Evaluating Belongingness in Adults with Chronic Illness: Online Adlerian Art Therapy Groups

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Abstract

Many adults with chronic illness and acquired disability (CI/AD) experience feelings of isolation and loneliness due to their illness(es). Adlerian or Individual Psychology believes that the root of all human pathology is related– it stems from feeling discouraged and from a lack of belongingness feelings and/or social embeddedness (Ansbacher, 1956). Art therapy and online support groups have been found to benefit adults living with chronic illness, but combination arts-based and support groups are not yet researched. Using a time 1, time 2 Likert scale survey, this research design anticipated finding a correlation between feelings of belongingness and online Adlerian art therapy groups (OAATG). Before and after attending a six-week Adlerian art therapy group online, all participants were prompted to fill out the General Belongingness Scale (GBS) (Malone & Pillow, 2012) which was an optional part of attending the free group. It was anticipated that positive results would follow, and the statistics matched the hypothesis. Due to the sample size, I could not claim statistical significance. These findings suggest that if replicated with a larger sample size, Adlerian art therapy group interventions online may increase belongingness feelings in adults suffering from chronic illness.

Background

Alfred Adler was a physician and a contemporary of Sigmund Freud at the turn of the 20th Century. He parted ways from the Viennese Psychoanalytic Society and was the first psychiatrist to emphasize the role that belonging plays in overall health in his Individual Psychology (IP) (Ansbacher, 1956). Several of the tenets of Adlerian Psychology are germane to the discussion of living with chronic illness.

These terms include the family constellation and atmosphere, which describes the general environment, core beliefs, roles, and dynamics within someone's family of origin. Gemeinschaftsgefühl, translated from German, means roughly the feeling one has within community, and the care for or about others. Organ jargon refers to the messages one's body sends about what needs, deficiencies, and weaknesses exist in the corporal sense. Belongingness, or one's feeling of belonging, relates to their social interest, or engagement and caring about a group of people to whom they belong. Holism is a holistic way of seeing a person from their perspective, and includes

multicultural identity factors, life style– one's personality and way of solving problems, and intersectional barriers to wellness. Discouragement and encouragement are states where one feels competent, effective, and whether they matter (or not, which leads to pathology). Life tasks, or tasks of life, include romance/love, family/parenting, self, spirituality, work, and friendships. These are the domains in which an individual strives for significance and sometimes superiority to balance feelings of inferiority. Adlerian psychology is generally a non-pathologizing, positive psychology (Sommers-Flanagan, 2015).

Adults with chronic health conditions experience feelings of isolation and loneliness. These feelings result from lack of social connection (Kingod et al., 2017), otherwise stated as the lack of belonging, and a lack of familial understanding (Chandraiah, 2012), which are part of the family atmosphere (Carlson et al., 2006). There are also disabling features to many chronic illnesses (Zubala et al., 2021) thus, acquired disability which often creates feelings of inferiority. Comorbid psychological diagnoses such as depression, anxiety (Collie et al., 2017), grief, and suicidality are common for adults living with chronic illness (Jackson et al., 2018), these manifestations originate from organ jargon, where part of the body "speaks" to the host. Gemeinschaftsgefühl is what Adler believed to be the solution to all psychopathology, (Carlson et al., 2006).

Group therapy has shown promising results for improving these symptoms because clients can be among a "cultural milieu" (Reynolds, 2003) or peer community. In support group models, sharing stories of struggles generates social interest and recreating self-identity (Reynolds, 2003), and fostering empathy and being supported by a peer who has their specific illness in common (Kingod et al., 2017), can create a healing sense of belonging (Miller & McDonald, 2020,) or social interest, which IP considers essential to recovery (Carlson et al., 2006). Arts-based Adlerian group therapy (Dreikurs, 1986, 2001; Sutherland, 2016) is literature-substantiated and interventions have been manualized. Art therapy is a promising group treatment protocol for many ailments.

Art therapy is a treatment that benefits those who suffer from CI/AD (Chandraiah, 2012). Research supports the use of group art therapy with adults (Leszcz, 2020) to reduce psychological and physical symptoms of illnesses, (Yang et al., 2021). Online Adlerian art therapy groups have yet to be researched, and there is no existing literature on using them to heal chronic illness symptoms. This

paper seeks to answer the question: "Can online Adlerian art therapy groups (OAATG) increase feelings of belongingness in adults with chronic illness?" Implications could also suggest OAATG in the treatment of mental health symptoms that accompany chronic illness and other disorders.

In the United States alone, 133 million Americans live with "incurable and ongoing chronic disease" (National Health Council [NHC], 2021). Chronic illnesses can be disabling (Couser, 2015). Sixty-one million adults live with disability, roughly 26% of the population (Center for Disease Control and Prevention [CDC], 2021). People living with chronic physical and mental illness often experience several challenges to coping, independent living, and adapting. At the same time, they face changes to their sense of self and their competency, effort to control their emotional equilibrium, sense of hope and humor, seek continuity in affirming relationships, and prepare for uncertain health outcomes (Reynolds, 1997). Many people with CI/AD lose their mobility (Zubala et al., 2021), autonomy (Reynolds, 1997), and experience a deep sense of disconnection or isolation from others, including medical providers (Kingod et al., 2017).

Loneliness thus results from isolation, loss of socializing (Kingod et al., 2017), alienation from family members who do not understand or believe people with CI/AD (Chandraiah, 2012), and the loss of their former roles and vocations (Reynolds, 1997). Lack of belongingness feelings among this demographic have been exacerbated by the COVID-19 pandemic's quarantine (Kosir et al., 2020). Even before the pandemic, one study found systems in place to increase social interaction to combat isolation among this demographic who have been disproportionately affected by lockdown (Datlen & Pandolfi, 2020). Quarantine also led to increased loneliness due to lack of physical touch and "more intimate human connection with others" (Kosir, 2020, p. 9).

Several treatment models have shown to be effective with individuals with CI/AD, including art therapy (Chandraiah, 2012), peer support (Kingod et al., 2017), and formal group therapy (Reynolds, 2003). Art therapy (AT) is a regulated mental health profession that integrates nonverbal artmaking with talk therapy to treat a variety of issues, (e.g., mental health, learning, neurological, and neurocognitive disorders, as well as physical and medical issues, violence and disaster, identity issues, and major life trials) (American Art Therapy Association [AATA], 2021). Art therapy has been found to improve wellbeing (Zubala et al., 2021) in individuals, groups, and families (Chandraiah, 2012). Art

therapy has been found effective in treating various symptoms, age groups, and disorders (Chandraiah, 2012). Research has repeatedly proven AT is beneficial for people with many different conditions (Bitonte, 2014). Additionally, AT has been found to assist adult and juvenile patients with chronic mental and physical illnesses (Bitonte, 2014; Chandraiah, 2012).

Art therapy is also effective in groups (Liebmann, 2004). Some theory and research were authored about the administration and efficacy of art therapy online (Zubala et al., 2021) and using technology in AT as far back as 20 years ago (Miller & McDonald). Much of the literature focused on art therapy as a discipline that historically "has not been particularly tech-savvy" (Austin, 2009). There has been some reservation on the part of art therapists to use digital means (Snyder, 2020). Zubala et al., (2021) posit art therapists are slow to utilize digital tools only in the therapy room, not in their personal administrative work. One study found that client engagement online was substantially greater online (Miller & McDonald, 2020). Adlerian art therapy groups online have not yet been written about on the date of this writing.

Technology has an increasingly important and permanent place in art therapy (Zubala et al., 2021). Tool-sharing among art therapists led to improved online working alliances, and best practices for using online technology were pioneered amid the 2020 pandemic (Snyder, 2020), therefore it is important for these interventions to be documented and discussed. Art therapy online with individuals with long term illness is promising; research showed that some clients preferred being in the comfort of their own home, where they felt less anxious (Shaw, 2020). This is also a more accessible means of group art therapy than the traditional open studio, which is one of the more common modalities in the literature (Sutherland, 2016).

Research shows that online AT with adolescents and children is beneficial. One such study claimed art therapy with teens is particularly successful online, as these clients are "digital natives" who can navigate platforms with ease (Snyder, 2020). There are, however, considerations when working with this population (Shaw, 2020). Shaw's (2020) study showed that adolescents may associate online via social media, and that considering how they interact with the image of themselves on the screen is important, especially for teens with body dysmorphia. Art therapy with children with CI/AD is much researched. One literature review of 10 research studies illustrated art therapy led to

symptom improvement in chronically ill children aged 2-19, though one study was inconclusive (Clapp et al., 2018).

Art therapy online is a viable option for adults experiencing CI/AD. One study saw it as especially well-administered via telehealth (Zubala et al., 2020). One study found AT online brought illness-associated identities to life, that clients needed and thus created social support and belonging amongst themselves, that they shared their unique lived experiences with specific illnesses, and members also organized social justice advocacy (Kingod et al., 2017).

Group art therapy is a method of treatment for people with CI/AD. A surge of research has appeared in the last few years that validates its efficacy (Datlen & Pandolfi, 2020; Collie et al., 2017, Miller & McDonald, 2020). This may be because group dynamics create different healing opportunities– in part because attendees bring multiple perspectives into the therapeutic setting (Kingod et al., 2017)– and partly because members move from isolation into participation (Høybe et al., 2008) and mobilization (Kingod et al., 2017).

Research supports the use of group art therapy with adults (Leszcz, 2020) to reduce psychological and physical symptoms of illnesses, (Yang et al., 2021). It has shown to be effective among many difference diagnoses, including post-traumatic stress disorder (PTSD) (Yang et al., 2021), asthma (Beebe et al., 2010), schizophrenia (Cheng, 2021; Chandraiah et al., 2012), learning disabled people (Datlen & Pandolfi, 2020), Parkinson's disease (Bogosian et al., 2021), personality disorders, bipolar disorder, schizoaffective disorder, dissociative disorder (Chandria et al., 2012), and cancer (Collie, 2017). One study found evidence to suggest that group therapy for long-term conditions offered members support and improved health outcomes and reduced overall costs to the healthcare system (Jackson et al., 2018). Online groups can defer costs to individuals who may have lower earning capacity due to their illnesses.

Group art therapy administered online has also shown to be a powerful, accessible means of community healing (Collie et al., 2017). Providing open studio or community-based AT approaches is well documented to increase honesty, complete tasks, decrease suicidal ideation and stress responses, and increase self-esteem, self-expression, and improve general quality of life (Chandraiah et al., 2012). Groups utilizing online technology such as WhatsApp, have provided a new form of communication

and creativity for much-needed connection (Datlen and Pandolfi,2020) among the younger generation. This group healing dynamic is also present in peer support models.

Peer support is a therapeutic model based on people with similar struggles sharing knowledge and helping one another cope with the stages and issues surrounding their problem. One systematic qualitative review (Kingod et al., 2017) found that peer-to-peer style groups have gained in popularity globally among those with CI/AD, who are increasingly using online means to manage daily self-care. This is likely because the individual does not have to leave the comfort and convenience of their own home. Depending on the level of disability associated with seeking and attending therapy, individuals may not see counseling as accessible otherwise. This has been confirmed by the low numbers of clients who have returned to in-person therapy "post-pandemic". Access to peers and clinicians online is also safer for those with illnesses, including immunocompromised individuals who are avoiding contracting the novel coronavirus (COVID-19).

Peer groups effectively increase positive behavioral changes, so they are increasingly used by healthcare professionals. This is also because the management of chronic illness requires multiple interventions (Kingod et al., 2017) or a holistic treatment model. Peer support groups can help in a way that traditional group therapy cannot for several reasons (Chung, 2013). One is that there are no leaders, which creates an egalitarian space for sharing without feeling analyzed or assessed (Høybe et al., 2008). Second, group members share their lived experience of the same situation or illness, using understandable vernacular, instead of medicalized language that is inaccessible to some and dehumanizing to others (Kingod et al., 2017). Lastly, more experienced members can "mentor" newcomers on overcoming challenging situations as they have, and this can restore a sense of hope and an internal locus of control that may have been previously threatened by one's illness (Kingod et al., 2017) and/or side effects of medications.

Peer-based groups, even those led by trained social workers, counselors, and psychologists, support people with CI/AD "emotionally, socially, practically, and politically" (Kingod et al., 2017) which is a form of social justice integral to Adlerian healing. These groups have become central to treatment, improving quality of life, and that some even find them to be crucial to daily functioning and hope-instillation (Kingod et al., 2017). One of the benefits of support groups is in changing the way

that people with CI/AD conceptualize themselves (Reynolds, 2003) as useful members of society, which IP suggests is one's purpose. Gaining specific knowledge from a fellow sufferer (Kingod et al., 2017) can be passed on through social media, one-on-one interactions, and through advocacy for others. Additionally, this "productive" environment fosters a sense of belonging that is lacking in those who are socially alienated and physically isolated (Miller & McDonald, 2020) without a sense of purpose or social embeddedness regardless of whether it's in person or online.

One study found that veterans with post-traumatic stress disorder (PTSD) benefitted from the connection, belonging among fellow sufferers increased self-confidence, social interaction, and improved physical wellbeing. That same group started in person and moved online, after which no difference in outcome was found (Lobban & Murphy, 2020). Lobban & Murphy (2020) found that through interacting with artifacts in a museum (and on the museum website), peer support moderated the isolating effects of their illness, and later of the pandemic too. Another study found that online support groups (OSGs) are visited by a third of people with chronic health conditions, and that attendees of OSGs prefer online interaction over offline (Chung, 2013). This benefitted people with more rare conditions, because online groups transcend geographical bounds (Chung, 2013).

Adlerian art therapy in a group setting is often written about, but, prior to the pandemic, online groups were not as ubiquitous (Liebmann, 2004). The pioneers of the Adlerian AT discipline focused on the embeddedness or socio-contextual element of healing (Dreikurs, 1986; Sutherland, 2016). Adlerian art therapy groups include well-established tropes of group therapy (Yalom & Leszcz,) such as altruism, universality, interpersonal learning, recapitulation of the family group, catharsis, instillation of hope, and existentialism. These factors are incredibly pertinent to those in isolation struggling to cope with the ramifications of illness.

There are several ways to treat the symptoms of isolation and loneliness that come along with debilitating long-term health problems and/or CI/AD, or inversely to increase belongingness. These include art therapy, group therapy, and online support groups, all of which can be administered via various tele-mental-health (TMH) platforms. If all three of these modalities have significant evidence of success, then perhaps a combination, the OAATG, would be ideal. As of this writing, this type of hybrid group has not been identified, or research hasn't been published yet. The following study

sought to determine if these hybrid type of groups could increase belonging, and thus reduce the characteristic feelings of isolation and loneliness, in those with chronic mental and physical ailments.

Methods

The research question, "can online Adlerian art therapy groups increase belongingness in adults with chronic illness?" is explored in this study. Six adults were invited to a closed group online that used Adlerian art therapy interventions. They were invited to take an optional survey pre- and post-group.

Participants

Members included adults, aged 21 or over, with diagnoses of chronic illness(es) who are residents of, and currently located in, the state of Georgia. Each had to have access to the Internet and basic art supplies, such as paper and a marker. With one exception, these participants were clients of a group counseling practice in Canton, Georgia, Canton Counseling. Four of the six were individual clients of mine, one was the individual client of a colleague, and the last found out about the group on Facebook, where the group was advertised.

Participants' diagnoses included Crohn's disease, hypothyroidism, ankylosing spondylitis, a cerebrospinal fluid leak (CSF), chronic pain including migraines, pelvic floor/vulvodynia, and/or mental health disorders including autism spectrum disorder (ASD), anxiety, depression, panic, attention deficit/hyperactivity disorder (ADHD), and obsessive-compulsive disorder (OCD).

Special attention was paid to creating a more diverse study by including those from marginalized and historically under-represented gender identities, (e.g., a person who is transgender, individuals with severe and persistent mental illness diagnoses,) different educational backgrounds and socioeconomic statuses, (i.e., uneducated persons and individuals who are under-employed).

Criteria excluded minors– those who aren't of age to legally consent themselves. Each participant was screened prior to the group commencing using a questionnaire designed by me (See Appendix C). This questionnaire was created to determine goodness of fit for group therapy by asking about whether the individual was in crisis or experiencing suicidal ideation, what their chronic conditions were, if they were currently in individual therapy, their age, if they'd attended a group

before, if they could attend all six sessions and attempt to maintain confidentiality (e.g., by using headphones if they live with others). Those who would have been excluded based on the survey include people who were in active crisis and not seeing an individual counselor, and/or those with active suicidal ideation. None of the people screened fit into that category.

Participants were given an Informed Consent form for free group art therapy, adapted from the Canton Counseling group agreement, including rules about attendance, fees, confidentiality, individual & group therapy, participation, research, and termination. Each were also required to fill out the general Informed Consent forms for the practice prior to joining the group, which explained the HIPAA and deidentification of protected health information (PHI). Group suggestions for safety were also addressed in the first 2 sessions' slideshows, (e.g., "speak only of your own experience", and "take what you like and leave the rest"). Participants were assigned to one group, an online Adlerian art therapy group meeting each week for 90 minutes using the HIPAA-compliant platform.

Researcher bias existed in this study, as I'm an individual with a chronic illness. I was also the individual counselor of two thirds of the participants, which is different than if I had been a stranger, insomuch as the participants more easily attached and built rapport more quickly. They may have had a more positive experience because they/their peers knew the group leader and seemed comfortable sharing in the group, so others followed suit.

The 13th question/space for reflection: "Any overall feedback about your experience of the group:" may have garnished personalized responses, since the members knew that they were writing to me, and that I would know who said what, which could lead to subjectivity bias. Artwork can be considered qualitative data, and if participants followed demonstrations, this may be different than if there had just been verbal directions given. The outcome of the art seemed varied, but sometimes people are still trying to please the leader and group members with what they make, which may not happen if the participant had been making art alone or in individual counseling sessions.

Group Design

The six-week group was designed using literature on Adlerian art therapy groups (Dreikurs, 1986; Sutherland, 2016) that is anecdotally evidence-based. Several manualized interventions were

replicated from these texts in the group, (i.e., *The Hands, Torn Paper, Painting a Dream, The Gift*).

This group also included group artmaking online using the Whiteboard function of Zoom, adding a

digital element yet unstudied.

Group Goals & Objectives were:

1. Participants will be able to discuss everyday obstacles to living with chronic illness

2. Participants will be able to define coping strategies gained from peers

3. Participants will be able to demonstrate mindfulness techniques

4. Participants will be able to demonstrate self-exploration through artmaking

Instrumentation Design

The General Belongingness Scale (GBS) (Malone & Pillow, 2012), a 12-question survey was

used to measure belonging.

The questions are:

1. When I am with other people, I feel included.
2. I have close bonds with family and friends.
3. I feel like an outsider.
4. I feel as if people don't care about me.
5. I feel accepted by others.
6. Because I don't belong, I feel distant during the holiday season.
7. I feel isolated from the rest of the world.
8. I have a sense of belonging.
9. When I am with other people, I feel like a stranger.
10. I have a place at the table with others.
11. I feel connected with others.
12. Friends and family do not involve me in their plans.

Each question was rated with a Likert scale from 1 to 7. The directions are: "Please rate the

extent that you agree or disagree with each of the following statements". Higher scores indicate greater

levels of belonging:

7 = Strongly Agree
6 = Agree
5 = Somewhat Agree
4 = Don't Agree or Disagree
3 = Somewhat Disagree
2 = Disagree
1 = Strongly Disagree

Items 3, 4, 6, 7, 9, and 12 are made to be reverse scored.

The 13th space offered participants space to write any overall feedback about their experience of the group. Five out of six participants wrote something in that space. In addition, they were invited to send images of their work to me via email (see Appendix B).

Procedure

This Adlerian art therapy group met for six weeks, from June 5th to July 10th, 2022, via Zoom. Prior to the first meeting, the participant was screened, filled out several forms, and was given the option to fill out the GBS. The schedule of each group and the title of each directive can be seen in appendix A. Each group consisted of:

1. Introductions or an icebreaker
2. Suggestions for Safety
3. Grounding Breaths
4. Support Topic Discovery
5. Break
6. Psychoeducation
7. Art Directive
8. Show & Tell + Discussion
9. Closing remarks and 3 deep breaths

A follow-up email was sent after each session summarizing the session, providing links and slides, and calling for images of participant artworks (See Appendix B). The optional survey was given again at the end of the sixth session and the pie charts in Google Forms were shown to the group via screen share.

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Results

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A dependent samples T-test was conducted on the data to evaluate for statistical significance between time 1 & time 2 levels of belonging across all 6 participants. Results indicated a difference between test administrations, $t(5)=-4.080$, $p=.01$. Table 1 displays descriptive statistics for the data. If replicated with larger sample size, then it might be statistically significant but since the sample size was so small, it is not.

Table 1.: Descriptive statistics of time 1, time 2 aggregate mean of participant response

		TOTAL_TIME _1	TOTAL_TIME _2
N	Valid	6	6
	Missing	0	0
Mean		59.1667	68.1667
Median		57.0000	68.0000
Mode		50.00	61.00
Std. Deviation		12.46462	7.85918

Note: total time 1 indicates the mean, median, and mode of total scores for time 1 across 6 participants. Total Time 2 indicates the mean, median, and mode of total scores for time 2 across 6 participants.

The pre-intervention mean was 59.1667, and the post-intervention mean was 68.1667. The median started at 57 and ended at 68. The mode went from 50 to 61. All aggregates increased.

Discussion

This study found a correlation between online Adlerian art therapy groups and increase in belongingness. The research question was: can online Adlerian art therapy support groups increase belongingness in adults who experience chronic illness? The increase in feelings of belonging was assumed to be connected to a decrease in feelings of loneliness and isolation or alienation. There is a positive correlation between the pre-group response and the effects of the group on post-group responses.

This study's limitations include confounding response bias. The client-counselor relationship could affect the participants, who were mostly my own individual counseling clients. Therefore, participants may have answered the survey so the results would be positive for my study so I could do "well" on my project. Therapeutic rapport, which was increased in the group, combined with relationships that were formed with peers, could have increased feelings of belongingness. Proper attribution would not go toward the Adlerian art therapy interventions in this case.

Several biases relate to the GBS. Desirability response bias, where the participant self-reports

as they want others to perceive them, as opposed to how they really feel, (i.e., the GBS asks questions about the holidays, which can easily trigger reactions of wanting to be socially acceptable). Similarly, demand characteristics, where respondents answer as they think they "should", could have played a role in the statistics. Speed runs could have played a part in the post-group data, since we waited for respondents to finish the survey before ending the last group session and saying goodbye. Neutral answers were available, (i.e., answer of 4 points was "Don't Agree or Disagree",) which can skew data if participants can't decide, or in lieu of answering in a socially desirable way. Lastly, reverse scoring was present in several questions. As the data was compiled, myself and my site supervisor, Dr. Susan Belangee, LPC. We found that some of the reverse-scored questions were answered in a way that surprised us. The reverse scored questions may have been misread, since the scores were very high, or positive answers, (i.e., 7 = Strongly Agree,) even though the questions were negative, (e.g., question 12: "Friends and family do not involve me in their plans").

The sample size of 6 was not enough for this pilot study to make deductions about p value. Had the survey size been 30 or more, the research may have concluded that Adlerian art therapy groups online can increase belongingness in adults. Replication is necessary with a larger sample size. A control group study would also increase validity.

This data could provide timely insight into how Adlerian art therapy groups online may serve other communities, (e.g., individuals with developmental disabilities as opposed to acquired disabilities, and/or children and adolescents with chronic illness). These data build on existing research about medical art therapy in groups, online art therapy, as well as Adlerian art therapy groups. Creating groups like this for individuals with chronic illness may provide an accessible alternative to Adlerian art therapy groups in vivo, as the therapy landscape continues to evolve during the worldwide pandemic in the years to come. Quarantine itself has increased isolation and loneliness in many adults with CI/AD, including those with short term and "long hauler" Covid, and without illness altogether. Therefore, OAATG may also be beneficial for many kinds of people.

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Appendix A

Group Outline

Week 1: Welcome

Topic: Setting an intention with self-compassion and gentleness

Materials needed: Paper and a pencil. Other materials if desired.

Agenda:

     Group Goals & Objectives

     Introductions: What color are you feeling today? + Name/Location/Pronouns/Illnesses/Hopes

     How we Begin + Creating Group Guidelines & Suggestions

     Psychoeducation: The 2 hemispheres of the brain + Art Therapy

     Support Topics

     Art Directive: *The Hands*

     Show & Tell

     Closing breathwork

Week 2: Looking Forward & Inward: Everything can be different

Materials needed: paper & colored materials

Agenda:

     Introductions 2.0

     Icebreaker: What color are you feeling today?

     Welcoming in a new member + Suggestions for Safety

     Grounding Breaths

     Psychoeducation: Locus of Control, Internal Family Systems

     Support Topic discussion

     Art Directive: *Locus of Control*

     Show & Tell + Discussion

     Metta Meditation

     Closing

Week 3: Fulfillment & Frustration

Materials needed: paper, pens, drawing tools

Agenda:

     Icebreaker: What color are you feeling?

     Grounding Breaths

     Unpacking Current Events

     Psychoeducation: Private Logic

     Support Topic discovery & discussion

     Art Directive: *Fulfillment & Frustration*

     Show & Tell + Discussion

Closing Breaths

Week 4: Growth & Change

Materials needed: collage, drawing materials, paints, paper

Agenda:

    Icebreaker: What plant are you like today?

    Grounding Breath

    Writing: Where have I grown? Where I'd like to grow more:

    Support Topic discussion

    Break

    Psychoeducation: Life Style & Striving for Significance

    Art Directive: *Draw a garden.*

        Imagine planting some seeds in a garden. What does each seed grow? What do the plants symbolize?

    Sharing

    Closing Breaths

Week 5: When Things Fall Apart

Materials needed: paper and glue or tape

Agenda:

    Icebreaker: What is something you've failed at spectacularly?

    Grounding Breath

    Support Topic discovery & discussion

    Break

    Psychoeducation: Organ Jargon, Pema Chodron, Jack Halberstam

    Art Directive: *Torn Paper*

    Show & Tell, Discussion

    Closing Breath

Week 6: Saying Goodbye

Materials needed: Computer with updated Zoom application, index card, drawing/writing tools

Agenda:

    Icebreaker Introduction

    "The Giving Tree": Group Artmaking on Zoom whiteboard

    Support Topics

    Break

    Art Directive: *The Gift:* Make yourself (or the group) a card or postcard

    Show & Tell, Discussion

    Filling out surveys

    Goodbyes

Appendix B

Client Feedback:

I felt really connected with everyone and glad they decided to join. It makes me feel hopeful that everyone was so kind and vulnerable and safe.

I wish the group could go on forever! Looking forward to the group continuing through the summer. Thank you so much for your time and effort you've dedicated to us over the past few weeks!

---

loved it :3

It has been a positive experience. It was nice to meet other people in similar, yet different situations to myself and begin to feel accepted. The smaller group was nice and it made it feel safer to share.

This has been a great experience, Jess - I'm really thankful that you thought of me for this group and on this last day, especially, I feel more understood and comfortable than ever before.

Client Artworks:

Appendix C

Screening Questionnaire

1. Are you in an active crisis?

2. Are you currently experiencing thoughts of suicide?

3. What is/are your chronic condition(s)/mental health diagnosis(es)?

4. Who is your individual clinician at Canton Counseling? If none, who referred you to the group?

5. Are you actively engaged in individual therapy at present?

6. What is your age?

7. Have you attended group therapy or peer support before?

8. Do you consent to free art therapy online?

9. Do you consent to taking a survey before and after? (The answers will be used as a part of a master's project of the intern clinician; all public health information and identifying factors will be removed).

10. Will you be able to attend all 6 sessions on the given dates June 5th to July 10th, to the best of your knowledge?

11. Can you attempt to maintain confidentiality of other group members by allowing "what is said in group stays in group" and/or using technology such as headphones if you live with others?