



ZOË SHULMAN

⚙ ACTION RESEARCH PROJECT ⚙

“PAINTING MYSELF OUT OF A CORNER”

⚙️ **TOPIC** ⚙️

MONITORING AND
REGULATING OWN
EMOTIONS AND
BEHAVIORS



⚙️ **HYPOTHESIS** ⚙️

CAN PAINTING FOR AT
LEAST 2 HOURS PER WEEK
REDUCE MY DEPRESSION
SYMPTOMS?



⚙️ KNOWLEDGE & GOALS ⚙️

I AM WANTING TO KNOW MORE ABOUT HOW NON-DIRECTIVE PAINTING'S MEASURABLE AND TRACKABLE MECHANISMS OF ACTION ARE EFFICACIOUS IN LOWERING MY DEPRESSION SYMPTOMS.

GOALS:

- 1) GAIN MORE AWARENESS ABOUT HOW PAINTING HEALS MY DEPRESSION.
- 2) DISCOVER MORE HEALING TOOLS FOR MYSELF (AND POTENTIALLY MY CLIENTS) IN MY PRACTICE AS AN ART THERAPIST. KNOWING MORE ABOUT HOW TO MEASURE AND UNDERSTAND MY OWN HEALING MAY HELP ME TO BETTER SUSTAIN MY PRACTICE, AS WELL AS APPLY SIMILAR RESEARCH STRATEGIES TO MY WORK WITH CLIENTS.



⚙️ METHODOLOGICAL OBSTACLES & SOLUTIONS ⚙️



OBSTACLE 1) ISOLATING PAINTING AS THE PRIMARY VARIABLE IN LOWERING MY DEPRESSION SCORES – ARE MY MEASURES VALID/MEASURING WHAT THEY ARE SUPPOSED TO MEASURE?

SOLUTION: TRACKING A LONG-TERM (7-WEEK) TREND VIA WEEKLY DATA COLLECTION WAS SUFFICIENT TO CONNECT PAINTING WITH MY DEPRESSION SCORES, BECAUSE IT WAS THE MOST CONSISTENT ANTI-DEPRESSANT VARIABLE.



OBSTACLE 2) DETERMINING THE FREQUENCY OF MEASURING MY SCORES WITH A PHQ-9 DEPRESSION QUESTIONNAIRE.

SOLUTION: MEASURE EVERY SUNDAY PRIOR TO TAKING MY WEEKLY ANTI-DEPRESSANT MEDICATION SO THAT I HAVE A BASELINE FOR MY MOOD, AS WELL AS NEW SCORES THAT ACCOUNT FOR MY WEEKLY STUDIO SESSIONS.



OBSTACLE 3) ESTABLISHING A CONTROL METHOD WITHOUT CAUSING MYSELF HARM.

SOLUTION: ENGAGE IN A NON-PAINTING ART ACTIVITY, SUCH AS QUILTING FOR WEEK 1.

⚙️ QUANTITATIVE MEASURING & QUALITATIVE TRACKING ⚙️



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ **DATE:** _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

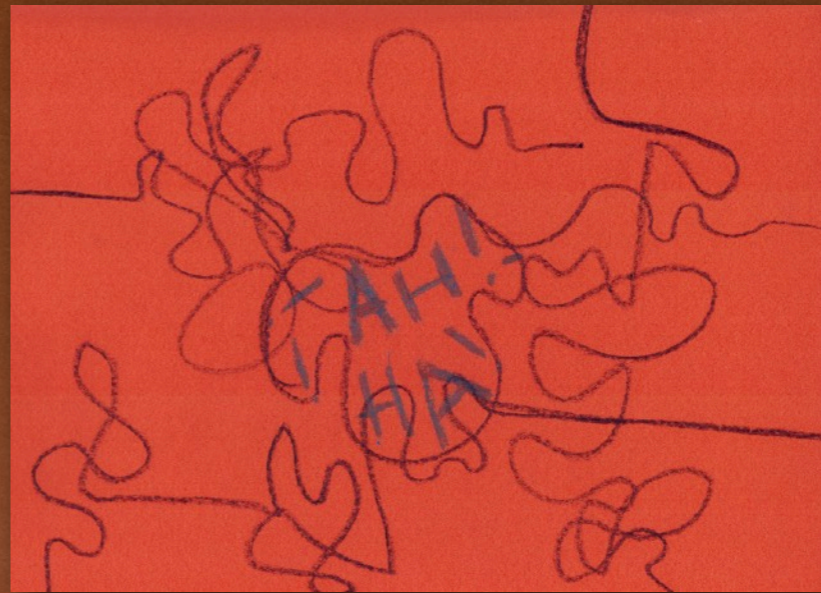
Studio Session Tracking

Date/Time/ Session Type/ Music or Audio (Minimum 2 Hours Required)	Most Recent PHQ-9 Score (0-27 Scale) and Date	Affect Pre- Session	Affect Post- Session	Other Anti- depressant Variables
<p>ROUND 2 7-27-2023</p> <p>3:15 PM — 9:00 PM</p> <p>Sealed and painted a glaze on my wet-on-wet acrylic painting. Mixed paint colors for painting for Amber.</p> <p>Weyes Blood; talked to Mom (5:30 PM — 9:00 PM)</p>	<p>17 (moderately severe depression)</p> <p>7-23-2023</p>			<p>Cognitive behavioral therapy today.</p> <p>Talked to Mom.</p>

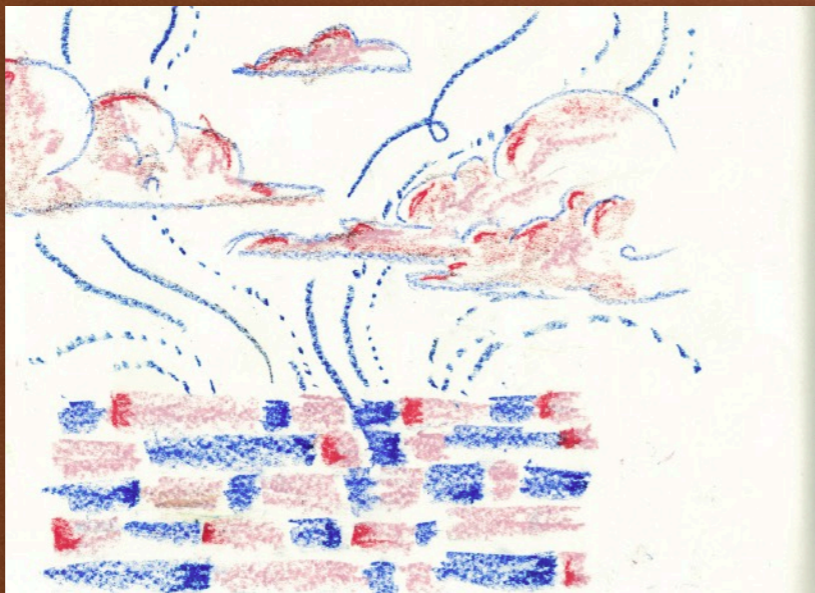
⚙️ MEET FRED! ⚙️



Katie's art
(left)
Abigail's art
(right)



Round 1



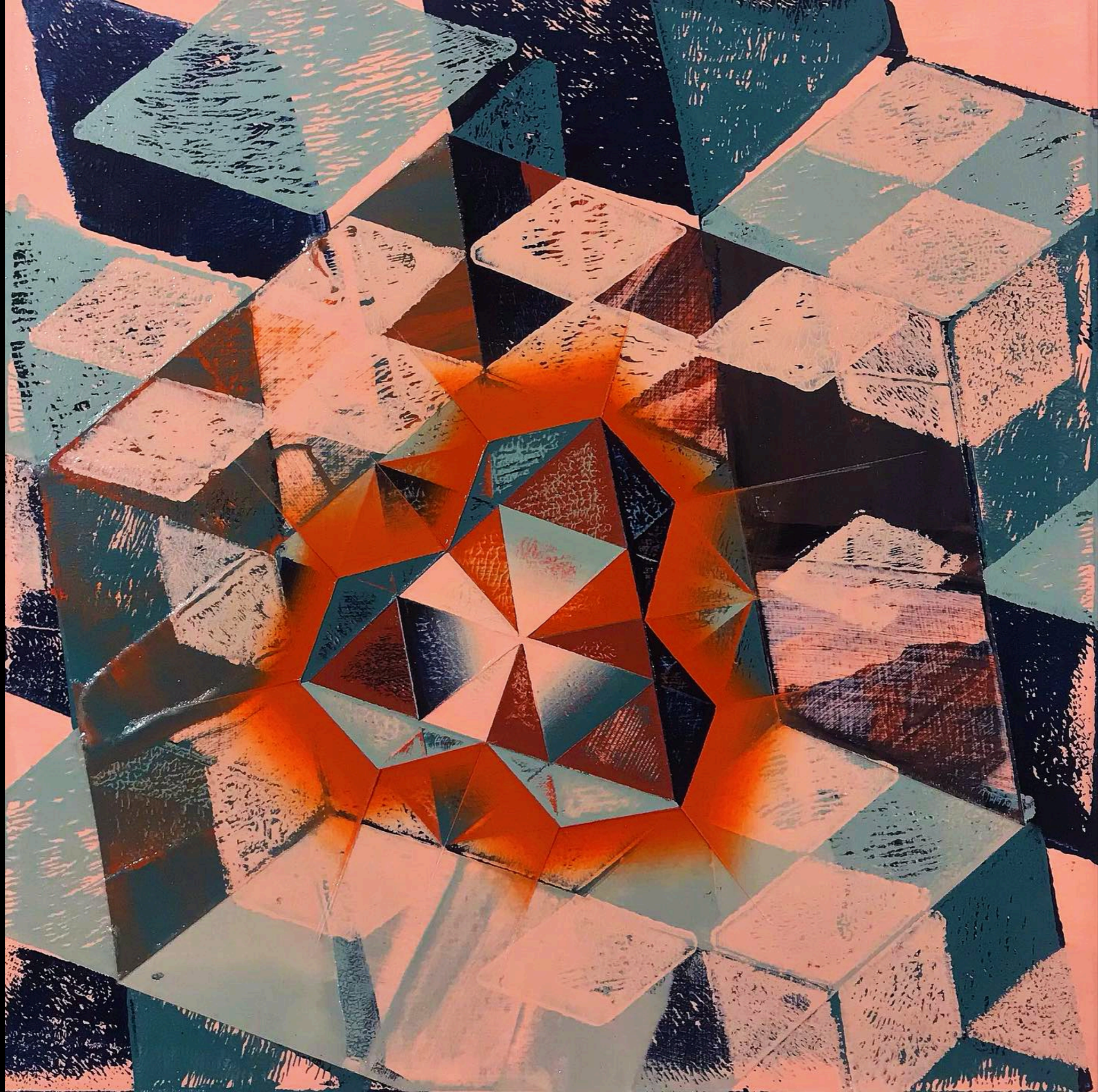
Round 2

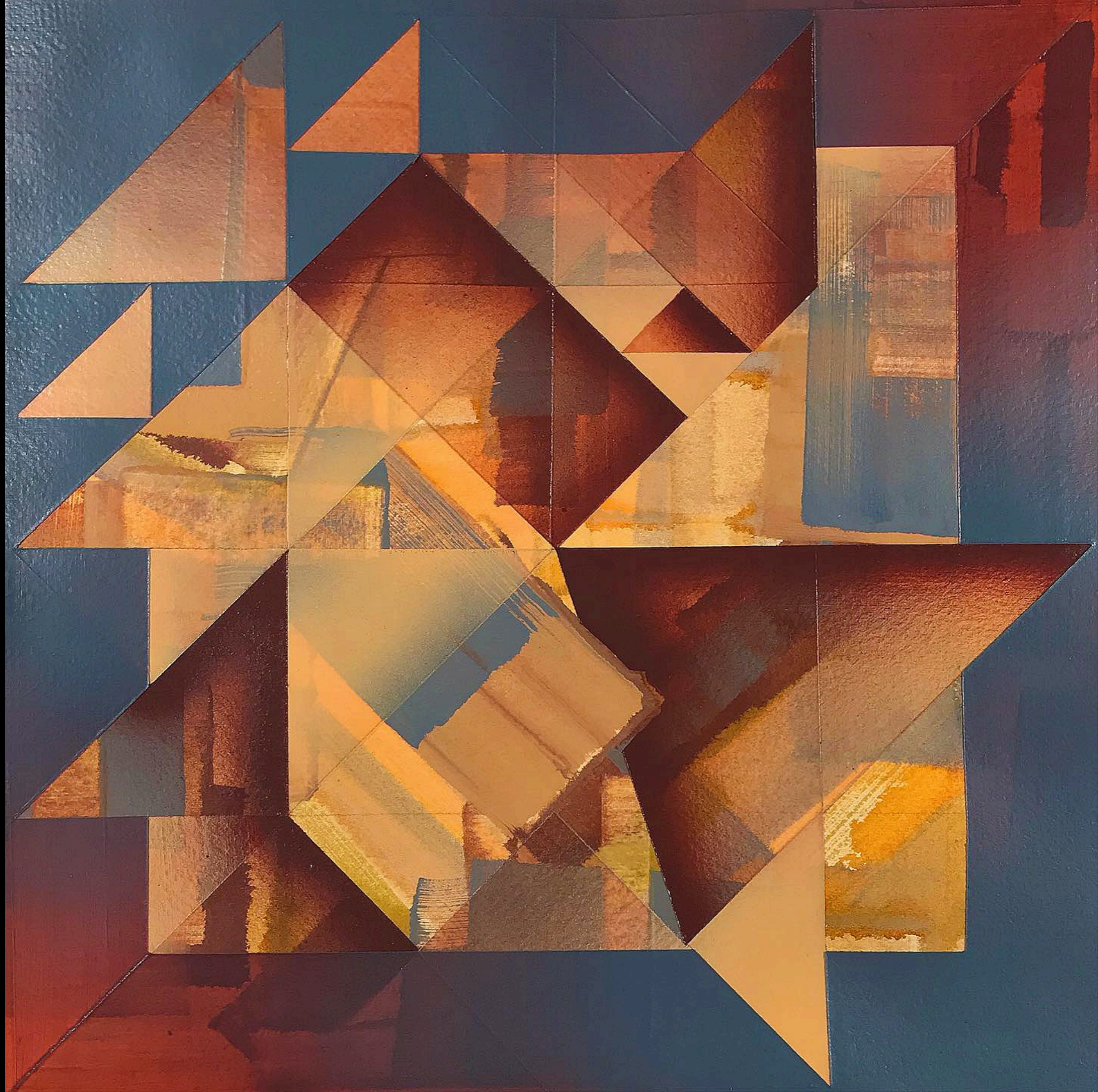


Round 3

⚙️ INSIGHTS FROM CRITICAL FRIENDS ⚙️

- QUALITATIVELY JOURNAL AFFECT PRE-STUDIO SESSION IN ORDER TO COMPARE MY MOODS BEFORE AND AFTER.
- NOTE OTHER WEEKLY ANTI-DEPRESSANT VARIABLES, AS WELL AS OTHER VARIABLES THAT OCCUR IN STUDIO SESSIONS, SUCH AS MY MUSIC CHOICES, TALKING ON THE PHONE, OR LISTENING TO HOMEWORK...ETC.
- MY OWN ART THERAPY PROCESS REINFORCES MY SELF-CONCEPT AS A PROFESSIONAL PAINTER.
- FLOW STATES ARE HEALING/ANTI-DEPRESSANT BECAUSE THEY ALLOW ME TO LIVE IN THE PRESENT AND EXPERIENCE JOY WHILE CREATING NEW POSSIBILITIES FOR MYSELF.
- PAINTING AT A HIGH EXPERIENCE LEVEL CREATES A MORE SEAMLESS ANTI-DEPRESSANT FLOW STATE THAN QUILTING AT A BEGINNER LEVEL BECAUSE THERE ARE FEWER LEARNING CURVES.
- MY RESEARCH FINDINGS THAT MAY ALSO BE GENERALIZED TO CLIENTS: BUILDING SELF-COMPASSION, DISCOVERING MEDIA THAT CONNECTS TO ONE'S SELF-CONCEPT, AND SUSTAINING A FLOW STATE; SCAFFOLDING JOY, RESILIENCE, AND SELF-EFFICACY.



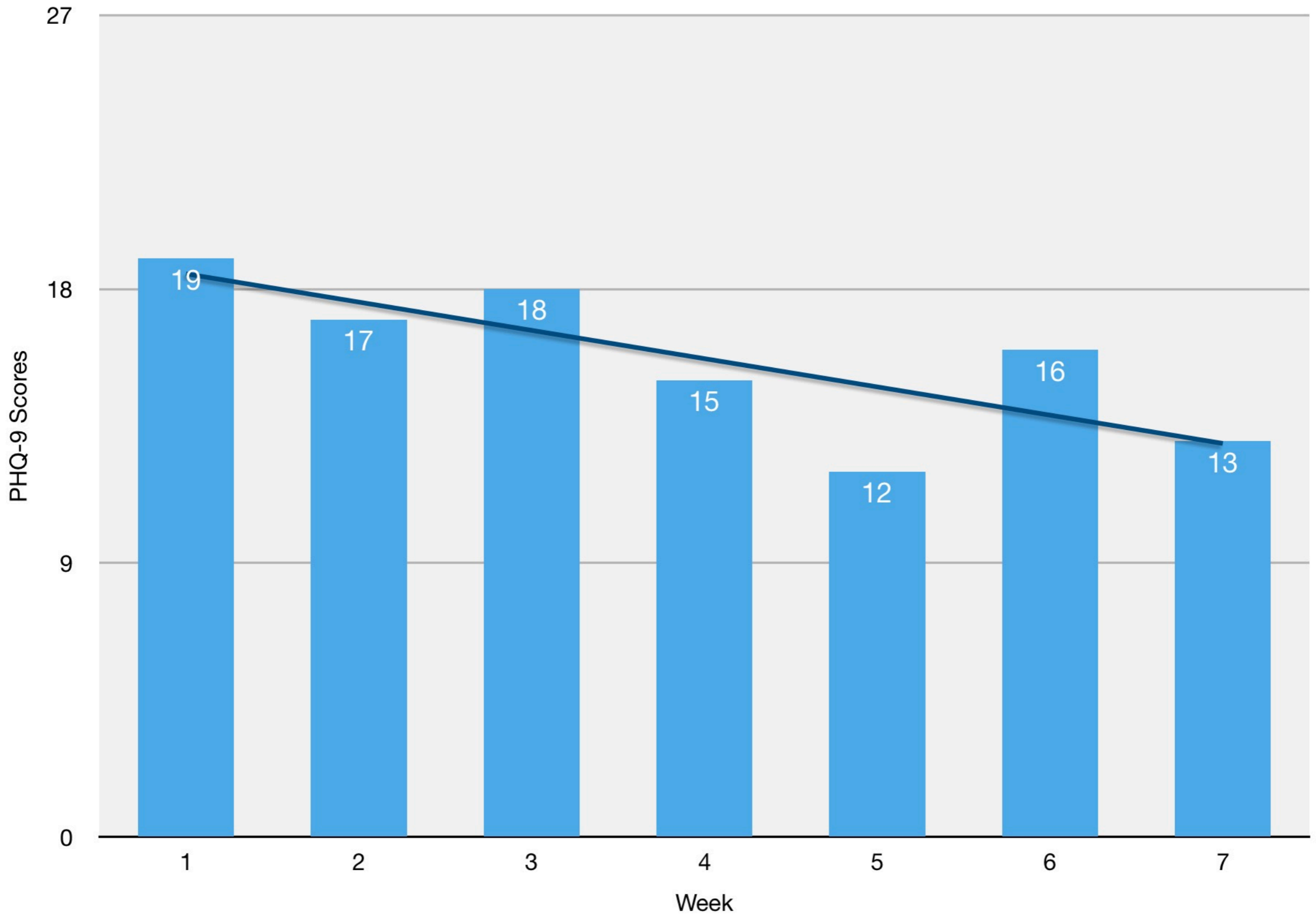


⚙️ RESULTS ⚙️

QUANTITATIVE: PHQ-9 DEPRESSION SCORES DROPPED FROM 19 TO 13 OVER 7 WEEKS.

QUALITATIVE: 1) PAINTING BECAME A PROXY FOR RESOLVING MY DEPRESSION. PROBLEM SOLVING THROUGH ISSUES WITHIN A PAINTING'S COMPOSITION CREATED MORE NEUROPLASTICITY AND RESILIENCE OVER TIME. FOR EXAMPLE, "MESSING UP" A PAINTING ONE WEEK, THEN DISCOVERING A BETTER SOLUTION THAN MY ORIGINAL IDEA THE FOLLOWING WEEK. 2) SELF-EFFICACY INCREASED THROUGH MY ABILITY TO SCAFFOLD JOY AND ACCOMPLISH MY GOALS DESPITE FEELING DEPRESSED. 3) I WAS ABLE TO BUILD SELF-COMPASSION VIA PAINTING, WHICH IS STRONGLY LINKED TO MY SELF-CONCEPT. 4) I FOUND THAT STUDIO SESSIONS IN WHICH I WAS ABLE TO LISTEN TO MUSIC AND FOCUS ENTIRELY ON MY PAINTINGS INCREASED MY ANTI-DEPRESSANT FLOW STATES. 5) LESS PROCEDURAL AND MORE SPONTANEOUS PAINTING APPROACHES ALSO INCREASED MY ANTI-DEPRESSANT FLOW STATES.

PHQ-9 Depression Scores





The End!