The Arts in Psychotherapy 41 (2014) 409–412

Contents lists available at ScienceDirect

The Arts in Psychotherapy

Visually transforming artwork and guided imagery as a way to reduce work related stress: A quantitative pilot study

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ARTICLE INFO

Article history:
Available online 23 July 2014

Keywords:
Work related stress
SUDS
Stress regulation

ABSTRACT

This paper explores ways of transforming stress related visual images for health care professionals who are exposed to stressful images in their work. Transformation of these images is conducted using changes of compositional elements such as shape, color, size and texture – through harnessing the power of creativity and imagination to transform an image that is drawn or imagined. We hypothesize that subjective discomfort levels (SUDS) will be reduced by visually transforming their images. We also assume that similar elements of color, size shape and texture will be drawn and imagined. Thirty-six health professionals participated in a five hours workshop that took place in two consecutive days. SUDS levels were calculated and were found to be reduced following image transformation in both art and imagery. On a comparative level, the elements of 'shape 'size' and 'color', were highly used in both techniques and did not differ statistically significantly.

The compositional elements used to transform images are discussed as a theoretical base for reducing work related stress.

Introduction

This paper suggests that it is a timely moment to search for a short term and self-initiated arts based technique of stress reduction that will access health professionals' creative recourses as an antidote to stress at work.

Health care professionals are often exposed to disturbing visual images in their work (Laws, 2001; Rubino, Luksyte, Perry, & Volpone, 2009) and thus using the arts to deal with stress related visual images would seem to be an appropriate method to reduce work stress related stress. To elaborate, previous studies have shown that visual images, which contain emotional content, are encoded in memory more rapidly and intensely than images devoid of emotional content (Bocanegra & Zeelenberg, 2009; Phelps, Ling, & Carrasco, 2006). Thus, visual images are an accessible source for retrieval of experiences (Sarid & Huss, 2010). Retrieval of these images enables their continuous recreation and thus re-interpretation by adjusting their meaning and significance through verbal and visual techniques. Numerous studies focus on the hermeneutic and semantic meaning that images initiate (Huss, Sarid, & Cwikel, 2010; Kaye & Bleep, 1997; Malchiodi, 2012; Huss & Sarid, 2012). This process of image transformation includes observation of the content and composition of the image and encouragement of alternative and varying interpretations. This is in accordance with additional arts conceptualizations, such as the theory of art therapy, visual culture, and guided imagery (Eisner, 1997; Harrington, 2004; Johnson, 1999; Shank, 2005).

Health care professionals' mental stress is documented as a major issue for the individual practitioner and for the organization as well as for the quality of care received by patients (Bourbonnais, Brisson, & Vézina, 2011; Shapiro, Astin, Bishop, & Cordova, 2005). Previous studies suggest that even the short term exposure to patients' distress and pain can provoke occupational stress related symptoms such as elevated blood pressure, anxiety and depressive symptoms, among health professionals (Figley, 2002; Rabin et al., 2011; Rubino et al., 2009). Over the long-term, such responses can cause disease of a physical, psychological or behavioral nature (Bourbonnais et al., 2011).

Reduction of health care professionals' mental stress is generally addressed by integrating occupational health and safety, health promotion, and psychosocial intervention (Hall, Doran, & Pink, 2008). Psychological interventions mainly consist of occasional educational programs (Krasner et al., 2009), and cognitive–behavioral interventions that focus on attenuating

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http://dx.doi.org/10.1016/j.aip.2014.07.004
0197-4556/

pathological symptoms (Sarid, Berger, Eckshtein, & Segal-Engelchin, 2012; Shapiro et al., 2005). The emerging field of arts and health care as well as guided imagery may be helpful directions, because they utilize recalled visual images and their creative transformation (Huss et al., 2010; Kaye & Bleep, 1997; Malchiodi, 2012; Sarid et al., 2012).

Following on these findings, this study hopes to deepen the focus on the transformation of images rather than their verbal elaboration, as exemplified by our inborn visual ability to change composition, by quickly separating a threatening element from its background (Barrett, 2005; Haijiang, Saunders, Stone, & Backus, 2006; Lang & Bradley, 2010).

The process of transforming an image includes recalling a stressful visual image, reflecting on the elements that comprise this image and then working on changing these compositional elements. For example, this process of change can include separating, uniting or differently organizing shapes and colors. In art, this process is conducted using art materials and the visual elements of a disturbing image are thus transformed within the art work. Compared to this, in guided imagery, a disturbing image is recalled and its' elements are adjusted within the mind (Huss and Sarid, 2012). According to guided imagery theory (Bandler, 1985) then, transforming of images links to transforming of subjective emotional states. The above described process of image transformation can provide an alternative and more enabling emotional state that is not linked to the original stress (Huss & Sarid, 2012; Kaye & Bleep, 1997; Rubin, 2001; Silver, 2005). The plastic arts help to concretize this process.

This paper will explore the above described less semantic and a more visual approach. The focus of our technique is to adjust elements that comprise the image. This includes compositional elements such as shape, size, color, texture and placement of objects (Huss & Sarid, 2010, 2012). The use of these basic elements can occur in both an imagined and a concrete image. However, we expect to find certain elements that will differentiate between image transformation on the paper and in the mind. For example, we assume that addition and omission of objects is more easily done on the paper than in the mind. In a previous qualitative study, working with visual images on the paper was an effective technique for reducing occupational stress among social workers in war time (Huss et al., 2010). In the current study health professionals comprise the target population in need and the method of image transformation is comparatively explored through drawing and imagining.

Understanding these differences can further elucidate how people can transform their stressful images and can be of practical help in choosing the most appropriate intervention. It also may help to conceptually connect between art therapy and guided imagery.

Thus, the first of aim of this study is to compare how elements of shape, size, color and texture are used in the mind as compared to in a drawing. The second aim is to enquire which technique is most effective in reducing subjective work related stress.

Methods

This is an intervention evaluation study. Thirty-five practicing health professionals participated in the current study. They were recruited through offering a free voluntary enrichment workshop in Ben-Gurion University of the Negev, department of social work. Attending two free five hours workshop on images was conditioned in return for using the data in research. Upon their arrival participants received an explanation of the study's procedure and decided if they are willing to continue. Oral informed consent was provided, with the possibility of quitting the study at any stage. All participants continued their participation throughout the study. A similar procedure was reported by Huss and colleagues (2010). The study was approved by an ethics committee.

Table 1
A compositional elements scale.

Compositional elements
Shape
Size
Color
Texture
Addition of objects
Omission of objects

Sample

The majority of the participants were women 84.7% (30), age ranged between 30–55 years with a mean of 32 (SD = 4) years. More than half of the participants 58% (20) were married, 25.7% (9) were single and 16.3% (6) were divorced. All the participants spoke, read and wrote fluently in Hebrew. Thirty percent of the participants were physicians, 30% were nurses and 40% were social workers in health and mental health agencies.

Procedure

Upon arrival to the workshop all participants were presented with 2 h of educational preparatory lecture that introduced general background of occupational stress, distress eliciting images, and elements that comprise an image. Similar procedure is reported in another interventional study (Huss et al., 2010; Sarid et al., 2012). It is important to note that the lecture was theoretical in nature and did not teach specific techniques for intervening in images. The participants were then randomly assigned to either art therapy or guided imagery workshops in the first day and switched in the second day of the two days' workshop.

Both workshops started with the participants asked to retrieve a visual distressing image from their work. In art therapy they then depicted it visually on a page (A-4 size) with soft pastel crayons, and in guided imagery, they recalled and held the image in their mind. In the next stage, the participants were asked to note the level of their discomfort toward the stressful image using *Subjective Units of Discomfort Scale* (SUDS) level (Wolpe, 1991). Following this, the participants were prompted to change elements in the picture or their mind as a method to create an image that felt more comfortable. Participants were asked to fill in a scale of compositional elements (see Table 1) that noted the elements that they had changed. Finally, the participants SUDS were re-measured to determine subjective experience of discomfort in the end of the intervention.

Measures

A compositional elements scale – based on the compositional elements outlined in diagnostic art therapy literature (Silver, 2005) and on comparative compositional analysis as described by Huss and Sarid (2012). The scale defines the elements that can be transformed in the participants' images (see Table 1). Each element was marked according to 'did' or 'did not' use.

Subjective Units of discomfort Scale (SUDS, Wolpe, 1991). A self-assessment scale was used to measure the intensity of subjective discomfort experienced by the participants. It is an 11-point scale where 10 reflects the highest level of distress and 0 the lowest level or absence of distress. The SUDS rating scale was used to assess the levels of stress at the beginning and at the end of each intervention. The use of SUDS has been reported in numerous studies (Benjamin