

Breaking Through The Emotional Wall With "The Little Guys" Sculptures©

Karla K Carwile and Matthew J. Swenny

James Pancrazio, Ph.D.
Chair

Dolores Trello, Psy D.
Member

Larry Stonecipher, Ph.D.
Member

University of Illinois – Springfield

Graduate Master's Project

March 12, 1999

Matt,

During the last six months I have learned many things from you, most importantly, I have learned what it is like to have you as a friend.

Thank you for caring so deeply in the art. Thank you for being so passionate about helping others. I am not sure what I would have done without you. You are an inspiration. You have a way of forcing me to see the good in a world that hasn't always been kind. Thank you for being a part of the sadness and joy that I have experienced throughout this excursion. Thank you for listening endlessly while I babble.

Thank you for being a friend and most of all, thank you for inspiring me to look beyond what I can do to achieve more. You are a great friend and for that, I dedicate this thesis to you.


Karla

Acknowledgements

First, we would like to thank Bill Abler for introducing us to Sheri Herr and “The Little Guys” Sculptures©. Your dedication to the field of counseling along with your love of the art have not only empowered us but allowed us to become better helpers in the process. You are a true inspiration. We thank you.

Sheri Herr, you have been the light at the end of our tunnel. You showed us not only the power of your art but you helped us find ourselves in the process. The gift you have to give to the world does not exist solely in your artwork, but in you. You are an inspiration. We will take your presence with us as we continue down the path called “life”.

Jim Pancrazio, Larry Stonecipher and Dolores Trello, thank you for always offering constructive feedback and input. You made our project worth completing as you believed not only in our mission but also in us. You have inspired us to maintain the dedication and integrity found within each of you.

We would like to offer special recognition to Jim Pancrazio. As a leader and mentor you have shaped us into a likeness to be proud of. We couldn't have come this far without your support.

We would like to thank Brandy Hagar. We really couldn't have done this without you. Thank you for the “broad editorial licensure” that you exercised so freely. Mostly, we would like to thank you for always being honest about what you believed. Thank you for believing in us.

Finally, we would like to thank our parents' and loving spouses' for believing in us through all of this. Your support and unwavering ability to accept us through the good and bad times of this project has made all the difference in the world. Zachary and Alexandra, thank you for being my ultimate inspiration to always be the best role model that I can be.

Karla K. Carwile and Matthew J. Swenny

TABLE OF CONTENTS

Chapter 1:	Abstract	1
Chapter 2:	Introduction	2
Chapter 3:	Literature Review	5
Chapter 4:	Method	11
Chapter 5:	Results	19
Chapter 6:	Discussion	23
Appendix A:	Pictures of "The Little Guys" Sculptures	30
Appendix B:	Adjective Check List	31
Appendix C:	Pre-Post Group Interview	34
Appendix D:	Participant Consent Form	35
Table 1:	Group A: means and standard deviations	37
Table 2:	Group B: means and standard deviations	40
Table 3:	Group A: Mann - Whitney U	43
Table 4:	Group B: Mann - Whitney U	44
	References	45

Abstract

Expression of emotion plays a vital part in daily health and living. It was hypothesized that in a self-awareness group setting, use of "The Little Guys" Sculptures© would facilitate the expression of emotion, more rapidly than if they were not used. Twenty university students (male and female) of various ethnic background volunteered to participate in a research study exploring the efficiency and efficacy of "The Little Guys" Sculptures©. The volunteers were divided into two groups, those individuals with disabilities and those individuals without disabilities. Additionally, the two groups were further subdivided into two more groups, experimental and control. Two experimental and two control groups were conducted with eight group sessions for each group. As a means of measurement, the Adjective CheckList and a Likert scale questionnaire were used as a means of comparative analysis. When assessing the results from the Adjective CheckList and the Likert Scale questionnaire, within and between the groups, the researchers found that there was no significant difference between able-bodied individuals and disabled individuals.

Introduction

An extensive review of literature reveals that emotional expression is an essential part of daily life. It affects physical and psychological health while maintaining the necessary means for survival. With the notion of emotional expression directly correlating with health status (Rein, Atkinson & McCraty, 1995), it is easy to infer that emotional expression is an integral part of who we are. In essence, the researchers believe that emotional response is at the root of the human psyche. It can offer us joy as well as sadness; elation as well as anger. In the event that emotional response is not readily available, an individual can find him-/herself faced with both physical and mental challenges. More specifically, difficulty with emotional expression is a characteristic of a qualifying disability according to the Americans with Disabilities Act (ADA) of 1990, for certain types of psychiatric disabilities. Through observations noted by the researchers, in a university academic support services setting, clients with disabilities presenting for services appear to be quite introverted and unwilling to display affective states. For example, according to the Diagnostic and Statistical Manual-IV (1996), major depressive disorder is characterized by a deficit of positive emotion and/or a surplus of negative emotion; generalized anxiety disorder is characterized by heightened levels of anxiety; schizophrenia, disorganized type, by inappropriate emotional responses; and histrionic personality disorder by excessive emotionality.

In the eternal search to prove efficacy and efficiency in their work, within the given time frame, counselors are continually under pressure to provide the most effective form of therapy for their clients in the least amount of time possible. In a therapist's ideal setting, it would be most beneficial to have an unlimited amount of time and resources to allocate to each client that may walk through the door. However, in the real world, scenarios such as this are simply not played out.

The researchers believe that with the importance of efficacy and efficiency in mind, it is essential to have tools readily available for use in the counseling arena. Elmcrest Behavioral Network (1998) noted that through creative forms of therapy, such as Expressive Arts Therapy, clients can begin to unlock emotional responses from within. It allows for a creative way to look at the client's world and the solutions to their problems. Whether created by the client or expressed through another's work, art has been shown to have a healing effect on emotions. One such form of Art Therapy is a set of tools known as "The Little Guys" Sculptures©.

Created in 1992 by Sheri Herr, the sculptures are hand poured and molded in human likeness. "The Little Guys" Sculptures© are a set of nine faceless resin sculptures. The posture of each sculpture is suggestive of typical human emotional responses. It is the belief of the creator that "the images represent simple, universal emotions which lie beneath the surface of struggling humans. They reflect a kind of concrete acknowledgement of feeling within those who hold and view them" (Herr, 1994).

The purpose of this study is to observe the expression of emotions and reactions exhibited when, in a group setting, "The Little Guys" Sculptures© set is

available to the group. It is anticipated that participants who normally have difficulty expressing their emotions will be enabled and empowered through the use of "The Little Guys" Sculptures© to express their emotions.

This study will examine whether the use of "The Little Guys" Sculptures© will facilitate emotional responses more rapidly in personal growth groups than in personal growth groups not using "The Little Guys".

Literature Review

The expression of emotion plays a vital part in daily health and living. The mere expression of emotions has been shown to have detrimental as well as healing effects on psychological and physiological health (Rein, Atkinson & McCraty, 1995). Hafen, Karren, Frandsen and Smith (1996) noted a growing body of evidence indicating "that virtually every illness known to modern humanity – from arthritis to migraine headaches, from the common cold to cancer – is influenced, for good or bad, by our emotions" (p. 1). When an individual is characterized as having difficulty expressing emotion, be it through suppression, repression or natural inability to readily disclose emotional responses, physical and psychological health difficulty can result (Hafen, et.al. 1996). Dahl, Holzen & Berry, (1992) indicated that "in a therapeutic forum, the expression of emotion is fundamental to the evaluation of change" (p. 47). Through creative therapy, such as Art Therapy, a therapist can foster an environment that will allow emotional disclosure and facilitate change. Fink (1973) indicated that this form of therapy combined a variety of principles, such as psychological testing and nonverbal communication methods, with the personal creative potential found within each patient. Described as an "ancillary form of psychotherapy which utilizes the material and techniques of the arts as a nonverbal means of communication between the therapist and patient or groups of patients" (Vaccaro, 1973, p. 253), art therapy has long been associated with the nonverbal aspect of therapy. Increasingly, art, in its many forms, has recently been noted as breaking new ground as a method of treating illness and disabilities, conditions that are primarily associated with a lack of emotional disclosure (Healthway, 1996). It is

the researchers' belief that by utilizing three dimensional objects in Art Therapy, such as "The Little Guys" Sculptures©, facilitation of emotional response is achieved more rapidly than if no assistive device were to be used.

Several studies have been conducted affirming the importance of emotional expression, in particular, the effects of negative emotions on physical and mental health (McCraty, Atkinson, Tiller, Rein, & Watkins, 1995; Hafen, Karren, Frandsen & Smith, 1996; Rein, Atkinson & McCraty, 1995; Labott, Ahleman, Wolever & Martin, 1990). In one such study conducted by McCraty, Atkinson, Tiller, Rein, and Watkins (1995) they noted a potential link between emotional states and heart rate variability (HRV) that may explain why "mental and emotional stress has been identified as an independent risk factor in cardiac death following acute myocardial infarction" (p. 1090). Another study conducted by Rein, Atkinson and McCraty (1995), through the Institute of HeartMath Studies, indicates that emotions can affect a variety of bodily systems including neurological, cardiovascular and hormonal systems. In addition, emotions and moods were studied with respect to their effects on the immune system and on the frequency, severity and susceptibility to disease. Psychological research (Crepeau, 1980; Labott, Ahleman, Wolever & Martin, 1990), suggests that people most predisposed to develop cancer, and a list of other serious problems, are those who fail to express their positive and or negative emotions. Crepeau (1980) indicated findings that individuals with either ulcers and/or colitis noted a more negative attitude toward crying than their counterparts. These data suggest that frequency of weeping may be associated with physical health. Labott,

Ahleman, Wolever and Martin (1990) suggest that "crying was found to be immunosuppressive, "implying additional negative effects on health (p. 187).

Martin and Lefcourt (1983) examined sense of humor as a coping strategy and reported that humor buffered the effects of negative emotions such as stress. "As negative life events increased, those with a higher tendency to use humor as a coping strategy reported less mood disturbances than those less likely to use humor" (p. 1318). These studies suggest that, while negative emotions promote survival through assertiveness and defensiveness, positive emotions promote survival through nurturing and healing. Cogan, Cogan, Waltz and McCue (1987) noted that laughter has been found to raise discomfort thresholds, acting as an antagonist to pain, and has been associated with decreases in subjective stress levels, as well as alleviation of depressed moods. Rain et al. (1995) noted that "relatively few studies have investigated the effects of positive emotions on the immune system" (p. 87).

One way to elicit emotional response is through Art Therapy, an opportunity to explore personal problems and potentials through verbal and nonverbal expression. Emerging in the 1930's as a result of a group of American psychiatrists attempting to make a connection between their patient's artwork and their illness, art therapy has been utilized in a variety of ways since (HealthWay, 1996). Within art therapy, expressive art therapists utilize the creation of and commenting on dimensional art products to facilitate the therapeutic process. However, Berman (1997) noted "participation on the part of the client in the creation of dimensional pieces is not necessary for such types of

materials to have an impact on the therapeutic process” (p. 5). “Expressive therapy derives from one’s ability to draw, to move, to play dramatically, to sound and sing, to compare and speak with a voice rich in imagery” (Landy, 1993, p. 361). Landy’s definition supports Berman’s (1997) idea that participation in object creation is not as necessary as utilization of the tools for emotional disclosure. The process of telling the art therapist what the art means is a part of clarifying feelings and problems and coming to a resolution. According to Berman (1997), further support is found through psychological assessment and treatment. Whether the three-dimensional objects serve a therapeutic or artistic purpose they may “have the potential to heighten the therapist’s understanding of the client’s current functioning...they have the ability to facilitate the clients’ understanding of themselves, and ideally, to promote the change process” (Berman, 1997, p. 6). Aldridge, Brandt and Wohler (1990) maintain that emotional expression begins the healing process, but that creative arts therapy “facilitates articulation to a broad range of human feelings” (p. 195).

Expression of emotion is an essential part of health. In the event that this expression does not come as readily as one would like, art therapy can be a vehicle for change. Studies have noted the positive effect that art therapy has on individuals (Levic, 1995; Johnson, 1985). While this is a generalization of the population as a whole, studies for individuals with disabilities have not been conducted. As noted, art therapy is emerging as one of the newest therapeutic techniques to be used with individuals having a disability. To date, there have been no studies to determine the effects of art therapy on the facilitation of

emotional expression among persons with disabilities. This suggests an area needing future research. In addition, no research was found validating the use of “The Little Guys” Sculptures© as counseling interventions, suggesting the need for further study.

Assumptions

It is assumed that emotional expression is an essential part of maintaining good mental and physical health. As well, it is postulated that individuals with disabilities have a more difficult time expressing emotion, than their counterparts, able-bodied individuals.

Hypotheses

The hypothesis is that “The Little Guys” Sculptures© will facilitate the expression of emotion more rapidly than if no intervention were to be used. In addition it is hypothesised that individuals with disabilities are less likely to express emotion than able bodied individuals

Limitations

All participants were obtained through a request for volunteers in college programs at the University of Illinois – Springfield (UIS). In addition, a request for volunteers among individuals with disabilities was made through the Office of Disability Services at UIS. As a volunteer, the student may be serving a self-vested interest rather than for the good of the study. It will not be possible to generalize to one specific disabilities population. Furthermore, it is impossible to

generalize to the entire population of individuals with disabilities. Based on the criteria for the groups, the number of participants will be limited.

No empirical research is available on or individuals with disabilities to substantiate any claim to their efficacy. With no research, there is no standardization or training for use with the sculptures. Finally, the use of one standardized measurement, the ACL, has not been revised since 1978, and may be an outdated test.

Method

An experimental design was chosen to determine whether the intervention actually caused the observed results. The implementation of the design is discussed through the following sections: (a) Research design and hypotheses, (b) participants, (c) materials, (d) procedure and (e) data analysis.

Research Design and Hypotheses

A pretest – posttest experimental design was used to test the following research hypotheses:

1. Participation in a self awareness group utilizing counseling sculptures, specifically, "The Little Guys", will result in expression of positive emotion more readily than if no intervention were used.
2. Individuals with disabilities are less likely to express emotion than able bodied individuals

Participants

Subjects were recruited through a request for volunteers, from a variety of undergraduate and graduate programs at the University of Illinois at Springfield (UIS). Participants were at least 18 years of age. Specifically those students that did reply came from various disciplines, including, Business Management, Psychology, Human Development Counseling, Communications, and Social Work. For the purpose of this study two categories were represented, disabled (Group A) and able-bodied (Group B). Additionally, each of the two groups was further subdivided into two subgroups, experimental and control. Of the volunteers, ten individuals with a qualifying disability according to Public Law 101-336, more commonly known as the Americans with Disabilities Act of 1990

(ADA - 1990) comprised Group A- experimental and control. Participants with disabilities were recruited by a request for volunteers through the Office of Disability Services (ODS) at UIS. Students that volunteered were registered with the ODS and various types of disabilities were represented. Additionally, ten of the participants were non-disabled individuals and thus comprised Group B- experimental and control.

In all, 7 men and 13 women participated in the study. Two students dropped out of the experimental group and two dropped out of the control group. Participants ranged in age from 21 to 61, with a mean age of 32 years. As any therapeutic group has the potential for risk, it was to be expected that these groups would carry minimal risk to the participant. The facilitators discussed respect, mental and physical safety and confidentiality with all participants, over the duration of the group meetings, in an attempt to combat any risk that may have been associated with the group process. In the event that a safety concern were to arise, the trained video technician had been informed of standard emergency contact procedure. This consisted of contacting a university police officer at 206-6690 in addition to the Springfield City Police department by calling 9-9-1-1.

Participation in a self-awareness group is expected to enhance personal growth. All participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychologist Association, 1992). To ensure confidentiality, participants were assigned numbers for their session file. In addition, sessions were conducted on a "first-name" basis only.

Confidentiality was addressed at the onset of each session as well as at the intake. The University's Internal Human Subjects Review Board was petitioned for permission to use videotape technology as well as human subjects in a research study. The approved Permission Petition is in Appendix D.

Materials

The Little Guys

"The Little Guys" Sculptures© (pictured in Appendix A) are a series of nine sculptures, representative of human emotional states. Made with durable resin, each sculpture weighs a little more than one pound and average approximately five and one-half inches tall, and is considered a visual and tactile psychological tool. Using original molds, each sculpture is poured, hand sanded and finished in neutral grey. "Over time and with the touch of human hands, they become polished like marble" (Herr, 1994). Used with many different client populations, "The Little Guys" Sculptures© are currently utilized by counselors and therapists around the world. The sculptures were developed following the creator's therapeutic process. Initiated by simple graphite drawings in 1992, the sculptures emerged in 1993. The artist believes a comfort level with her emotions, due to her therapeutic process, allowed her to create "The Little Guys" Sculptures©. (Herr, 1999)

Adjective Check List (ACL)

The ACL (Appendix B), rooted in language itself, was developed by Harrison Gough, Ph.D., at the Institute of Personality Assessment and Research

in 1948. Originally developed for use by observers in describing others, it has been widely used for self- description as well (Gough & Heilbrun, 1983). Offering systematic and standardized common descriptors that are used in everyday life, the test requires no special knowledge or competence for completion.

The 37 ACL scales are divided into five categories:

- I. Modus Operandi – Assessing approach of task completion
- II. Need Scales – Assessing psychological needs or wants
- III. Topical Scales – Assessing attributes, potentialities, and characteristics
- IV. Transactional Analysis Scales – Assessing components of ego functioning
- V. Origence – Intellectence – Assessing preference for affective- emotional and rational-realistic modes of functioning

In formulating a description of oneself, a participant will simply check items, from the 300 listed, identifying those that apply to a given differentiated portrait.

Because the first scale determines the number of positive and negative adjectives checked, the researchers utilized only this scale as a means of measurement. Alternate scales are suggestive of personality type and were not needed for this study.

Pre/Post Group Interview Form

Derived from a generic Likert scale, the Pre/Post group interview form (Appendix C) has the sole use of determining the participant's rate of emotional expression prior to the group process in order to compare results obtained after the groups had concluded. Individuals are asked to determine, on a scale from one to five, how well they are able to express a specific emotion. The rank order is noted to indicate that one is -not at all- and five is -very well.

Participant Consent Form

The Participant Consent form (Appendix D) was created in conjunction with the researchers and the Human Subjects Review Officer at the University of Illinois at Springfield. This form is designed to make participants aware of the purpose of the study as well as their rights as volunteers in a research study.

Procedures

This study began with an intensive review of the literature. This multi-source search was conducted to locate research regarding the effects of health with regard to emotional response in order to identify the most successful components of utilizing counseling interventions. The search consisted of ERIC database, Dissertation Abstracts International, and journals in specific areas of counseling and disabilities.

Volunteer recruitment efforts were multi-faceted. Participants were recruited through a request for volunteers from various undergraduate and graduate programs at the University of Illinois at Springfield (UIS). The volunteer request included (a) fliers in and around the campus community, (b) fliers in the

Office of Disability Services (c) individual referrals from counselors and advisors, (d) individual requests from classroom presentation. After participants were identified they were randomly assigned within the two categories, Group - A, individuals with disabilities or Group – B, able-bodied individuals. Each group was further subdivided into two additional groups, experimental and control. In theory, random assignment distributed extraneous variance across the experimental and control groups (Pedhazur & Schmelkin, 1991). After randomization, each participant was required to take part in a pre-group interview consisting of an individual interview with the co-facilitators to determine an issue from which to work. Additionally, this interview was devoted to determining the individual's ability to express emotions through results received on a ten question Likert scale as well as the Adjective Check List (ACL).

Individual information sessions were provided to all interested students the first week, prior to the intervention. Following these sessions, all participants signed research consent forms and completed pre-testing on each of the instruments. All of the groups received eight group counseling sessions. In addition to the eight counseling sessions, the experimental groups got to utilize “The Little Guys” Sculptures© to promote emotional response. During the first session, “The Little Guys” Sculptures© were placed on a neutral table within the room, without introduction. In the next session, “The Little Guys” Sculptures© were introduced to the group. One member of the group was asked to select a figure that represents how they may have been feeling at that particular moment in time. Once this task had been completed, the individual was asked to reveal

the rationale behind the choice of that sculpture. After the participant disclosed why he/she selected that particular figure, the group became an open forum for discussion. The control group did not have the opportunity to utilize "The Little Guys." They only participated in the group therapy process.

Upon completion of the eighth group session, all participants were required to take part in the post group interview. In this session, the co-facilitators assessed each individual's need for further counseling as well as administered the Post Likert Scale and Post ACL. Results were compared and contrasted with the baseline scores obtained in the initial pre-group interview to determine usefulness of "The Little Guys" Sculptures© in facilitating expression of emotion.

At the post-group exit interview, in the event that an individual was in need of additional counseling services, arrangements were made with Dr. John Miller at the University of Illinois – Springfield's Counseling Center to accept client referrals for further sessions.

Data Analysis

Pre- and Post-Group Interview

After obtaining data from the pre and post group interview, individual as well as group mean scores were determined. Additionally, a mean difference was determined between the pre and the post interview. Finally, using a T-test, a comparative analysis was conducted to measure the mean differences between the experimental and control groups.

Adjective Check List

For each individual a total score was determined for the Pre-ACL by taking the number of positive adjectives and subtracting the number of negative adjectives. The same procedure was followed for the Post-ACL. Additionally, a mean and standard deviation was calculated for each group. Once these totals were determined a T-test analysis was performed on both the Pre and the Post ACL.

Results

Table 1 and Table 2 contain the pretest and posttest means and standard deviations for the experimental and control groups on the Adjective Check List. After finding the pre and post test means and standard deviations for the experimental and control groups, a t-test was used to determine if these scores were significant. When comparing the pre and post ACL, for group A, it was determined that there was no significance at the 0.05 level. Furthermore, when comparing the pre and post ACL, for group B, it was determined that there was no significant difference at the 0.05 level.

The Mann-Whitney U test was used to measure results from the Likert scale for Group A as well as Group B, revealing that the control group did not differ significantly from the experimental group on the pre-Likert scale. The z-score for the experimental pre-Likert scale was 0.6517 at the .05 level and the z-score for the control pre-Likert scale was 0.8830 at the .05 level. On the post-Likert scale the Mann-Whitney U test did not indicate a significant difference between the control group and experimental group. The z-score for the experimental post-Likert scale was 0.5753 at the .05 level and the z-score for the control post-Likert scale was 0.2451 at the .05 level.

Observational Data

In the experimental groups, both A and B, participants using “The Little Guys” Sculptures© exhibited traits that did not appear in the groups that were not utilizing the sculptures. An example of such may be noted in gender areas. All

female participants in both groups chose the sculpture and sat with the sculpture in their lap with their arms or hands wrapped around the sculpture, as if it was being shielded from the issues at hand. Furthermore, the female participants talked to the sculpture, as if the sculpture could assist in the direct resolution of the issue. On the contrary, all but one male participant utilized the sculptures by holding them at bay, all the while discussing their issue. The participant that did not hold the sculpture was a quadriplegic. He did however, ask his personal assistant to hold the sculpture in her hands, so he could see it. Additionally, the male participants talked to the group members, about the sculpture as if the sculpture was the one with the issue to be resolved.

Despite the differences in holding the sculptures, all participants seemed to mimic the affect of the sculpture that had been chosen. If they interpreted the sculpture as particularly joyous, they expressed that same joy. If they viewed the sculpture as saddened, they too asserted the same sadness. On many occasions, it was indicated by the group members that they were more likely to discuss their issue in relation to the emotion being expressed by a particular sculpture, because they did not have to determine what emotion they felt that day. The participants indicated that they simply had to look at the set of sculptures and could determine which one most closely resembled how they felt. While standing in front of the table featuring "The Little Guys" Sculptures© four participants, two from each experimental group, were heard to say, "How do I feel today?" This suggests that the sculptures opened an avenue for the

participant to reflect the feelings of the day, even if they were not sure how to describe them prior to the group.

During the group process, the sculptures were actually called “The Little Guys” by 4 of the 8 participants. This astounded the researchers, as the groups were never given the name of the sculptures. In addition, to the researchers knowledge, no participant in the experimental groups had previous knowledge or awareness of the existence of the sculptures.

- ◆ “Well, this little guy is having a difficult time with his schedule.”
-participant Group A
- ◆ “I want that little guy.” - participant Group B
- ◆ “I had a hard time determining which little guy I wanted, I feel two ways today. Can I choose two?”-participant Group B
- ◆ “Before I came in today, I really wasn’t sure how I felt, but these little guys really helped me define it.” -participant Group B

When choosing sculptures to work with, not all sculptures had the same meaning for all participants. This allowed the freedom for each individual to determine how they felt and share it with the group, without a predetermined name for their emotion. For example, two participants chose the sculpture named “Self-Discovery”. One participant referred to the sculpture as “Thank God it’s Over” and one referred to it as “Keeping the Weight Off of My Shoulders”. Despite the difference in names, both individuals resonated to that particular sculpture to allow for issues to be brought forward, for healing. Polar opposite issues, the sculpture allowed

the opportunity for two separate individuals, at two different times, to discuss issues likened to the resemblance of the sculpture. The same was true for the sculpture named "Grief". One participant chose the sculpture and called it "Happiness", while the other called it "Love". The sculptures seemed to vary in definition by different participants. By avoiding the name of the sculpture set as well as the individual pieces, labels were not attached other than the emotion associated by each individual.

Discussion

The purpose of this study was to evaluate the effectiveness of a particular counseling intervention known as "The Little Guys". In addition to the first hypothesis, this study examined the difference in emotional expression between individuals with and without disabilities. For eight weeks, this set of nine counseling sculptures was used in group therapy sessions by students with and without disabilities. This study sought to identify expression of emotional response as it directly related to psychological as well as physiological health. The researchers attempted to determine a relationship between eliciting emotional response and use of "The Little Guys" in order to establish an efficacy in searching for a potential solution from the perspective of counseling interventions.

The results of hypothesis testing does not necessarily support the research hypothesis without qualitative contextual information (Cook & Campbell, 1979). The purpose of qualitative research is to make observations about individual experiences, feelings, attitudes, and perceptions using open-ended techniques of inquiry (Brodigan, 1992). Even though this study was not designed to be qualitative in nature participants made statements that were deemed noteworthy. For this reason, observational data is included in the discussion section.

In order to examine the research hypotheses, t - tests were used to measure the increase of positive adjectives as chosen in the ACL. Within group A and group B the experimental groups did not differ significantly from the control

groups when comparing the ACL both pre and post. In addition, a Mann-Whitney U test was used to measure the ordinal data involved with the Likert scale.

Like any study, this one is not without limitations. With the sample drawn from one university population, the findings are not fully generalizable across all settings. Because the focus of this study was to evaluate the effectiveness of an intervention for an integrated group of students, internal validity was a major concern. Unfortunately, increases in internal validity often come at the expense of external validity (Cook & Campbell, 1979) Although the experimental design increased internal validity and allowed a direct connection between the intervention and the outcome, external validity was compromised by the purposive sampling and the use of volunteers. Because of the threats to external validity of this study, generalizations beyond the population of students from which the sample was recruited are contraindicated.

Additionally, the sample size itself is an area of concern. Small groups were held to maintain a personal sense within each group. Self awareness groups generally elicit deep emotional expression (Bers, 1989). With limited time, eight weeks, it was imperative not to have too many individuals participate in the group process. This would have had the potential for allowing someone to open up to others, emotionally, without having the opportunity to work through the issue at hand, thus inflicting emotional harm to the group member. Self awareness groups, or focus groups, have been defined by Bers (1989), as follows:

A small, relatively homogenous group that meets with a trained moderator who facilitates a 90- to 120- minute discussion in a nonthreatening, relaxed environment about a selected topic. The goal of the focus group is to elicit participants' perceptions, feelings, attitudes, and ideas. Focus groups do not generate quantitative data, information, or numbers that can be projected to a larger population. (p. 261)

Twenty individuals intended to start and complete the group process. Upon completion of the final session the total number of participants was 16. After the subdivision of groups, this resulted in 4 participants per group. Despite the rationale for the necessity of small groups, such a small number of participants does not allow for statistical significance to appear in the data analysis, as one individual could skew the totals with either a high or a low score.

Although random assignment to experimental and control groups addressed internal validity, the dropout rate from all groups presented a threat to validity due to mortality (Cook & Campbell, 1979). This threat was lessened somewhat by the fact that the dropouts did not differ significantly from group to group. Despite this, it is essential to note that dropouts were expected due to students' busy schedules at the end of the semester.

Within the group process, it was noted that Group A - individuals with disabilities, in the control group, appeared to have a difficult time sharing emotional situations. Conversation was generally dominated by one individual. This individual sought to break the silence found within the group, week after week. While one person had the opportunity to disclose each week, the issues

that were discussed seemed more for conversation's sake than for actual disclosure. This betrayed the lack of expression that took place in each session. It was not beyond the group to commence discussing non-personal issues such as the movie "Star Wars", each week. Most weeks, the group ended before scheduled time, as the participants were no longer willing to share. The final session offered nothing in the way of response for interest in continuing groups. In summary, this group seemed very slow to start and never appeared to warm up to each other or to the concept of a self awareness group.

On the contrary, the individuals within the experimental group - A began each week with one person choosing a sculpture that best described how they felt that day. From the first meeting, individuals within the group shared personal life experiences including successes, failures, fears and dreams. The participants seemed more willing to share with each other as evidenced by the continued interaction and concern for the individual speaking that particular day. The group members appeared more willing and eager to assist each other in dealing with issues that were emotionally charged. Additionally, more often than not, it was difficult for the group to come to a close. Participants were so willing to share and help and they were not content until the issue had been dealt with and resolved according to a group consensus. The final group ended with all participants requesting the continuation of group the next semester.

Similar to experimental Group A, experimental group B spent each group time dealing with personal issues such as suicide, death, alcoholism, abandonment, etc. Participants began this group with a suicidal participant that

revealed that she had been self-mutilating as recently as the day before the group. Despite the intensity of the first group, as well as the first group experience for many of them, the group focused on the issue at hand and offered support and empathy to the struggling group member. Initially it was feared that participants would be overwhelmed at the intensity of the first group meeting, and not return for future sessions. Despite the intensity, participants returned the following week in anticipation of continuing the group process, with the exception of the suicidal client who was checked into the hospital for evaluation and treatment by her primary psychiatrist. Dealing with the issue of suicide at week one created a bond among the group members that appeared to last throughout the group process. The suicidal client was referred for individual psychotherapy.

Several times throughout the group process, participants indicated that they were "glad to have these, to help explain how I feel" with reference to the sculptures. Each group meeting, participants eagerly volunteered to share issues by initiating conversation with respect to a particular sculpture. As with experimental group A, sessions often extended beyond the stated time due to the intensity of each group meeting. This group shared intensely emotional experiences from the onset of the first group session which included the use of "The Little Guys" Sculptures©.

Similar to experimental group B, control group B was an extremely intense group. Despite the absence of the counseling sculptures, this group of individuals formed an extraordinary bond that allowed for immense interpersonal association while in group. Several things may have accounted for the

immediate attachment that was formed within the group. At the onset of the group, despite random assignment, it became clear that all individuals involved with control group B were currently students enrolled in programs thought to be the “helping professions” such as the university's Human Development Counseling and Psychology programs. This may be hypothesized that individuals enrolled in such programs may be more prone to be empathic when dealing with personal issues. The weekly topic of discussion is noted as the second issue deserving attention. Each week, a major life event had taken place for the particular member that had anticipated leading the group that week. For example, days prior to one participant's opportunity to share within the group, two family members passed away, one of whom was the father. The participant informed the group that she had considered not coming, but felt that she needed to share her feelings. Another example of a major life incident that took place was a participant struggling with the realization that her significant other may be abusing alcohol. Another participant found himself torn between his fiancée and her parents, who wanted the wedding called off.

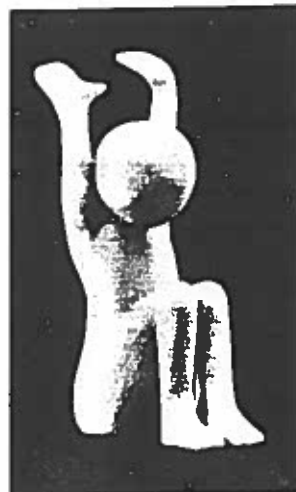
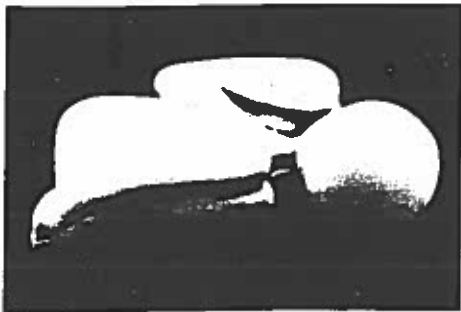
While the group did not have the opportunity to utilize the sculptures for the purpose of eliciting emotional response, the devastating toll of life experiences and tragedies allowed a forum to be created for dealing with the pain. This in itself may explain the similarities in the scores for Group B.

In summary, this study was a place to start. It filled the void in the literature by demonstrating that this type of intervention could be used with individuals with and without disabilities to assist in eliciting emotions.

Observational data suggests that the sculptures do indeed assist in the expression of emotion; however, the instrumentation used to detect the impact needs to be reconsidered. On the contrary it is quite possible that the sculptures may not be effective in facilitating emotional response.

Appendix A

"The Little Guys"



The Adjective Check List

by

HARRISON G. GOUGH, Ph.D.

University of California (Berkeley)

Name Age Sex

Date Other

DIRECTIONS: This booklet contains a list of adjectives. Please read them quickly and put an **X** in the box beside each one you would consider to be self-descriptive. Do not worry about duplications, contradictions, and so forth. Work quickly and do not spend too much time on any one adjective. Try to be frank, and check those adjectives which describe you as you really are, not as you would like to be.



Consulting Psychologists Press, Inc.
3803 E. Bayshore Road • Palo Alto, CA 94303

Appendix C

Pre/Post-Group Interview

On a scale from one to five (1-not at all: 5-very well)

1. How well do you feel that you are able to express happiness?
1 2 3 4 5
2. How well do you feel that you are able to express anger?
1 2 3 4 5
3. How well do you feel that you are able to express fear?
1 2 3 4 5
4. How well do you feel that you are able to express sadness?
1 2 3 4 5
5. How well do you feel that you are able to express loneliness?
1 2 3 4 5
6. How well do you feel that you are able to express anxiety?
1 2 3 4 5
7. How well do you feel that you are able to express joy?
1 2 3 4 5
8. How well do you feel that you are able to express feelings of isolation?
1 2 3 4 5
9. How well do you feel that you are able to express frustration?
1 2 3 4 5
10. How well do you feel that you are able to express depression?
1 2 3 4 5

Murray, R.B. (1987). Basic concepts about the individual. In R.B. Murray & M.W. Huelskoetter (Eds.), Psychiatric – Mental Health Nursing (pp. 81-82). East Norwalk, CN: Prentice-Hall.

Appendix D

Participant Consent Form

Matthew Swenny and Karla Carwile, master's degree candidates in the Human Development Counseling program at UIS, ask you to volunteer for a research study. The purpose of the study is to investigate an aspect of personal growth. You will be expected to attend two individual therapy sessions and eight group therapy sessions. In the individual sessions, you will be asked to take an entrance exam and an exit exam. The exam that will be used is the Adjective Check List. In the eight group therapy sessions, you will be asked to actively participate in the group process.

In addition, videotape recordings will be made by the two researchers with the understanding that full name or identifying information will not appear on the tape nor will it be divulged by the researchers, faculty supervisors or the video technician. The videotape recording will be used in the continuing research of Mr. Swenny and Mrs. Carwile. The videotapes will be safeguarded in the possession of the researchers, in a locked environment. All information contained on the tapes and any subsequent evaluations will be treated with the confidentiality required by the ACA and APA code of ethics. Additionally, the faculty supervisors and video technicians will be held to the same ethical standards as the researchers.

Your participation in this study is voluntary. Additionally, you may leave or refuse to participate in the group at any time, without penalty or loss of benefits.

If you have any questions you may contact: Matthew J. Swenny at 206-7570 or Karla Carwile at 206-6666. Additionally, you may contact Jim Pancrazio, Convener of the Human Development Counseling program at 206-7565.

This study has been approved by the UIS Human Subjects Review Officer. If you have any questions about your rights as a participant you can call Dr. Harry Berman at 206-7411. You have the right to a copy of this consent form.

_____	_____
Client Signature	Date
_____	_____
Counselor Signature	Date
_____	_____
Counselor Signature	Date

Table 1
Means - Group A

Case Processing Summary

Group A	Included		Cases Excluded		Total	
	N	Percent	N	Percent	N	Percent
Pre ACL	8	100.0%	0	0%	8	100.0%
Post ACL	8	100.0%	0	0%	8	100.0%

Report

Group A		Pre ACL	Post ACL
Experimental	Mean	34.7500	39.2500
	N	4	4
	Std. Dev.	13.3916	15.6498
Control	Mean	37.5000	33.2500
	N	4	4
	Std. Dev.	22.3532	22.4704
Total	Mean	36.1250	36.2500
	N	8	8
	Std. Dev	19.0070	18.2111

T-Test
Group Statistics

Group A	N	Mean	Standard Deviation	Standard Error Mean
Pre - ACL				
Experimental	4	34.7500	18.3916	9.1959
Control	4	37.5000	22.3532	11.1766
Post - ACL				
Experimental	4	39.2500	15.6498	7.8249
Control	4	33.2500	22.4704	11.2352

Independent Samples Test

Levene's Test for Equality of Variances

	F	Sig.
Pre ACL Equal Variances Assumed	.165	.698
Post ACL Equal Variances Assumed	.210	.663

T-test for Equality of Means

	t	df	Sig. (2-tailed)	Mean Diff.
Pre ACL Equal Variances Assumed	-.190	6	.856	-2.7500
Equal Variances Not Assumed		5.785	.856	
Post ACL Equal Variances Assumed	.438	6	.677	6.0000
Equal Variances Not Assumed	.438	5.356	.678	6.0000

Paired Samples Statistics - Experimental

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 - Pre ACL	34.7500	4	18.3916	9.1958
Post ACL	39.2500	4	15.6498	7.8249

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 Post ACL & Pre ACL	4	.887	.113

Paired Differences

	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference		t
				lower	upper	
Pair 1 Post ACL-Pre ACL	4.500	8.505	4.253	-9.0332	18.033	1.06

Paired Samples Test

	df	Sig. (2 tailed)
Pair 1 Post ACL-Pre ACL	3	.368

Table 2
Means – Group B

Case Processing Summary

Group B	Included		Cases Excluded		Total	
	N	Percent	N	Percent	N	Percent
Pre ACL	8	100.0%	0	0%	8	100.0%
Post ACL	8	100.0%	0	0%	8	100.0%

Report

Group B		Pre ACL	Post ACL
Experimental	Mean	42.2500	40.7500
	N	4	4
	StdDev.	13.0480	15.1959
Control	Mean	21.0000	36.2500
	N	4	4
	StdDev.	20.2814	9.8446
Total	Mean	31.6250	38.5000
	N	8	8
	StdDev	19.4491	12.0949

T-Test
Group Statistics

Group B	N	Mean	Standard Deviation	Standard Error Mean
Pre – ACL	4	42.2500	13.0480	6.5240
	4	21.000	20.2814	10.1407
Post – ACL	4	40.7500	15.1959	7.5980
	4	36.250	9.8446	4.9223

Independent Samples Test

Levene's Test for Equality of Variances

	F	Sig.
Pre ACL Equal Variances Assumed	.483	.533
Post ACL Equal Variances Assumed	.434	.535

T-test for Equality of Means

	t	df	Sig. (2-tailed)	Mean Diff.
Pre ACL Equal Variances Assumed	1.762	6	.128	21.2500
----- Equal Variances Not Assumed	1.762	5.120	.137	21.2500
Post ACL Equal Variances Assumed	.497	6	.637	4.5000
----- Equal Variances Not Assumed	.497	5.141	.640	4.5000

Paired Samples Statistics - Experimental

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 Pre ACL	42.2500	4	13.0480	6.5240
Post ACL	40.7500	4	15.1959	7.5980

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 Post ACL & Pre ACL	4	-.176	.824

Paired Differences

	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference		t
				lower	upper	
Pair 1 Post ACL-Pre ACL	-1.50	21.70	10.85	-36.033	33.033	-.138

Paired Samples Test

	df	Sig. (2 tailed)
Pair 1 Post ACL-Pre ACL	3	.899

Table 3

Mann – Whitney \underline{U} Test

Pre-Likert Scale Comparison

	z-scores at the .05 level
Pre-Pre Control group	0.8531
Pre-Pre Experimental Group	0.6368

Table 4

Mann – Whitney U Test

Post – Post Likert Scale Comparison

	z-scores at the .05 level
Post-Post Control group	0.2578
Post-Post Experimental Group	0.5596

References

Aldridge, D., Brandt, G. & Wohler, D. (1990). Perspective: Toward a common language among the creative art therapies. The Arts in Psychotherapy, 17, 189-195.

American Psychiatric Association (1996). Diagnostic criteria from DSM-IV. Washington, DC: American Psychological Association

Berman, K. (1997). Expressive arts therapy and projective assessment: "The little guys". Unpublished doctoral dissertation. Illinois School of Professional Psychology.

Cook, T.D., & Campbell, D.T. (1979). Quasi-experimentation: Design and analysis issues for field setting. Boston: Houghton Mifflin.

Crepeau, M. (1980). A comparison of the behavior patterns and meanings of weeping adult men and women across three health conditions. Unpublished doctoral dissertation, University of Pittsburgh.

Dahl, H., Holzer, M. & Berry, J. (1992). How to classify emotions for psychotherapy research. Germany: Center of Photography, Graphics and Reproduction of the University of Ulm.

Treatment Philosophy (1998) Elmcrest Behavioral Health Network[Online]. Available: <http://www.elmcrest.org/trtmt.htm> [1998, September 16]

Fink, P. (1973). What is art therapy training? Philadelphia Medicine, 69, 239-243.

Gough, H., & Heilbrun, A. (1983). Adjective check list manual. Highland Park, New Jersey: Gryphon Press.

Hafen, B., Karren, J., Frandsen, K. & Smith, N. (1996). Mind / body health: The effects of attitudes, emotions, and relationships. Needham Heights, Massachusetts: Allyn and Bacon.

Herr, S. (1994). A Note From the Author". Promotional Material

Herr, S. (1994). How to Introduce..."The Little Guys". Promotional Material

Johnson, D. (1985). Envisioning the link among the creative arts therapies. The Arts in Psychotherapy, 12, 233-238.

Labott, S., Ahleman, S., Wolever, M. & Martin, R. (1990). The psychological effects of the expression and inhibition of emotion. Behavioral Medicine, Winter, 182-189.

Landy, R.J. (1993). The child, the dreamer, the artist and the fool: In search of understanding the meaning of expressive therapy. The Arts in Psychotherapy, 20, 359-370.

Levick, M. (1995). The identity of the creative arts therapist: Guided by ethics. The Arts in Psychotherapy, 22, 283-295.

Martin, R. & Lefcourt H. (1983). Sense of humor as a moderator of the relation between stressors and mood. Journal of Personal Social Psychology, 45, 1313-1324.

McCraty, R., Atkinson, M., Tiller, W., Rein, G. & Watkins, A. (1995). The effects of emotions on short-term power spectrum analysis of heart rate variability. American Journal of Cardiology, 76(14), 1089-1093.

Murray, R.B. (1987). Basic concepts about the individual. In R.B. Murray

& M.W. Huelskoetter (Eds.), Psychiatric – mental health nursing (pp. 81-82).
East Norwalk, CN: Prentice-Hall.

Pedhazur, E.J., & Schmelkin, L.P. (1991). Measurement , design and analysis: An integrated approach. Hillsdale, NJ: Lawrence Erlbaum.

Rein, G., Atkinson, M. & McCraty, R (1995). The physiological and psychological effects of compassion and anger. Journal of Advancement in Medicine. 8(2), 87-105.

The Art of Healing With Art. (1996). In Health Way Magazine [Online].

Available:

http://www.ns.sympatico.ca/healthyway/HEALTHWAY/feature_art1.html

[1998, September 16]

Vaccaro, V. (1973). The responsibility of the art therapist. Philadelphia Medicine, 69, 253-256.