant becomes actively suicidal during the program. Given the higher needs of this population it is preferable to have two facilitators so that they can be better attuned to what is happening with the individual participants, and respond accordingly.

Participants

The group will consist of eight Caucasian middle-aged men who will be receiving treatment for feelings of suicidality and depression. The participants' treatment will include individual psychotherapy and psychotropic medication as prescribed by their physicians (Chuick, 2009). The participants will not need to have had any experience with art making in the past, but should be interested in engaging in the art making process during group sessions. The participants will also be expected to engage in discussion concerning the art during group sessions.

The facilitators will provide the initial C-SSRS test, and first completion of the PPAT, and have the client complete their first self-report questionnaire at an initial meeting with the client prior to the beginning of the program. The client will also complete the necessary Confidentiality Agreement and Consent to Treatment forms at this time.

Supplies

- 9" x 12" multimedia paper
- 18" x 24" multimedia paper

- oil pastels
- chalk pastels
- colored markers
- colored pencils
- collage images
- watercolor paints
- acrylic paints.
- air-dry clay
- paper maché materials
- chicken wire
- found objects
- fabric
- scrap wood pieces
- boxes
- paintbrushes
- water cups
- wire cutters
- work gloves
- scissors
- glue sticks
- hot glue/glue gun
- clay sculpting tools

Format of Group/Session

Week 1: Introduction to Two-Dimensional Media and Development of Felt Sense

Purpose

By providing an introduction to the art materials the participants are able to develop a familiarity with the medias, which will increase their feelings of safety in the group and allow them to discover their preferred media. Having an understanding of how they respond to different media will inform their art making and improve their ability to express themselves more accurately. Developing an open and friendly attitude towards their experience will assist the client in gaining greater insight into their feelings and thoughts, and asking the client to notice their "whole" feeling encourages a more complete awareness of their state of being (Rappaport, 2009a).

Introduction of Topic: 15 min.

Facilitators will begin the initial session by providing group participants with information concerning confidentiality in the group, and inform the group about their own responsibility of maintaining confidentiality outside of the group sessions. The facilitators will inform the group that every session will include a 15-minute break that will be announced by the facilitator. The facilitators will then provide the group with a brief introduction to art therapy, and inform the group about how Focusing Oriented Art Therapy (Rappaport, 2009a) will be utilized in the group sessions. The facilitators will then provide the group with a review of the materials that will be used for the duration of the group meetings, and then answer any questions asked by the group. The facilitators will then introduce the group participants to the two-dimensional medias, and afterwards lead the group in a mindful awareness exercise that will develop the client's

understanding of the “felt sense” (Rappaport, 2009a) and encourage an open and friendly attitude towards their feelings and thoughts.

Media

18” x 24” multimedia paper, oil pastels, chalk pastels, colored pencils, markers, watercolor paints.

Directive 1: 30 min.

“Using the oil pastels, chalk pastels, colored pencils, markers, or water color paints create a wavy line on the paper in front of you. Notice how it feels to make a wavy line with different medias, and if you like some medias better than others. It doesn’t matter what your wavy line looks like, so try not to concern yourself with thoughts about “doing it right”. After you’ve made a few wavy lines, try making sharp, jagged lines. Next, draw or paint a few shapes and color them in. They can be any shape, and can be overlapping or be one on top of the other. Lastly, draw a line or shape with your non-dominant hand using any of the medias available to you.”

Directive 2: 30 min.

“Assume a comfortable posture in your chair. Bring your awareness to your body. Notice your feet touching the floor, and the way the chair feels underneath you. Notice your breath, moving in and out. Take a few deep breaths, and then follow your breath inward. What is the whole feeling of where you are now? Be open to whatever your experience is right now at this moment. There’s no right or wrong way to feel. What is contributing to this whole feeling? When you notice something, acknowledge that you know it is there, and say “Hello” to the thought or feeling. After acknowledging the feeling or thought gently bring your awareness back to your breath. Continue to notice and be friendly to the thoughts and feelings contributing to your present whole feeling. When you are ready, bring your awareness back into the room.”

Process Questions: 30 min.

After completion of Directive 1 the facilitators can ask "Which materials did you prefer when making lines and shapes?" "Did you notice any reactions to particular media?" "What was it like to just make lines and shapes?" "What feelings do you think the lines and shapes could represent?"

After completion of Directive 2 the facilitators can ask "What was it like to notice your whole feeling without judgment?" and "How was it to notice and be friendly to your thoughts and feelings?"

Week 2: Accessing the "All-Fine" Place and Introducing the "Handle"

Purpose

The "Clearing a Space" exercise will teach clients how to gain distance from their problems, and access the place inside of them that is inherently whole and well. Knowing that there is a place inside of them that is All-Fine can provide the client with feelings of hope and relief. Using the art to express a "handle" will make concrete their abstract experience of their All-Fine place, and allow for greater insight to be developed through group discussion (Rappaport, 2009a).

Introduction of Topic: 30 min.

The facilitators will begin by asking if the group has any thoughts or reactions left over from the previous week, and then give time for these thoughts or reactions to be processed. They will then inform the group that the focus for the session will be Focusing (Rappaport, 2009a), and how the Focusing exercise will encourage the group to maintain a friendly and curious disposition to whatever comes to mind during the exercise. The facilitators will tell the clients to not resist anything that comes, but to simply take notice and even say "Hello" to the thought or feeling (Rappaport, 2009a). The group will then engage in art making that reflects their experience of the exercise.

Media

9" x 12" multimedia paper, 18" x 24" multimedia paper, oil pastels, chalk pastels, colored pencils, markers, watercolor paints.

Directive: 45 min.

"Assume a comfortable posture in your chair, and draw your awareness to your body. Notice how your feet feel touching the floor, and how the chair supports body. Notice your

breath moving in and out, without any effort on your part, in and out. Bring your attention to how your body is feeling at this moment. Is it jumpy, relaxed, tight, or something else? Just be open to whatever your experience is at this moment. Ask yourself, what is getting in the way of me feeling All-Fine? When something comes to mind imagine you are wrapping it up in a package, and setting it aside. Place the package away from you at a comfortable distance. Continue to check in with your body and ask, “Besides this, am I All Fine?” Continue to wrap up the things that come to mind. Lastly, check to see if there is a background feeling, like an always-tired feeling, or an always-anxious or sad feeling, and set that aside at a comfortable distance. Now, notice the whole feeling of the All-Fine place. What do you notice in your body now that you are in the All-Fine place? Is there a word, image, gesture or sound that acts as a handle for your experience of the All Fine place? When you are ready, slowly bring your awareness back into the room. Now, using the art materials in front of you create an image of your handle for the All-Fine place.”

Process Questions: 30 min.

How did it feel to “clear a space” in your mind? What was your experience of the All-Fine place? What was the word, image, gesture or sound that came to mind? What meaning do you make of the handle you created?

Week 3: Introduction to Collage Images and Identifying a Source of Strength (Group Art Making)

Purpose

Identifying and attending to the client's source of inner strength will increase feelings of hope (Rappaport, 2009a) that they can and will overcome their feelings of suicidality and depression. Even if the source of strength is small its artistic representation is evidence of its existence and can be used to disprove feelings and thoughts of inadequacy. The collaborative art making process provides the opportunity for the group to feel more connected to each other and develops their feelings of trust in sharing their art with the group.

Media

9" x12" multimedia paper, collage images, scissors, glue sticks, tape, stapler, one to two large poster boards.

Introduction of Topic: 30 min.

The facilitators will begin by asking if the group has any thoughts or reactions left over from the previous week, and then give time for these thoughts or reactions to be processed. The facilitators will describe how collage images are used in art making to the group members, and inform them that they will be using collage images to explore their individual sources of strength after the focusing exercise. Lastly, the facilitators will explain how the group will be combining their images to create one collaborative piece.

Directive: 45 min.

"Assume a comfortable posture in your chair, and draw your awareness to your body. Notice how your feet feel touching the floor, and how the chair supports body. Notice your breath moving in and out, without any effort on your part, in and out. Bring your attention to

how your body is feeling at this moment. Bring into your awareness the things that are in the way of you feeling "All-Fine". Wrap up those thoughts or feelings as they come, and set them aside at a comfortable distance. Next, check for a background feeling that may be inhibiting you from feeling All-Fine. Set that background feeling to the side along with the other thoughts and feelings. Now, except for those things are you feeling All-Fine? Allow yourself to notice your source of inner strength. It could feel like a higher power, or safe place that gives you strength. What do you notice about this source of strength? Is there an image, sound, gesture, or word that acts as a "handle" for your source of strength? When you're ready, bring your awareness back into the room. Go through the collage images and select images that fit with your "handle". Check with your body to see if the images you select fit with your "handle", and if not move on until you've found images that feel like the best fit. Arrange and glue your images on your paper, and when you are done you need to somehow attach your paper to the larger poster board. Everyone's collages need to be included."

Process Questions: 30 min.

What did you think of using the collage images to create an art image? What did you notice about your source of strength? How do you feel when you look at the "handle" you created with collage images? What was it like to combine your piece with the other members' collage pieces?

Week 4: Development of Self-Compassion: Part I

Purpose

Creating images of the part that is least acceptable to the client allows for the to gain greater awareness of which parts of themselves are in need of compassion, and can provide them the opportunity to develop compassion for those parts. Imagining these parts like a vulnerable child and dialoguing with the parts will invite the client to better understand what they need to feel more compassionate without becoming defensive, and having more compassion can decrease their feelings of self-hatred and depression (Rappaport, 2009a).

Media

9" x 12" multimedia paper, 18" x 24" multimedia paper, oil pastels, chalk pastels, colored pencils, markers, watercolor paints, collage images, scissors, glue sticks.

Introduction of Topic: 30 min.

The facilitators will begin by asking if the group has any thoughts or reactions left over from the previous week, and then give time for these thoughts or reactions to be processed. The facilitators will tell the group that the focus of the group will be self-compassion. They will then facilitate a discussion about the group's understandings and experiences of self-compassion. The group will first create art images about self-compassion, and then engage in a Focusing exercise.

Directive: 45 min.

"Using the materials on the tables create an image of the part of yourself that you feel least compassion. Perhaps it's a feeling, or an action previously taken. Develop the image to your fullest capacity. When you think you are done, ask yourself 'Does my image capture the whole feeling of this part of me?' If it does not, continue to work with the image until it feels complete. (After they are done making the art proceed to the Focusing exercise.) Find a comfortable

position in your chair, and draw your awareness to your body. Notice how your feet feel touching the floor, and how the chair supports your body. Notice your breath moving in and out, without any effort on your part, in and out. Bring your attention to how your body is feeling at this moment. Bring into your awareness the things that are in the way of you feeling 'All-Fine'. Wrap up those thoughts or feelings as they come, and set them aside at a comfortable distance. Next, check for a background feeling that may be inhibiting you from feeling All-Fine. Set that background feeling to the side along with the other thoughts and feelings. Now, except for those things are you feeling All-Fine? Allow the part of you for which you feel the least compassion to enter your awareness. Move that part away from you, and place it on a park bench. Imagine yourself sitting next to that part like it's a vulnerable child needing to be comforted. Ask that part what it wants to say to you. Listen to what it has to say. Ask the part what it needs from you. Listen to what it needs."

Process Questions: 30 min.

What did you notice about how you felt sitting next to your least-compassionate part? How did it feel to talk with it? What did it tell you when you asked it questions?

Week 5: Development of Self Compassion: Part II

Purpose

Creating artwork concerning the "how-to" of fulfilling the needs of this part of them can provide the clients with a concrete plan of action. Having an externalized representation of this plan can allow for greater insight to be gained through group discussion. (Rappaport, 2009a)

Introduction of Topic: 30 min.

Facilitators will begin a discussion about the previous week's work concerning self-compassion. They will review with the group the insights gained and any additional thoughts or insights that occurred since the previous week. They will provide the group with their previous week's artwork, and inform the group that they will be creating a follow-up piece concerning the needs and wants of the part as revealed in the previous Focusing exercise.

Media

9" x 12" multimedia paper, 18" x 24" multimedia paper, oil pastels, chalk pastels, colored pencils, markers, watercolor paints, collage images, scissors, glue sticks.

Directive: 30 min.

"Take a moment to look over your image from last week, and remember the conversation you had with this part of you in the Focusing exercise. When you are ready, create an image using the materials on the table representing a small step in the direction of fulfilling the needs or wants of that part of you."

Process Questions: 45 min.

After the completion of the directive the facilitators can ask "What do you see when you look at your image?" "Can you tell us the whole story of the two separate images?" "What will you do now with this?"

Week 6: Introduction to Three-Dimensional Media and Identifying the Inner Critic

Purpose

By drawing awareness to the Critic the client can identify himself as separate from the Critic. Becoming aware of how the Critic impacts other parts of him can allow the client to decide how he wants to be impacted by the Critic, and begin to take steps towards changing his relationship with the Critic.

Media

Paper mache materials, air-dry clay, wood pieces, found objects, clay sculpting tools, hot glue and gun, wood glue.

Introduction of Topic: 30 min.

The facilitators will begin by asking if the group has any thoughts or reactions left over from the previous week, and then give time for these thoughts or reactions to be processed. The facilitators will inform the group that they will be using three dimensional art materials include paper mache, assemblage, and wood sculpture. The facilitators will introduce the idea of the Inner Critic, and how unaware we can be of our own Inner Critics. They will tell the group that the Focusing exercise will be used to develop an awareness of their Inner Critic and learn how to engage with it.

Directive: 45 min.

"Find a comfortable position in your chair, and draw your awareness to your body. You can close your eyes, or keep them open. Either way is fine. Notice how your feet feel touching the floor, and how the chair supports your body. Notice your breath moving in and out, without any effort on your part, in and out. Bring your attention to how your body is feeling at this moment. Allow yourself to become aware of the part of you that is judgmental and self-critical,

but observe this part at a distance, as if you are watching if from across the room. What do you notice about the Critic? Is there a handle that feels like it accurately describes the Critic? Next, bring into your awareness the part of you that is criticized by the Critic. Is there a handle for this part as well? What do you notice about the relationship between the two parts? What do you see going on? What do you notice in your body as you observe the two together? When you are ready slowly bring your awareness back into our space. With the art materials in front of you create a sculpture representing the Inner Critic and a sculpture representing the Criticized. When you are finished, place them in relation to each other in a way that you feel represents their relationship."

Process Questions: 30 min.

After the completion of the directive the facilitators can ask "What did you notice about the Critic?" "What did you notice about the Criticized part?" "How did you feel about their relationship as it is currently?"

Week 7: Changing the Relationship to the Inner Critic

Purpose

The clients are working out how to translate the change in relationship between the Critic and the Criticized part by altering their previously made artwork. Creating a means by which to change something for the better will increase their feelings of personal agency, and develop their ability to influence the Critic, thereby decreasing feelings of inadequacy and depression.

Media

Paper maché materials, air-dry clay, wood pieces, found objects, clay sculpting tools, hot glue and gun, wood glue, acrylic paints, paint brushes, oil pastels, markers, collage images, glue sticks.

Introduction of Topic: 30 min.

The facilitators will begin by asking if the group has any thoughts or reactions left over from the previous week, and then give time for these thoughts or reactions to be processed. The facilitators will revisit the idea of the Inner Critic from the previous week. The group will review the insight they gained during the art making and Focusing exercise. The facilitators will return their group's sculptures to them for the purpose of completing the following directive.

Directive: 30 min.

"Take a moment to observe your sculptures from the previous week. What do you remember about they interact with each other? If you talked to the Critic and the Criticized part about their relationship to each other, what would they say? How would you want their relationship to change for the better? Using the materials on the table add something to the two sculptures to represent how it would be if their relationship changed for the better."

Process Questions: 30 min.

After completing the directive the facilitators can ask “What has changed about the relationship between the Critic and the Criticized part?” “How would it feel if this change took place in real life?” “What’s a small step you can take in the direction of making this change happen?”

Week 8: Identifying the Dominant Male Narrative (Group Art Making)

Purpose

Creating images about society's perception of what a man should be will draw awareness to the client's internalization of these standards, and bring about a discussion of how these standards serve him or harm him. The second image of the man allows the group the chance to begin co-constructing new meaning about masculinity, and have that meaning witnessed and validated by other men. This validation will result in decreasing feelings of shame as the men widen their understanding of masculinity to include aspects of themselves that already exist (Möller-Leimkühler, 2003; Hilton, 2009; Marin & Dokoupil, 2011).

Media

Two large poster boards, oil pastels, chalk pastels, colored pencils, markers, watercolor paints, collage images, scissors, glue sticks.

Introduction of Topic: 30 min.

The facilitators will introduce the idea of a cultural narrative concerning how men are "supposed" to be and act. They will then facilitate a discussion with the group concerning the client's understanding of this narrative, and their personal experiences with it. The facilitators will inform the group that they will be constructing an image representing society's conceptualization of a "man", and then a separate image representing the group's conceptualization of a "man".

Directive: 45 min.

"Using the materials on the table work together to create an image that represents how society thinks a man should be and act. What does he say? How does he relate to others? What does he do with problems? On the next piece of poster board create an image representing the

kind of man the group feels is best and most realistic. What does he say? How does he relate to others? What does he do with his problems? While you are working check in with your felt sense to see if how you are representing the two men feels right.

Process Questions: 30 min.

After the completion of the direction the facilitators can ask “What was it like to create these two men as a group?” “What is different about the two men?” “What is the same?” “What do you like or dislike about each of the men?”

Week 9: Changing the Plot of the Male Narrative

Purpose

The creation of a story board, or cartoon (Trombetta, 2007), to depict a man's life will act as a metaphor with which the group can further examine society's perception of traditional masculinity (Möller-Leimkuhler, 2003) and have the opportunity to change the story through the use of the media. This representation of the male narrative will allow for further restructuring of not only the male identity but also how a man lives his life in the world.

Introduction of Topic: 15 min.

The facilitators will begin the session by asking if any of the participants had thoughts or reactions from last week's directive that came to them after its completion the previous week. The group will then discuss any leftover thoughts or reactions brought up by the group. Next, the facilitators will inform the group that they will be working together to create a storyboard, or cartoon, representing the story of a traditional man's life. The facilitator will briefly brainstorm with the group concern elements of the story they may want to include including a beginning, middle, end, good-guy, bad-guy, and other characters. The facilitator will write the group's ideas on a piece of poster board and leave it up for their reference during the completion of the directive.

Media

Three large poster boards, oil pastels, chalk pastels, colored pencils, markers, watercolor paints, collage images, scissors, glue sticks, push pins.

Directive 1: 45 min.

"Decide amongst yourselves how you want to illustrate the story of the traditional man's life, and then do so with the materials on the table. The story needs to be illustrated in separate

cells, like in a cartoon, so you'll need to cut up the poster board to create the size of cells you want. As you're deciding what parts will be included in the story check in with your felt sense and ask yourselves "Is this really how it is for men? Is there something else I need to add to make it more complete?" When you are done, pin your story board or cartoon to the wall so we can all see it."

Process Questions: 15 min.

After completing Directive 1 the facilitators can ask "Someone tell me the story that is illustrated on the poster board", "What is your reaction to the story?" "What is the man's experience of being in this story?" and lastly, "How would you change the story, in a reasonable way, to improve the man's life?"

Directive 2: 15 min.

"Now, take down the story board and decide what you need to do to change the story as we previously discussed. Do you want to throw out any of the cells? Do you want to change them? Do you want to insert new cells into the story line? While you're working check in with your felt sense about what the man in the story needs, and if what you are changing is fulfilling that need. When you are done pin the new story board to the wall so we can all see it."

Process Questions: 15 min.

After the group completes directive 2 the facilitators can ask: "Can someone explain the story from beginning to end?" "What is your reaction to this new story?" "What is one small way this new story can take place in the real world?"

Week 10: Identifying and Dialoguing with an Identity

Purpose

Often with a major life change an individual can find that his major identity has also changed, or been lost, which can result in a decrease of satisfaction with life (Olgivie, 1987). This directive will give the participants the opportunity to make contact with their major identity, and gain insight about how it impacts them. The directive will also give them a chance to assess if any changes need to be made to the identity they most frequently inhabit.

Introduction of Topic: 30 min.

The facilitators will begin by asking the group if there were any leftover thoughts or reactions to last week's session and invite the group to share. After the initial sharing is complete the facilitators will inform the group that the focus for the session is "identity". They will then facilitate a discussion with the group about the meaning of identity, how an identity is formed, how they change, and how they impact us. After the group has had sufficient time to discuss ideas related to identity the facilitators will transition to the Directive.

Media

Paper maché materials, air-dry clay, wood pieces, found objects, clay sculpting tools, hot glue and gun, wood glue, acrylic paints, paint brushes, oil pastels, markers, collage images, glue sticks.

Directive: 45 min.

"Find a comfortable position in your chair, and draw your awareness to your body. You can close your eyes, or keep them open. Either way is fine. Notice how your feet feel touching the floor, and how the chair supports your body. Notice your breath moving in and out, without any effort on your part, in and out. Bring your attention to how your body is feeling at this

moment. Bring into your awareness the things that are in the way of you feeling “All-Fine”. Wrap up those thoughts or feelings as they come, and set them aside at a comfortable distance. Next, check for a background feeling that may be inhibiting you from feeling All-Fine. Set that background feeling to the side along with the other thoughts and feelings. Now, except for those things are you feeling All-Fine? Allow your identities to come into your awareness. Perhaps the identities are roles you have in the world, in relationships; perhaps they are words that describe you. Just allow whatever comes to enter your awareness without judgment. As you’re noticing the thoughts about your identities, is there one that feels most fitting? What is your felt sense about the truest identity for you? After you’ve identified the truest identity you can let the other’s float away. Now, pretend as if this identity is sitting down next to you. Ask that identity, ‘What is it like to be (this identity?)’ and ‘What do you need from me?’ Listen to what the Identity has to say to you. When you are done listening, bring your awareness back to your breath, and after a few deep breaths bring your awareness back into the room and open your eyes. When you are ready use the materials on the table to create a representation of the identity you experienced in the meditation.”

Process Questions: 30 min.

After completing the directive the facilitators can ask, “Can you share about your art?” “What happened when you talked with your identity?” “What did you think or feel about the identity that came into your awareness?” “Is there one small step that you can take towards fulfilling the needs of this identity?”

Week 11: Revisiting and Adding to Source of Strength

Purpose

Identifying and attending to the client's source of inner strength will increase feelings of hope (Rappaport, 2009) that they can and will overcome their feelings of suicidality and depression. Even if the source of strength is small its artistic representation is evidence of its existence and can be used to disprove feelings and thoughts of inadequacy. By repeating this directive at the end of the program's 12-week period the participants will hopefully have gained more awareness into their strengths and be able to add to their original artwork.

Introduction of Topic: 30 min.

The facilitators will begin by asking the group if there were any leftover thoughts or reactions to last week's session and invite the group to share. After the initial sharing is complete the facilitators will inform the group that the focus for the session is exploring a new source of strength. Facilitators will bring out client's previous collages made to reflect their sources of strength, and explain to the group that they will be adding new found strengths to the original piece.

Media

9" x12" multimedia paper, collage images, scissors, glue sticks, tape, stapler, oil pastels, chalk pastels, colored pencils, colored markers, water color paints, and acrylic paints.

Directive: 45 min.

"Assume a comfortable posture in your chair, and draw your awareness to your body. Notice how your feet feel touching the floor, and how the chair supports body. Notice your breath moving in and out, without any effort on your part, in and out. Bring your attention to how your body is feeling at this moment. Bring into your awareness the things that are in the

way of you feeling “All-Fine”. Wrap up those thoughts or feelings as they come, and set them aside at a comfortable distance. Next, check for a background feeling that may be inhibiting you from feeling All-Fine. Set that background feeling to the side along with the other thoughts and feelings. Now, except for those things are you feeling All-Fine? Allow yourself to notice your source of inner strength. It could feel like a higher power, or safe place that gives you strength. What do you notice about this source of strength? Is there an image, sound, gesture, or word that acts as a ‘handle’ for your source of strength? When you’re ready, bring your awareness back into the room. Using the materials on the table create an image representing the source of strength that came into your awareness, and in some way add this new image to your original artwork.”

Process Questions: 30 min.

After the completion of the Directive the facilitators can ask, “Can you tell me about what you’ve added to your original artwork?” “What was your experience of the meditation?” “Did you notice any differences from the last time we focused on sources of strength?”

Week 12: Review of Art Products and Integration of Insight

Purpose

The final review of the client's artwork in its entirety will provide them the chance to reflect on the work they've done during the 11 weeks, and allow others to witness the changes that have occurred. The use of the self-report questionnaire, C-SSRS, and PPAT will provide the data necessary to assess for any significant changes in suicidality and depression as a result of participation in the program.

Introduction of Topic

The facilitators will acknowledge that the group is meeting for the final session, and that the time will be spent looking over the work the participants created during the 11 weeks, and fulfilling the self-report questionnaire, C-SSRS, and completing the Pick An Apple from a Tree drawing (PPAT).

Media

12" x 18" white drawing paper, "Mr. Sketch" colored markers including black, brown, yellow, orange, red, purple, magenta, hot pink, turquoise, blue, green, and dark green.

Directive 1

"Using the space on the tables and walls group your art together and arrange it in chronological order. When you are finished we will look at each participants' group of artwork one by one."

Process Questions

During the presentation of artwork the facilitators can ask "What do you see when you look at all of your art together like this?" "What is the whole feeling of your body of work? What contributes to this feeling?" "Tell us the story of your art from beginning to end."

Directive 2

"First, we like you to fill out this self-report questionnaire. Once you are done, use the paper and colored makers to draw a picture of a person picking an apple from a tree." The facilitators will then hand the paper to the individual members so as to force the client to choose the paper's orientation (Malchiodi, 2012). Once the clients have finished their drawings the facilitators will announce the end of the session and say goodbyes to the group participants. The facilitators will collect the questionnare, and PPAT after the clients have left.

Evaluation Measurements

After the completion of the program the facilitators will meet with the clients individually to fulfill the post-program C-SSRS, and make referrals to other support groups if the client is interested in continuing treatment in the group setting. The facilitators will score the PPAT based on the Formal Elements Art Therapy Scale (Gantt & Tabone, 2001), and assess the personal questionnaires for significant change. Lastly, the facilitators will assess the data provided by the PPAT and C-SSRS for statistically significant change. If this task is outside the scope of the facilitators then they will submit the data to a professional for assessment.

CHAPTER V

Discussion

Thesis

Caucasian middle-aged men (CMAM) are statistically at a higher risk of committing suicide than most other populations in the United States (“Trends in suicide,” 2012; “Suicide rates,” 2012). This program design seeks to identify the causes of an increased incidence of CMAM suicides, the psychological and emotional needs of the CMAM population, and to develop a Focusing Oriented Art Therapy program that will decrease feelings of sucidality and depression. If CMAM participate in a three-month Focusing Oriented Art Therapy program then they will experience a reduction in self-reported feelings of depression and suicidal ideation, and their quantified scores of depression and suicidality will decrease.

Rationale for Program Summary

Caucasian men in America have the highest rate of suicide of any other ethnic group, and the incidence of suicide in middle-aged men (ages 45 – 54) has increased 36.5% from 1999 to 2009 (“Trends in suicide,” 2012; “Suicide rates,” 2012). As a consequence the family members of the deceased experience more significant levels of distress than families members of men who died of natural causes (Farberow as cited in Cerel, Jordan & Duberstein, 2008; Cerel & Roberts as cited in Cerel, Jordan & Duberstein, 2008), and society as a whole experiences considerable financial loss (Corso, Mercy, Simon, Finkelstein, & Miller, 2007). The program design specifically includes Caucasian middle-aged men because they have been identified by the research to be at a higher risk for completed suicide and because their death significantly impacts their community.

The program design is aimed to address the factors contributing to CMAM suicide and the specific needs of the CMAM population, as well as incorporate aspects of existing treatments that have been successful in decreasing feelings of suicidality and depression. Möller-Leimkühler (2003), Hilton (2009), and Marin and Dokoupil (2011) theorize that men suffer from higher rates of suicide as a result of maintaining a traditional definition of masculinity that is no longer relevant in modern society. In weeks eight and nine in the program the clients examine the qualifying characteristics of a typical "man" in society, and also what they, as a group, identify as a "man." The following week they work together to change how they want the group's concept of "man" to be involved in the story of society. These sessions are designed to bring about the individual's awareness of how he is affected by societal expectations of traditional manhood, and how the group can co-construct new meaning about what it means to be a man. As it seems that men are a major contributing source of defining each other's manhood, it could be most effective for the men in the group to redefine their understanding of manhood together. During these sessions the men will also be prompted to consider their personal identities and how they are affected by society's concept of "man", which will allow them greater insight into the preferred "major identity"(Oligilve, 1987) that they want to inhabit. This part of the program is based on Olgilvie's (1987) study that found greater levels of satisfaction with life in individuals that inhabited their "major identity". The reauthoring of the meaning of "being a man," and identifying the individuals' preferred identity will address Need III as discussed in Chapter I: "Middle-aged men need a means by which to recreate an identity that is congruent with values of modern society."

The program design incorporates the use of a mindfulness based art therapy approach and concepts related to Positive Activity Interventions (Layous et al., 2011) not only because they

have been found to be effective means of decreasing depressive symptoms, but also because of how they can be used to address the specific needs of men in the group therapy setting. Monti et al., 2006) found their mindfulness-based art therapy program to an effective approach in reducing depressive symptoms in female cancer patients, and Bar-Sela et al. (2007) found that anthrosophical art making, an approach that is similar to other mindfulness-based approaches because of its focus on development of the inner-self, was also effective in decreasing depressive symptoms in the study's participants. These findings related to the efficacy of mindfulness-based art therapy programs support the use of Focusing Oriented Art Therapy (Rappaport, 2009) as the foundation for the program design. In weeks three, four, and eleven the participants are provided directives that would be considered Positive Activity Interventions (Layous et al., 2011) because "they aim to help patients experience positive thoughts, affect, and behaviors" (p. 676). These "positive" oriented directives will further assist group participants in refocusing their awareness and decreasing their feelings of depression.

The use of art in a group setting for the purpose of decreasing suicidality and depression in CMAM can provide them with a means of nonverbal expression, an opportunity to achieve "connection through action" (Pollack as cited in Vicks, 2007) with other group members, and create a therapeutic environment that would feel less feminine and more masculine. Möller-Leimkühler (2003) described how men are often reluctant to seek help for feelings of depression because they adhere to a societal expectation that forbids them to openly express their experiences. By introducing the use of art to explore the men's subjective experience they are being given a new language with which they can express themselves nonverbally, which would replace the need to rely only on verbal expression and thereby create a more accessible means of expression. Vick (2007) points out how art therapy is essentially an "action-based therapy" (p.

3), and how this use of physical movement is consistent with the male tendency towards "connection through action" (p. 3). This "connection" will be established with the other group participants through the art making, and thereby expand the individual member's support network. This intentional use of the group to increase the member's social supports will fulfill Need II: "Middle-aged men need to increase the number of their social supports". Utilizing three-dimensional materials in art making can often require higher levels of physical involvement than working in two-dimensional art, and the program outline introduces the use of three-dimensional medias in the second half of the 12-week period. The use of two-dimensional materials is introduced first because they can feel more accessible to someone who is unfamiliar with art making, and will serve as a foundation for how to use art as a means of self-expression.

Utilizing a space similar to a sculpture room or woodshop will make the therapeutic environment feel less feminine, as characterized by sitting and verbally discussing one's feelings, and more masculine in that the space and directives require physical activity, expression through non-verbal means, and time for reflection and gathering of thoughts. Need I: "Middle-aged men need a place they can feel safe enough to process the implications of their experiences" is addressed by utilizing the art making process and creating a more masculine therapeutic environment for the group sessions.

Lastly, the program design addresses the specific safety considerations related to working with a suicidal population by requiring participants to be receiving individual psychotherapy treatment and psychotropic medication. Chuick (2009) found that utilizing psychotropic medication and some form of psychotherapy treatment is effective in managing feelings of depression, and Rosenberg (1999) found that Cognitive Behavioral Therapy in particular is helpful in addressing the dysfunctional thinking and feelings of hopelessness associated with

suicidality. Rosenberg's (1999) model of suicide prevention through affective and action based interventions is integrated into the program design by providing clients the space to explore the meaning they ascribe to suicide, and highlighting their personal sources of strength that keep them going.

Implications for the Field of Marriage Family Therapy and Art Therapy

Since men are reluctant to seek help when dealing with feelings of depression, and are often operating with an outdated understanding of masculinity as defined by society, then it would behoove clinicians to employ a kind of therapeutic approach that addresses these concerns specific to men. By utilizing a program like the one described here the Caucasian middle-aged men population would be provided with not only an opportunity to experience individual healing, but would also begin to construct a new definition of masculinity that could be passed on to other men and women in their interactions. The field of Marriage and Family Therapy would play a role in reconstructing a damaging mindset that cause many men to suffer silently with their depressive symptoms. The field of art therapy would benefit from having a more gender appropriate approach to art making with men. This intentional use of art making could lead to greater interest in art therapy in various male populations, and provide for art making with which men feel more deeply connect.

Limitations

Some of the research related to available treatments, and studies related to art therapy, address decreasing symptoms of depression, but don't specifically include reducing suicidality. Robins (as cited in Rosenberg, 1999) reports that depressive symptoms are considered "a significant risk factor associated with suicidality, and are implicated in approximately 54% to 85% of completed suicides" (p. 84). This program design does not include men with diagnoses

such as Bipolar Disorder and Schizophrenia, and literature reviewed does not address how other mental disorder diagnoses contribute to suicidality in the CMAM population. Furthermore, the research does not specifically address how traditional views of masculinity effect men that are homosexual, which limits the findings of the literature review to the heterosexual Caucasian middle-aged men.

Recommendations/Implications for Future Research in the Field

More research is needed concerning men's phenomenological experience of depression and incidence of depression so that there might be a more complete understanding of how men manifest depressive symptoms and the actual prevalence of depression in men. Being that the CMAM population has the highest rate of suicide in America, development of a campaign or program intended to reach out to possible suicide victims could prevent suicide attempts and help men get treatment sooner. Providing men with education about the severity of a male-type depression and providing them a safe means by which to access help is essential. There are currently suicide prevention hotlines available nationwide, but men need intervention specific to the concept of masculinity that keeps them from calling the hotlines in the first place.

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Appendix A: Program Costs

Item	Cost	Type (Price) (Number of Items)
Facilitators	$3,840	4 hrs/wk, 12 wks, $40/hr
Space Rental	$3,600	$50/hr, 12 wks
Paper-Medium	$32.31	Canson Foundation Mixed Media Pad, 9" x 12", 98 lbs (3)
Paper-Large	$97.11	Canson Foundation Mixed Media Pad, 18" x 24", 98 lbs (3)
Oil Pastels	$59.25	Portfolio Series Watersoluable Oil Pastels, 12 pack (5)
Chalk Pastels	$21.95	Blick Pastels, Set of 12 ($4.39/each) (5)
Colored Pencils	$59.40	Premier Colored Pencils, Tin Box Set of 12 ($11.88/each) (5)
Colored Markers	$38.00	Crayola, Set of 8, Classic Colors, Broad Tip ($3.80/each)(10)
Air Dry Clay	$58.00	Prang Das Modeling Clay ($5.80/each) (10)
Collage Images	Free	Collected from donated magazines
Glue Sticks	$7.00	Blick Glue Sticks, 0.74 oz($0.60/each) (5), 1.3 oz. ($0.80)(5)
Clay sculpting tools	$36.25	Blick Ceramic Tools, Set of 5($7.25/each) (5)
Hot glue guns and glue	$37.38	Low-Temp Trigger-Fed Glue Gun (5), Glue Sticks (1 lb)
Newspaper	Free	Collected from donors
Flour	$6.99	Unbleached flour, 80 oz.
Chicken wire-small	$14.99	Grip-Rite 1 In. Mesh 12 In. x 50 Ft. Poultry Netting
Wire pliers	$46.90	Mini Long-Nose Pliers and Mini Wire Cutters ($4.69) (10)
Found objects	$50.00	Assorted used objects obtained at second hand stores
Drift wood	Free	Obtained by collection on nearby beaches
Seashells	Free	Obtained by collection on nearby beaches
Scrap wood pieces	Free	Obtained by donations from woodshop, building sites
Fabric	$7.99	Scrap fabric bags, sold on Etsy.com
Wood glue	$1.56	Elmer's Carpenter's Wood Glue, 4 oz. (5)
Wire	$3.43	Blick Armature and Sculpture Wire (16 gauge)
Staple Gun/Staples	$33.33	Arrow JT21 Staple Gun ($15.71/each)(2), Staples ($1.91)
Boxes	$71.98	Canvas Boxes, Nested Set of 6 ($35.99/each)(2)
Watercolor paints	$49.50	Camellia Student Watercolor Set($4.95/each)(10)
Acrylic paints	$32.26	Liquitex Basics Acrylic Sets, Set of 12 ($16.13) (2)
Gesso	$34.50	Blick Acrylic Mediums: Gesso (1 gallon)
Brushes	$91.65	Blick Wonder White Set ($18.33)(5)
Palettes	$7.98	Blick Studio Disposable Palette Pads ($3.99/each) (2)
Total Program Cost	$8,340	

Appendix B: Personal Questionnaire

Please answer the questions below according to the following scale:

1: Not true 2: Somewhat true 3: True 4: Very true

1.) I feel like I want to kill myself.

1 2 3 4

2.) I feel irritable with those around me, and become easily angered.

1 2 3 4

3.) I can't talk about my feelings with others.

1 2 3 4

4.) I think others will judge me for feeling depressed.

1 2 3 4

5.) I tell myself to "get over" my feelings of hopelessness and/or sadness.

1 2 3 4

6.) I find myself drinking, or doing drugs, more than I used to.

1 2 3 4

7.) I find myself working more hours than are required of my job.

1 2 3 4

8.) I find myself engaging in more sexual activity that is different or unusual for me (such as more use of pornography, soliciting prostitutes, or having sex with multiple partners).

1 2 3 4